The evolution of Rutgers medical schools and the impact on their medical libraries

Rutgers University has made this article freely available. Please share how this access benefits you. Your story matters. [https://rucore.libraries.rutgers.edu/rutgers-lib/54608/story/]

This work is the AUTHOR'S ORIGINAL (AO)
This is the author's original version of a work, which may or may not have been subsequently published. The author accepts full responsibility for the article. Content and layout is as set out by the author.

Citation to this Version: Mardikian, Jackie. The evolution of Rutgers medical schools and the impact on their medical libraries, 2014. Retrieved from doi:10.7282/T3HD7ZP3.

Terms of Use: Copyright for scholarly resources published in RUcore is retained by the copyright holder. By virtue of its appearance in this open access medium, you are free to use this resource, with proper attribution, in educational and other non-commercial settings. Other uses, such as reproduction or republication, may require the permission of the copyright holder.

Article begins on next page
The History of Medical Schools in New Jersey

Even though New Jersey was the first state to establish a medical professional society—the Medical Society of New Jersey, founded in 1766—it was the last state to create a state-run medical school.¹

The classic 1910 Abraham Flexner Report on medical education defined standards for medical schools and changed the focus from the practice of medicine to the importance of educating students in the profession of medicine. That report shaped academic medicine as we know it today, recommending that a medical student obtain a medical degree from a medical school affiliated with a large university and practice medicine in a hospital setting. Part II of the Flexner Report listed 155 medical schools in the United States and Canada but showed none for New Jersey.²

In 1959, when the U.S. Surgeon General requested information about whether the country was adequately supplied with qualified physicians, the report Physicians for a Growing America, better known as the “Bane Report,” was published. This report revealed that New Jersey had the lowest score in terms of the number of students enrolled in state medical schools or colleges of osteopathy and that it had a shortage of physicians.³ The report prompted a dramatic increase in federal research for medical schools in the 1960s.
The History of New Jersey College of Medicine and Dentistry (NJCMD) and Rutgers Medical School (RMS) as Separate Programs

**New Jersey College of Medicine and Dentistry (NJCMD)**

As the first state-run medical school, the New Jersey Medical School (NJMS) has seen many transformations. Several physicians have described the history of medical education in the state.⁴

**Seton Hall College of Medicine and Dentistry (SHCMD), 1954–1965**

In 1950, Governor Alfred E. Driscoll established the New Jersey Medical Commission to study the status of medical education in the state. The study demonstrated that the state was in great need of a medical school to train and retain physicians to practice medicine in New Jersey.

In 1954, a medical school referendum signed by Governor Robert B. Meyner for a bond issue toward the construction of a medical school was placed on the ballot. Jersey City Medical Center was the first medical center in New Jersey and became the logical location for a state-run medical school. At the same time as the state became interested in state-funded medical education, the Roman Catholic Seton Hall University and the Roman Catholic Archdiocese of Newark proposed to create a medical college at Jersey City Medical Center. Seton Hall College of Medicine and Dentistry (SHCMD) was thus created as a legal entity separate from Seton Hall University. Voters preferred a privately run medical school and rejected the $25 million referendum to fund a state-supported medical school in Jersey City. As a result, SHCMD moved forward with private funding and was incorporated in 1954. The first accredited four-year medical school class of 80 students was admitted in 1956. Similarly, the New Jersey Dental School and the Graduate School of Biomedical Sciences were incorporated into the New Jersey College of Dentistry when Seton Hall University established SHCMD.⁵ Up to that point, New
Jersey students interested in careers in medicine and dentistry had attended out-of-state medical schools, mostly in Philadelphia and New York City.

Unfortunately, soon after the establishment of SHCMD, the president of Seton Hall University, the Reverend Monsignor John J. Dougherty, auxiliary bishop of Newark, realized that the college was experiencing financial difficulties. As a result, he tried to convince both Rutgers and the state to assume responsibility for the operation of the struggling SHCMD in Jersey City.

**New Jersey College of Medicine and Dentistry (NJCMD), 1965–1970**

Governor Richard J. Hughes formed a fact-finding committee to investigate whether the state should take control of SHCMD. The committee was chaired by George F. Smith, a former president of Johnson & Johnson Pharmaceutical Company, who later became chairman of the Board of Trustees of the medical school. The report favorably recommended that the state rescue the medical school. Thus, on May 3, 1965, the state purchased SHCMD for $4 million and started operating it under state authority. As it was a state-run institution, its name officially changed to New Jersey College of Medicine and Dentistry (NJCMD).

The difficult political climate at the Jersey City Medical Center instigated administrators to seek a new venue for the college, prompting them to eventually relocate the college to the city of Newark. A legal order was declared to relocate the clinical departments within 48 hours. As a result, in 1966 the medical school moved out of Jersey City and relocated to the Newark City Hospital and the Veterans Administration Medical Center in East Orange. In a paper presented at the Conference on an Assessment of Newark on October 1, 1977, Stanley S. Bergen Jr., MD, president of the College of Medicine and Dentistry of New Jersey (CMDNJ), wrote the most
detailed account of the social and political turmoil that led to the selection of Newark as the location for the college.\(^7\)

The fact that Newark citizens opposed having the medical school in their city may have been a factor in the Newark riots in summer 1967. State officials listened to the complaints and established the Newark Agreements, providing a win-win situation for both sides. The Newark Agreements gave the community primary health care and better opportunities for recruiting minority students, and the college succeeded in relocating permanently to Newark. On July 1, 1968, the state purchased the Newark City Hospital from the city of Newark for $1.00.\(^8\) After several name changes, the hospital was named University Hospital in 1981. Until the recent integration, University Hospital was the only hospital owned and operated by the University of Medicine and Dentistry of New Jersey (UMDNJ). Operating as an independent medical center, it remains to this day the main teaching hospital for the integrated Rutgers Biomedical and Health Sciences. The medical sciences building, mental health center, dental school, and a library (later named the George F. Smith Library of the Health Sciences) were added to the medical center complex. The NJCMD’s move to Newark was completed in 1969, and the college continued to expand its buildings and programs.

The medical school in Newark was officially named the New Jersey Medical School (NJMS) in 1970. The first class of 113 medical students included 28 minority students, thus demonstrating the commitment of the school to diversity.

*Rutgers Medical School (RMS)*

In 1961, Governor Meyner commissioned Rutgers’ biology department to conduct a study of the feasibility of creating a two-year medical school at Rutgers as a program separate from the NJCMD. With favorable findings, Rutgers saw this as a good opportunity to start
planning for its own two-year medical school later in 1961. A grant of $1,073,200 from the W. K. Kellogg Foundation provided funding toward the strengthening of the two-year life sciences programs and the building of a new medical school. In order to earn a medical degree, graduates of the two-year school would transfer to other medical schools to complete their last two years of clinical training. DeWitt Stetten Jr., MD, was recruited from the National Institutes of Health in 1962 and named dean of Rutgers Medical School (RMS) in October 1963. RMS became affiliated with Middlesex General Hospital (later the Robert Wood Johnson Hospital) as a teaching hospital.

