An institute was set up to train 20 current employees to provide information retrieval and document delivery in libraries of health facilities in the northeastern United States and to promote familiarity with existing networks and regional systems. Participants included secretaries, medical record managers, volunteers, and others, with education ranging from high school graduation to a master of library science degree. Over a period of two weeks participants were exposed to information about health care facilities and libraries, the National Library of Medicine, specialized reference materials, book and periodical selection, library technical processes, government publications, binding, reference services, interlibrary loans, information networks, copyright, the Medical Library Association, medical data bases, and funding and budgets. In addition, participants made two site visits to medical libraries and saw slide presentations from two others. Evaluations found the institute very successful, and provisions for follow-up were made. Appendixes include a pretest and a posttest. (LS)
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SUMMARY OF INSTITUTE PROPOSAL AND OPERATION OF PLAN

INTRODUCTION

The Capital District of New York which includes the Albany, Troy, and Schenectady area and environs had for sometime been actively seeking educational enhancement of personnel involved in running health care facility libraries in this geographic area, particularly hospital libraries--both nursing and medical.

The Regional Medical Program (RMP) was authorized by Public Law 89-239 as Title IX Education, Research, Training and Demonstrations in the Fields of Heart Diseases, Cancer, Stroke and Related Diseases Act, 1965. This has as its goal providing medical assistance in the areas of heart disease, cancer and stroke. This program divides the country quite differently from, and in very much smaller units than, the Regional Medical Library Program (RML), Public Law 89-291, 1965, which is administered by the National Library of Medicine through eleven regional medical libraries that blanket the country. RML has as its primary goal the delivery of health care information; yet many RMPs saw the need for the information component in health care delivery and provided a well planned library information network.

The RMP covering the Capital District includes 24 counties of which 21 were in New York State but two were "interface counties" (i.e., they are due service from both New York and Vermont) and a third was in Massachusetts but interfaced with New York.

While the northeast is a vast area rich in allied health care
facilities, many of the centers contained trained professional library personnel to assist the health care team in their quest for knowledge, and thus indirectly, in their granting of health service to the public. However, an even greater number of facilities are lacking the library personnel necessary to provide the information input that every health care practitioner needs if he is to provide optimum service.

The planners of the Institute felt that the need for it had been shown by research conducted under the auspices of the Regional Medical Program. In 1969, a survey of health institutions showed an obvious need for additional library staff training and upgrading. A questionnaire directed to 63 institutions had a response rate of 76.2%. The need for this training was further supported by correspondence from individual users, librarians and administrators, which had been attached to the questionnaire responses.

The Albany Medical Center Library, with an informally formed group of professional librarians in the area, obtained a smaller amount of funding from the Regional Medical Program to hold a one-day Institute which was heavily attended.

Requests for consultation visits received by established librarians in the area also indicated a felt need for guidance and in-service training on the part of individuals who were then attempting to work alone in professionally isolated settings.

Further, the dearth of inter-library loan activities outside of the major metropolitan areas clearly indicated a lack of knowledge of how to satisfy the information needs of health care practitioners.

Accordingly, the Director of the Institute, representing the School
of Library and Information Science, queried the library leaders who had formulated the first plans for updating library practitioners. The plan for continuing the successful workshop had been aborted by the lack of local funds available as well as a lack of success in obtaining required grant funds.

The group saw an opportunity to respond to the stated need of the geographic area and to solidify the working relationship between library faculty and professional library practitioners.

GOALS

The primary goal was to train currently employed personnel, whose educational level might have been limited to high school education, to function effectively in providing information retrieval and document delivery in libraries of allied health facilities in the northeast as well as a secondary goal of promoting familiarity with existing networks and regional systems. It was felt that by expanding the concept of service to hospital library personnel to a wider range of all health care facilities that the function of the hospital library would be better known and secondly, that all individuals involved in the Institute would become aware of their peers and the possibility of drawing on peer experience and resources for sharing problems as well as documents.

PARTICIPANTS

The target group was to be up to 20 persons who might be, but were not restricted to, secretaries, medical record managers or volunteers then having responsibility for collections of books and periodicals in health care facilities libraries. It was considered by the Institute Director and the volunteer planning committee that a small group of about 20 was necessary to prevent participants from being inhibited in class discussions and in other group activities.
Some of the target group were personally known to the planning committee as being relatively shy and unwilling to exhibit their ignorance of procedures.

Participants received a stipend of $75 per week or $150 for the 10-day Institute with a $15 per week dependency allowance per dependent pro-rated on the basis of a 5-day week. Participants were exempt from all fees and costs but were responsible for the cost of his/her own transportation and luncheon.

CRITERIA FOR ELIGIBILITY OF PARTICIPANTS

The Institute Advisory Committee served as the Admissions Committee although the original proposal called for the Admissions Committee to be composed of the Associate Dean, the Institute Director and only two members of the Advisory Committee. This was done because of the pressure of activity on the Associate Dean and also because there was an Advisory Committee planned on the day that final decisions were to be made and the Committee had offered to serve in the capacity of Admissions Committee.

In addition, the two advisors, Mr. John Timour and Miss Marion Vedder, also attended this meeting. The following criteria were applied in selecting the participants: they

a) must have had minimally a high school diploma;

b) must represent a geographic area where there is a felt need for trained library personnel;

c) must be either currently employed or be an active volunteer in a health care facility library;

d) must have the recommendation of the administrator of the facility (or his/her immediate supervisor).

It was also determined that preference would be given to institutions having a budgetary commitment for the continuation of library service for the applicants' institution.
Projected Institute Program as Submitted

Session #1: General introduction to concept of special library.
Use of INDEX MEDICUS, HOSPITAL LITERATURE INDEX, INTERNATIONAL NURSING INDEX and others.
Search techniques using author and subject entry.
Correct form of bibliographic citation and importance of accuracy for interlibrary loan verification.
Discussion of other bibliographic tools.
Demonstration.
Practicum.

