

LETTERS TO THE EDITOR

More on Loansome Doc

Since 1991, when Loansome Doc (LD) service was first introduced, there have been at least three surveys measuring usage [1–3]. All found the service underutilized, for a variety of reasons. The most recent survey results reported by Paden et al. [4] were no exception. In summer of 2000, faculty of the University of Vermont's Dana Medical Library surveyed our LD registrants, using questions very similar to Paden's. We write to compare and contrast the results between the two studies.

The Dana Medical Library of the University of Vermont is a Resource Library of the New England Region, serving an academic medical center, the College of Medicine, and several other health sciences degree programs. We currently have 151 registered LD users, with only perhaps a dozen using LD services regularly. All registrants were surveyed, with eighty-seven respondents, of whom 28% were physicians, 11% researchers, and nearly 41% students.

Paden surveyed 867 LD users in Florida and Tennessee, areas of the country markedly different from rural Vermont. The largest percentage of respondents were physicians (28%), with other health care professionals constituting another 29%. In contrast to our high student response rate (attributable to required sessions on PubMed and LD for medical students), only 5% of Paden's respondents were students. We believe our student response rates to be unique among the other surveys.

Our findings were similar to Paden's in that research and clinical queries account for most LD usage, although both surveys found such usage modest at best. Barriers to usage for our respondents were primarily cost (37%) and timeliness (31%) of response, which again mirrored Paden's findings.

The significant differences found were in awareness of Loansome

Doc services. Paden reports most users found out about the service through PubMed, while more of our survey respondents (32%) learned of LD through the library and attended a library training class. This response rate, no doubt, was largely attributable to the high number of student respondents and the nature of an academic medical library.

Although the surveyed populations were quite different, users agreed that cost and timeliness were the two major barriers to LD usage and might account for the low number of regular borrowers. Vermont users expressed more dissatisfaction overall with LD, but were more likely to have learned of the service through the library and to have attended some sort of training program. No doubt this awareness was because of the high student response rate in Vermont. This result suggests that the conclusions reached by Paden et al. in regard to library training and involvement may be effective in increasing usage among clinicians and researchers, but may not be particularly effective with student populations.

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