Development of SDI Services from a Manual Current Awareness Service to SDILINE

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ABSTRACT

The Reference Department of The Milton S. Hershey Medical Center Library has offered SDI service to the faculty for over three and one-half years. This study traces the development of SDI services from a manual Current Awareness Service (CAS), with the incorporation of *Index Medicus* photocopies, to the National Library of Medicine's SDILINE (*Selective Dissemination of Information On-LINE*). Over 24% of the Medical Center's faculty currently receive SDILINE service. Through questionnaires, the two systems are evaluated and compared. There was 100% return on both questionnaires. Both the manual CAS and SDILINE were favorably received by the faculty, but SDILINE was chosen unanimously as the preferred service. A subscription fee for SDILINE did not significantly affect the system's use. Conclusions reached through the questionnaires indicate that constant evaluation of subject profiles and interaction between the librarian and the user are necessary for optimum use of any SDI service.

LIBRARIANS have become increasingly concerned with selective dissemination of information (SDI), or how best to provide their clientele with adequate means of keeping current with the literature of their subject area. Because of the volume of literature published in the field of medicine and related disciplines, it is especially important for medical librarians to be able to provide an adequate form of SDI, whether it be a manual or a computerized system.

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Various forms of current awareness have been documented in recent years. These forms include *Current Contents* (1), photocopied *Index Medicus* subjects (2), selective dissemination of MARC (3), the Washington University "Selective Dissemination of Information System" (4), and the Automatic Subject Citation Alert system (ASCA) of the Institute for Scientific Information (5). Each of these is a different type of alerting system, but all attempt to make the user aware of the most current literature in a subject area. This paper discusses the development and evaluation of a manual Current Awareness Service (CAS) at the Hershey Medical Center Library and its eventual conversion to the National Library of Medicine's SDILINE (*Selective Dissemination of Information On-LINE*).

The format of the manual CAS is traced from its inception through the addition of photocopied pages from *Index Medicus*, the conversion of the topics to SDILINE, and a follow-up study. Questionnaires were used to evaluate the usefulness of both the CAS and SDILINE and to compare their overall performance. It is hoped that the conclusions reached here will be applicable to SDI systems in other medical libraries.

BACKGROUND

The manual Current Awareness Service (CAS) was initiated at the Hershey Medical Center Library in February 1969, with interested faculty being asked to submit topics to

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be searched on a recurring basis. Any number of topics would be searched in ten journals; the journals were to be chosen by the reference librarian or by the faculty member. There was a modest response of six faculty members, who requested a total of twenty-six topics. In all cases, the faculty member had chosen the journals to be scanned.

The basic format for the manual CAS was established at the beginning. Scanning of journals was done weekly by the reference librarians. The faculty member was advised of a pertinent article by a notice (see Fig. 1), which the reference librarian completed upon finding an article which matched the subject requirements. A record was kept on a four-by-six-inch card for each journal searched (see Fig. 2). As the journals were scanned, the appropriate information was recorded on the cards. A file was also maintained for each participant, containing subject requirements and the titles of the journals to be scanned. Through these records, it could easily be determined which issue was to be searched next, and the number of articles retrieved per journal issue and per individual.

By December 1970, although several additional faculty members had joined the Current Awareness Service, it was still in its original form. Lancaster states that, "in order to survive, a system must monitor itself, evaluate its performance, and upgrade it wherever possible" (6). No prior attempt had been made

to monitor the relevancy of the articles retrieved through the CAS, and, in addition, there had been no revision of the subjects or journals searched. A close examination of the individual journal records revealed that, in some cases, the journals scanned did not necessarily match the subjects requested. The ten-journal limit also meant that some relevant articles would be missed.

A solution evolved from a proposal by one of the CAS participants, who wanted several authors added to his topics. It was decided that the authors would be searched monthly in *Index Medicus* as a supplement to the regular CAS. With further discussion, we decided to supplement the manual CAS with photocopies of citations under specified subject headings from *Index Medicus,* thus solving the problem of journal coverage. We could continue to scan

LIBRARY CURRENT AWARENESS SERVICE

The following citation may be of interest to you: "*Trends in health insurance operating expenses.*" Weiss, RJ et al

N Eng J Med 287: 638-42, Sept 28, 1972
Please return this slip if you want us to make a photocopy for you.