Session #2: Book selection and discard policies.
Introduction to standard lists from recognized sources.
Adaptation of standard lists to local use, e.g., stress on major areas of practices with minimal coverage for specialties not practiced in the hospital.
Use of book reviews, consultation with medical and nursing staff for book selection.
Acquisition of library materials. The advantages and disadvantages of ordering directly from publisher or through book jobber and serials agent.
Checking-in book orders by verifying date, edition, title and authors will be demonstrated. Preparation of books for circulation including placing call number on back, library stamp, acquisition number if applicable, card and pocket or other circulation system as practiced by the library.

Session #3: Journal selection and discard policies.
Introduction to standard lists from recognized sources.
Adaptation of standard lists to local use, e.g., stress on major areas of practice with minimal coverage for specialties not practiced in the hospital. Stress on currency of material with emphasis on discard policy and prevention of accumulating outdated material. Acquisition of library materials: the advantages and disadvantages of ordering directly from publisher or through book jobber and serials agent. Checking in journals, claiming missing issues. Preparation of completed volumes for binding, checking for indexes, tables of contents, title pages, and how to proceed when items are missing. Criteria for selection of binders and checking in bound volumes.

Session #4: Simple classification of materials - the use of the National Library of Medicine system will be stressed, although students will be assisted in using any standard system currently in use. Simplified cataloging with author, subject and title entries and appropriate tracings will be stressed. Maintenance of a shelf list will be explained and demonstrated as well as its practical applications.

P.M. Practice session.

Session #5: A.M. Continuation of practice session. There will be practice on books previously selected by the students' home libraries for inclusion in its collection. The group will order catalog cards (L.C., NLM and Wilson) and adapt them to individual library's use.

P.M. Selected government documents and pamphlet maintenance.
Session #6: A.M. Circulation. Review of various systems and practice with actual books will include loan policies, reference, and reserve books, overdues, tabulation and borrowers' cards.

Group A

P.M. Library Visits
St. Peter's Hospital, Albany
Ellis Hospital, Schenectady
Samaritan Hospital, Troy

Group B

P.M. Terminal demonstration

Session #7: Library accounting: This will include maintenance of records, including files of requests, purchase orders outstanding, and orders filled. The student will be taught how to prepare a budget and keep accurate financial records. Discussion of records to keep - other special records, e.g., use by student nurses or use of materials stored in special stacks. Other statistical reports and monthly and annual reports.

Group A

P.M. Audiovisual Media Lab Demonstration

Group B

P.M. Terminal demonstration

Session #8: A.M. Interlibrary loan - Preparation and verification of requests for material not in the collection; use of Union lists of serials and Union Catalogs; the ethics of borrowing and ALA rules and codes. National and area systems and how to tap their resources. Telephone requests, interlibrary loan forms and special formats required by certain libraries, e.g., New York State and American Hospital Association.

P.M. Audiovisual Media Lab Demonstration
Session #9: A.M. Test on Interlibrary Loans
   P.M. Reference Work - Reference interview; how to find answers to specific questions; accepting the request for information; understanding the request; procedure to follow.

Session #10: A.M. Review Session
   P.M. Practice sessions and applied assistance to student's individual problems.

Because of the time elapsed between requesting facilities to be available for the Institute before it was definitely known that the Institute would be funded and the period that final plans were made for the program, some faculty members were not available for a variety of reasons.

The Director was fortunately able to obtain people of comparable prestige, skill, experience, and reputation for having good teaching ability. The final program follows.
Institute Session I
February 26, 1975

A. 10 - 11 a.m. Orientation of participants. This included distribution of forms and textbooks, the introduction of the Institute staff, evaluators, and the member of the Advisory Committee present, the introduction of the participants, discussion on SUTYA and the available facilities and on the Institute, and answering any of the participants' questions. -- Pauline M. Vaillancourt

B. 11 a.m. - 12 noon. Answering of pretest questionnaire by the participants. -- John Timour and Marion Wedder (Pre-test is on page 68.)

C. 12 - 1 p.m. Lunch and the participants reviewed the first chapter of the Handbook, which had previously been assigned to the participants to read before arriving.

D. 1 - 3:30 p.m. Gwen Cruzat gave a general introduction to special libraries. This included the following:

1. Hospital's role in document delivery.
2. Role of the RML. This included information on the Regional Medical Library for the area in which the participants are located (New York and Massachusetts).
3. Role of neighboring medical schools.
4. Role of NLM.
5. Discussion of JCAH standards.

E. 3:30 - 4 p.m. Discussion by Marcia Davidoff, Librarian at the N.Y.S. Medical Library, of the New York State Interlibrary Loan System (NYSILL). Participants were encouraged to use NYSILL and were given the address of the Medical Library. Brief discussion of the availability of SUNY BCN searches at no cost from the State Library.

Institute Session II
March 5, 1975

Discussion of questions and answers related to previous session.
-- Pauline M. Vaillancourt

MORNING Alfred Brandon

A. Standards of JCAH (Joint Committee on Hospital Accreditation).
B. Goals of institution must be known.

C. Role of librarian in Institution - should be part of staff.
   1. Should be member of, or have direct contact, with committee of medical education.

D. Resource sharing.
   1. Encouraged to form formal or informal cooperation of libraries in area.
   2. Be aware of consortia in area; get on mailing list and know when meetings occur.

E. Book selection:
   1. Acquisitions policy.
      Media Catalog - College of Medicine & Dentistry, NJ - passed around.
   2. Who is responsible for material selection. You must find out how much authority librarian has for selection decision.
   3. Aids.
      a. Medical publisher's lists.
      b. Select List of Medical Books in Print: Stacey. Includes list of major medical publishers.
      c. Brandon List (Latest -- to be published -- distributed).
      d. Sterns, Ratcliff - for smaller hospitals.
      e. Bloomquist, Library Practice in Hospitals - Will be available through Institute library collection in multiple copies.
      f. Duncan - Selected Reference Aids for Small Medical Libraries - a must.
      g. Free from ANA or AHA: Basic List of Guides and Information Sources for Patients, etc.

