The Role of The Medical Library In A Teaching Medical Service

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"ON arriving you are judged by your clothes; on departing, by your intellect,"—so, at least, runs an old Russian proverb. It is hoped that the reader will judge this discussion not by the rather vague title, but by the following presentation of a specific problem which is encountered in every teaching hospital.

Fortunately, the categories of difficulties which a medical library faces are fairly limited in number. Preceding contributors to this series of articles during the past year have analyzed these difficulties comprehensively in the course of discussing the relationship of the researcher and the clinician to the medical library. Therefore, this article will not be directly concerned with such important items as the use of the indices and abstracts, the ready availability of recent literature, the adoption of an easily-understood cataloguing system or the facilitation of interlibrary loans. Instead, a particular situation which involves those libraries associated with medical schools will be described, and a solution to the difficulty will be proposed.

A teaching medical service is a highly co-ordinated but complex unit, which, if well-run, must accomplish at least three different missions. Above all, the patient must be cared for expeditiously and with the best diagnostic and therapeutic facilities available. Secondly, this is the opportunity *par excellence* for the education, not only of the medical students, but also of the house staff, attending physicians, outside visitors, nurses, and the various para-medical groups such as dieticians, occupational therapists, and physical therapists. Finally, the medical ward is an indispensable unit in the carrying-on of clinical research.

Let us examine the peculiar conditions which face the various levels in this hierarchy of the medical staff. While local arrangements vary somewhat in the different medical schools, the following description obtains in most teaching services:

1. The medical student is the primary unit of the teaching organization. With his new status as "clinical clerk", he has just emerged from

several years of rigorous training in the contemplative atmosphere of the laboratory. He now finds that he is not only expected to continue his role as an investigator, but that he is regarded by his patients as a doctor, for him a totally new type of interpersonal relationship. Furthermore, he discovers that, even today, there is much which he must learn empirically, because of the many gaps which still exist in our understanding of disease processes. Direction of the clerk's education requires much finesse on the part of his teachers. Experience has revealed that there are certain basic and reliable articles in the medical literature which should be the common knowledge of every physician. In consequence, comprehensive "reading lists" are frequently prepared. If, however, the clerk is not stimulated to make his own explorations in the medical library, he may rest content with the diet which has been prepared for him. In such a mental atmosphere, is it surprising that many of his concepts thirty years hence will have remained frozen at the level of the "pearl article" which he read in medical school?

2. The intern carries the heaviest load of patient care. His days are filled with administrative details and logistic problems in the accomplishment of various diagnostic and therapeutic procedures. The responsibilities of the day frequently carry over into the night, interrupting his study, recreation, or sleep. The chronic lament of the intern is, "When will I have a chance to get to the library?" There are urgent reasons for his desire to extend his knowledge. In a modern teaching hospital, there are always a number of research teams at work, which rely on the medical ward for material in furthering their investigations. The intern may discover that one of his patients is receiving daily injections of, let us say, "ignosuric cerebrase." What are the pharmacodynamics of this drug? Does it have any toxic manifestations? Another team is perhaps making plethysomographic tracings of the ear lobe. What is the theoretical and practical significance of such an investigation? He must try to absorb the literature which is germane to this project in the brief moments which are at his disposal.

3. The resident is the one person chiefly responsible for the functioning of the service as an integrated machine. Freed from the mass of minutiae which fall upon the intern, he has greater leisure in which to appraise the difficult problems on the ward. He also plays a prominent role in the practical training of the clinical clerks, and, very likely, he may be engaged in some allied research project simultaneously. Of all the members of the group, he is the freest to visit the medical library, and largely on him will devolve responsibility for the program to be outlined below.

4. The attending physician on the service puts in an august appearance once a day to make the formal teaching rounds on the patients. Despite the limited time available to him, he is technically in full charge of the patients' care and the teaching of the students and house staff. Like all the other members of the group, he is interested in furthering his correlation of the patient on the ward with the accumulated experiences of the profession as documented in the medical literature. In general, however, he has but a short while before or after rounds to devote to such study, for he is carrying a heavy load, either in the practice of medicine or in full-time academic duties.

Such then is the organization of a medical service. A moment's reflection reveals that at least two circumstances are common to most of the members. First, when a particularly informative or comprehensive article is uncovered, there may be a sudden desire by ten or fifteen persons to borrow it from the library. The customary practice of a reserve section is here pretty impractical, for the volume of literature involved is much greater than the library staff could handle in the mechanics of putting it all on reserve. Furthermore, the interest in a particular article is acute and transitory. The patient whose disease stimulated the discovery of the article is frequently discharged within one or two weeks and the topic is crowded out by other problems which have arisen. Secondly, the freest time available for reading occurs between 10 P.M. and 8 A.M. This statement is not made ironically, for there are many occasions during the night when various laboratory procedures require the clerks or house staff to remain near the ward but which give them an opportunity for reading. The fairly universal policy of closing libraries at 9 or 10 P.M. precludes any possibility of utilizing such times in that department.

It is now evident that the burden of multiple responsibilities and a limited quota of time common to medical librarians and to doctors may on occasion make the relationship between them "a little more than kin and a little less than kind." What can be done to meet the situation? One workable solution is the "investigation with report" method. A member of the medical group is delegated to track down, for example, the electroencephalographic findings in the common cold. At the beginning of rounds, he reports his findings to the staff. This is a valuable procedure, but can hardly cover more than a small fraction of the pertinent data on a service of forty patients. Furthermore, its validity is dependent on the critique and judgement of the reporter, who is frequently inexperienced. Many of the group would like to peruse the original sources themselves.

A practical plan which is already in use in several medical schools is as follows. One corner in the office of the medical service is designated

as the current reference shelf. Near at hand there is posted a guide list which is captioned as follows:

Name of Patient	Subject discussed	Bibliographic Reference	Person Responsible	Date Due

Periodicals and texts containing relevant literature are checked out in the usual fashion and placed on the current reference shelf for one week. The proper page is marked with a card. The article is now available to every member of the service at all hours of the day and night. The most rigid regulation of the arrangement, aside from the prompt return of the volumes to the library, should be a blanket rule against removing any book from the office.

The success of the plan will hinge on the zeal and enthusiasm of the attending physician in stimulating the clerks toward seeking out the literature, and on the resident, who should assume the responsibility of seeing that the volumes are returned to the library promptly and of personally checking out those important references which might not be discovered by a particular group of medical students.

Such an arrangement will also be advantageous to the librarian, for it will minimize the competition for key references and reduce the number of personal reserves placed on a volume which is much in demand. Although this plan is one which is largely engineered by the physician, the librarian will play an important role in helping to develop the system and in conferring with the medical service (most conveniently through the service resident) to locate references and facilitate prompt return of volumes which are due.

In summary, a plan is described for the organization of a circulating, on-the-spot reference library attached to a medical service, which will be available to the greatest number of the staff at the most convenient time.