RMS emerged as a two-year medical school in Piscataway. The reason for deciding on a two-year rather than a four-year medical school was fear that the funding would not be adequate. On November 16, 1964, the assembly of the state of New Jersey “passed Bill No. 770, providing commitment of $6,000,000 towards the construction of Rutgers Medical School.” The bill was signed into law by Governor Hughes on December 22, 1964.

In his detailed memoirs, Stetten explained his difficult experiences in starting the medical school. He recommended that New Jersey accommodate two or three state-funded medical schools in order to support its growing health care needs, much as the California state school system had done.

Between 1966 and 1969, 16 students were admitted in each of the four years. As mentioned earlier, students transferred to other medical schools to complete the last two years of their medical training. RMS continued growing and succeeded in achieving accreditation by the American Medical Association and the Association of American Medical Colleges. Stetten proudly reported that RMS students ranked fifth out of 100 schools whose students had taken Part I of the National Board Examination for medical licensure.
A “Rutgers Medical School Newsletter” was published regularly to inform the medical school community of the progress in building the physical spaces, fundraising efforts, architectural schemas, and curriculum development. Meetings between the faculty and the architectural firm of McDowell and Goldstein started early in 1964. Rutgers University’s President Mason W. Gross announced, “On November 12, 1965, the Board of Governors of the University authorized the administration to start planning for a full four-year school.”

Governor Richard Hughes signed a senate bill, passed by both houses of the legislature in September 1967, directing that “the University Board of Governors request a minimum of $30 million for the development of a four-year medical institution in its asking budgets by 1972.”

In addition to expanding RMS to a four-year medical school by 1975, Rutgers was apparently in the midst of planning a large construction project, which included a 442-bed teaching hospital to be completed in 1973. As it turned out, the development of a university hospital was curtailed with the passage of the 1970 legislation, which will be discussed later. The Middlesex General University Hospital in New Brunswick became the main teaching hospital for RMS in 1977.

In the early 1960s, when Monsignor Dougherty, president of SHCMD, approached Rutgers about acquiring SHCMD in Jersey City, after careful consideration, Stetten discouraged President Gross from accepting the responsibility of a college that was struggling with finances and accreditation. Stetten preferred to pursue the development of a four-year medical school of Rutgers’ own.

As mentioned earlier, Governor Hughes formed a fact-finding committee chaired by George F. Smith to investigate how to rescue SHCMD. The possibility of a state takeover of
SHCMD and the start of another state-funded medical school at Rutgers created a rivalry and competition for the same federal and state dollars.

Governor William T. Cahill, who came into office in 1970, and New Jersey’s first chancellor of higher education, Ralph Dungan, believed that creating two separate state-funded medical schools was too costly. Therefore, the state started putting pressure on the two schools to consolidate administratively under one board of trustees. In his memoirs, Stetten stated that it was in Dungan’s office that a plan was developed to separate RMS from Rutgers and combine it with NJCMD.

Other forces contributed to the separation of RMS from Rutgers. Unlike Stetten, Governor Cahill did not believe in a research-oriented medical school. In a message to the legislature, *Education for Better Medical Care*, Cahill stated: “While research is an essential component of medical education, it does not appear reasonable that every medical school should involve itself in an extensive and sophisticated research program.” Stetten resigned on June 18, 1970. The July 1, 1970, legislature meant that RMS was severed from Rutgers University and was unified with the College of Medicine and Dentistry of New Jersey (CMDNJ), as is described in the next section of this article.

The Separation of RMS from Rutgers and the Unification of NJCMD and RMS under the CMDNJ Umbrella

The year 1970 was pivotal for the transformation of the medical schools based at New Brunswick and Newark. On May 12, a public hearing on Assembly Bill No. 1059 was held to discuss the unification of RMS and NJCMD. Passage of this bill meant that RMS was to be separated from Rutgers and consolidated with CMDNJ under one administration. The medical
school in Newark was officially named the New Jersey Medical School in 1970. Stanley S. Bergen Jr. became the president of CMDNJ in July 1971.

In 1972, RMS, under the CMDNJ umbrella (RMS-CMDNJ), started its third- and fourth-year programs and continued expanding its curriculum, and in 1974 the members of its first class of 32 students were granted MD degrees (having completed a four-year medical program).

New Jersey hospitals had previously lagged behind those in other states in training American-born interns and residents. New Jersey had also ranked highest of all states in relying on foreign medical graduates. These were compelling reasons for New Jersey to build a state-run medical school and to establish strong residency programs for all specialties and subspecialties in its own hospitals rather than relying on New York City and Philadelphia hospitals for postdoctoral training. In order to attract more American medical graduates to train in residency programs in New Jersey hospitals, Governor Brendan Byrne signed a bill (P.L. 1977 ch. 390) creating the Graduate Medical Education Program. The Graduate Medical Education Program, which provided American-born students financial awards, gave them incentives to train in New Jersey hospitals.

Governor Byrne’s other accomplishment toward medical education was reflected in Senate Bill 1540, which he signed on April 9, 1975, mandating that medical education be expanded into South Jersey. As a result of the South Jersey Medical Education Program, the CMDNJ School of Osteopathic Medicine (SOM) was established. The John F. Kennedy Memorial Hospitals (with divisions in Stratford, Cherry Hill, and Washington Township) became the main teaching hospitals for the CMDNJ SOM. In addition, the RMS medical program was expanded to include clinical training in Camden. Students were thus enabled to obtain their basic science courses on the Piscataway campus and complete their clinical rotations at South Jersey hospitals. By the late
1970s, Cooper Hospital had become the main teaching hospital in South Jersey for RMS (later Robert Wood Johnson Medical School) for students in their third- and fourth-year rotations.

CMDNJ’s Name Change to the University of Medicine and Dentistry of New Jersey (UMDNJ)

On December 10, 1981, Governor Byrne signed legislation officially changing the name of CMDNJ to the University of Medicine and Dentistry of New Jersey (UMDNJ). At the time, the two medical schools under the UMDNJ umbrella were RMS-CMDNJ in New Brunswick and the NJMS in Newark.

In 1986, RMS became known as Robert Wood Johnson Medical School (RWJMS), and its affiliated general hospital changed its name to Robert Wood Johnson University Hospital. General Robert Wood Johnson had started the Johnson & Johnson pharmaceutical company in New Brunswick, New Jersey, and made a great contribution to health care in the state. As a result, the main teaching hospital, the foundation, and the medical school were officially named after Johnson. Several new buildings were added to the New Brunswick Campus: the Medical Education Building, the Clinical Academic Building, and the Cancer Institute of New Jersey. In 2003, the Robert Wood Johnson Medical School Research Building in Piscataway, with state-of-the-art laboratories for clinical research, was dedicated. Several joint institutes and programs were shared by Rutgers and RWJMS on the Piscataway campus: the Stem Cell Institute, the Graduate School of Public Health, the Environmental and Occupational Health and Safety Institute, the Center for Advanced Biotechnology and Medicine, and the Graduate School of Biomedical Sciences.