F. Discard Policies
   1. Must have policy.
   2. Acceptance of "gifts."
   3. How to discard:
      a. MLA Exchange List.

Institute Session II
March 5, 1975 (Continued)

AFTERNOON    Thomas Fleming

A. Selection of journals.
B. Principles of acquisitions.
   1. Ways to acquire:
      a. Buy.
      b. Beg - solicitation.
      c. Borrow.
      d. MLA Exchange.
      e. Barter.
C. Discarding journals.
D. Arrangement on shelves of journals, checking in.
E. Establishing pipeline within Institution being served.

Institute Session III
March 12, 1975

Discussion of questions and answers related to previous session.
-- Pauline M. Vaillancourt--

MORNING    Deborah Barnhart

A. Foundations of cataloging.

1. Three aspects of cataloging:
   a. Classification - NLM, LC, DEWEY . . . NLM recommended.
      Class discussion on color coding, why use special classification system.
   b. Descriptive cataloging - Handouts - parts of catalog cards and CIP.
   c. Assigning subject headings.

B. Subject headings:

1. Used in card catalog.
2. Important to use controlled vocabulary.
   Mentioned LC, and MESH.
   a. Single term (e.g., obstetrics).
   b. Inverted headings - terms with modifiers for specificity (abdomen - acute).
   c. Composite heading (Yellow fever).
4. Subheading - increase standardization and specificity
   (Nursing homes - New York - bibliography). Geographic, form, language.
Institute Session III  
March 12, 1975 (Continued)

5. Most in class don't use standard lists. 
   One said she makes up her own but has authority file.
6. Cross references.
   a. See (Cancer, see neoplasms).
   b. See also (Blue Cross, see also Insurance; see also Hospitals).

C. Classification.

1. Use a classification scheme.
2. Color codes - can't locate specific books.
3. Description on how to use NLM classification - passed around copies.
4. Passed around monthly NLM Current Catalogs.

Discussion on getting library cards.
   - From LC - through jobbers.
   - From a library system.

Discussion on theft - how to know if book stolen - take inventory and by someone else telling you it's missing. Can get insurance?

D. Shelf list.

1. Arranged by classification number and kept separate from card catalog.
2. Can do inventory from it - should be done annually.

WORKSHOP: Deborah Barnhart and Pauline M. Vaillancourt

Classification of problem books brought by participants.
Will have classification and subject headings for two of them next week. (Sufficient tools were not available.)
Discussion on why MESH numbers should not be used as a classification system - too specific.
Discussion on use of subject headings and card catalog to overcome problems of classification.
IM or A/M as much a necessity in health science libraries as is card catalog.
Institute Session IV
March 19, 1975

Discussion of questions and answers related to previous session.
-- Pauline M. Veillancourt

MORNING: Thomas Fleming

A. Serials.

1. Definition: Publications issued at regular intervals designed to continue indefinitely. Examples given.

2. Should accommodate thought process of scientists and treat things as journals which they feel are journals. Don't separate into society journals, non-society journals, etc.

3. Participants examined sample serials check-in cards. Can order through library supply catalogs, or get samples and have photocopies to save expenses.
   a. More efficient.
   b. Can tell when journals normally arrive.
   c. Can use to develop list of journals currently receiving or to make up subject lists of journals receiving.

4. How to set up record and what to include.
   a. Use 4 x 6 rather than 3 x 5, which is too small.
   b. Kinds of information:
      1) Title.
      2) From whom obtained:
         a) As gift - from whom.
         b) Purchased - order number of purchasing department of hospital.
         c) How routed in libraries with more than one person.
         d) How many copies kept and for how long. - First five years journals most heavily used.
         e) Where indexed (AIM?) - If in AIM, regional library won't lend. Must work out local arrangements.
         f) For binding: existence of title page, table of contents, index, and when they come.

5. Claims:
   a. Participants examined claim forms.
   b. Where they go:
      1) Publisher.
      2) Dealers in serials: - odd numbers, runs, sets.
         Shown list of such dealers.
      3) MLA Exchange.
   c. Keep record of what missing - show on check-in record or set up separate file.
Institute Session IV
March 19, 1975 (Continued)

   a. Introductory remarks.
      1) Difficult to get binding money - less than 25% of budget.
      2) Shouldn't spend more than 25% of budget on books
         because only recapitulation of material already known.
      3) Bind for preservation. Disadvantage is that whole
         bound volume must be taken out for one article.
   b. Standards for binding.
      1) Class A - Description.
      2) Non Class A: Cheaper - not as substantial.
   c. Try to bind at times different from other libraries in area.
   d. Instructions to binder:
      1) Leave space for index.
      2) How many issues to be bound together. Must pay extra
         for more than 2½" thick.
      3) Include advertising? Be careful of articles
         continued in ad. pages.
      4) Decide how to identify journal.
      5) For volume numbers, don't use Roman Numerals.
         Add months covered when volume split.
      6) Colors - Color samples from one binder sent around.
   e. Selection of binder.
      1) Should not submit for bids every time want binding
         done. Reasons given.
      2) Sent around price list.

AFTERNOON
Sister Regina Clare Woods


1. Divide by subject. Devise subject headings by what patrons
   need and latest interests in medical field.
2. Build up recent materials using tear sheets, pamphlets,
   newsclippings. Handed out tear sheets.
3. Author file for patrons who publish.
4. Discussion on vertical files in participants' libraries.
5. Library annual reports and possibly even library policies.
6. Catalogs (for supply houses, etc.).

C. Government Publications: Get on mailing lists.

1. Handed out "U.S. Government Publications Acquisitions..."
2. Government coupons
   Superintendent of Documents, Washington, D.C.
   or
3. Open account at Supt. of Docs.
   Should get on mailing list. Twice a month.
5. "Monthly Catalog"
   Handout on Monthly Catalog "Introduction."
Institute Session IV
March 19, 1975 (Continued)

DISCUSSION

What to do when directors keep changing and each new one requests new journals and that old ones be discontinued. How to claim gift journals.

