The Cunningham Fellowship: three international points of view*

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Abstract

The Medical Library Association Cunningham Fellowship Program provides funds for one medical librarian per year from outside the United States or Canada to work and learn in United States or Canadian medical libraries for a period of 4 months.

An overview of the Cunningham Fellowship is presented from three different points of view—that of a Medical Library Association member who has worked closely with the Cunningham Fellowship programme, and two former Cunningham Fellows.

Anita Verhoeven, who relates her impressions of American culture, architecture and art, was the 1998 MLA Cunningham Fellow and visited 33 libraries, met 171 librarians, visited prestigious universities and attended a Medical Library Association meeting.

Ioana Robu, the 1997 Cunningham Fellow, visited 15 libraries in 13 cities during her experience. She describes the process of applying for the fellowship and assesses the impact that the 1997 Cunningham Fellowship has made on her life, her library and medical librarianship in Romania.

An overview of the Cunningham Fellowship is also given, which includes the history, the application process, the requirements of the fellowship and the timetable of the fellowship.

Introduction

The Medical Library Association Cunningham Fellowship Program provides funds for one medical librarian per year from outside the US or Canada to work and learn in US and Canadian medical libraries for a 4-month period. The Cunningham Fellowship was established in 1967 from a bequest from the estate of Eileen R. Cunningham. Ms. Cunningham was a leader in international medical librarianship, and also a Medical Library Association President. A total of 32 Cunningham Fellows have participated in the program. Some of the countries from which Cunningham Fellows have come include Japan, The Philippines, Nigeria, Sweden, Thailand, Malaysia, England, Portugal, Ireland, South Africa, India, Denmark, Australia, Russia, Romania and The Netherlands.

Medical librarians world-wide are encouraged to apply for the Cunningham Fellowship. Typically 20–25 applications are received each year. A Medical Library Association Jury carefully evaluates the applicants and selects the Cunningham Fellow.

Here we present the experiences of the two librarians who have been awarded the Fellowship.
Dr Anita Verhoeven

Dr Anita Verhoeven was the 1998 Cunningham Fellow. She tells what a Cunningham Fellow experience is like.

Personal information

I have worked as a medical librarian in two libraries in the Netherlands <http://www.ub.rug.nl/bib/index.eng.html>. In addition to my library work, I am a University teacher at the Department of General Practice, Unit of Vocational Training.

Application

After I was rejected at my first application in 1996, I was delighted I was selected as the Cunningham Fellow for the year 1998. To apply, you need to invest a lot of time and energy but in the end it could be worth the trouble. I would be able to enlarge my professional experience and get more familiar with the American way of life, its culture and art.

Itinerary and organization of the trip

From January until May 1998, I travelled throughout eight different states of the USA and to Ontario, Canada to visit 33 medical libraries. Prior to the beginning of my stay in the USA, the Chair of the Organizing Committee composed the itinerary of my visits and my accommodation after consulting me. The Medical Library Association ordered the airline tickets and sent them to my first host. I stayed at 25 different homes, most of them were of library staff. In addition, a few times I stayed in a hotel room or university housing. This involved a lot of travelling (I travelled by aeroplane 11 times) and my suitcase was my closest companion.

Purpose

What was my purpose? My main purpose for participating as a Fellow was to share experiences about teaching library and information skills. I accomplished this—among other things—by talking to 171 (!) medical librarians. Because my Medical School has a problem-based learning curriculum with emphasis on evidence-based medicine, I concentrated on these aspects. Many aspects of evidence-based medicine were discussed, including searching skills, critical appraisal and the applicability of the search results for medical practice.

I talked to librarians about how they plan and organize courses for enhancing searching skills and practising evidence-based medicine. A point of special interest was how librarians work in close collaboration with faculties to assess the information needs of students and, as a result, how they determined the content of the courses and the place of the courses in the medical curriculum. I also joined some of the actual students programs, including ‘Preparation for Clinical Medicine’ for 2nd year students at the Medical School of Stanford University in California. I learned a lot about teaching, especially interactive teaching using the Internet, designing online tutorials, and publishing teacher’s notes on the Web.