In the next couple of decades, several state commissions were established to restructure the UMDNJ. In 2003, Governor James E. McGreevey requested that a commission assess the state
university system. The “Report of the New Jersey Commission on Health Science, Education, and Training,” popularly called the “Vagelos Report,” aimed to combine UMDNJ, the New Jersey Institute of Technology, and Rutgers. The proposal would have led to the formation of three universities: UMDNJ–Newark, Rutgers–Newark, and the New Jersey Institute of Technology (NJIT) would have merged to form the University of New Jersey (UNJ)–North (Newark); the New Brunswick and Piscataway campuses of Rutgers and UMDNJ would have formed UNJ Central (New Brunswick and Piscataway); and the southern campuses of Rutgers and UMDNJ would have merged with UNJ South (Camden and Stratford). Governor McGreevey’s sudden resignation in November 2004 may have contributed to the termination of the proposed realignment.

In 2010, Governor Chris Christie formed a Task Force on Higher Education chaired by the Honorable Thomas H. Kean to assess the state’s higher education. The resulting report called for the merger of UMDNJ’s New Brunswick campus (RWJMS, the Cancer Institute of New Jersey, and the School of Public Health) and Rutgers. It recommended the following:

To establish a first-class comprehensive university-based health science center in New Jersey, Robert Wood Johnson Medical School and the School of Public Health should be merged with Rutgers University’s New Brunswick-Piscataway campuses. When Robert Wood Johnson Medical School merges with Rutgers, concurrent steps must be taken to address the other important operations of UMDNJ, including University Hospital, New Jersey Medical School, the future of medical education in Newark, and medical education in South Jersey. Over the next few years, the integration concept took different forms. The original restructuring plan included the complete merger of Rutgers–Camden (including the business and law schools)
with Rowan University. But considerable opposition from the Rutgers community, led by Rutgers–Camden Chancellor Wendell E. Pritchett and including the Rutgers Board of Governors and Trustees, stopped the takeover of Rutgers–Camden.

Finally, on August 22, 2012, Governor Christie signed the New Jersey Medical and Health Sciences Education Restructuring Act into law, thus merging most UMDNJ schools, centers, and institutes into Rutgers.\textsuperscript{24} On November 19, 2012, the Rutgers Board of Governors and Board of Trustees approved the restructuring legislation.

As of July 1, 2013, the following legacy UMDNJ schools were fully integrated into the newly formed Rutgers Biomedical and Health Sciences (RBHS) Campus: the Graduate School of Biomedical Sciences, New Jersey Medical School, Robert Wood Johnson Medical School, New Jersey Dental School, School of Nursing, School of Public Health, School of Health Related Professions, Cancer Institute of New Jersey, and University Behavioral Health Care. University Hospital in Newark is run by its own board of directors and is a teaching hospital for RBHS. From the Rutgers side, the Ernest Mario School of Pharmacy, the College of Nursing, and the Institute for Health, Health Care Policy, and Aging Research are now part of the new RBHS. The following joint centers and institutes are included: the Center for Advanced Biotechnology and Medicine and the Environmental and Occupational Health and Safety Institute. On December 2, 2013, Dr. Brian Strom became chancellor of RBHS, based on the new Health Sciences Campus in Newark. The consolidation of the two nursing programs (the College of Nursing and the School of Nursing) into one program occurred in July 2014.

Additionally, on July 1, 2013, as part of the New Jersey Medical and Higher Education Restructuring Act, the legacy UMDNJ SOM at Stratford was transferred from UMDNJ to Rowan University. The medical school is now called the Rowan University of Osteopathic Medicine.
The Graduate School of Biomedical Sciences in Stratford is also part of Rowan University. The Stratford Campus is a hybrid campus. As part of the “Stratford carve-out,” the Rutgers School of Nursing, School of Health Related Professions, and School of Public Health continue to offer courses at the Stratford campus and are not part of Rowan.

Cooper Medical School of Rowan University, the newest medical school, is the only university in New Jersey offering both doctor of medicine and doctor of osteopathic medicine degrees. Cooper Medical School has its own interesting story. In June 2009, Governor Jon Corzine ordered the creation of a new four-year medical school in Camden by combining the Cooper Health System and Rowan University.

The History of the Medical Libraries

The UMDNJ Libraries

Until the integration of UMDNJ into Rutgers, its libraries consisted of the George F. Smith Library in Newark, the Robert Wood Johnson Library of the Health Sciences in New Brunswick, the Health Sciences Library at Stratford, and the Coriell Research Library at Camden. The system also included two cooperating libraries: the Reuben L. Sharp Health Library at Cooper Hospital/University Medical Center in Camden and Rutgers Library of Science and Medicine. Additionally, the RWJMS Media Library in Piscataway (later called the RWJ Academic Resource Center) has always served as a department administered by RWJMS.

The George F. Smith Library (Smith Library), New Jersey Medical School, Newark

The George F. Smith Library of the Health Sciences on the Newark campus, built with funds from a 1967 National Library of Medicine Construction Grant, is the main library serving the NJMS. It is a resource library in the National Network of Libraries of Medicine.
For many years, this collection served as the basic resource library for physicians in the state. The history of medicine collection and archives for UMDNJ and the official records of the university are maintained by Smith’s Special Collections Department.

The NJCMD library collection was housed in three separate leased or loaned spaces at the Jersey City Medical Center (previously administered by SHCMD), Newark City Hospital, and the East Orange Veterans Administration Hospital. After NJCMD was purchased by the state, the library remained in Jersey City. When the NJCMD Medical Center was built in Newark, the Health Sciences Library was constructed as part of the vision of the college to meet the educational and research needs of the medical school. The first head librarian was Jerry Rauch. During Philip Rosenstein’s years as university librarian (1966–90), the entire library collection was relocated to Newark and the UMDNJ libraries started expanding statewide. Judith S. Cohn has been the university librarian since January 1994.

In 1971, the entire library collection of the Academy of Medicine of New Jersey, including its Special Collections, consisting of rare books, was donated to the Smith Library. University Libraries expanded its library services and resources, serving seven schools throughout the state. Another large grant from the National Library of Medicine advanced the automation and integration of library information systems throughout all libraries. In the 1990s, UMDNJ increased its holdings in electronic formats and provided its users with 24-hour remote access to the University Libraries Health Information Network.