Institute Session V
April 9, 1975

Discussion of questions and answers related to previous session.
-- Pauline M. Vaillancourt

MORNING

Lucretia McClure

Discussion

2. Type of book bindings.

I Reference.

A. Introduction.
1. What librarian is to patron.
2. Types of questions.
3. Full time job - always can learn more.

B. Forms
1. Dictionaries.
   a. Use.
   1) Give classifications.
   2) Definitions for unknown terms.
   3) List of chemical elements.
   4) Prescription languages, pharmaceutical prescriptions.
   5) Blood groups.
   6) Illustrations.
   7) One edition of Stedman's has legal information.
   b. Abbreviation dictionary.
   c. Syndrome dictionary. - quick description, etiology, symptoms, references.
   1) Durham Encyclopedia.
   2) Encyclopedia of Medical Syndromes.

2. Classification of Diseases.
   b. Useful for identification of diseases.

3. Handbooks.
   a. Diseases.
   Current Medical Diagnosis and Treatment of Diseases
   Gives description, treatment, selected references.
Institute Session V  
April 9, 1975 (Continued)

b. General - biological, chemical, etc.

4. Drug Sources.
   a. Physicians Desk Reference - arranged by categories.
   b. Poisoning. Poisoning Toxicology, Systems, Treatment.  
      Gives lethal doses. Segments on insecticides, poisonous  
      plants and fish, public education, Christmas poisons,  
      list of poison control centers.
   c. AMA Drug Evaluations.  
      Describe drug interactions, evaluates, chemical formula,  
      etc.
   d. Others - Clinical Toxicology.

5. Statistical Sources.
   a. Statistical Abstracts of the United States. Gives infor-  
      mation on populations, industries, vital statistics.
      Communicable Disease Center in Atlanta. Annual Cumulation.
      Many sections. Mortality, birth, suicide, marriage  
      and divorce, specific diseases.
   d. World Almanac: Good for general information: population,  
      sports information, statement on copyright, medical news  
      of the year.

6. Legal Sources.
   b. Public Health Law - for own state and U.S.

7. Directories.
   a. AMA Directory.
   b. Directory of Medical Specialists. Gives information about  
      specialty boards.
   c. Hospital Directory:
   d. Foundation or grant directories, medical education, etc.

   a. Good for getting background on medical terms.
   b. Current Medical References: Have attempted to pick out  
      quality references.

AFTERNOON

Discussion: Should books be kept for just librarian's use or for patron  
use. Theft high.

II Other Reference Sources.

A. Use of card catalog.
   1. Gives much information about books and authors (e.g., birth  
      and death dates).
   2. Find out about subject matter in library.
   3. Illustrations, number of pages.

B. For reference information can consult with other librarians.
C. Current Sources.
   1. Newspapers.
   2. Local organizations - e.g., Public Health.
   3. Get acquainted with people in societies and associations such as cancer, heart in community.

D. Government documents.
   Hard to handle, but very valuable.

E. Journals.
   1. Directories in association publications.
   2. JAI'A.
      a. Directories.
      b. Book review.
   3. AJN.
      a. Society news - meetings.
      b. Classified ads for students requesting information on job opportunity.
   4. Hospitals.
      Hospital administration, laws, equipment.
   5. Medical World New - Good coverage over period of time of world medical news.

F. Archives of own Institution. - Should have full record of publications and activities in Institution. Pictures also very important. Newspaper clippings of information related to Institution.

III Precaution in references.

A. Don't give answers, give reference sources.

B. Librarians not physicians and can't practice medicine. Can't give out medical symptoms, prognosis, etc. With lay people, must be careful of sources given them. Same restrictions on legal information.

C. Write down policies.

IV Bibliographies.

A. Try to solicit all literature available for patron. Try to get all information from patron on his topic.

B. MESH is starting point. Read introduction. Look at new subject headings. Check alphabetical list of subject headings and then refer to back section to get more specific.
Institute Session V
April 9, 1975 (Continued)

C. Explanation of how materials in IM get indexed.
   Choose 2-3 subject headings per article.

D. Start with latest issue of IM for literature searches.

E. IM
   1. January IM: Special features.
   2. Description of subject index.
   3. Author Index.

V Workshop: Search questions. Practice questions.

Institute Session VI
April 16, 1975

Discussion of questions and answers related to previous session.
   -- Pauline M. Vaillancourt

I ILL (interlibrary loans) Cecile Kramer

A. Networks - necessary to fight budget crunch.
   1. Downstate area of New York.
   2. Uses: ILL of print and non print.
   3. RML - New York State Library is major resource.
   4. Use of ILL for acquisitions: Brings out gaps in collection.
   5. Should lending library pass on cost of ILL to borrowing library and if so, should library pay or user?
   6. List of restricted journals -- to encourage administrators to buy these journals.
   7. Medical Books in Print.
      a. Setting up bibliographic center. Can TWX or telephone center and get material thru parcel post in 48 hours.
      b. May eventually have cooperative acquisitions.
      a. Different circulation policies.
      b. Some libraries end up lending more than borrowing.
   10. Do larger libraries resent lending so much material?

B. Copyright.
   1. Williams and Wilkins VS NLM. Implication for ILL.
   2. Copyright legislation: For List of Legislators can write to one copyright committee, will be in next issue of MLA News.
   3. Discussion on fair use.
Institute Session VI
April 16, 1975 (Continued)

C. Discussion on joining MLA and benefits obtained.
   2. Discussion on problems of small medical libraries.
      a. Librarians can spend little time in medical libraries
         if in medical records.
      b. At Bender Labs library committee and director don't
         want reference tools including CMI because they
         believe they can rely on AMC and the State Library.
   3. Discussion on who should do book selection.
   4. Problems with weeding.