Signature	Dept.	Date

FIG. 1.–Current Awareness Service citation form, notifying user of a pertinent article.

CANCER (Monthly)

Dr. G.

28 (5) Nov. 71   29 (4) Apr. 72   30 (3) Sept 72
G - 0   G - 1   G - 2

28 (6) Dec. 71   29 (5) May 72   30 (4) Oct 72
G - 0   G - 1   G - 0

29 (1) Jan. 72   29 (6) June 72   30 (5) Nov 72
G - 4   G - 2   G - 1

29 (2) Feb. 72
G - 3   30 (1) July 72
                   G - 2
29 (3) Mar. 72
G - 1   30 (2) Aug. 72
                   G - 5

FIG. 2.–Sample index card used for recordkeeping in the manual Current Awareness Service.

manually the ten journals that the faculty member felt were the most important and then pick up additional articles in *Index Medicus.*

EVALUATION OF THE MANUAL CURRENT AWARENESS SERVICE

A questionnaire was used to evaluate the usefulness of the manual Current Awareness Service and to propose the addition of supplemental photocopies of *Index Medicus* citations. We hoped not only to receive answers to these two questions, but also to update the subject profiles and journals. On October 28, 1971, the questionnaire was sent to all participants, now numbering eight. An introductory letter was included, outlining each user's profile. There was a 100% return. A statistical analysis of the response is shown in Appendix 1.

The first four questions were designed to evaluate the usefulness of the CAS to its users and to determine the relevancy of the articles retrieved. Seven of the eight responded that the service was useful to them, and all eight wished to continue. With regard to their specific topics, 50% considered the articles chosen to be of major value, 37.5% to be of moderate value, and only 12.5% considered the notices to be of minor value. This response becomes more significant when considered with the question of redefining the topics. Of the participants, 62.5% wished to redefine their topics, including all users who had considered the service to be of moderate or minor value.

In general, the topic changes followed two patterns. First, as anticipated, many topics were completely dropped and new topics added, indicating a change in research interests since the respondents had originally joined the CAS. The second type of change was from a broad subject area to a more specific one. This facilitated the scanning for the reference librarian so that more relevant articles would be selected. The number of changes correlated with the concept, mentioned by Garfield (7), that SDI users do not volunteer changes in their subject profiles unless approached by the library to do so. This stresses the need for interaction between faculty and reference librarians in the establishment and updating of subject profiles.

Question five asked, "If the current Awareness notice is pertinent, do you always request

a copy of this article?" Fifty percent answered yes, that they always request a photocopy if the article is pertinent. In addition, 62.5% indicated that the cost (5¢/page) was a deterrent.

The most surprising result came on question seven. We had known that several faculty members shared their SDI service, but we now found that the CAS was shared with twenty-one additional people, totaling twenty-nine users.

Although question eight, concerning the journals scanned, was phrased so as to encourage a positive response, only half of the users wanted to change their journals; however, of those who chose to change journals, three allowed the reference librarians to select the journals, which was indeed a vote of confidence.

The response to *Index Medicus* photocopies was exceptionally favorable. Seventy-five percent wanted to receive the subject listings from *Index Medicus.* Of these, five requested them in addition, and one requested them in place of the CAS. As part of the *Index Medicus* project, three faculty members requested author searches to be added.

Although the survey was done with a small group, the results were quite significant for the development of SDI services at Hershey. The unanimous response of the users to continue showed a definite interest and need for a current awareness service. Through the survey, we found that we were reaching over three times as many individuals as we had previously thought. In addition, the questionnaire brought about the addition of *Index Medicus* subject coverage, which was the first major change in the CAS in over two and one-half years. With this addition, the CAS was enlarged to cover bibliographically most of the significant literature in the field of medicine.

Citations from *Index Medicus* were first distributed in November 1971, including the October as well as the November issue. A record was kept in each user's file of the subject headings which were to be reviewed each month. An alphabetical list of subject headings was maintained for the reference clerk to photocopy listings monthly, marking each heading in red. Articles of specific interest to the faculty were marked by the reference librarian, who distributed the photocopies.

