LEARNING RESOURCE UNIT: A NEW DIMENSION IN MEDICAL LIBRARIANSHIP IN NIGERIA

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INTRODUCTION

The Learning Resource Unit of the Medical Library of the College of Medicine, University of Lagos was established in 1978. It is located on the third floor of the Medical Library. The purpose is to supplement teaching and learning with Visual aids for it is believed that people understand what they see, hear and touch more than what they read and hear alone. The functions of the center are selection, acquisition, storage and making hardware and software available to users. This shows clearly that it is a service unit quite distinct from the production unit called Biomedical Communications. The term hardware refers to audiovisual equipments such as videotape Recorders with monitors, table models of slide projectors, Kodak caroussels, over head projectors, Record Players, Radios, Film projectors, Cassette players, Filmstrip projectors, Projection screens etc. The term software refers to slide/tape programs, films, filmstrips, cassette programs, models, instructional packages etc.

The Unit is made of the Circulation desk, behind which are Shelves on which software are stored. There are also one play back room, two simulation rooms, and a large hall containing eighteen wet carells on which lie different types of hardware for individual studies. Each wet carell is partitioned into four. This means that seventy two users can use the hall at the same time for individual studies.

The furniture and arrangement of the Unit, the quantity of software and hardware, the services rendered by the Unit as well as the problems confronting the Unit are described in details in this paper.

FURNITURE AND ARRANGEMENT OF THE LEARNING RESOURCE UNIT

The first thing one sees on opening the door of the Learning Resource Unit is the circulation desk. This is the service desk and behind it are the shelves on which software are arranged. It is a closed circulation system - closed in the sense that users are not allowed to go into the shelves and take what they want like books. Instead, there is a list of software with the assistants. Users go through the list, tell the assistants what they want and the assistants find the materials for them. Alternatively, users can go to the catalog on the 1st, 2nd, or 3rd floor, copy down the call numbers of the programs they want, give it to assistants and they find the programs for them. Besides the circulation desk, there is a large hall (floor) which houses 18 (eighteen) Wet carells each

partitioned into four. These wet carells have on top of them units of slide projectors (table model) with head phone and they are used for individual studies. This floor can accommodate 72 users at the same time. The rear carells have Videotape recorders with headphone. They are also for individual studies.

There is a large room that could accommodate up to forty users at the same time. This room is called playback room and it is used for group studies, learning and teaching. The room contains kodak caroussels, film projectors, videotape recorders, overhead projectors, magic Board, Radio cassette players, tape recorders and all other hardware that could be used for group studies, learning and teaching. If a group of students want to come and watch a film together, it is this room that is used. If a lecturer likes to teach a group of students using a film, slide or tape, it is this room that is used. Plans are on to create another playback room on the floor for there is always a hot demand and users have to book in advance. Usually we demand the schedule of lecturers who want to use the place to teach weeks in advance so that there may be no clash.

The two other rooms on the floor are the simulation rooms. These rooms house simulation models for the teaching of Anatomy, Physiology, Dentistry, Anaesthesiology etc. Lecturers usually bring in their students to teach in these rooms. Plans are on to employ a nurse educator to take charge of the simulation rooms.

One of the major problems of the floor is lack of space to expand. The other rooms on the floor that could have been used as playback rooms, simulation rooms, and the history of Medicine collection are now used as stores for keeping backfiles of journals. It is hoped that the College authorities will give us more space on the groundfloor in the future to house the journals. With this, the third floor will be left for the Learning Resource Unit alone and we will be able to expand as much as we want.
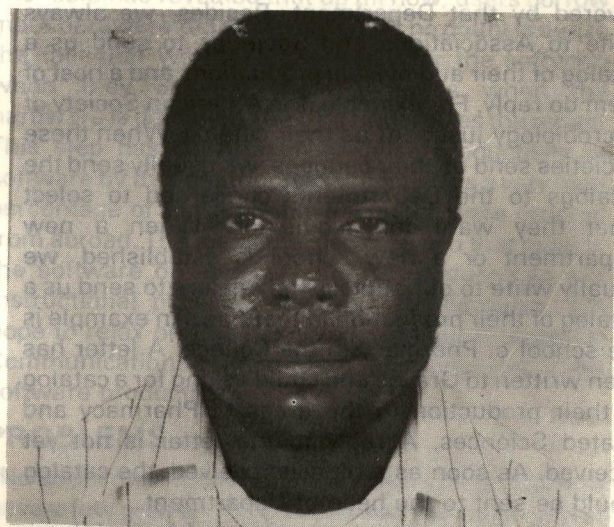
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QUANTITY OF MATERIALS -

