

Information Needs of Clinicians: Observations from a CML Program*

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EXPERIENCES in the past year in the clinical medical librarian (CML) program at UCLA have yielded some interesting observations on the information needs and information-seeking practices of faculty, postdoctoral fellows, residents, and interns involved in direct patient care. Funded through grants from the National Cancer Institute, the two CMLs at UCLA's Biomedical Library work with health care teams treating cancer patients. They have attended two weekly patient care multidisciplinary conferences, bedside rounds in a cancer chemotherapy ward, a teaching conference, and occasionally, two other rounds groups.

The number of clinical faculty and house staff dealing with cancer patients is so large that it has not been possible to offer direct CML service to every group. Divisions served during the past year include those in head and neck surgery, hematology/oncology, radiation therapy, and surgical oncology. The following comments, based on our observations, are presented here for their value in stimulating a new consideration of services to medical library users who are mainly concerned with direct patient care in the clinical setting.

Clinical faculty are extremely knowledgeable about the literature in their specific fields. Most browse through the new periodical issues in the library regularly to supplement information from journals which they receive in their offices. Many of the teaching faculty read the most recent literature in their respective specialties much faster than SDI services can bring it to their attention.

When a faculty physician requests a literature search for a problem that is part of his or her specific field, the librarian knows that the search will probably be quite difficult and that possibly nothing will be found. This type of request is fairly

*This project was supported in part by U.S. Public Health Service Grants Nos. 18861 and 16402 from the National Cancer Institute.

frequent at UCLA, because most patients have been referred to the medical school's teaching hospital due to the unusual and difficult nature of their illness. The UCLA physician often has two purposes in asking for a literature search of this type: (1) to locate information helpful in correctly diagnosing and treating the rare problem and (2) to determine whether there is so little literature on the problem that he or she should seek to publish an account of it.

For literature on immediate patient care problems, clinical faculty and fellows tend to rely on suggestions from colleagues, available reprint files, and departmental libraries. Not only do these resources contain only selected material, but they are generally easily accessible, not requiring combing through stacks or waiting in a checkout or photocopy line, as might be necessary in a large, heavily used medical library. Likewise, residents and interns often turn to faculty and fellows for reading suggestions, rather than go through traditional library channels. This approach to information by clinical faculty and house staff is basically the same as the "everyday approach" to information by research scientists reported by Voigt in his study of scientists' approaches to information [1].

For Voigt's study group, purely bibliographical services were less important in the "everyday approach" because they are slower than the process of consulting colleagues or reference materials in the office or laboratory, and because they tend to provide more information than desired, resulting in time lost looking through irrelevant information. The UCLA Biomedical Library CMLs have similarly observed that rapidly furnishing a MEDLINE or CANCERLIT bibliography still leaves the physician with the time-consuming problem of selecting possible relevant titles and requesting a copy of each article selected, without really being certain of getting worthwhile information. However, including abstracts with the bibliography often facilitates the screening process.

At the present time delivery of copies of articles is a service offered only through the grant-funded CML program, and thus it is available to few of the clinical faculty and house staff. This service, because it accomplishes more than just furnishing a bibliography, is the CML service most often requested. Frequently, a patient care team member will already know of an article but will want to see the full text and to be able to share it

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with the rest of the team. The importance of providing the actual text of articles has also been noted in guidelines for developing a CML program included in Schnall and Wilson's report on the CML program of the Health Sciences Library, University of Washington, Seattle [2].

Clinical faculty tend to be less knowledgeable about the literature outside their specific field and tend to overlook that literature in searching for information related to a patient problem. A head and neck surgeon expressed a degree of surprise when a CML brought some relevant literature from ophthalmology in response to a request. A hematologist very well acquainted with the literature in his own field requested general information on a particular nervous system tumor he was going to discuss with an outside physician in consultation. The UCLA CMLs have been quite successful in filling these needs, just as they have been in retrieving reviews of various subjects requested by new interns and residents.

Observations such as these have given the CMLs and other members of the the public services staff at UCLA an increased awareness of the information service needs of the clinical staff in this large academic medical center. Among its user groups the UCLA Biomedical Library serves over 1,000 School of Medicine faculty and about 1,550 residents and interns. Actual contact with clinical staff in the clinical setting, rather than in the library, has been the greatest factor in improving the librarians' understanding of the services needed by this large segment of the library's user group.

Medical libraries, like most libraries, offer services to a certain user group, based on a perception of the group's needs. However, many medical librarians may be like the beginning CMLs here at UCLA in not having any direct experience with the actual clinical activities at the medical facility served. Certainly, all medical libraries may not be able or wish to institute a CML program to become better acquainted with their user groups. In large medical centers it is probably not feasible to give direct service to every clinical group. In many hospitals, librarians probably have direct experience with clinicians routinely. For medical librarians who have not had this experience, it would probably be relatively easy to arrange occasional attendance at grand rounds or similar conferences, to become better acquainted with this segment of their user group and its activities and needs. Medical libraries could make such conference attendance, as well as a tour

of the entire medical facility, part of orientation for new librarians.

Through the CML program at UCLA, not only have the librarians gained a new appreciation of the process of clinical decision making and the information needs of the patient care team, but CML attendance has also helped draw attention to the library as an important resource in the health care setting and to librarians as colleagues in supporting physicians' efforts to give the best patient care possible.

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Received July 5, 1978; accepted July 26, 1978.

Selection and Acquisitions Manual Development

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ALTHOUGH the usefulness of written policies for collection building is an article of faith among librarians, few libraries actually have such written policies, and fewer still revise them periodically. Consequently, there is a dearth of literature on how to go about the actual writing or revising of such a document. The Washington University School of Medicine Library recently revised and rewrote its acquisitions policy, and the committee charged with the task found so little in the literature on how to proceed that it decided to publish an account of its experiences, in the hope that others might find it useful.

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