CONVERSION TO SDILINE

Notification of the availability of SDILINE appeared in the *Library Network/MEDLARS Technical Bulletin,* October 1972. Henceforth the current month of *Index Medicus* would be available for searching. In making the decision to convert the manual Current Awareness Service to SDILINE, the advantages and disadvantages of each system were weighed.

In our experience with the CAS, we felt that currency was its most important asset. Since the journals were scanned within a few days of their receipt by the Library, and notices were sent four times per month, the user was kept aware of the most recent publications.

Some of the problems of the manual system included the possibility that pertinent articles would be missed because only ten journals were scanned and only titles were used to evaluate the articles. The supplemental subject listings from *Index Medicus* helped to broaden the journal coverage, but this also had its drawbacks. First, the articles in *Index Medicus* are always several months old. Secondly, when a user requested a narrow topic, there were often several pages of *Index Medicus* to scan before finding a pertinent article.

Because of the time involved with the Current Awareness Service, we needed a more efficient SDI system. The manual CAS was now requiring each of the two reference librarians one-half day per week to scan the required journals, plus one day per month for each to scan and mark the *Index Medicus* photocopies. Thus, a total of six days per month of professional time was required to operate the service. In addition, clerical time was needed to photocopy the citations in *Index Medicus.* We felt that SDILINE would save time needed for other reference activities.

The major advantage of SDILINE was its scope, covering the entire MEDLARS data base. Although the CAS users received *Index Medicus* coverage through their photocopied subject listings, the retrieval from SDILINE, as in a MEDLINE search, could be tailored to their specific needs. In addition, the in-depth indexing of the MEDLARS citations would provide a better analysis of an article than would our title scan.

The major disadvantage of SDILINE was the fact that there would be an estimated time lag of two months or more from the date of publication until the citations were brought to the attention of our users. However, SDILINE was approximately one month in advance of the printed *Index Medicus,* and our users, by requesting the *Index Medicus* photocopies, had indicated that these citations would still be useful. In a sense, SDILINE could be viewed as a compromise between the currency of the manual CAS and the time lag of *Index Medicus.* With this compromise in mind, and with the increased scope provided by SDILINE, the computerized system outweighed the manual system. The next step was to provide an orderly conversion from the manual CAS to SDILINE.

During December 1972, each reference librarian formulated a group of CAS subjects into *MeSH* terminology and search statements, following the same procedures as for a MEDLINE search. Since *Index Medicus* subject headings had been used for most of the topics since November 1971, an effort was placed into refining the search formulation to reflect the CAS topic as accurately as possible, adding subheadings, check tags, etc.

In order to check final retrieval, runs were made on MEDLINE, limiting the search to 1973 literature. The articles were printed in full to check the subject headings for other possibilities. We also chose articles which had been retrieved from the manual CAS and had these printed in full.

In many instances, the CAS topics were quite general, and a large retrieval was expected. An arbitrary decision was made at this point to restrict all searches to English-language articles unless the faculty member specifically requested foreign languages. In addition, some subjects were starred (*), using the MEDLINE symbol for limiting the subject to a "major part" of the article. It was felt that if the retrieval was too large, with many irrelevant articles, the faculty member might not take the time to read through the printout.

The first SDILINE printing was on December 20, 1973, with January data on-line. The printout was sent to each CAS participant, along with a letter explaining the SDILINE data base, the literature covered, the limitation to English language, and the reasons why we had switched to SDILINE. Each user also received a copy of the search formulation and was asked for any corrections. The changes requested by

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the users were varied, including additions and subtractions of entire topics and some minor modifications.

The January 1973 *Library Bulletin* announced SDILINE to the entire Hershey Medical Center faculty. This notice resulted in four additional SDILINE users, with fifteen new topics. With each new user, search statements were formulated from *MeSH* terminology with the faculty member present. The topics were run on SDILINE, with the user being asked to make any modifications.