*The Robert Wood Johnson Library of the Health Sciences (Later RWJ Library), Robert Wood Johnson Medical School, New Brunswick*

The Robert Wood Johnson Library of the Health Sciences started out as UMDNJ Middlesex General University Hospital Library. When it transferred to RMS, the name
changed to Rutgers Medical School Health Sciences Library. It served the hospital but was administered by the medical school, and its name was changed to Rutgers Medical School Health Sciences Library. Under Philip Rosenstein’s leadership as university librarian, its name was changed to the Robert Wood Johnson Library (RWJ Library), and it became part of the universitywide system. Mary R. Scanlon served as the first campus director, followed by Kerry O’Rourke. The RWJ Library, completed in 1982, is located in the Medical Education Building adjacent to the Robert Wood Johnson University Hospital in New Brunswick. It serves as the main clinical library to RWJMS.

*The RWJ Academic Resource Center, Robert Wood Johnson Medical School, Piscataway*

The Academic Resource Center located in the Kessler Teaching Laboratory on the Piscataway Campus houses a reserve collection and audiovisuals. Previously called the RWJ Media Library, it supported the two-year RWJMS and the SOM.

*Southern Jersey Library Services*

Cooper Hospital University Medical Center in Camden used to be the main teaching hospital for third- and fourth-year RWJMS Camden students. As a cooperative UMDNJ library, the Reuben L. Sharp Health Library at Cooper Hospital/University Medical Center in Camden received financial support from the UMDNJ libraries.

Libraries serving students in the School of Osteopathic Medicine (SOM) in central and southern New Jersey consisted of the RWJMS Media Library in Piscataway, which served the first- and second-year students, and the libraries at the John F. Kennedy Memorial Hospitals University Medical Center (consisting of the Stratford, Cherry Hill, and Washington Township divisions), which served students in their third and fourth years. Additionally, the Corriell Research Library at Camden used to serve students enrolled in the RWJMS and SOM programs.
Eventually, the four-year campus was unified in Stratford, and the Health Sciences Library at Stratford, located in the Academic Center Building and other science centers, was dedicated in 1993.

Currently, the two medical libraries serving Southern Jersey at the Cooper Medical School of Rowan University are the Rowan School of Osteopathic Medicine Health Sciences Library at Stratford and the Cooper Medical School Rowan University at Camden.

After the integration of institutions that occurred on July 1, 2013, the UMDNJ Health Sciences Library at Stratford became part of Rowan University. In addition to serving the medical school, as part of the “Stratford carve-out,” the Rowan University of Health Sciences Library serves the three Rutgers academic programs in Stratford: the School of Nursing, the School of Health Related Professions, and the School of Public Health.

The History of the Library of Science and Medicine (LSM) and Rutgers University Libraries (RUL)

As Rutgers is a large research university, Rutgers University Libraries consists of more than 20 libraries in New Brunswick, Piscataway, Camden, and Newark. In the 1950s, Rutgers considered building a science library in Piscataway close to the Waksman Institute of Microbiology and the Wright Chemistry science buildings on the University Heights (later Busch) Campus. This proposal never materialized until Stetten was hired as dean of RMS and started plans for a library to serve the medical school.

The Library of Science and Medicine (LSM) was originally envisioned as a medical library serving the medical school. University Librarian Donald Cameron, RMS Dean Stetton, and other administrators decided that LSM, in addition to serving the medical community,
should also serve all the other science departments—an unusual practice at that time. James Barry, director of LSM, wrote:

The need for a central science library serving biologists, chemists, engineers, microbiologists, physicists and ultimately mathematicians was merged with the immediate requirements of Rutgers Medical School. The University is now committed to construct a Science Library on the University Heights Campus to serve the Medical School and all other neighboring scientific departments of the University.\textsuperscript{25}

Plans to build LSM started in the early 1960s. A committee was formed, with faculty representatives from science departments, Barry, and representatives from the architectural firm of Warner, Burns, Toan, and Lunde. The project was largely dependent on federal funding sources. The plans called for the building to be completed in three stages. Several factors caused the size of the building to be reduced: funding from the National Science Foundation did not materialize, delays in construction occurred, and building costs increased. Disagreements over many aspects of the design ensued, and Cameron’s retirement further contributed to the delay in the completion of the building. At the same time that plans were being made to expand the curriculum to four years, the building was shrinking in size and from its inception would not adequately meet the needs of the medical and science communities. Barry voiced his concern over the reduced size of the building, and Shirley Bolles, who later became LSM director, would report shortly after LSM was built that the library required expansion. It was Cameron’s recommendation that it be named the Library of Science and Medicine and be built in close proximity to the medical school and to the biology, microbiology, and other science buildings.\textsuperscript{26}

Construction of the Medical Sciences Building, the Daniel Kessler Teaching Laboratories, and LSM was completed in 1970. To this day, a tunnel never used to connect the medical school to
LSM remains. After RMS separated from Rutgers in 1970, the question of who owned the tunnel and the keys to the tunnel created a power struggle. Plans for a 24-hour study room on the ground level of LSM never materialized.

In 1963, RMS dean Stetten requested that the medical collection housed at the New Jersey Academy of Medicine be transferred to Rutgers. Even though the academy library was having difficulties maintaining the collection, it refused this offer. Rutgers started building a medical collection at the Central Library (later called the Alexander Library on the College Avenue Campus). In 1969, the academy changed its mind and offered Rutgers its collection of 45,000 volumes. Rutgers refused the gift collection because it was in the midst of planning a new science library building. As stated earlier, the entire academy collection ended up being transferred to the UMDNJ Smith Library of the Health Sciences in Newark in 1971.

James Barry was recruited from the National Library of Medicine as director of LSM in 1963. Barry started building the medical collection in a temporary location on the third floor of Alexander Library. A donation of $400,000 from the Commonwealth Foundation was used to build the collection with books, journals, and audiovisual equipment. Other donation providers included the Camden County Medical Society and several pharmaceutical companies. In addition, Barry solicited New Jersey physicians for donations of historical medical books to be housed in closed stacks in the Special Collections Room at LSM. Over the years, the purpose and usage of the room changed and it was transformed into a vital meeting space for library functions. It became more difficult to maintain the collection securely with the proper environmental controls. Some of the shelving in the glass cases collapsed, and some of the collection’s contents were not cataloged. In 2002, the librarians at LSM decided to examine the situation. By 2006, through collaboration with Access Services, Technical and Automated
Services, and Special Collections and University Archives, the entire collection was cataloged and relocated to Special Collections and University Archives, the Libraries Annex, or another Libraries location. The Special Collections Room at LSM is now called the LSM Conference Room and is used as classroom and meeting space.

**LSM before Integration**

Just as LSM was being completed in 1970, the separation between RMS and Rutgers and the unification of RMS with CMDNJ occurred. The transition year 1970–71 proved tumultuous for the university, the medical school, and LSM. With Stetten retiring as dean of the medical school, LSM was left without a powerful advocate. The impact of the loss of the medical school created many uncertainties. Would the medical school move its headquarters to Newark? Would LSM continue to serve RMS, or should the CMDNJ library in Newark serve the medical school? Did the collection belong to Rutgers, or should it be transferred to CMDNJ? Which library staff members should serve the medical school? Concerns over salaries and reporting structures further contributed to what LSM director Bolles called “desperate moments.”