DISCUSSION

In state operated libraries, librarians may have very little say
about running library. Encouraged not to "create waves."
Ms. Cramer encouraged all of them to show initiative. Otherwise,
they will not be respected. State employees claim it does no good.
A question was raised of how to handle ILL when books come
back destroyed.

D. ILL Forms.
   1. ALA form - can get name and address of library printed
      on the form.
   2. Give as much information as possible for lending library.
   3. One participant said that New York State Library will
      fill ILL when given just a subject.
      a. Advised not to try that with any library
         not in NYSILL.
      b. Not normal part of ILL.

E. Record Keeping: Who loaned to, when overdue, etc.

F. Verification - how to proceed.

II Circulation.

A. Any system should fit your library.
   1. Should be as simple as possible.

B. Policy.
   1. What materials can circulate, who can borrow, etc.
   2. Policy should be written down so everyone is aware.
   3. Renewal, how long to circulate, fines.

C. Discussion of circulation policies in individual libraries.
   1. Nursing library: Students and faculty only. Hospital
      employees can use library but can't borrow materials.
   2. State Nursing library: Anyone in hospital can borrow
      materials if show ID.
   3. Bender Labs: Sign out to departments, not individuals.
Institute Session VI
April 16, 1975 (Continued)

D. System should enable librarian to know who has what book out.

E. Filing cards by call numbers vs. main entry,
   1. If have only date due, file by call number. Have to
      look thru all days to find missing book.
   2. Discussion of files in Northwest University Medical
      Library.

F. If book is missing, there must be a search procedure.

Institute Session VII
April 23, 1975

Half-day session on SUNY Biomedical Communications Network (repeated).
Other half-day to library site visits.

Site Visits: One group to Ellis Hospital; other group to St. Peter's
Hospital Library. (See photographs on pages 33-35).

SUNY Biomedical Communications Network

A. Difference between Medline and SUNY BCN.

B. Medlars Data Base.
   2. Covers more journals.

C. Search procedures:
   1. IM 74.
   2. Example: Liver Function Tests and Anesthetics.
   3. Description of Searcher's MESH with tree structures.
      Look for most specific heading.
   4. Description of difference between IM and NTM headings.
   5. Select mode - Eng. only.

D. People who can use the system:
   1. Priority given to SUNY students and faculty. For
      this reason, they require the person to make an
      appointment and be present for search.
   2. Won't do searches for one term searches.

E. What State Library needs to know:
   1. State Library reserves the right to decide what
      searches will be done.
   2. Won't do searches for students.
   3. Do through library; don't go directly.
   4. Need to know who requestor is, his position, and how
      to get in touch with him (telephone number).
Institute Session VII
April 23, 1975 (Continued)

5. Address and telephone number of State Library.
   (518)474-7040
   Medical Library
   NYS Education Department
   Albany, New York 12234

6. Can use SUNYA form as guide to what information is needed.

F. Demonstration of search.

Ellis Hospital

A. Demonstration of files:
   2. ILL.
   3. Books and journals ordered.

B. Forms Needed:
   1. ILL AIA form.
   2. Vouchers.

C. Tour of library stacks in another building. Participants
   given access to Ellis Hospital Library duplicate journals
   to take back to their libraries.

D. Discussion of library clientele.
   1. Primary: physicians and nursing students.
   2. Secondary: students from nursing and other allied
      health programs.

St. Peter's Hospital

I Library collection.

A. Journals - 150 nursing and medical.
   1. Arrangement.
      a. Alphabetical by title.
      b. Ten years in library, older issues in stacks
         in a storage area.
   2. Circulation.
      a. Current issue doesn't circulate.
      b. Bound and older unbound issues circulate for week.

B. Monographs - about 1,000 books - reference, special collection
   (locked cabinet for previously stolen books).

II Card Catalog:

A. MIM Classification.

B. Subject, author, title.
III. Interlibrary loan.

A. Mainly material requested from other libraries.

B. Yearly growth of amount of material lent by St. Peter's.

C. Interlibrary loan procedure and record-keeping system explained and shown.

IV. Indexes - Index Medicus, INI, Cumulative Index to Nursing Literature, Hospital Literature Index.

V. Library procedures.

A. Library always open.
   1. About $200 worth of materials stolen per year.

B. Circulation.
   1. Borrowers sign out books completely.
   2. Late notices sent mainly as reminders. No fines.

C. Library scope.
   1. For all hospital employees.

SITE VISIT TO SAMARITAN HOSPITAL
April 23, 1975

Half-day visit for nine of the participants. (See photographs on page 33-35).

I. Medical Library.

A. Collection.
   1. Stafford Collection: Donated by his wife. Must be kept separate—can't integrate into the rest of the collection. Does not include any reference works. Mostly popular medical items.
   2. Reference collection
      a. Quite small—14 texts, directories, dictionaries.
      b. Classified by NLM.
   3. Periodicals
      a. Arranged alphabetically.
      b. Subscribes to about 66 journals.
   4. Indexes and Abstracts.
      a. Index Medicus.
      b. Hospital Literature.
      c. Abstract of Hospital Management Studies.

B. Card Catalog:
   Subject, author, and title in three separate catalogs.

C. Interlibrary Loan.
   1. Material which is requested by Samaritan patrons.
   2. Amount: 1974 960 ILL.
Institute Session VII
April 23, 1975 (Continued)

D. Library Procedures:
1. Library hours.
   a. Librarian available 8:30-4:30, Monday through Friday.
   b. Library kept locked at other times, but staff can gain access from guard.
   c. Nothing has been stolen to this point.
2. Patrons.
   a. Hospital staff.
   b. Medical technology student from RPI and training at Samaritan.

II. Nursing Library.
A. Strong in audiovisual
   1. Production Room:
      a. Run by AV technician.
      b. Capability of filming or recording. Has 4 TV cameras.
      c. Film lectures, special programs.
   2. Library.
      a. Eight carrels with capability of using audiocassettes, slide tape shows, videocassettes.
      b. Library handles software--cataloged but kept separately.