SDILINE RECORDS

Recordkeeping for the SDILINE service was kept at a minimum. A folder for each participant was maintained with a summary sheet for all topics to be searched. The use of four-by-six-inch index cards was adapted from the manual CAS. Instead of a card for each journal scanned, a card was maintained for each topic searched (see Fig. 3). The user's name was placed on the card along with the subject summary. Search statements were recorded exactly as the subject was to be entered into SDILINE. Once this information was recorded on the card, input into the computer was simply a matter of typing. A record was kept on each card of the date entered, month on-line, and number of citations retrieved.

A log book had previously been established for MEDLINE searches, and this was used to record line time for SDILINE, as we anticipated future line charges. The information recorded in the log book included the date, month on-line, total of @ signs (i.e., number of subjects entered), system used (SUNY, NLM, or NLM2), and a record of off-line prints requested. Once charges were initiated for SDILINE, the off-line print record included the user's name and number of citations. When the print was received, the number of pages was added to the record, so that charges could be computed. The record of the total time allowed us to compute the average time per topic and the average time per individual per month. A record of the system used was needed because, in a few rare instances, the "News" file would indicate that off-line prints had been lost. Thus, our records would indicate whether it was necessary to re-input the search.

Dr. W.

Subject: Computerized medical records.

SS1 *COMPUTERS OR *COMPUTERS, DIGITAL
SS2 MEDICAL RECORDS OR MEDICAL HISTORY TAKING
SS3 1 AND 2 AND NOT FOREIGN (LA)

Sept. 26, 1973 (Oct.) - 9
Oct. 31, 1973 (Nov) - 5
Nov 20, 1973 (Dec) - 4
Jan 4, 1974 (Jan) - 12
Jan 30, 1974 (Feb) - 2
Feb 28, 1974 (Mar) - 2
Mar 21, 1974 (Apr) - 8

FIG. 3.–Sample index card for SDILINE records.

SDILINE SUBSCRIPTION FEE

In February 1973, the National Library of Medicine announced line charges for the use of MEDLINE. We began cost analysis with the February run (March on-line) of SDILINE. With each monthly run, records were kept on the amount of time needed to complete each user's profile, and the total time needed for all SDILINE users. All findings were based on a thirty character per second terminal, with times recorded for five months, from February through June 1973. The average time needed to complete each monthly run of SDILINE, allowing up to fifty articles per user, was 3 hours 50 minutes. With fifteen users, this averaged to approximately fifteen minutes per individual. There were forty-six topics searched during this time, or approximately three topics per individual.

From these figures, we decided on a subscription fee of $20 per year. This would include SDILINE searching of up to four topics and up to fifty articles on-line per month. Off-line prints would be extra, at 10¢ per page. The subscription fee was based on the average time per individual (fifteen minutes), multiplied by twelve months, or $18. On the average, there had been three topics per individual. An extra topic was allowed for the $20 fee. The sole purpose of the fees was for cost recovery charges for the use of SDILINE. Because of the

delay of the National Library of Medicine in instituting charges due to the price freeze, actual billing was not instituted until August 1973.

In June a letter announcing the SDILINE fees was sent to all faculty receiving SDILINE service. Included was a form for the users to indicate their choice to continue or discontinue their SDILINE service. The response to this letter was prompt and favorable (see Appendix 2). Of the seventeen users, fourteen elected to continue the service; only three elected to discontinue their SDILINE service. Of those continuing with SDILINE, 93% chose to have the charges billed to their departments.

Those faculty who chose to terminate their SDILINE service due to the charges provide interesting cases. Two had just begun their service in February and possibly were not yet convinced of its value. The other user had been with the CAS since its beginning in 1969. His subject area was peripheral to medicine, and he had constantly been dissatisfied, as evidenced by his frequent change of topics and negative response in the questionnaire.

We were quite pleased at the response of our SDILINE users to the institution of a subscription fee. Our primary concern was that, after converting so recently from the manual CAS to SDILINE, the users would not yet be convinced that the new service was better than the old. The response indicated that most were willing to pay for a service that had previously been free of charge.