Several personnel changes in the medical school and library administration added to the instability. In 1971, Roy L. Kidman resigned as university librarian, and Virginia Whitney became the acting university librarian. Barry resigned, and Bolles became acting director at LSM. No provision for funding for the purchase and processing of materials in the medical sciences was made the following year, forcing Rutgers to absorb these costs.

It is hard to discern exactly when a formal written agreement was actually reached whereby LSM would serve the first two years of the medical school and CMDNJ, in turn, would provide fiscal and staff support to LSM. In May 1971, Chancellor Dungan wrote a letter to Rutgers’ president Gross suggesting that a formal agreement be drafted between the Rutgers Board of
Governors and the CMDNJ board to settle the issues of library services. In February 1972, CMDNJ president Stanley S. Bergen initiated another push for formal negotiations.

In any case, the formal agreement stated that RUL would support the research needs and the instruction programs of the first two years of RMS. This meant that RMS users had full library privileges and were considered primary users. CMDNJ Libraries, in turn, would annually provide funds to RUL for building collections in New Brunswick that supported research and instructional programs.

James W. McKenzie became the dean of the Medical School in July 1971 and was interested in working out informal agreements with Bolles and Whitney, who were no longer serving in an acting capacity. Edward Bloustein became the Rutgers University president. Arthur Hess, head of the Anatomy Department, became chair of the Library Committee. Bolles and Taisa Scors, the medical librarian at LSM, were given joint faculty appointments to Rutgers and CMDNJ-RMS.

Meanwhile, as the State University of New York (SUNY) was developing its Biomedical Communication Network as the first online information retrieval service for biomedical literature in 1966, Bolles and Philip Rosenstein, director of libraries at CMDNJ, seized the opportunity to send librarians from LSM for online training at SUNY Health Science Center in Syracuse.

The three libraries that served CMDNJ-RMS (named RWJMS in 1986) were (1) the RMS–Middlesex General University Hospital Health Sciences Library (later named the Robert Wood Johnson Library of the Health Sciences), in the Medical Education Building in New Brunswick, which housed the clinical collection in support of the medical school; (2) the RMS Media Library (later called the Academic Resource Center), in the Kessler Teaching Laboratory on the Piscataway campus, which housed a reserve collection and audiovisuals in support of the
initial two-year medical school curriculum; and LSM, which, after CMDNJ achieved university status and became known as UMDNJ in 1981, was designated as a cooperative library to the UMDNJ library system when CMDNJ expanded its library services into the state.

I was hired in January 1991 as liaison librarian to the UMDNJ/Robert Wood Johnson Medical School at LSM. In this capacity, I provided support in research and instruction and managed the medical collection for the first two years of RWJMS. On an annual basis, RUL received the UMDNJ Cooperating Library Agreement Budget of approximately $200,000 for the medical collection and the salaries of 3.5 full-time equivalent employees.

Besides providing support to the RWJMS, LSM supported the following joint Rutgers/UMDNJ professional schools: the Graduate School of Biomedical Sciences and the Graduate School of Public Health, as well as the physician assistant program in the School of Health Related Professions. LSM is the main science research library serving the Rutgers Graduate School of Applied and Professional Psychology, the College of Pharmacy, the School of Engineering, and other science programs on the Busch Campus.

Jeanne Boyle, then director of LSM, served with me on several joint UMDNJ committees: Libraries Serving UMDNJ, the Information Access Committee, and the RWJ Library of the Health Sciences Library Committee. In 2003, we conducted several focus-group lunches with biomedical researchers at Rutgers and UMDNJ in order to determine their libraries’ need for instruction, research, and resources. Similar to UMDNJ librarians, in preparation for the site visit of the medical school accreditation body, the Liaison Committee on Medical Education (LCME), I participated in the LCME self-study and contributed to the LCME database.

Over the past 23 years, when I served as liaison librarian, serving the medical school faculty was difficult at times. Because of budgetary constraints, informing faculty of my
decisions, after consideration, to cancel medical journals created dissatisfaction, especially given that the medical school was providing considerable fiscal support. As the collection of the UMDNJ libraries became stronger over the years, some faculty felt that they were not using RUL enough to warrant large contributions annually. Even though RUL statistics showed that the medical school used RUL resources and services adequately, I was concerned that medical school allocations would be withdrawn.

The materials allocation from the medical school stayed static, and the costs of medical journals, which were rising with inflation, were not factored into the new budget. Year after year, I was forced to cancel subscriptions and the libraries were forced to cover the inadequate budget. The status of funding negotiations was reviewed periodically, but it was always difficult to get a commitment beyond the library administration level. In the 1990s, Director Boyle and I attempted to find comparable inter-institutional models of cooperation, but we were unsuccessful in locating models of funding for a university library that provided services and resources to a medical school.

Under the agreement between Rutgers and UMDNJ, RWJMS faculty members were considered primary users, with full rights and privileges as Rutgers faculty. When the agreement was written, we were in a print environment. As we moved into the electronic age, RWJMS faculty started expecting remote access. But access to RUL databases and journals has always been governed by licensing agreements with commercial publishers and vendors and therefore restricted to users with a current Rutgers Net ID and password. We had to diplomatically explain to RWJMS faculty that, as users of a different institution, the only way they could gain access to the full texts of journal articles was by visiting the library in person. The denial of remote access created the worst barrier to providing good service.
Providing library support to an outside academic institution had many challenges. Files in my office are packed with notes on issues and correspondence about the resolution of these challenging matters. I occasionally had to follow up on delays in the receipt of invoices and money transfers between the budget offices of the two institutions. RUL encountered delays in mail delivery and difficulties in registering and updating borrower records and obtaining campus addresses for users. As an example, difficulties in obtaining information about termination and graduation dates made billing for overdue books complicated.

From the start, clarifying the user population RUL were serving proved challenging. Access Services staff had difficulties discerning which users (in particular house staff) were eligible for services. In the 1990s, Boyle and I met numerous times with UMDNJ librarians to revise policies on establishing and disseminating status information on RWJMS faculty, staff and students. Each category of users operated on a different schedule. As technology advanced, RUL moved from a heavy reliance on manual methods to electronic handling of borrower information. An inter-institutional plan for collaboration between the two library systems was drafted whereby electronic data files of eligible UMDNJ students, faculty, residents, and staff were routinely provided to RUL. These automatic user files and updates from each category of users were loaded electronically on a regular basis. It therefore became simpler to maintain accurate patron records and have a better handle on the UMDNJ user population.

