

work-study students assigned to this project in order to train them in the techniques for gathering information to be placed on the cross-indexing cards. The data gathering form was devised to clearly identify the relevant information students needed to obtain from each book or journal. During the initial phase of this project, careful supervision of the students by the media specialist was necessary in order to ensure that data forms were being properly filled out. A further control consisted of working with one department's collection at one time. Once the information was gathered, it was transferred to the cross-indexing cards and placed in the card catalog in the Independent Learning Center. Periodic review of new materials in departmental collections keeps the index file up-to-date. This system also allows individual faculty members interested in sharing their private collections with others to do so by merely adding their name to the index card. Therefore, if an individual locates an item in the index file and an instructor's name appears on the card, this indicates that the item is part of a private collection and can be obtained by contacting that instructor. In addition, because the instructor's name is on the card, should the instructor leave the university for any reason, cards containing his name can easily be identified and removed, keeping the file up-to-date.

CONCLUSION

Whether impetus to establish such a system comes from within the subject area, as it did at the University of Maryland at Baltimore, or from the health science library, the following items must be kept in mind. Clarify your intent and gain approval and support from those whose collections are directly involved. This includes agreement on the ground rules and the priorities of the departments. The cooperation of library and departmental personnel is also essential. Then, design your tools carefully, supervise the work, and establish a system of maintenance.

There is evidence that cross-indexing will be adopted by the other schools at the University of Maryland at Baltimore, even centralized in the Health Sciences Library, following the experience of the Dental School. Given the shortage of funds and the rising costs of published materials, this system of resource sharing has been recognized as one of the most economical and efficient ways to extend and improve accessibility to a wide range of materials.

On-Line Literature Retrieval as a Continuing Medical Education Course

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THE Medical Center Library of the University of South Florida sponsored and conducted a continuing medical education course about on-line literature retrieval as another attempt to publicize and explain this aspect of library service to area health science personnel. Although the library publicized MEDLINE by mailing news sheets to physicians and hospitals in central Florida and by placing announcements in local medical society bulletins to supplement reports by the National Library of Medicine and the Southeastern Regional Medical Library Program, many health professionals in the community indicated that they had not even heard of MEDLINE. This fact, plus requests from physicians at a local hospital for more information about MEDLINE and other computer literature search services, inspired us to develop a formal educational activity with American Medical Association and Florida Medical Association continuing medical education (CME) credit endorsement. Such a CME program would provide certain advantages that traditional library orientation methods do not offer. First, a larger user group could be accommodated; second, earned CME credits would attract an audience with a vested interest in learning about a specific library function heretofore not accorded such importance. In the summer, the library was encouraged by local physicians to proceed with plans to present a CME program.

COURSE CONTENT

The two-hour course, "Patient Management/Computerized Information Resources Used in Patient Care," was designed in conjunction with the Medical Center Office of Continuing Medical Education and approved for two hours of AMA Category I CME credits and two hours of FMA mandatory credit. A \$10.00 registration fee helped to defray expenses. Course content concentrated on all of the National Library of Medicine data bases except CATLINE and SERLINE, as well as a brief discussion of Lockheed Retrieval Service and System Develop-

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ment Corporation services. The format included an introductory lecture about current bibliographic control of the medical literature; definitions of basic terminology used in the course; and a review of computer search techniques, *Index Medicus* features, and *MeSH*. The lecture was illustrated with 35-mm slides. The major portion of the course contained on-line demonstrations of each data base, preceded by a short description defining the data base and explaining its search capabilities. A digilog video output terminal and four TV monitors were used for this part of the presentation. Search demonstrations of clinical problems in patient care were selected from original MEDLINE requests received by the Medical Center Library. Each search was chosen on the basis of its applicability to the data base being demonstrated as well as its exhibition of formulation strategy techniques. Limitations, advantages, and appropriate uses of each file were also emphasized. Lockheed and SDC files were described but there were no on-line demonstrations. Following the searches, a short lecture was given to reaffirm the advantages of computer literature searching, to give recommendations for use, and to review general limitations of computer system capabilities as compared to user demands. The program concluded with an illustrated slide lecture by a representative from the National Library of Medicine* concerning future plans for computer information retrieval being developed by the Lister Hill National Center for Biomedical Communications, and its application to continuing medical education. Materials distributed to those attending included: a "Fact Sheet" prepared and supplied by NLM on each data file; a list of selected health-related data bases available from Lockheed and SDC; and a reprint of an article by Bird et al. in *Bioscience Communications* [1] to supplement the information on Lister Hill Center developments.

PUBLICITY

We publicized the course through a brochure, designed by members of the library staff, which was sent to 1,694 area physicians, all hospitals within the region, and all Medical Center departments. Announcements were published in the *Journal of the Florida Medical Association* and bulletins of local county medical societies.

*William H. Caldwell.