Several interesting developments occurred after, or because of, the institution of SDILINE fees. The first development was the voluntary coordination of a departmental SDI service. Four users had all been from one department. After receipt of the fee announcement, a representative of this department met with the reference librarian. Several of their SDILINE topics had overlapped. In an effort to coordinate their department's profiles, the departmental representative collaborated in choosing the *MeSH* headings for the new topics. The monthly SDILINE printouts were sent to the representative to be distributed to those persons in the department who were interested in current awareness. This would assure that requests were not duplicated and that all interested faculty would receive SDILINE ser-

vice. Both the department and the Library found this arrangement to be quite satisfactory. This development is consistent with Buhr's observation that most users felt that the SDI of MARC "should demand a fair amount of effort on the part of the users to assure that the service would obtain the optimum return for money invested .... Comments tended to favor making contact through the departmental library representative and channel weekly printouts through this individual" (3).

The second development was the addition of three new SDILINE users, requesting seven topics. Since no announcement about SDILINE had recently been sent to the general faculty, it must be assumed that enough discussion about the system had been generated among the users, so that the faculty was now seeking out SDILINE service. There were now sixteen SDILINE users and fifty-three topics to be searched each month.

A constant monitoring of the time required to run the SDILINE searches verified our estimate of the $20 subscription fee. From October through December 1973, the average terminal connect time per month required for SDILINE averaged fifteen minutes per subscription.

EVALUATION OF SDILINE

In December 1973 a questionnaire was sent to all SDILINE users. It had been exactly one year since the conversion had been made from the manual Current Awareness Service to SDILINE, and we wanted to evaluate SDILINE and to compare the two systems. Because we had several users who had never been exposed to the manual CAS, the questionnaire was divided into two sections. Part A, the evaluation of SDILINE, was sent to all users. Part B, which compared the two systems, was sent only to those users who had also participated in the manual CAS. As with the first questionnaire, each participant was sent an introductory letter that contained the user's subject profiles.

The questions in this new survey were designed to evaluate the overall usefulness of SDILINE and to check our formulations of the topics into *MeSH*. Other questions dealt with the sharing of the SDILINE service, use of SDILINE (research, teaching, etc.), and

SDILINE charges. In comparing the manual CAS with SDILINE, we hoped to be able to justify our conversion. One major concern had been the currency of SDILINE, and this question was included in the survey.

Thirteen users received Part A of the questionnaire. Of these, eight also received Part B. Again, there was a 100% return. Appendix 3 shows the questionnaire, including percentages of each response.

The respondents were equally divided between major and moderate value of SDILINE, with 46.1% each. Only one user felt that SDILINE was of minor value. All closely scanned the printout, and the majority (92.3%) always read the pertinent articles. Three questions (4, 5, and 6) were designed to evaluate the SDILINE retrieval. The response varied, but the majority (76.9%) felt that many of the articles were relevant. In trying to determine what, if any, problems existed with the search formulation, most (57%) users were satisfied with the results of their SDILINE service. Of those specifying a problem, 21.4% felt that the articles were not current enough, 14.4% wished their search to be reformulated, and one (7.2%) indicated that the subject headings needed clarification. Those indicating a problem concerning irrelevant articles gave a more detailed explanation of their topic as part of question 6, and their searches were subsequently reformulated.

The faculty member indicating that the subject headings needed clarification had only begun his SDILINE service three months prior to the questionnaire. When he had requested his subjects, he had not given a summary, but had simply asked to choose his *MeSH* headings without reference help, to which we agreed. When we sent his questionnaire, we had summarized his topic, using only the *MeSH* terminology, since we did not actually have a written statement of his interests. After the questionnaire, he came in for an interview with the reference librarian, and was asked to state his topics. The librarian reformulated the search, and the subsequent formulation was approved by the faculty member. This example illustrates Garfield's thought on the need for the medical librarian as an intermediary in SDI systems. He states that the scientist is not always prepared to dig for the right questions. In this case, the faculty member knew what he wanted from SDILINE, but was not, at first, willing to trust the reference librarian to formulate his profile. Only through the questionnaire and the subsequent interview was the librarian able to impress upon the user that the librarian was necessary for the most efficient use of the system.

Question 7 asked the users if they used any other means of current awareness. The response indicated that 55.5% used *Current Contents,* with other forms of current awareness in smaller percentages. *Current Contents* had been specified because of its availability in the library. When evaluating *Current Contents* against SDILINE, 69.2% indicated that *Current Contents* and SDILINE complemented each other.