Lack of communication about changes in educational programs created additional challenges for RUL. As a good example, the physician assistant (PA) program was to be offered at the Livingston campus as a Rutgers undergraduate program. When the program shifted to UMDNJ as part of the School of Health Related Professions, RUL were not informed of this development. Students who had suddenly lost their library privileges voiced dissatisfaction with
RUL. Once LSM was made aware of this new development, the situation was remedied, and PA students were granted the same privileges as medical students.

RWJMS’s academic calendar was different from the Rutgers calendar. When the medical school dean requested that LSM extend its library hours, LSM could not immediately accommodate this request. Adequate staffing and campus security had to be scheduled prior to increasing library hours.

Whenever the political environment changed, the Libraries reacted to the potential effect these decisions would have on them. In spring 2003, in anticipation of the changes proposed in the “Report of the New Jersey Commission on Health Science, Education, and Training,” popularly called the “Vagelos Report,” UMDNJ and RUL formed a working group to examine journal titles that could be acquired collaboratively. In July 2003, a shared licensing proposal titled “Rutgers University Libraries and the University of Medicine and Dentistry of New Jersey Libraries: A Shared Resources Collaboration” was drafted. As members of the Virtual Academic Library Environment (VALE), both library systems were accustomed to jointly licensing electronic resources. After Governor McGreevey’s resignation, the concept of having one state university was dropped, and the Libraries accordingly stopped pursuing this type of collection assessment.

As RUL policies changed, LSM remained cognizant of its commitment to provide UMDNJ users with similar services. For security, the New Brunswick libraries started assigning guest passwords to those using public computers. The medical students were unique; they were neither guest visitors nor Rutgers students with Rutgers Net IDs and passwords. In order to avoid any potential fallout, LSM librarians realized that these users had to be treated differently, reacted to this policy change, and solved the problem by dedicating two public computers solely
for UMDNJ student use. Likewise, medical students without Rutgers Net IDs and passwords were not eligible for word processing and printing using the Rutgers University Microcomputer Laboratory computers located at LSM. Rutgers students pay for the use of these computers and printers, whose operation is administered by the Rutgers Computing Services and not by the Libraries. Similar to visitors, UMDNJ users, therefore, relied on using public networked printers administered by the Libraries. Other computer-related issues included concerns about wireless access. The RUL public service desks at LSM repeatedly received requests to provide wireless access to RWJMS students. After many options were explored, in 2011 the computer departments of both institutions coordinated their efforts and finally remedied the situation by allowing medical students to open guest Rutgers wireless accounts.

Library users in joint Rutgers-UMDNJ programs were dissatisfied that they were denied remote electronic access to electronic resources. Finally, in May 2009, Judith S. Cohn, UMDNJ university librarian, and Marianne I. Gaunt, Rutgers university librarian, signed a “General Service and Joint Degree Program Agreement, Including Data Transfer and Confidentiality between University of Medicine and Dentistry of New Jersey University Libraries and Rutgers University Libraries.” Other signatures included those of the UMDNJ senior vice president of academic affairs and the Rutgers executive vice president of academic affairs. This agreement helped identify which categories of users were eligible to receive which select library privileges. Remote electronic access was extended to joint Rutgers/UMDNJ users in the Graduate School of Biomedical Sciences and the School of Public Health on the New Brunswick and Piscataway campuses. The agreement later expanded to include all joint RU/UMDNJ campuses in Camden, Newark, and Stratford. Users in joint programs were requested to register in person at the LSM or the Alexander Library circulation desks. Once registered, these users became authenticated
and were enabled to log in with barcodes and PIN numbers to access Rutgers resources electronically. Extending remote electronic access to users who were enrolled or employed in the joint programs improved service to this user population.

Prior to the integration of the institutions in 2013, there was frustration among users who were interested in biomedical information from both UMDNJ and Rutgers resources. From the Rutgers side, in particular, students in biomedical engineering, nursing, and pharmacy could not immediately access clinical resources. Without a Rutgers Net ID and password, UMDNJ users could not access electronic resources. Until integration occurred, it was difficult to provide electronic access to all of our users equally.

Integration and Its Impact on Rutgers University Libraries

The University’s Preparation for Integration

The strategies and practices used in moving toward integration at the university level are too complex to describe in much detail. President Robert L. Barchi named Christopher J. Molloy (formerly dean of the Rutgers Ernest Mario School of Pharmacy) interim provost for the newly formed RBHS to lead the complex integration effort. In order to assure a smooth transition to meet the July 1, 2013, deadline, Dr. Molloy led 12 functional integration teams from both universities.

The university set up a “Rutgers Medical and Health Sciences Restructuring” website and a weekly newsletter, the “Joint Rutgers–UMDNJ Integration Update,” to inform all Rutgers and UMDNJ legacy faculty, staff, and students about changes, decisions, and progress related to restructuring. Several departments, including the Office of Information and Technology (OIT), updated users on their integration webpages. To help answer questions from faculty, staff, and
students who were going to be excluded from the Rutgers reorganization, a separate website for Rowan Integration and University Hospital Restructuring was created.

The UMDNJ visual identity, including logos and signs on the exteriors of buildings, were replaced with Rutgers signage on July 1, 2013. Many events and celebrations were held to welcome UMDNJ legacy personnel to the Rutgers community. As an example, the Rutgers Office for the Promotion of Women in Science, Engineering, and Mathematics invited faculty from both institutions to meet and find common research interests. Employees were given new business cards with a Rutgers logo.

To help ease the transition and welcome the new community, the university organized employee information fairs in which most departments, including the Libraries, participated. On the first day of integration, most departments, including the Libraries, provided a list of FAQs and answers as well as integration information websites on their departmental webpages. In addition, “Working Together,” a helpful publication containing information on Rutgers’ history, and contact information for departments was mailed and posted on the “Information for Faculty and Staff” page. The “Quick Reference Help Guide,” a single sheet providing contact information for key services, was also made available on July 1, 2013.

Since its inception, Rutgers, like other institutions in the Association of American Universities, has been heavily involved in research and teaching in most subject areas. It used to be one of the only state universities without affiliation to a medical school. Now that Rutgers has been integrated with the former UMDNJ system, adding biomedicine to the myriad subjects already offered by Rutgers has strengthened the university and attracted stronger scholars, adding more prestige to the university and expanding its educational opportunities.
By linking itself with a larger hospital base and clinical practices in New Jersey, Rutgers has provided more opportunities for clinical research, including clinical trials, and a larger impact on health care in general. Prior to integration, researchers from the two institutions collaborated on research projects. Now, however, this newly comprehensive research university with multidisciplinary opportunities has enhanced and provided increased opportunities for collaboration, giving it a more competitive edge in efforts to attract federal research funding.