B. Card Catalog.
   1. NLM classification.
   2. Three separate files for author, title, and subject.

Institute Session VIII
April 30, 1975

Discussion of questions and answers related to previous session--Pauline M. Vaillancourt. Slides of hospitals shown (See page 33-35).

Half-day session on audiovisuals (repeated) (Jane Port)

Site visit to Ellis Hospital. Repeated half-day visit for nine of the participants. See outline for April 23 for details. (Page 21)

A. Things demonstrated best through audiovisuals:
   1. Heart sounds.
   2. Baby cries.
   3. Examples of patient behavior in psychiatry.
B. Some audiences more receptive. Depends on individual situation.
C. Media should be in one place where well maintained and always available.
D. Librarians called upon to handle software--cataloging, bibliographic control.
E. Types of materials (shown through slides).
   1. Slide-tape--for booth should be able to hold several people.
   2. Films--know where to find sources.
F. Discussions - Dukane - filmstrip, record package. Can be handled on large screen or on rear screen. Audiovisual Equipment Directory. National Audiovisual Association in Virginia. Can use to answer reference questions such as how large a screen in a certain size room.
G. Catalogs: A collection giving information on sources of software and hardware. Also should know what's available in institution.
H. Before buying, preview software and if possible, have other people review with you.
I. Class II - Permanent collection.
   1. Must set aside room in library or other place to use material.
   2. Become a manager. Materials must be handled carefully.
   3. Best to have everything in one room. However, everyone must then use headphones.
J. Class I: Full Service. Larger and more varied--a library of its own.
   1. Need technicians to do repairs.
   2. Unrealistic for most places.
K. Different kinds of media software.
   1. Slides.
      a. Slide viewers. Inexpensive and users can take home.
      b. Slides available in institution and some free from drug companies.
      c. Slide projector: Should be labeled and keep records of who has, what being repaired, etc.
   2. Color microfiche. Take color slides and reduce to card size. Use microfiche viewers. Available as portable which are quite inexpensive.
   3. Overhead transparency projector.
   4. Filmstrip projector - Can buy with viewer for individual. Can get slide projector which will take filmstrips. Filmstrips cheaper than slides, but once torn, must replace the whole thing.
   5. Audiocassettes. Often given free by drug companies. Try to get on their lists.
   6. 8 mm film cartridges.
      a. Being replaced videocassettes.
      b. Cartridges prevent having to thread films. However, each manufacturer made the hardware in different sizes. Therefore, not interchangeable.
   7. 16 mm motion picture. Software not worth buying because out of date so soon in medical field. Better to rent or borrow. Very expensive - ($400-$500).
   8. Videocassettes.
      a. Standard medium in health field for when need moving pictures and sound.
Institute Session VIII
April 30, 1975 (Continued)

L. Bibliographic Control: Many bibliographies coming out.
   1. NMAC Catalog.
   2. NAC Catalog.
   4. There are health sections in many general catalogs.

M. Cataloging.
   1. Pick rules most consistent with way catalog rest of collection. E.g. Use NMAC with NLM.
   2. Catalog cards - shown on slides. Demonstrates what is in Cataloging Nonprint.
      a. Title entry.
      b. Credit to person who has intellectual responsibility.
      c. May want to put overlay over card if in integrated catalog.
      d. Processing is a lot of work. E.g. - must title and number every slide.

N. Storage.
   1. Are cabinets meant for media.

O. Audiovisual Reference Aids.
   1. Audiovisual Market Place.

P. Advertise media. Can be access into rest of library.

Q. NMAC.
   1. Reference librarians to help locate films, etc.
   2. AVLINE.

R. Serial Publications.
   1. Biomedical Communications: Mostly ads.
   2. MLA Bulletin.
   3. Journal of Medical Education.

Institute Session IX
May 7, 1975

Discussion of questions and answers related to previous session.--Pauline M. Vaillancourt.

I. Introduction - Grace Lyons

A. It takes years to develop library support. Identify what users need.
B. Philosophy on accounting.
   1. If money is received from a department, e.g., through a grant, it must be used for that department's needs and you should give a good accounting of how used.
   2. Identify "winners" in institution and get to know them.
II. What to do with a budget: Program Budgeting.

A. Books describing Program Budgeting were cited:
2. The following points were emphasized:
   a. Program Budget concept - focus of attention on ends to be served by the agency. Continuous scrutiny and evaluation of programs rather than on the dollars to be spent.
   b. Would focus attention upon the general character and relative importance of the work to be done, or upon the service to be acquired, such as personal services, supplies, equipment, and so on. The all-important thing in budgeting is the work or services to be accomplished and what that work or service will cost.
   c. As a working definition the program concept includes the following:
      1) Formulation and adoption of a plan of activities and programs for a stated time period.
      2) Relating of program costs to resources.
      3) Achievement of the authorized plan according to a time schedule and at a cost within available resources.
   d. In substance and detail the program budget materials and justification should answer the following questions concerning each program in the budget:
      1) What are the ends to be served by the program?
      2) Why is this program being proposed? Are there alternatives?
      3) How much do we propose to do during the next fiscal period? Is this a reasonable amount?
      4) What resources (manpower, equipment, money) will be needed to accomplish this?
      5) When do we anticipate completing the program?
   e. The answers to these questions will necessitate the use of data that are equally important to personnel, management, and supply offices.
   f. Budget: All processes of management and planning.

B. Handouts:
2. Report sheet on programs. (Sample form)

G. Develop programs for the library, keeping the institution's ideals in mind, sell it, and then will get the money for it.

D. Question combining nursing and medical libraries.
1. What ends will be served.
   a. Will be more efficient.
   b. Provide doctors and nurses with wider scope of materials.
Institute Session IX
May 7, 1975 (Continued)

2. Know alternatives so can deal with them when they come up from someone else.
3. What resources, manpower, and money will be needed to accomplish the program.
4. When will this end? Try for one week, a year? Keep statistics on how well program works during this time.