In totaling the number of users (question 8), we found that SDILINE was actually used by 48 faculty members for an average of over three users sharing each subscription. With a total of 199 faculty at The Milton S. Hershey Medical Center, it appears that over 24% of the faculty receive SDILINE service.

In answer to the final question, 92.3% gave an unqualified yes, that they would renew their SDILINE subscriptions. Only one user qualified that he would renew only if the rates remained the same.

Part B of the questionnaire compared SDILINE to the manual CAS. The faculty showed overwhelming support for SDILINE; 88.9% preferred SDILINE to the manual CAS or *Index Medicus* photocopies. The same percentage felt that SDILINE covered their subject area best. All users felt that the journal coverage of SDILINE was an important advantage. The response was divided on the currency of the articles. While 33.3% indicated that the time lag did not affect the usefulness, 66.7% indicated that SDILINE was used as a backup to other forms of current awareness. All users felt that the citations were current enough to be useful. None of the faculty wished supplemental scanning of journals not found in SDILINE, thus indicating that the MEDLARS data base covered their subject areas. In the final question, which system would they choose, the users were unanimously in favor of SDILINE.

Miller (5) discusses the question of whether a computerized SDI system can provide better service than a manual SDI system. That study,

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based on *Current Contents,* concludes that, while the computerized system contributed to the current awareness service, "it was not a substitute for the manual service." In our experience at Hershey, using a manual system for three and one-half years, and SDILINE for over a year, we feel that SDILINE can not only provide a reasonable substitute for a manual current awareness system, but greatly improves upon it.

CONCLUSIONS

In the past three and one-half years at The Milton S. Hershey Medical Center Library, SDI service has progressed from a manual Current Awareness Service, through the distribution of *Index Medicus* photocopies, to the use of the National Library of Medicine's SDILINE. Along with this change, the user population increased from the original six participants to forty-eight, representing 24% of the Medical Center's faculty. Sharing of SDI services is quite prevalent among the faculty.

The need for continuous evaluation of SDI services is evidenced by the fact that no changes were ever made in either the CAS or the SDILINE profile until the reference librarians approached the users through questionnaires. Through these questionnaires, we were able to update the subject profiles and to encourage

user feedback. The institution of a subscription fee for SDILINE has not affected the use of the system. In evaluating the general usefulness of each system, the response was favorable to both the manual CAS and SDILINE. In the comparison of the two systems, SDILINE was unanimously chosen as the preferred form of current awareness.

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APPENDIX 1

CURRENT AWARENESS QUESTIONNAIRE

1. Is the Current Awareness Service, in general, helpful to you?
   87.5% Yes   12.5% No
2. Are you still interested in continuing the Current Awareness Service?
   100% Yes   ___ No
3. With your topic(s) in mind, how valuable are the notices which are sent to you?
   50% Major Value   37.5% Moderate Value   12.5% Minor Value   ___ No Value
4. Do you want to redefine your topic(s)?
   62.5% Yes   37.5% No
   If yes, please comment here, or change the topic on the attached letter and return.
5. If the Current Awareness notice is pertinent, do you always request a copy of this article?
   50% Yes   50% No
6. Do you limit the number of articles copied because of cost involved?
   62.5% Yes   37.5% No
7. Do you share this service with anyone else?
   87.5% Yes   12.5% No
   If yes, with how many others?
   21

8. In reviewing journals scanned for our Current Awareness Service, we have noticed that some journals have seldom published pertinent articles. In view of this fact, would you like to change any titles of journals scanned?

    42.8% Yes   57.2% No

If yes, would you like:

    The Library Reference Staff to choose new journals?

    75%

    To choose new journals yourself?

    25%

If you would like to choose new journals yourself, please note the changes on the attached letter and return.

9. Would you be interested in having the appropriate subject heading(s) copied from INDEX MEDICUS and sent to you monthly? (INDEX MEDICUS is at least two months behind publication, but would include most journals, not just ten).

    75% Yes   25% No

If yes, would you want the headings:

    In place of the regular Current Awareness Service?

      16.7%

    In addition to the regular Current Awareness Service?

      83.3%

10. Would you be interested in having a monthly author search from INDEX MEDICUS as part of the Current Awareness Service?