Further Preparation for Integration

As stated earlier, the original 2010 report of the Task Force on Higher Education chaired by the Honorable Thomas H. Kean called for the merger of UMDNJ’s New Brunswick campus (RWJMS, the Cancer Institute of New Jersey, and the School of Public Health) and Rutgers. Early in 2011, RUL librarian Gaunt invited key librarians to participate in planning for the implementation of this merger. The librarians started examining unique databases and analyzing and comparing databases held by UMDNJ and RUL. Because this preliminary comparison took place prior to our obtaining complete holdings or purchasing information from the UMDNJ libraries, it was difficult to compare the holdings of the two library systems.

After Governor Christie signed “The New Jersey Medical and Health Sciences Education Restructuring Act” on August 22, 2012, which called for full integration, the Libraries’ implementation plans changed accordingly. The goal became planning for the creation of a single integrated library system, to be completed by July 1, 2013. In many ways, the Libraries dealt with integration easier than most other departments. The librarians shared similar concerns about managing library services. They understood their users’ needs because RUL were already serving the medical school community. In addition, the librarians were used to collaborating and meeting frequently, including when preparing for LCME site visits. As employees of a
cooperative library of the UMDNJ system, we used to serve on several joint UMDNJ committees. Other joint activities included participation in the Medical Library Association, the Health Sciences Library Association of New Jersey, and the New York/New Jersey Chapter of the Medical Library Association. Additionally, the two university librarians still served on the VALE Executive Committee, as they do today.

Even though the two library systems are those of academic research libraries, the policies, practices, academic calendars, and organizational structures of the two library systems are quite different. Both library systems are still adapting and learning from each other. However, our health sciences colleagues have had to adjust their procedures and practices the most in order to align with the Rutgers culture. Their specialized expertise and strength in clinical searching, point-of-care products, evidence-based medicine, and mobile devices in particular brought new growth opportunities to RUL. Additionally, RUL librarians have learned much from UMDNJ librarians in such areas as better integration into the curriculum and embedded librarianship.

Gaunt and Cohn received approval from the Executive Steering Committee to integrate their libraries into a single system. They served on the university’s academic/educational integration functional team, and in September 2012 they established library integration teams to address nine areas: organizational structure, human resources, staffing, access and authentication, collections, cataloging, services, facilities, a communication plan, and IT concerns. They outlined guidelines for librarians to follow in order to create a smooth and seamless integrated library system. Without any disruption in service, for each subteam librarians were asked to identify the top priorities that needed to be accomplished by Day 1. Integration team members were asked to list the associated tasks, along with their costs. Librarians were charged to develop a timeline and a plan to accomplish these tasks and to identify tasks needing further discussion or
ones that could be addressed later, as well as any issues dependent on other subteams. Librarians were also asked to report back to the large group on a monthly basis.

Several meetings were required to learn about each other’s operations and procedures and collect data about all aspects of services and software required. The integration committee used Sakai (a learning management system) for its workspace as a good tool for communicating and posting minutes.

The integration timeline calendar the librarians created and reviewed on a monthly basis proved to be a useful project management tool. In counting down to Day 1, the integration timeline calendar was used to list tasks for each team with projected and actual completion dates, and it helped us track our progress every step of the way. Gaunt and Cohn updated the rest of their libraries’ staffs regarding integration developments on a regular basis.

Merging the two library catalogs and patron records was the first priority in the restructuring timetable. One of the first tasks to be completed was loading bibliographic records into the Sirsi test system. Eventually, more than 70,000 bibliographic records and 223,000 item records from the UMDNJ Voyager Integrated Library System (ILS) were successfully moved to the Rutgers SirsiDynix Symphony ILS. (Since the Stratford campus was not slated to integrate with Rutgers, the combined UMDNJ catalog records excluded the collection at the Stratford Library of the Health Sciences.) This procedure included adding sublocations and item types to the bibliographic records, consolidating duplicate records, and adding medical subject headings from the UMDNJ catalog. Until everything went live on Day 1, bibliographic records were shadowed and could be seen only by library staff. Additionally, records and summary statements of serials holdings had to be loaded into the Sirsi test system and shadowed but not viewable by the public. Field 856 of the serials holdings record, where linking text is displayed, needed to be
completely revised. In order to display UMDNJ holdings separately, the catalog subteam created a health sciences catalog.

After integration, the collection at the RWJ Academic Resource Center (previously called the Media Library) in Piscataway was added to the Rutgers catalog. The entire process of integrating our catalogs was best described at the November 5, 2013, State of the Libraries poster presentation “Merging Rutgers’ and UMDNJ’s Library Catalog Systems: Collaboration and Teamwork.”

UMDNJ staff was trained on the use of acquisitions, serials, and cataloging modules, and was well prepared to streamline the operation of both units into one technical services unit. UMDNJ staff were also trained to use Sirsi and to perform such circulation functions as creating patron records, handling holds and reserves, and billing. A new patron category, “MED,” was added to distinguish UMDNJ users. Data loads from the UMDNJ BANNER system had to be tested. The proxy servers had to be configured, tested, and aligned. For each category of eligible health sciences users, the borrower chart was updated.

The evaluation for integrating electronic resources included analyzing and comparing the pricing and usage of all titles: titles unique to each institution, mutually owned titles, and embargoed titles. Because the two institutions have different calendars for renewals of electronic resources, all licensing contracts had to be reviewed and negotiated.

With help from Price Waterhouse, vendor notification letters for resources unique to Rutgers University and UMDNJ and those that were shared/duplicate were mailed to all vendors. Most publishers and vendors understood the issues involved in integration and patiently waited for regularly scheduled license renewals. Other titles were negotiated for content and pricing differently, and this process continued into 2014. RUL electronic resources were made available
to all legacy UMDNJ users. UMDNJ licensed resources, however, had to be renegotiated individually. By January 2014, most electronic clinical titles were made available to the Rutgers community. Due to budgetary shortfalls, however, a few resources were cancelled. RUL-wide negotiation for Endnote (a software tool for publishing and managing references), licensed by the legacy UMDNJ libraries, did not materialize.

To help in the tracking of collections funds, a new central transfer fund was established temporarily to pay for legacy UMDNJ resources. Funds would then be transferred to newly created RBHS fund codes. Prior to integration, librarians carried out other important tasks: library policies were reviewed, reconciled, distributed, and posted; member organizations were notified of the merger; and websites were rebranded and integrated. In addition, UMDNJ workstations were configured with the installation of Workflows on staff computers and PC Reservations software on public computers.

