LETTERS TO THE EDITOR

GRATEFUL MED and the need for outreach programs

I would like to add my thoughts and comments to the continuing discussion about librarians, our work, and GRATEFUL MED. Last year, I administered one of the National Library of Medicine’s GRATEFUL MED outreach demonstration grants in South Carolina. At three different annual meetings, Area Health Education Center librarians demonstrated GRATEFUL MED. The attendees included students, nurses, hospital pharmacists, pharmacy technicians, physicians, dentists, educators, and other allied health professionals. As we reviewed each demonstration, we learned that hundreds of health care professionals in our state do not use and are not aware of library and information services. Most of the people who saw the demonstrations were impressed by GRATEFUL MED’s usefulness; however, for someone who has little computer experience or few information-seeking skills, GRATEFUL MED is not easy to use.

As I read the continuing letters and comments in the Bulletin about GRATEFUL MED outreach threatening our jobs [1-4], my thoughts are, “Let’s consider what we are saying!” Some of the observations may be true in the distant future when computers are as easy to use as the telephone and access to information is as easy as getting a soda from a machine. In the meantime, there is much work to do. Many health professionals don’t know there are libraries to serve them. Once we reach them, there is still much teaching to do. To congratulate ourselves for our good work is premature; to criticize others for trying a variety of outreach methods is irresponsible.

While I have a rural perspective, I believe that these needs exist in all areas of the country. The medical library profession should address access to information for rural and other underserved areas, equipment and resource needs of smaller hospital (fewer than 400 beds) libraries, user instruction and information-seeking skills needed by patrons, and marketing and outreach programs by all libraries.

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References

Response to “Information needs of the rural physician”

This study provided a valuable description of the information needs of twelve rural Florida physicians [1]. The authors carefully determined the number, type, and urgency of the patient care questions that arose in their research study. I have managed a hospital library circuit program for between three and six small rural hospitals for some years. I concur with the authors’ statement that rural physicians need answers to specific patient care questions and that an easily accessible database of full-text references relevant to rural primary care physicians would be very helpful.

The main focus of the study, an analysis of the information needs and information-seeking behavior of these twelve physicians, may be accurate and valid for the larger population of physicians. However, the authors’ conclusion that “a medical library had little impact on the information-seeking behavior of rural physicians” [2] should read, “a medical library of poor quality, limited resources, and limited accessibility had little impact on the information-seeking behavior of these twelve rural physicians.”

The authors clearly state that “only three of the five hospital libraries met the study’s minimum standards to qualify as comprehensive information resource centers” [3]. I find it very disturbing that a library with a part-time manager, four journal subscriptions, sixty-five books, and shared space could meet any minimum standards. It would be a miracle if such a library could have impact on anyone’s information-seeking behavior.

My own experiences and several published studies have demonstrated that good library service has a significant impact on the information-seeking behavior of physicians and other health professionals. Indeed, research has shown that library service has a significant positive impact on patient outcomes [4-6].

I implore the authors of this article to objectively present the valuable data resulting from their research but to refrain from drawing conclusions about library impact based on a small sample of physicians with obviously inadequate library service.

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References
1. DEE C, BLAZEK R. Information needs of the rural physician: a descriptive
2. Ibid., 263.
3. Ibid., 260.

Citation patterns in the health sciences: a response

In his critique of our article, “Citation Patterns in the Health Sciences” [1], Mr. Line fails to consider the context and structure of the original article [2]. Although oral tradition within the health sciences library field suggests a budget of 80% journals and 20% books, the authors found no literature or scientific data supporting that ratio.

Aware of the potential research bias of citation studies, we explored other measures. We also asked other librarians to gather data on how frequently books and journal articles were recommended as resources during teaching rounds—a clinical and educational setting. The ratio within this clinical and educational setting (89.5:10.5) was strikingly similar to current printed citations.

Our purpose was to explore general information trends within internal medicine. Individual institutions and individual information users will vary from such patterns. The information of different subject areas also is reported in different ways, and internal medicine information use is likely to vary from other subject areas such as nursing.

Obviously not all “uses” of individual journal issues or books will be equal in cost, but data from our study begin to present a scientific basis for acquisitions allocation in internal medicine.

While journal articles are readily available through the DOCLINE network in the United States, articles in internal medicine frequently are requested for clinical care, and a timely response is critical. Significant shifts to monographic purchases at smaller libraries would affect network access and time of response. (Would journals survive if their subscription base were reduced further? Are resource libraries prepared to handle greatly increased demand in timely fashion?)

The authors welcome further exploration of information use and of factors involved in optimal acquisitions allocation.

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References


INMAGIC update

Following up the review by Judy Roberts of INMAGIC Plus software in the January issue [1], Inmagic Inc. would like to note that a recently released enhanced version of the software enables users to attach scanned images (such as original documents) to their INMAGIC Plus databases. A free evaluation copy is available by calling 800/229-TEXT. Thank you.

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