A. HARDWARE

Right now there are ten Hitachi slide projectors on the wet Carells. These Hitachi slide projectors were purchased from Gordon Electronics in London. There are also two Bell and Howell slide Projectors and four Singer caramates. We also have four Sony Videotape Recorders with Monitors as well as seven Kodak Caroussels. In the playback room we have one Bell and Howell automatic film projector with projection screens, one super projector screen, one Sony Record/cassette player with Radio (Stereo), one overhead projector, one slide/filmstrip projector and ten cassette tape recorders. There are also five slidette slide projectors, one Hanimex slide projector and one Oscilloscope on the wet carells. We hope to continue to increase on the quality and quantity of our hardware as time goes on.

B. SOFTWARE

The quantity of software stands as six hundred and nineteen. These include films, slide/tape programs, videotapes, self instructional packages and models. The first few programs were brought in from the Provosts Office but since then a lot has been ordered by the Library. One main hindrance is the high cost of these programs. We hope however to buy more programs in the future.

SERVICES

A. SELECTION AND ACQUISITION

The selection and acquisition of software is the responsibility of the Audiovisual Librarian in consultation with the Medical Librarian. Audiovisual software is very expensive all over the world. Publishers and sellers of Audiovisual software such as Graves Audiovisual Library, U.S. National Medical Audiovisual Center, Audio Digest Foundation, Guild Sound and Vision do send us their catalog of audiovisual software and hardware. The audiovisual Librarian in liaison with the Medical Librarian goes through the catalogs and selects those to be acquired. We also seek the advice of Departments in order to update the software relating to the area covered by that Department. Besides, we always write to Associations and Societies to send us a catalog of their audiovisual productions and a host of them do reply. For example, the American Society of Microbiology just sent us their catalog. When these Societies send us their catalogs, we usually send the catalogs to the Departments concerned to select what they want for acquisition. When a new Department or a new school is established, we usually write to our audiovisual dealers to send us a catalog of their production in that line. An example is the school of Pharmacy in the College. A letter has been written to Graves and Guild asking for a catalog of their production in the areas of Pharmacy and related Sciences. A reply to the letter is not yet received. As soon as a reply is received, the catalog would be sent to the head of Department.

Our main constraint is prepayment. A host of these audiovisual dealers want us to pay before they send us what we order. It is the policy of the College to receive the order before payment. We have been able to beat this limitation by ordering through local vendors. These local vendors in turn order from the dealers abroad but it takes a very long time before they deliver the order.

Another limitation is fund. The money voted for software is so small that only one order will finish the money. We hope to overcome this by asking for more money from the College.

B. STORAGE AND CATALOGING

As soon as the programs are received, they are checked for accuracy, completeness and they are played and viewed to see that everything is perfect. As soon as this is done and the program is discovered to be perfect, they are then stamped and accessioned like books.

The audiovisual Librarian then gives them class marks as well as place them in the appropriate subject area. This is called cataloging and classification. The cards are typed and filed in the catalog and the program is then placed on the shelf to be used by users. We have locally made slide boxes in which the slide/tape programs are kept before they are shelved. These boxes make it easy for us to shelf the programs like books. We also have film racks for shelving films.

C. MAKING THE PROGRAMS AVAILABLE TO USERS

As pointed out earlier, we have closed circulation policy; i.e. users are not allowed to go into the shelves and take what they want. Users look through the catalog or through the accession list and write down the name and the call number of the programs they want and hand them over to assistants. It is the responsibility of the assistants on duty to find the programs and set up the program on whatever equipment the user wants to use. No user is allowed to set up or put off the equipments by themselves. Whenever the user finishes with the program, he calls on the assistant to come and put off the equipment for him. We have taken these steps in order to increase the life span of both our software and hardware.

We do loan both software and hardware to lecturers for use in their departments for a short period and we do inspect both the hardware and the software thoroughly for damages when they are returned. When our hardware is damaged we repair them with our money but if somebody damages the software, just like one damages or loses a Library book, the person has to bear the cost for they are very expensive. We also place on reserve those materials that are on hot demand.