    42.8% Yes   57.2% No

11. If you have any additional comments to make, we would welcome any suggestions or observations.

APPENDIX 2

SDILINE SERVICE

Please complete and return to the Reference Department of the Library.

I would like to continue the SDILINE service, and agree to the rate of $20/year, plus 10¢/page for any off-line prints.

    82.3%

Bill me for the charges.

    7%

Bill my department.

    93%

Please terminate my SDILINE service.

    17.7%

_____

               Signature

APPENDIX 3

A. EVALUATION OF SDILINE

1. How useful is SDILINE in alerting you to new articles in your field of research?

    46.1% Major Value   46.1% Moderate Value   7.7% Minor Value _____ No Value

2. How closely do you scan your SDILINE printout?

    _____ Printout is only checked when time permits.

———— Printout is briefly scanned.

100% Printout is closely scanned.

3. If the SDILINE citation is pertinent, do you always read the article?

92.3% Yes   7.7% No

4. How closely do the articles in your monthly SDILINE describe your topics?

———— Most are relevant.

76.9% Many are relevant.

23.1% Few are relevant.

———— No articles are relevant.

5. If your printouts are NOT satisfactory, what do you judge the problem(s) to be? (Multiple answers, if necessary).

14.4% Too many of the articles are irrelevant and do not describe the topics which I requested; the search should be reformulated.

———— SDILINE (and therefore Index Medicus) does not adequately cover my research field.

———— My interests have changed, and I am now interested in new topics.

———— I receive too many articles, and would like the topic narrowed.

———— I receive too few articles, and wish to broaden the subject.

21.4% Articles are not current enough.

7.2% Other (specify):

57% I am satisfied with the current SDILINE: NONE of the above apply.

6. If you have indicated that you wish to change your topics in any way, please indicate the changes here:

7. Do you have any other means of keeping up with the current literature? (Multiple answers, if necessary).

33.3% Personally scan specific group of journals.

5.5% Have research assistant or technician scan journals for me.

50% Personally use Current Contents

5.5% Have research assistant scan Current Contents.

5.5% Other (Specify):

If you use Current Contents, how do SDILINE and Current Contents compare in overall usefulness?

23.1% SDILINE covers my topics better than Current Contents.

7.7% Current Contents covers my topic better than SDILINE.

69.2% Current Contents and SDILINE supplement each other.

8. My SDILINE is used by:

48 (Indicate number of persons, including yourself).

9. I use SDILINE for: (Multiple answers, if necessary).

54.2% Research   25% Teaching   8.3% Patient Care

12.5% Continuing Education   Other

10. Will you be continuing SDILINE after June 1974 (current subscriptions run through June 1974)?

92.3% Yes

7.7% Only if the rates stay the same.

———— No

11. Comments:

B. COMPARISON OF SDILINE TO MANUAL CURRENT AWARENESS SERVICE

1. Which form of current awareness has been the most valuable to you on an overall basis?

88.9% SDILINE.

11.1% Manual Current Awareness Service.

———— Index Medicus Photocopies.

———— No Opinion.

2. Which form of current awareness has covered your subject area the best?
   88.9% SDILINE.
   11.1% Manual Current Awareness Service.
   —————— Index Medicus Photocopies.
   —————— Don't know.

3. The manual Current Awareness Service was limited to 10 journals while SDILINE covers all of Index Medicus (only English language articles, unless foreign language articles are specifically requested). Do you feel that this increase in journal coverage is an advantage?
   100% Yes ——————No

4. The citations from SDILINE are three months (or more) out of date when they are sent to you. Does this in any way affect your use of the citations from SDILINE?
   —————— Citations are not current enough to be useful.
   66.7% I use SDILINE articles to pick up articles missed by other means of current awareness.
   33.3% Time lag does not affect usefulness.

5. Do you wish to supplement your SDILINE with a manual scan of journals NOT included in Index Medicus (SDILINE)?
   —————— Yes   100% No
   If yes, please specify journals:

6. If given a choice of systems, which would you select:

   100%   SDILINE.
   —————— Manual Current Awareness Service.
   —————— Index Medicus photocopies.

7. Comments: