

diagnostic work-ups and treatment plans for our patients.

As CMLs we continually evaluate our role and procedures, modifying old ways and experimenting with new ones. We seek feedback from our users through informal conversation and occasional questionnaire surveys. The results encourage us to believe that we are not only serving students and health care staff better but that we also are developing a new and expanded role for librarians in hospitals and medical schools.

REFERENCES

1. ALGERMISSEN, V. Biomedical librarians in a patient care setting at the University of Missouri—Kansas City School of Medicine. *Bull. Med. Libr. Assoc.* 62: 354–358, Oct. 1974.
2. And now, 'clinical librarians' on rounds. *JAMA* 230: 521, Oct. 28, 1974.
3. Clinical librarians accompany physicians on rounds. *Natl. Libr. Med. News* 29: 3, Nov. 1974.
4. COLAIANNI, L. A. Clinical medical librarians in a private teaching-hospital setting. *Bull. Med. Libr. Assoc.* 63: 410–411, Oct. 1975.
5. DRAGONETTE, D. B. The health sciences library's contributions to patient care. *Bull. Med. Libr. Assoc.* 61: 29–32, Jan. 1973.
6. ROACH, A. A.; AND ADDINGTON, W. W. The effects of an information specialist on patient care and medical education. *J. Med. Educ.* 50: 176–180, Feb. 1975.
7. SCHNALL, J. G.; AND WILSON, J. W. Evaluation of a clinical medical librarianship program at a university health sciences library. *Bull. Med. Libr. Assoc.* 64: 278–283, July 1976.
8. REID, CAROLYN ANNE. Clinical medical librarianship at the University of Missouri-Kansas City School of Medicine: results of research and continuing activities. Paper presented June 14, 1978, at the Seventy-eighth Annual Meeting of the Medical Library Association, Chicago, Illinois.

Received March 23, 1978; accepted April 25, 1978.

A Clinical Reference Program in the Department of Medicine, Tufts–New England Medical Center Hospital

BY LISA CORNELISSE, *Clinical Librarian*
Tufts University Medical-Dental Library
Boston, Massachusetts

THE Tufts Medical-Dental Library clinical reference program began in July 1977 following an agreement reached with the then Acting-Chief of Medicine at New England Medical Center Hos-

pital. Previous discussion led the medical librarian to decide upon the Department of Medicine as the most appropriate department to approach with this extension program. This decision was based upon reports in the literature of similarly conceived programs [1–5], the sizes of the various departments (personnel directly involved), and the feasibility of incorporating such a program into the patient care structure of the department concerned.

In a series of preliminary discussions with the Department of Medicine, it was decided that a clinical librarian might best serve the house staff by providing bibliographic coverage of two types: short, specific literature searches to cover daily clinically encountered problems and broader review searches also suggested by daily patient encounters. A liaison member from the junior resident staff was designated to assist the librarian in identifying search topics in the initial stages of the program. This liaison role was later assumed by the chief resident of the department.

The Department of Medicine functions with a "morning report" conference, held daily from 9:00–10:00 A.M. following morning rounds by the twelve junior residents of the house staff. Attendance varies from ten to fifteen participants, including the chief resident of the department, who acts as informal moderator of the report, an attending staff member, who acts as group leader, and variable attendance by senior residents of the department. The librarian also attends these daily conferences.

Following the conference, from one to three topics are suggested by either the chief resident, the attending group leader, or one of the residents, and the searches are then carried out by the librarian. All junior and senior residents are strongly encouraged to approach the librarian with search topics at any time during the day; however, the morning report structure serves as an extremely effective means of communicating on a regular basis with the users of the program.

Following the searches an on-line printout of the citations retrieved from MEDLARS searches, as well as other citations located by the librarian, is presented to the search requester. Citations on broad search topics are shown exclusively to the chief resident. Specific articles are then noted for inclusion either in the "core collection" or in selected bibliographies to be compiled by the librarian. Copies of this unrefined bibliography are made available to the requester, while the originals are kept in a file for possible future reference.

CORE COLLECTION CONCEPT

From the start of daily literature searches, a "core collection" concept has been delineated and followed by the librarian. Generation of selected bibliographies from the unrefined bibliographies produced by the librarian via computer or manual searching is a desirable by-product of the searches in terms of reference sources available to the clinicians. A bibliography of relevant citations, chosen by the professional requester following the preliminary-search parameter decisions made by the search analyst (clinical librarian), allows the experienced clinician to create a file of valuable information. By inclusion in a core collection, articles and selective bibliographies compiled by the librarian are not lost following usage but are made available to other current and future program users.

The procedure for core collection development is:

1. Generation of the unrefined bibliography by the librarian,
2. Scanning of this bibliography by requester and designation of relevant articles,
3. Photocopying of designated articles and entry into core notebooks and card catalog, and
4. Production of selected bibliography from designated citations.

The core collection is composed only of these designated citations and selective bibliographies, which are kept in notebooks classified into broad subject categories by the librarian (Cardiology Core, Hematology Core, and so on). Entries that span several subject categories are entered into the subject core that the article or bibliography primarily addresses. Articles and bibliographies within each notebook are entered as searches are performed and are thus given accession tags (for example, Cardiology 77-001) composed of the core name, the year (last two digits only), and an article number.

All entries must be located with their accession tag through a card catalog system available only in the House Staff Library, where the notebooks are kept. Each article receives an author entry, a shelf list (core name and number) entry, and from one to three subject heading entries. Only *Index Medicus* subject headings are used, and entries are the actual MeSH headings that *Index Medicus* uses for each article. Program users often tend to browse through the notebooks for a general overview of the subject area, but it is necessary to refer to the card catalog for proper

bibliographic control of the information in the core.