In Chicago, I took a course on Evidence-based Medicine given by Ann McKibbon from the McMaster University in Hamilton, Canada. I also visited this famous university, which was the first Medical School to introduce problem-based learning in its curriculum almost 40 years ago. With the librarian, Dorothy Fitzgerald, I discussed the impact of a problem-based learning curriculum on the library collection development and organization. I was thrilled when I could join a students tutor group for one morning and could learn more about the role of the group facilitator.

At the National Library of Medicine in Washington, DC, I took a look behind the MEDLINE scenes. I was shown all the hardware needed for running MEDLINE and PubMed world-wide. I followed the process of decision-making whether or not to index a journal in MEDLINE (http://www.nlm.nih.gov/pubs/factsheets/jsel.html), and the whole indexing process of the articles indexed in MEDLINE. Of course, we discussed the emergence of the free PubMed (http://www.ncbi.nlm.nih.gov/ PubMed/). In addition, I also took a PubMed course given by NLM librarians.

In Charlottesville I met Dr David Slawson, an academic family doctor who developed a slightly different approach towards evidence-based medicine and published on it many times. For family doctors the validity of the study is not the first point to consider, but the relevance of the study for the
patients of your own practice. In this context he introduced the acronym POEMS, which stands for Patient Oriented Evidence that MatterS. Following this new concept, he describes a process how to find, select and appraise research studies for busy, practising family doctors.

Because I was trained as a family physician, I asked if I could spend some time in a family practice centre, which to my great joy, could be organized in a rural area. The relation of doctor and patient was quite similar to the Dutch one, but our family physicians never work in hospitals, only in the community.

Meeting famous people

I had read many articles about MEDLINE user studies and evidence-based medicine, so I was very honoured to meet Dr Brian Haynes, an expert in evidence-based medicine and information retrieval at the McMaster University in Hamilton, Canada. In Philadelphia, I met the founder of the Institute of Scientific Information, where the Science Citation Index was developed, Dr Eugene Garfield. I discussed with him my PhD research on the information behaviour of family physicians in which he was very interested. I heard of all the new developments at the Institute of Scientific Information, including the Web of Science.

In New York, I shared ideas about collection development with Dorothy Hill, one of the two creators of the Brandon Hill list. In the Netherlands we also use this list for collection development.

Finally, to meet the Director of the largest medical library in the world, the National Library of Medicine, Dr Donald Lindberg, and to share with him ideas about modern libraries was a moment I will never forget.

Social, cultural and historical aspects

The social aspect of my visits was very important to me. Staying at librarian’s homes, and going to work with them was a precious experience. Americans do not (always) live in such small houses as we do in the Netherlands, the most densely populated country of Europe. Americans have more space in their country, but on the other hand in large cities it can be very crowded. Often a consequence is that Americans have to commute for longer—1 hour is not unusual in large cities. In the Netherlands, I cycle to work within 10 minutes!

Having dinner together with library staff in restaurants or at their homes was always a refreshing experience. I noticed that friendships are more functional than our Dutch friendships. Sharing activities often was a motive to socialize.

For 3 months I stayed at the east coast, for the next 2 months at the west coast, and the last month in the north-west and in Philadelphia where the 100th annual conference of the Medical Library Association was held. So I tasted different American cultures and histories. On the east coast in Wilmington, North Carolina, I enjoyed real southern food in a typical restaurant. I visited the museum of the Confederacy, in Richmond, Virginia, which was very interesting because of my love of history. On the west coast I was invited to a Seder meal with Jewish friends, I stayed a long weekend in Yosemite Park, and visited the famous new Getty Museum in Los Angeles with fantastic architecture. In the mid-west in Chicago, I was shown the first skyscrapers, and I saw many houses designed by Frank Lloyd Wright, my favourite architect. Finally, in Philadelphia, I visited the place where the USA Declaration of Independence was signed in the Independence Hall in 1776, and I admired the Liberty Bell.