As soon as integration news became imminent, UMDNJ staff and librarians were invited to participate in library meetings involved in planning for the future. Representative librarians from UMDNJ were invited to participate in the following Rutgers faculty groups: the Planning and Coordinating Committee, User Services Council, and Library Resource Council. In preparation for the selection of a new web-scale discovery service and a link resolver, a team of public and technical librarians and staff from both UMDNJ and Rutgers was appointed. Cohn became a member of the Libraries Cabinet, and her title was later changed to director, health sciences libraries. In February 2013, a new ad hoc working team, “End-to-end Electronic Resources Discovery and Delivery,” started identifying and resolving all issues pertaining to seamless access to fee-based electronic resources. In case Rutgers OIT did not accomplish an integrated LDAP (lightweight directory access protocol) by Day 1, two proxy servers for the
authentication and authorization of UMDNJ users were used. This assured full access to
electronic resources from both institutions. In order to improve access to all of our electronic
resources, RUL added the new Link Resolver and Web-scale Discovery Service in January 2014.
The next step was to complete the process of routing all RUL and legacy UMDNJ resources to
the RUL Drupal (an open-source content management software) environment.

The integration committee decided that Rutgers would initially continue to use the
Interlibrary Loan and Article Delivery Service (ILLIAD) to process interlibrary loan requests
and that the UMDNJ libraries would continue the same interlibrary loan (ILL) procedures. After
integration, RUL became a full member and a resource library of the National Network on
Libraries of Medicine (NLM)–Middle Atlantic Region, coordinated by the National Library of
Medicine. Like other medical school libraries, UMDNJ used DOCLINE (NLM’s automated ILL
request and referrals service) to process most of its ILL requests. A few months after integration,
however, the DOCLINE service was already being integrated with ILLIAD. Rutgers users were
to be able to obtain articles from UMDNJ-licensed resources via “Article Delivery” processed
through ILLIAD. EZ Borrow and U-Borrow book delivery services were to be extended to
legacy UMD users. As at other Rutgers libraries, book delivery was to be provided by van to
RWJ and by campus mail to the Smith Library.

In anticipation of questions, the libraries created a list of FAQs and answers for the RUL
and UMDNJ libraries home pages. The list provided information on all aspects of public service:
remote access, interlibrary loans, library catalogs, references and instructions, user privileges by
category, printing and photocopying instructions, and access to Libraries-licensed electronic
resources, as well as contact information for those with additional questions.
To help staff in the transition, a staff list of FAQs and a LibGuide with links to important integration information were created. The transition on Day 1 went very smoothly. All new personnel were added to the library listservs and to the faculty and staff directory. For use when accessing Health Sciences Libraries resources remotely, new students and employees were issued Rutgers NetIDs. In most cases, legacy UMDNJ users were able to use IDs from their own CORE accounts as their NetIDs.

Integration Day (July 1, 2013) and Beyond

On July 1, 2013, the Smith Library of the Health Sciences in Newark (Smith Library), the Robert Wood Johnson Library of the Health Sciences in New Brunswick (RWJ Library), and the Virtual Library for Distance Learning officially became Rutgers libraries. The banner on the websites of the merged health sciences libraries changed to Rutgers University Libraries: Health Sciences Libraries. All UMDNJ library pages were branded with the Rutgers banner.

The Virtual Library for Distance Learning serves RBHS distance learning students and Rutgers Stratford-based students. Reference librarians from the Smith Library administer the Virtual Library and Healthy NJ, a consumer health website.

After integration, each integration team was asked to prepare a plan for activities that needed to be completed in the first 100 days of integration. The major issue that needed to be resolved was proxy access. Due to licensing agreements, until January 2014 or a later date, when the use of all electronic resources was to be negotiated, certain clinical titles were available only to RBHS users. The best temporary solution for the authentication of UMDNJ users to access electronic resources was to use two EZ proxy systems (web proxy servers that give access to the restricted databases) and two LDAPs. In time, one joint LDAP for all users was to be developed.

Another important objective was the relocation of the health sciences websites onto the
RUL home page. While the health sciences content was maintained separately as a temporary solution, the plan was to integrate all content when a new joint link resolver and discovery services were implemented.

Until the new link resolver and Web-scale Discovery were implemented, Rutgers was to use the EBSCO “Get it @R” button and UMDNJ used the SFX product with the “Findit@RBHS” button to link to the full texts of journal articles. As planned, a new “Articles+” service, with a single point of access to searching multiple databases through Link Source to articles with a “Get it @R” button, was implemented in January 2014.

Other ongoing objectives included the continuation of vendor negotiations, the integration of electronic resources, and the resolution of fund structure and payment issues. New procedures for ordering reserve materials and medical books from a specialized medical distributor had to be implemented. Additionally, UMDNJ subject toolkits were transferred to Rutgers LibGuides.

RUL’s Service to the Rutgers Biomedical and Health Sciences (RBHS) Community

The recently completed university strategic planning identifies life sciences as one of the areas requiring growth. The new RBHS is currently conducting a strategic planning survey to determine areas of interest and expertise that could be used for collaboration. RUL are also in the process of revising the library plan to more closely align with the university’s goals.

Due to the complexity of the overall task, it is expected to take multiple years to accomplish complete integration. The best immediate outcome of integration is that RUL are now able to offer the same level of service enjoyed by the university to the health sciences community. As an example, users are no longer denied remote access, printing, and wireless
access. By eliminating barriers, RUL are finally able to provide all primary users the same privileges for remote access to all electronic resources.

In order to determine how services are being delivered to RBHS users, library director Cohn formed a new Task Force on the Health Sciences. Librarians involved in the selection of library materials and in liaison activities with health sciences departments from both universities were appointed to this new committee. The committee was charged with collecting data on user seeking behaviors, identifying best practices of peer institutions, analyzing collections, assessing services and technologies, and informing new users of service transformations. The task force started out by drafting a post-integration user survey. Until a full analysis is completed to determine the needs of the RBHS community, an RBHS icon with links to the Health Sciences Catalog, databases, e-journals, and image and video collections continues to be displayed on the RUL home page. After determining the needs of the RBHS community, RUL will continue to respond and expand RUL services and research support accordingly to the health sciences community, and the medical libraries will continue to evolve and adapt to the needs of their users. Integration has provided increased interdisciplinary connection and collaboration opportunities for the entire Rutgers community. In addition to the expanded library role in providing research support for all Rutgers researchers, RUL librarians themselves have opportunities to engage in more collaborative research with health sciences librarians, as well as RBHS faculty.

Acknowledgements: I would like to thank Robert Vietrogoski, head of special collections, George F. Smith Library of the Health Sciences, and Kerry O’Rourke, campus director, Robert Wood Johnson Library of the Health Sciences, for their assistance.
The information in this article regarding the integration is accurate as of the submission of this manuscript in May 2014.

NOTES


13. Rutgers Medical School Newsletter 3, no. 6 (November 1965): 3.


15. “Rutgers, the State University, Rutgers Medical School,” JAMA 206, no. 9 (November 25, 1968): 2005.

17. *Public Hearing before Assembly Education Committee on Assembly Bill no. 1059* (which combined the Rutgers Medical School and the New Jersey College of Medicine and Dentistry, to be known as the College of Medicine and Dentistry of New Jersey), held May 12, 1970, Assembly Chambers, State House, Trenton (New Jersey: Legislature, General Assembly, Committee on Education, 1970).