Specific searches resulting in very small numbers of relevant citations do not necessarily become selected bibliographies. However, these articles are entered in the core notebooks and are accessible via the card catalog. Designated articles contained in journals that the House Staff Library receives are not duplicated in these notebooks. Access to this material is again via the card catalog citations. Article suggestions for inclusion in the core are accepted from residents and attending staff at all times. Very often bibliographies are suggested or created by the house staff and are given to the librarian for inclusion.

In addition to the bibliographies amassed by the method noted above, bibliographies are collected from other sources, including the National Library of Medicine (received as produced by NLM) and Grand Rounds lecturers. Grand Rounds lectures are held once each week by the Department of Medicine at a time convenient to the greatest number of staff members. The lectures are educational in nature, and attendance by residents, interns, medical students, and attending physicians, as well as any other interested departmental members, is encouraged. Attending staff physicians are able to receive continuing education credit for attendance. The lecturers change each week and are either staff physicians or guest physicians from outside institutions. If bibliographies are not supplied by the lecturers the librarian compiles a bibliography, which the chief resident scans in the same manner as the daily literature searches. The librarian frequently attends these lectures.

CONTROLS

To date, this service is available to only the senior and junior residents of the Department of Medicine house staff, as they are the user groups with the greatest need of and sufficient time to assimilate the materials made available to them. Occasionally an attending physician requests bibliographic aid or contributes material to the core collection. The core collection itself is accessible (by key, as the House Staff Library is locked) to the entire house staff and may also be a useful resource tool for the interns of the department. Students are not included in the user population. However, if they have access to the House Staff Library via their intern they may use the materials there.

The librarian is available to the house staff

essentially eight hours a day. Time is divided between the main library and the House Staff Library, which are housed in separate buildings. At the end of each month the librarian produces a newsletter that summarizes the activities carried on for the program. Searches and bibliographies compiled, acquisitions, processed citation statistics, and miscellaneous information are recorded. These newsletters are posted in the House Staff Library, as well as distributed to the daily conference attendees and the various attending staff members who either currently or at one time served as group leaders.

The Department of Medicine clinical reference service is unique in the New England Medical Center Hospital. Through this program the house staff has access to the most current literature available when dealing with patients. The program has been operating for over half a year, and its original goals and objectives still stand. The librarian subjectively has seen a gradually increasing usage and acceptance of the materials and services provided by the program. Almost all users and members of the department who are aware of the program have expressed pleasure, satisfaction, and confidence in the program and its goals. A formal survey is planned at the end of the first operational year. Problems encountered thus far include publicizing the existence of the program and loss of core materials. Both are being approached continually by the librarian.

REFERENCES

1. SCHNALL, J. G., AND WILSON, J. W. Evaluation of a clinical medical librarianship program at a university health sciences library. *Bull. Med. Libr. Assoc.* 64: 278-281, July 1976.
2. STAUDT, C.; HALBROOK, B.; AND BRODMAN, E. A clinical librarians' program—an attempt at evaluation. *Bull. Med. Libr. Assoc.* 64: 236-238, Apr. 1976.
3. COLAIANNI, L. A. Clinical medical librarians in a private teaching-hospital setting. *Bull. Med. Libr. Assoc.* 63: 410-411, Oct. 1975.
4. ROACH, A. A., AND ADDINGTON, W. W. The effects of an information specialist on patient care and medical education. *J. Med. Educ.* 50: 176-180, Feb. 1975.
5. ALGERMISSEN, V. Biomedical librarians in a patient care setting at the University of Missouri-Kansas City School of Medicine. *Bull. Med. Libr. Assoc.* 62: 354-358, Oct. 1974.

Received April 25, 1978; revision accepted May 12, 1978.

CATLINE as an Acquisitions Tool for Health and Patient Education Materials*

BY SHERRILL SORRENTINO, *Medical Librarian*
 JOAN FIERBERG, *Medical Librarian*
 ELEANOR Y. GOODCHILD,
Director of Library Services

*Los Angeles County Harbor General Hospital
 Torrance, California*

OF increasing importance are matters concerned with the consumer and his approach to the health care scene. In 1972 the "Patient Bill of Rights" was endorsed by the AHA, followed by the issuance in 1975 of the "Statement on Health Education." In 1974 the Bureau of Health Education was established, with its private sector counterpart, the National Center for Health Education, operational in 1975. Legislation has been passed in the form of the National Consumer Health Information and Health Promotion Act of 1976 (Public Law 94-317, Title I). All of these actions are contributing to a national consumer health education movement that encompasses the whole issue of patient education.

The Los Angeles County Harbor General Hospital Medical Library and the Carson Regional Library, a regional library of the Los Angeles County Public Library System, are involved in a cooperative project called CHIPS† (Consumer Health Information Program and Services/Salud y Bienestar) [1]. Together the two libraries are developing a health information network geared to the consumer, whether he is a hospital patient or a public library client. One method of identifying materials for this project has been the use of the CATLINE data base. It should be noted that the National Library of Medicine is obtaining both patient education and health education materials, even though it does not have a collection policy per se in these two areas. For this reason we have found CATLINE to be a useful acquisitions tool in determining relevant consumer health material, that is, material related to health and patient education.

Examination of the MeSH vocabulary reveals three categories of terms that appear to be rele-

*This project is supported by Grant No. 40-0010 from the Library Services and Construction Act, Title I.

†This program is supported by the Library Services and Construction Act, Title I.