Summing up Anita Verhoeven’s Cunningham Fellow experience

The Cunningham experience was an excellent opportunity to become more familiar with North American medical libraries, the way they interact with faculty, students and physicians, and their cooperation with other national and international libraries. With my American professional co-workers I could share the love for American culture, art and history.

Ioana Robu

Ioana Robu was the 1997 Cunningham Fellow. She tells about her Fellowship and how the experience benefited her, her library, and her country after returning home.
I am currently Director of the Central Library of the University of Medicine and Pharmacy of Cluj, Romania. In addition, I am also part-time associate lecturer with our university Department of Medical Informatics and Biostatistics.

The American experience

My Cunningham Fellow experience took place between February and June 1997. The whole program was tailored according to my specific interests expressed in my application: health sciences information in the academic environment, user-oriented services, electronic resources, and the integration of end-user training into the academic curriculum. Even before I left Romania, I was amazed at how precisely and to what detail everything was organized by MLA and the regional co ordinators. I had the opportunity to visit and work in a wide-range of health sciences libraries, the longest period spent at one base being 2 weeks. The libraries visited, time periods, and contact persons are shown in Table 1. As already stated above, the time was extremely intense professionally, but I was so determined to see and learn as much as I possibly could absorb, and my mind was working all the time towards finding the best solution, option, idea that would be applicable to the Romanian environment. The first important fact that struck me was the level of professionalism of all the librarians I met. In Romania, schools of librarianship were only reinstated in 1991, so there are very few who have a degree in Librarianship; moreover, in Romanian medical libraries the staff have no health sciences or medical background and they are not required to. There were many other striking facts that marked a big difference from Romania: the readiness and boldness to go for the newest thing, to work for apparently impossible projects, the eagerness of the people to share with me everything they knew and their genuine interest for everything I could tell them about my country, the size and layout of library buildings, the awareness of all health professionals regarding the importance of information, the budgets that allowed libraries to function, etc., etc.

The training process

Learning and acquiring new skills during the Cunningham Fellowship Program is not a linear process. It is built in an ascending spiral, from observing and working, and from training classes and courses, but also from fragments of conversation (driving in a car or going to the hospital or university canteen through the long winding corridors), through talking to the library users or medical staff. The individual programs organized by the

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**Table 1** Libraries visited, time periods, and contact persons.

<table>
<thead>
<tr>
<th>Library/Location</th>
<th>Dates</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coastal AHEC Library/Wilmington, NC</td>
<td>3 Feb–10 Feb</td>
<td>Donna Flake</td>
</tr>
<tr>
<td>Health Sciences Library—ECU/Greenville, NC</td>
<td>10 Feb–16 Feb</td>
<td>Janet Bangma</td>
</tr>
<tr>
<td>Duke University Medical Center Library/Durham, NC</td>
<td>16 Feb–20 Feb</td>
<td>Patricia Thibodeau</td>
</tr>
<tr>
<td>Health Sciences Library—UNC/Chapel Hill, NC</td>
<td>20 Feb–26 Feb</td>
<td>Diana McDuffe</td>
</tr>
<tr>
<td>Mountain AHEC Library/Asheville, NC</td>
<td>28 Feb–9 Mar</td>
<td>Wallace McLendon</td>
</tr>
<tr>
<td>National Library of Medicine/Bethesda, MD</td>
<td>9 Mar–16 Mar</td>
<td>Eve-Marie Lacroix</td>
</tr>
<tr>
<td>Health Sciences Library—UWRL/Cleveland, OH</td>
<td>16 Mar–30 Mar</td>
<td>Robert Cherwly</td>
</tr>
<tr>
<td>Ruth Lilly Medical Library/IU/Indianapolis</td>
<td>30 Mar–12 Apr</td>
<td>Carol Franco Gall</td>
</tr>
<tr>
<td>School of Librarianship—University of Illinois/Urbana-Champaign, IL</td>
<td>13 Apr–28 Apr</td>
<td>Mitsuko Williams</td>
</tr>
<tr>
<td>MLA Headquarters/Chicago, IL</td>
<td>28 Apr–29 Apr</td>
<td>Nancy Shiels</td>
</tr>
<tr>
<td>Programme or Appropriate Technology in Health/Seattle, WA</td>
<td>29 Apr–16 May</td>
<td>Susan Jamison</td>
</tr>
<tr>
<td>North-West Hospital Library/Seattle, WA</td>
<td>17 May–23 May</td>
<td>Pamela Murray</td>
</tr>
<tr>
<td>MLA Annual Conference 1997/Seattle, WA</td>
<td>23 May–28 May</td>
<td>Beth Ruddy</td>
</tr>
<tr>
<td>University of Medicine and Dentistry Library/Newark, NJ</td>
<td>29 May–1 June</td>
<td>Victor Basile</td>
</tr>
<tr>
<td>Cornell University Medical College Library/New York, NY</td>
<td>1 June–4 June</td>
<td>Robert Braude</td>
</tr>
</tbody>
</table>
libraries visited were also progressive: from mainly observing and attending classes at the beginning (February–March) to actually being responsible for well defined projects (Ruth Lilly Medical Library, Indianapolis—a Web-based list of electronic biomedical journals), and PATH (Program for Appropriate Technology in Health, Seattle—a Web page containing information on Romanian public health). As I said in my award reception speech at the MLA Annual Conference in Seattle, at the end of my stay, my head was swimming with new ideas, and I was ready to go back and bring my library to standards comparable to the best in the world.

Benefits of the Cunningham experience

Going back, I found the library where I had left it: open-access shelves and computerized management and databases searchable on local CD-ROMs. In 1997, there was no Internet access as yet, but the university was planning for it. I had of course a full agenda of things to do in the library, but getting the library on the Internet was the absolute priority. I made this very clear in an article I wrote for the university journal, as well as in the presentation I was asked to give in front of the University Senate regarding my Cunningham Fellowship. One month later, we had full Internet access in the library. Apparently there is nothing glamorous about this, but it is to be mentioned that we are the only library in Romania patroned by a university that has a direct fibre optic connection to the national academic network. If I had not seen and known the benefits of having the Internet in the library, if I had not been able to bring solid arguments regarding why the Internet was mandatory, we would have been in the same situation as other libraries, still struggling with no or poor connections. In fact, being knowledgeable and having some experience in the areas I wanted to introduce change was the primary gain from the Cunningham Fellowship. Internet access started the ball rolling, bringing about the library Websites, regular in-house training of the staff, development of Web-based searching skills in order to keep up with the wealth of health information on the Internet.

Cooperative projects. Even while I was in the USA and having seen how effective and beneficial networking and cooperation could be, I invited some of the libraries I visited to establish a closer collaboration with Cluj Medical Library. Duke University Medical Center Library responded promptly and on the last day of the MLA Conference in Seattle I remember sitting down with Patricia Thibodeau and Eric Albright discussing a sister library project. One of the main objectives was for our library to be able to receive articles from journals in the Duke University Medical Center Library collection, at least 10 times richer than ours. For this purpose, the receiving version of the ARIEL software was purchased and between September 1997 and February 2000 we received over 200 articles, which were free for us and paid from a grant received by our American sister library for this purpose. Again, we are the first library in Romania to use ARIEL, and the only medical library to provide such a quick Interlibrary Loan service. This sistership also brought us a brand new computer with a large high-resolution screen for viewing the increasing number of books and atlases on CD-ROM as well as a scanner for our computer graphics department.

Integration of medical information in the university curriculum. This was one of my objectives stated from the beginning and it was successfully pursued to the end. During the first year after my return, the university approved the organization of short (5–10 days) intensive courses on medical information searching and analysis for teaching staff and doctors. The courses were over-subscribed and the feedback was excellent. In 1998 such courses were repeated and a rather long bureaucratic process started at the level of the university to introduce a similar course in the curriculum of the first year undergraduates of the faculties of Medicine, Dentistry and Pharmacy. The first course, graded as optional, was held in the first semester of the 1999–2000 academic year. Although it was a new course, it had the highest attendance among all options (in a total number of 6). Needless to say, the profile of the library as a powerful, professional organization increased a great deal.

Benefits on a national scale. Cooperation must exist between parties that are closest to one another and with the most similar features and interests, namely at the national level of a relatively small country
such as Romania. Before last year we did not even have a medical group within our library association, and co-operation between us was practically nil. In 1999 the health libraries group was established within our national library association, and we also founded the first proper library consortium in Romania. Protocols for ILL through the Internet (based on the ARIEL software) and access to electronic journals were established, plus a discussion list. All Romanian medical librarians now have the feeling of belonging to a well-defined professional community. Staff motivation and library services were definitely enhanced.

Future projects. These include: (a) CE courses and a modern system of professional accreditation; (b) a bid for a World Bank funding for new library buildings; (c) serious negotiations between the educational system and the health system (Ministry of Health and the National Medical Insurance) in order to provide improved access to medical information to the large medical community, not just university staff and students.

It could be argued that these changes would have come anyway, with the normal course of things. This is partially true, meaning that some progress would have taken place. My strong belief is that it would have not been so fast, sharp-edged and certainly lacking the impact and effectiveness that makes introducing a change worthwhile. There is no doubt that the Cunningham Fellowship was a decisive step in my professional career as a health sciences librarian, and furthermore, it created a platform for change as well as a network of real and virtual friends who will always inspire me to go forward.

Summary

It is our hope that readers understand the administrative aspects of the fellowship, and clearly see all the benefits of the Cunningham Fellowship, and will apply for this superb program.

References


Bibliography


Appendix 1

Who is eligible to apply?

- The applicant must have both an undergraduate degree and a masters degree (the latter requirement may be waived).
- The applicant must be working in a health sciences library.
- The applicant must be a citizen or a permanent resident of a country other than the USA or Canada.
- Past recipients of the Cunningham Fellowship are ineligible.
What are the requirements to be considered?

- The applicant must complete the Cunningham Fellowship application, which is on Medical Library Association’s Website at: <http://mlanet.org/awards/grants/cunningham.html>.
- The application process requires:
  - six copies of the completed application,
  - three letters of reference in English,
  - an essay in English of career goals,
  - a score of 500 or above on the Toefl exam (except for applicants whose native language is English or whose language of instruction at the University level is English),
  - a certificate of health.

Time table

The deadline for the receipt of all application materials to the Medical Library Association Headquarters is 1st December. The successful candidate is notified in April. Then the newly selected Cunningham Fellow arrives the following year in January or February. For example, the schedule would be:

- 1 December (first year)—application due to Medical Library Association.
- 1 April (second year)—the successful candidate notified.
- February (third year)—the new Cunningham Fellow arrives in the USA.

Economics

A stipend of $6000 in four monthly installments of $1500 per month is given to the Cunningham Fellow. The Medical Library Association purchases airline, train or bus tickets totalling no more than $2000 for travel within the USA and Canada during the Cunningham Fellowship experience. Travel to and from the USA or Canada must be paid by the fellow.

Work and visits in the USA and Canada during the Fellowship

Prior to the arrival of the Cunningham Fellow in the USA, an Itinerary Committee plans the travel and work schedule. The specific goals of the Cunningham Fellow are carefully matched with libraries, which will help the Cunningham Fellow meet his or her goals.

Typically the Cunningham Fellow will visit 8–12 libraries in different locations in the USA and Canada. The housing and work schedules are arranged before the Cunningham Fellow arrives. One to two weeks is the typical length of time spent in one library. Almost all Cunningham Fellows have a 2-week work experience at the National Library of Medicine. The Cunningham Fellowship concludes with the Cunningham Fellow attending the annual meeting of Medical Library Association.