

McGraw-Hill, Executive Editor, Medical Online

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ATG: *AccessMedicine* — what is it, how long it's been around? What do you feel your niche is in the online textbook (plus more) gateway marketplace?

HP: The roots of **AccessMedicine** began in 1998 when **McGraw-Hill** offered individual subscriptions to *Harrison's Online*. In 2002 we added additional titles, including *Hurst's the Heart*, developed an institutional sales model, and relaunched the site as **AccessMedicine**. Our core audience is medical students and residents seeking online educational references.

ATG: *What makes this redesign unusual or different from earlier enhancements? Cases, examination review questions, images are available, the PDA capability was already there... Of what features are developers most proud and which features have been the most popular?*

HP: **AccessMedicine** has grown organically over the years, with over 55 titles now available and counting. During that time we have also added a host of special features and functionalities, including the PDA downloads, self-assessment, patient education, and audio and videos. The fundamental intent of the redesign was to improve the discoverability of the existing content and features on **AccessMedicine**. In speaking with our users and authors, we realized that all too often they weren't aware of everything **AccessMedicine** had to offer. We needed to better highlight the breadth as well as the depth of content available on the site.

In thinking about our goal of discoverability, we realized we needed to provide flexibility if we wanted to successfully appeal to our diverse user community. The new features homepage is clearly designed to reach our core audience of medical students and residents. In fact, we have already seen evidence of the impact of the new design as usage of the case files in particular has dramatically increased. However, we also added two additional homepage views — textbooks and advanced search — realizing that not everyone comes to **AccessMedicine** looking to use the content in the same way. The textbook tab offers the complete reference collection for the first time on a single page, potentially appealing to librarians or teaching faculty who want to select the right resource. For busy clinicians or librarians looking for a specific answer to a clinical question, we added the advanced search homepage. Users can select which of these homepages they prefer as their default in their personal profile. All the homepage options include links to updates and information on new content and features. From both a technical and editorial perspective, we are the most proud of the customer-responsive nature of the redesign.

ATG: *Are users involved in the enhancements? That is, does user feedback (or*



subscribing institution feedback) drive the directions of new "bells and whistles"?

HP: We solicit and respond to user feedback on a rolling basis for all our products. For the **AccessMedicine** redesign, we began to lay the groundwork over a year ago, speaking casually with users to solicit their opinion of the previous site design. Once we officially launched the redesign project, we undertook both informal and formal usability studies. Informally, we spoke at length with friends of the house — our authors, users, and advisors — seeking their input. Formally, we worked with a third party vendor to conduct an official usability study that spanned our diverse user groups. A synthesis of all of these conversations and insights are reflected in the final design.

ATG: *How is it decided which new McGraw-Hill publications/titles are incorporated into AccessMedicine, AccessSurgery or the other subject "portals"?*

HP: All of our online subscription products have Advisory Boards. Comprising leading clinicians in their field, these physician boards help to guide our content and feature selections — reviewing titles, proposing functionalities, and keeping us informed of trends in medical education. For those products that are organized around a curriculum, they help us to map content to topics. We also speak with our users, listening to which titles and features they need for their specific specialty.

The **Medical Advisory Board** for **AccessMedicine** consists of:

- **Diane Levine, M.D., F.A.C.P.**, Associate Professor of Medicine, Vice Chair of Medical Education and Clerkship Director, **Wayne State University School of Medicine**
- **W. Anderson Spickard, III, M.D., M.S., F.A.C.P.**, Associate Professor of Biomedical Informatics, Associate Professor of Medicine, **Vanderbilt Medical Center**

- **Mark A. Graber, M.D.**, Clinical Professor of Emergency Medicine and Family Medicine, **University of Iowa Carver College of Medicine**

ATG: *What about the titles that are available in more than one package? How is that decided?*

HP: Based on the specific needs of our users and on the recommendations of our Advisory Boards, we do include select titles on more than one **Access** site. For example, *Goodman & Gilman's The Pharmacological Basis of Therapeutics* is a mainstay on **AccessMedicine**. When we chose to launch **AccessPharmacy**, it was also clearly identified as a critical resource for pharmacy educators and students. In recognition of this kind of overlap, we offer a generous discount to **AccessMedicine** institutional subscribers who add subscriptions to our other medical sites.

ATG: *Besides availability through the gateways/platforms your company develops, some (or many) titles are also available through third party e-book vendor gateways. At one presentation, a spokesperson said that was the case so that the McGraw-Hill brand would be made to as many users as possible, but that the "bells and whistles" and constant updates would still be made available only through your own platforms. Is that the case?*

HP: We do license our titles out to third-party vendors for separate sale. As publishers, we believe in having a variety of distribution channels. However, we strongly believe that the **Access** verticals offer the premium approach to our content. All **Access** sites offer exclusive updates to the core references and special features and functionalities — for example, **USMLEasy Lite** on **AccessMedicine**, the custom curriculum on **AccessSurgery**, the video library on **AccessEmergency Medicine**, and the virtual cases and customizable cases and care plans on **AccessPharmacy**. In addition, all **Access** verticals are built on a powerful semantic platform to create intelligent search results and connections among different types of content.

ATG: *Who comprises the largest customer user base? Institutions (universities)? Individuals? Hospitals? Other? Internationally or predominantly in the English speaking market?*

HP: Our largest customer base is comprised of academic institutions, including universities, medical schools, and teaching hospitals. We have a strong international presence, especially in the Middle East, Asia, and Europe.

ATG: *How would you describe your most popular licensing model? Do institutions mostly sign site licenses? Can individual titles be licensed?*

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HP: We offer flexible licensing models. The concurrent user model is very popular, though many institutions do prefer the unlimited site license. Individual titles may also be licensed at both the individual and institutional levels, however, with fewer special features and functionalities.

ATG: *What might be some features to look forward to in future enhancements? What are some industry trends you hope to follow or consider? Or perhaps you want to set some new industry standards?*

HP: The value and importance of providing educational and high-quality online multimedia resources has been thoroughly impressed upon us as we have launched the specialty Websites. Online users want to not only read what the best minds in the field think on a topic, but they also want to be able to view a Grand Rounds from a renowned lecturer at a different institution, watch a surgical video while listening to a detailed explanation of the operational approach, or view an animation demonstrating how to conduct a key physical examination. Technical enhancements to these resources will be made to make our multimedia even more practical and usable and engaging. Going forward we intend to increase the media on **AccessMedicine** and apply these lessons learned. 🌸

Editor's Note: *Thank you, Helen, for your answers. Good Luck with the latest redesign and have fun planning future enhancements. — RKK*