Seventeen hospitals in the immediate area exhibited large posters advertising the course. Medical Center staff and students were notified by poster displays in three locations besides that in the library. An announcement was placed in the weekly staff newsletter to inform the university community. Communications were also issued to local news media by the university's Office of Information Services. Unfortunately, the news media chose not to use the material, so that we were unable to tap this important local source of publicity.

RESULTS

The small course enrollment was very disappointing, especially as user demand for this information was primarily responsible for the development of the program, and because of our ambitious publicity efforts. The brochure included a preregistration form which few utilized. The twenty-one course participants included fourteen physicians (three from the faculty), one intern, and six medical librarians (two from hospitals). Two additional physicians preregistered but did not attend. Patient care was emphasized because of the nature of the original requests from clinicians. In addition, the library staff was aware of the frequent criticism that *Index Medicus* and MEDLINE are more research oriented than clinical, and one of the purposes of the course was to demonstrate the pertinent clinical information available through NLM bibliographic services. All fourteen physicians were clinicians, and it is likely that the course title influenced their attendance and possibly discouraged medical research personnel from registering, although this should not have been a significant factor. We were dissatisfied with the low number of faculty who attended. The registration fee was waived for Medical Center staff, and there are many who do not use information retrieval systems who, it was hoped, would be encouraged to attend. The course was scheduled on a Saturday morning on the assumption that this would be more convenient for practicing physicians as well as faculty. However, the Medical Center's experience with other continuing medical education activities indicates that perhaps an afternoon schedule late in the week would have been preferable.

Those present approved of the course content and format. There is no formal syllabus, merely an outline for the instructor. Questions were solicited from the group and a few did ask questions.

Technical operations went smoothly. The telephone system was unusually cooperative but, true to form, it broke down briefly twice, during the last part of the program. Fortunately, the disruption was not disastrous. The most frustrating occurrence was a break without coffee, which arrived twenty minutes late, so that we ran over our allotted time. This was a crucial delay in our tight schedule. In order not to inconvenience the participants, material was deleted to keep within a fifteen-minute extension of the scheduled dismissal time. We hoped that NLM program participation would encourage greater enrollment. Although this did not materialize, parts of the NLM representative's lecture served as an effective summary of the course. New information aroused much interest, resulting in questions and answers following the presentation.

Although the course failed to attract a large learner group, the library plans to offer it again. Only a few slight revisions in the text will be needed. The two hours of instruction could be extended to three, allowing for a more relaxed pace. Credit endorsement is nationally recognized as evidence of a professionally approved educational activity. The fact that library orientation has been accorded this consideration is of professional importance. The support of the National Library of Medicine and their representative at the course was a vital part of this experiment.

In the library's continuing effort to communicate better with its users, this experiment indicated that a formal continuing medical education course with earned credit units is yet another way for libraries to effectively orient users to available library services.

ACKNOWLEDGMENT

Special recognition must be given to Davis B. McCarn, Acting Associate Director, Office of Computer and Communications Systems, and to the computer staff who lent their time for half a Saturday in November, when the system was in great demand for year-end file maintenance and the processing of *Cumulated Index Medicus*. (Mr. McCarn is now Director, Planning Office, NLM.)

REFERENCE

1. BIRD, R. M.; WOOSTER, H.; AND STENGLE, J. M. Focus of the mission of the Lister Hill National Center for Biomedical Communications of the National Library of Medicine 1975-1980. *Biosci. Commun.* 2: 11-22, Jan. 1976.

Substitute a Suggestion Book for Your Suggestion Box

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LIBRARIANS have used a number of devices to gather user feedback concerning the operations and character of individual libraries. Formal programs have been established in which readers are encouraged to submit comments and suggestions to the librarian in writing. In turn, if the contribution is signed, the user will receive a formal but private response. Another more frequently used system is the suggestion box.

Too often, after an initial burst of staff enthusiasm, contributions to the suggestion box receive inadequate attention from the library staff. This occurs for a variety of reasons including apathy and a callousness which can develop from receiving a preponderance of derogatory or negative remarks. Some libraries have taken a somewhat different approach in order to obtain some value from this device for obtaining reader input. They have posted all contributions along with the appropriate library responses. This tends to change the character of the suggestions that are submitted, since it is known that they will all be posted.

SUGGESTION BOOK

A small number of libraries have gone a step further and substituted a Suggestion Book for their suggestion box. Indeed, for those libraries without a suggestion box, the book is a far cheaper and, as shall be argued, a more effective element in a communication system between users and library. All that is required to implement such a program is a three-ring binder and a set of forms printed on front and back. The book, when opened, should have on the left a form with three columns: a narrow one headed "Date"; a column consuming most of the rest of the page headed "Comment, Suggestion and/or Compliment" (just this once we ought to fish for a few of the latter); and the last narrow column headed "Name—optional." The right-hand page should have two columns: the first, a narrow one, labeled "Date," and the rest of the page labeled "Response." After clearly labeling the binder Suggestion Book or something similar, place it at