E. If you have a budget of $500, how to spend. Try to look upon long-term plans.
1. Don't threaten security of administration.
2. Files on expenditures.
   Keep duplicate copy of requests for materials. Some institutions may buy materials infrequently and may have to wait after submitting. Must be aware that model numbers and prices may be outdated. Specify exactly what you want so that no one can order something else because it is cheaper.
3. Salesman from a reputable company can be very helpful in spending equipment money well.
4. In buying books, involve people who would be interested in an area. Get them to want the material so that you get a base of support.
5. Once have a commitment from staff, follow through. e.g. if get Index Medicus, make sure it keeps coming.
6. Supplies: Very important for image.
   a. May range from small equipment to paper.
   b. May be able to get things that dress up library. e.g. pictures for walls, princeton files.
   c. Know people on all levels who may be able to help in certain areas. e.g. someone who may know where special funds are or someone who can print pictures for the walls.
7. Discussion on how to spend.
   a. Drug Rehabilitation: Divorcing library from school. Or a collection of books on astrology, psychology, pornography.
   b. VA Hospital: Material to entertain people who are there to die. Or buy materials on group activities, physical therapy.
   c. Hospital: Update materials. If have a special group (e.g. in-service training) that uses a library, ask them their needs and encourage them to suggest ideas.
   d. Bender Lab: Build up reference collection.
   e. Rehabilitation Center: Bring in speakers from ethnic backgrounds who have been successful.
   f. Hospital: Buy more journals. Advise get support so that can continue buying them. Photocopying title pages and send around to publicize journals and photocopying.
Planning-programming-budgeting system  PPBS

Service Priorities

Focus on Output  "Services Checklist" materials and services available.

COMPLETE SERVICE Statistics  modified "Services Checklist" monthly total number of outputs for each item then "Complete Service Statistics"

Writing the Program  Parallel line by line for budget with concurrent program budget

PBS - Basic elements

a. system concept and output orientation
b. identifiable and measurable outputs
c. stated objectives
d. consideration of alternative means to achieve objectives
e. activities grouped into program categories
f. measured progress toward objectives
g. analysis of benefits in relation to costs
h. long-range planning
Institute Session X

May 14, 1975

Discussion of questions and answers related to previous session--Pauline M. Vaillancourt.

I. Developing Policies and Procedures (Helen Yast)
   A. Difference between policy and procedures.
      1. Policy:
         a. Participants' ideas:
            - goals
            - set of rules
            - written statement and regulations
            - principles
            - general outline to cover broad areas
            - functions
         b. Set of rules and principles comes closest.
         c. Discussion of institutions' policy manuals. Libraries are generally not included. Kind of policies should be included.
            1) General statement: Policy to support education through a library.
         d. Who makes policy.
            1) Library Committee.
            2) Librarian and staff.
            3) Users tend to be ignored in most instances.
         e. How one starts writing a policy.
            Get together with library committee (which should represent library, users, administrators, educators).
         f. What should policy be.
            1) What functions should be included.
               a) Selection (weeding).
               b) Acquisition - gift and exchange.
               c) Circulation (overdue, reserve).
               d) Reference service.
               e) Hours of service (access).
               f) ILL.
               g) Inventory.
               h) Educational programs.
               i) Inservice training.
               j) Recreational programs.
               k) Budget.
               l) Archives.
               m) User population - most important.
               n) Retention and binding.
            2) Factors to keep in mind.
               a) Users (institutional needs).
               b) Budget.
               c) Space.
               d) Sources.
               e) Approval.
               f) Departmental purchases.
               g) Cooperative arrangements (locations).
               h) Participant's acquisitions policies.
2. Procedure.
   a. Definition.
      1) Way.
      2) Tasks performed.
      3) How you implement mechanics of policy.
   b. Factors to consider in implementing.
      1) Objective.
      2) Equipment.
      3) Location of library and physical facilities.
      4) Imagination.
      5) Budget.
   c. Why should be written.
      1) Prevent deviation.
      2) Training personnel.
      3) Programming.
   d. Specific procedures.
      1) Circulation
         a) Things needed:
            Stamper.
            Dater.
            File.
            Book card.
            Desk.
            Pen.
            Dividers.
            Date slip.
            Borrower's card.

            Remove Card
            Write Name and Date
            Stamp Return Date on Book Card and Date Slip
            Give Book to Borrower
            File Card by Date Due
Institute Session X
May 14, 1975 (Continued)

3. Overdue and Recall Procedure.

Check File

Check Shelf

Recall

Written Notice

Phone Call

Personal Visit

Bill Cancel Replace

4. Discussion of procedure for checking out AV materials. Difficult to know if broken (e.g. a tape.)

5. Discussion of theft: Photocopier may eliminate need to steal.

II. Teleconference: The Health Science Library: A Service, not a Place. (Slide tape presentation.)

1. Lectures sent out to distant places. Lecturer tapes the lectures and those tapes sent to conference center.

2. Tape and slide presentation.
   a. St. Joseph Hospital Library in Chicago. 12th floor, 2-1/2 staff. Need to encourage people to use since not in central location.
   b. Library important for continuing education.
   c. Methods to familiarize patrons with library.
      1) Program using overhead projector: orientation presented to new nurses, department heads, and students.
      2) Other employees: Brief introduction with brochure given during orientation.
      3) Administrators: Invite to library to survey.
      4) Accomplishes making library known and that patrons welcome.
   b. Literature searches.
   c. ILL: to back up searches.
   d. Archives: Good one at Pennsylvania Hospital in Philadelphia.
   e. AV room. AV materials cataloged with book materials. Provide demonstrations of use of AV.
   f. Librarian makes final decision on book selection. Consult with appropriate hospital staff.
   g. Materials withdrawn: Some given to house staff collection, sold at annual book fair, or MLA book exchange.
   h. Future development: Materials to be used in health care education for parents.
   i. No recreational reading materials available in library. AHA library has recreational collection which encourages people to do professional reading also.
   j. Newsletter: Distributed throughout hospital and staff quarters.