D. REPAIR OF HARDWARE

In my old School in the United States, the Learning Resource Unit and the Biomedical Communications Department work hand in hand. The Learning Resource Unit is the Service Department while the Biomedical Communications Department is the production and Maintainance Department. They all

come under the umbrella of Medical Education Department with each Unit having it's own Director. In one word, they are two women having one husband.

In the College of Medicine here, it is different. The Biomedical Communication Department has no Electronics Engineer to maintain the machines. They had one between 1977 - 1979 who was only interested in spare parts and who ended up spoiling most of our machines.

Since he left, we have been repairing our machines from outside electronic engineers especially those who sold the machines to us. When we were doing this, we had no problem. We started having problems in February 1981 when a circular came from the Provost's Office that the Biomedical Engineering Department should handle the repairs of the machines. These people opened up all the machines with minor problems and displayed them in their workshop. They have not been able to repair a lot of the machines since they took over the repair responsibility. As a result of this we have 2 Bell and Howell Slide Projectors, 2 Singer Caramates, 2 Videotapes with Monitors, and 2 Kodak Caroussels opened up in their workshop waiting for spare parts or one thing or the other. These people demanded circuit diagrams for Bell and Howell Slide Projectors and a letter was written to the Manufacturers in the U.S.A. to obtain a copy. The copy has been handed over to them over a month ago. Up till now, they have not been able to repair the machines. Each time they are reminded about the repairs, they tell us that they are not supposed to do our work alone. They are working for the whole College and that they will work on the machines when they have time. Many times they have said that there are more pressing works than our own from Clinical Departments. That is why the Biomedical Communications Department needs an electronic Engineer that will serve both Departments; i.e. the Learning Resource Unit and the Biomedical Communication Department.

E. STATISTICS OF USE & LOANS
TABLE I
TOTAL NUMBER OF USERS OF THE LEARNING RESOURCE UNIT AND TOTAL NUMBER OF LOANS FOR 1978 - 1981

YEAR	USERS	LOANS
1978	250	33
1979	380	63
1980	560	106
1981 JAN-APRIL	692	320

·The above data is the total from the hourly, daily, weekly, monthly and annual statistics of use and loans collected by the staff members of the Unit. The table has revealed that in 1978, there were only 250 users all the year round while there were only 33

loans of both hard and software. In 1979, there were 380 users and only 63 loans. In 1980, there were 560 users and only 106 loans. In 1981, between January and April, 692 users have been counted and 320 loans of both soft and hardware have been recorded. Further interpretation of the data revealed that the number of users and the number of loans of both software and hardware keep increasing since 1978 to date. This increase might be due to the fact that the Unit is becoming more popular among students and staff members.

Of recent, there was a circular from the Provost's Office that a students register showing the number of times each student has used the LRU, the type of programs used and the type of equipment used should be kept in the Unit. Verbal discussions with the Provost further revealed that plans are on the way to make it mandatory for every student to have 20 credit hours of Learning Resource Unit use before they can be graduated. A lot of lecturers have made it their habit to teach right here in the Unit. They also come in to teach their students how to use both Audiovisual hardware and software. All these no doubt are responsible for the sharp increase in the number of users for 1981 as well as the increase in the number of loans.

When the loans were divided into two, i.e. hardware and software, the results tabulated below were obtained.

TABLE II
LOAN OF SOFT & HARDWARE FROM 1978 - 1981

	HARDWARE	SOFTWARE
1978	26	7
1979	45	18
1980	96	10
1981	254	66

This result was obtained from the loan forms file. The table has revealed that up till now, users borrow more hardware than software. This no doubt is due to the fact that we make users pay for the software when they damage them whereas when the hardware is damaged, the Unit undertakes the repair. This step has been taken because productivity of software by the institution is almost nil as a very high percentage of those we have in stock were ordered from abroad. The loans file also revealed that most of the software on loan were those produced as self instructional packages by the staff members. We hope to relax on this law as soon as our Biomedical Communications Department increase on their software productivity.

PROBLEMS

No doubt one would expect a project of this nature to have a few problems. Problems such as NEPA power failure, spare parts for our hardware, Inflation, lack of space to expand, Administrative procedures of the

College, and Insufficient funding are facing the Unit right now. These problems and the steps taken to solve them would be discussed one by one.

A. NEPA (National Electric Power Authority)

The first and the topmost among the problems is NEPA. Each time NEPA takes away light and restore it, we always have high voltage. This is blowing off a lot of our equipment. We have had occassions to change the moto of so many of the equipments. However, we are trying to combat this problem by installing Stavol central Stabilizer (30 KVA). This would regulate and stabilize the electricity supply to the whole Library building when installed.

B. SPARE PARTS

Because of the ban on importation of materials a lot of our machines both the ones purchased in the country and those purchased from abroad have no spare parts. A lot of our dealers within the country do not stock spare parts. When these machines brake down they are very difficult to repair. The machines were also not sold with circuit diagrams. So it is difficult to repair them. To combat this problem, letters have been despatched to manufacturers such as Singer, Kodak and Bell and Howell to send us spare parts and bill the College. They would be cleared as educational teaching materials when they arrive in the country.

C. INFLATION

The cost of purchase of the teaching materials is so high in the country. A kodak Caroussel SAV which sells for less than $100.00 in U.S.A. costs N795.00 in Nigeria. This is because importation is banned. Where these materials cost less, they demand cash and not local purchase order. The same problem applies in the case of lamps and other spare parts. A lot of Audiovisual equipment dealers go to where it is cheap, clear everything there and sell at high prices to Institutions. This is because they have no licence to import. Even if one goes to large companies like Kingsway Chemists, BEAM, PHILLIPS etc, the materials are already cleared by dealers who pay cash for them.

D. ADMINISTRATIVE PROCEDURES OF COLLEGE

Since it takes a while before money is paid to the dealers by the College, a lot of them are refusing to sell to us. This is because one has to write a purchasing requisition which has to be approved by the head of Department, from there to the Provost after which it goes to supplies. All the approvals take at least two weeks. By the time the Purchasing Requisition gets to the Supplies Department and the Local Purchase order is written, another week is gone. When the materials are bought, it takes at least one month before the Suppliers get their money because they have to go through a lot of administrative bureaucracy.

E. LACK OF SPACE TO EXPAND

There is a need for more play back rooms and more simulation rooms. The rooms that could have been used are now used as stores for backfiles of journals. One hopes however that the College would allocate more spaces to the Library on the groundfloor and the stores would be moved there.

INSUFFICIENT FUNDING

As pointed out earlier both hardware and software cost a lot of money. For example, one order of Audiovisual software, AVO/14/80-81 cost N18027. The money allocated to the unit is not sufficient to run it. A lot of money has been spent by the Unit from the Library book vote as well as from the Library equipment vote. One hopes however that more money would be given to the Unit in the future by the College authorities.

CONCLUSIONS & RECOMMENDATIONS

I would conclude this paper by quoting what professor Adeoye Lambo said when he visited the Unit. "No doubt this is first in Africa ... why would the quality of doctors produced now not be better since they have access to all these facilities." The number of users of the Learning Resource Unit is increasing daily and it will continue to increase. The number of soft and hardware borrowed from the Unit is also increasing. With the students register being kept and with the new regulation of students having to take twenty credit hours of Audiovisual coming on, no doubt within the next few months we are going to have more than enough clientele to cope with.

However, in order that the Learning Resource Unit may serve the users effectively, I have the following recommendations to make.

1. Give the service contract of our hardware to one electronic Engineer who will always be called upon to put the machines alright whenever they are faulty.

2. Merge the present Medical Education Unit, the Learning Resource Unit and the Biomedical Communication Department together as a Department. This is because they are inseparable. One is the teaching and Research Unit, the other is the service Unit and the third is the production Unit. Let each Unit have a director and they can rotate headships of Departments. The Department should have a Maintainance Electronics Engineer who will take charge of the Servicing of all equipment. The present system of dumping all machines in the Biomedical Engineering Department is going to ruin a lot of our equipment and cost the College a lot of money to replace.

3. The lecturers in the College of Medicine should produce more self instructional packages and keep them in the LRU for the students to use. This will reduce the cost of ordering software and encourage the students to use the LRU the more.

4. The Biomedical Communication Department should cover the lectures, clinical classes and ward round of the lecturers and produce more films, videotapes, slide/tape programs and audio cassettes. By so doing, the Unit will depend less on programs from abroad and that would save us a lot of money. Besides, it is only when this is done that the Unit will really supplement teaching and learning processes. We hope that in the nearest future, students will be able to come into the Learning Resource Unit and request for a program on the lectures by some of our lecturers produced by the Biomedical Communications.