III. Discussion on AAHLA (Ursula Poland)
   A. Every librarian must not feel he/she is alone. Part of a larger group.
   B. Throughout Region II, have smaller groups. This area: AAHLA Names and addresses will be added to mailing list.
   C. Content of meetings important, but also have personal interaction where can discuss mutual problems.

IV. Suggestion to summarize institution and send to administrators of participants.

V. Discussion: How to apply for grants.
A large classroom of 573 square feet was devoted weekly to the Institute except for one meeting where another classroom of 570 square feet was employed in order to utilize audiovisual hardware in that room. The larger classroom did not have proper lighting for the use of these media.

Although food was available at modest cost in the University cafeteria and snack bar and relatively modest cost in the Patroon Room, all of which was made available to the participants, all of them always brought lunches and made use of the refrigerator and coffee and tea facilities available to School of Library and Information Science students. Parking on campus was made available without cost to all participants. The participants' names were placed with all service agencies so that they were able to use all facilities at the University as if they were registered students. This included the University Library and the SLIS collection as well as neighboring libraries (notably, Albany Medical Center Library, New York State Medical Library and Ellis Hospital Library) which were available through the use of Capital District Library Council (CDLC) borrower's cards. These entitled individuals to utilize the resources and/or borrow materials from approximately 40 academic special and public library system libraries in a 7,205 square mile area covering 10 counties.

Other facilities available to the students were the student lounge, the audiovisual laboratory in the Library School, computer terminals connecting to MEDLARS data base, ERIC data base, Psychological abstracts and Biological abstracts data base on SUNY Bio-Medical communication network system. A special institute library was provided with books and
reprint in multiple copies as well as certain reprints in sufficient quantities for each student to have his/her own copy to keep. The Institute collection is shown in Appendix. Material distributed is shown in Appendix and a single set of handouts is attached to only one copy of this report, the first.
Of the 20 participants who started, 18 completed the full sessions of the Institute. There were 17 different institutions represented among the participants. However, 3 individuals came from 3 different installations of the same system. (Drug Abuse Control Commission.)

Sixteen participants had no library training. Two had taken minimal training: one attended a one-week workshop at Frances Countway Library in December 1971, a second had 2 night courses in library science at Herkimer County Community College. Another took one semester of basic library techniques. One participant has her MLS, taken ten years ago and with no background in health sciences libraries, and eleven others had education beyond high school.

This represented a higher degree of education than had been anticipated. Both the Director and the Advisory Committee were very pleased with this development because it meant that while these individuals had, on the whole, no library school training, they showed evidence that health care facilities are using personnel possessed of greater education than had been true for like institutions in the past. The following chart represents the education of the participants:

<table>
<thead>
<tr>
<th>EDUCATION</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>High school (including 1 equivalency diploma)</td>
<td>9</td>
</tr>
<tr>
<td>12 credits of college</td>
<td>1</td>
</tr>
<tr>
<td>1 year of college</td>
<td>2</td>
</tr>
<tr>
<td>2 years of college (including 1 associate degree)</td>
<td>2</td>
</tr>
<tr>
<td>2 years of college and 2 extension courses</td>
<td>1</td>
</tr>
<tr>
<td>3 years of college</td>
<td>1</td>
</tr>
<tr>
<td>college graduate</td>
<td>2</td>
</tr>
<tr>
<td>college graduate +1 semester of basic library</td>
<td>1</td>
</tr>
<tr>
<td>college graduate +MLS</td>
<td>1</td>
</tr>
<tr>
<td>College Sub-Total</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
</tr>
</tbody>
</table>
WORK EXPERIENCE IN LIBRARIES

Of the six participants working full-time in their libraries, one has worked four years; one, three years; three have worked one year, and one has worked about six months. Of the three participants working 30 hours; one has worked in the library six months; another 2-1/2 years; and the third, five years. The participant working 10 hours has been in the library five years. The one working six hours has worked nine years and the other is new. The one working five hours weekly has worked one year; one of those working four hours (or a half-day a week) has worked three years and the others are new; and those working "part-time" are new.

### NUMBER OF YEARS EXPERIENCE IN LIBRARY

<table>
<thead>
<tr>
<th># Years/Months</th>
<th># Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 yr.</td>
<td>1</td>
</tr>
<tr>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>8 mo.</td>
<td>1</td>
</tr>
<tr>
<td>5 mo.</td>
<td>2</td>
</tr>
<tr>
<td>new</td>
<td>6</td>
</tr>
</tbody>
</table>

### NUMBER OF HOURS WORK/WEEK

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-time</td>
<td>6</td>
</tr>
<tr>
<td>30 hours</td>
<td>3</td>
</tr>
<tr>
<td>10 hours</td>
<td>1</td>
</tr>
<tr>
<td>6 hours</td>
<td>2</td>
</tr>
<tr>
<td>5 hours</td>
<td>1</td>
</tr>
<tr>
<td>4 hours</td>
<td>4</td>
</tr>
<tr>
<td>Part-time (unspec.)</td>
<td>2</td>
</tr>
</tbody>
</table>

### AGE RANGE

The ages of the participants ranged from 21 to 59, with the largest number falling into the 41-50 age bracket. The following is a chart of the age range.

**Chart II**

<table>
<thead>
<tr>
<th>AGE RANGE</th>
<th># OF PARTICIPANTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>21-30</td>
<td>5</td>
</tr>
<tr>
<td>31-40</td>
<td>3</td>
</tr>
<tr>
<td>41-50</td>
<td>10</td>
</tr>
<tr>
<td>50 +</td>
<td>2</td>
</tr>
</tbody>
</table>
NUMBER OF STAFF IN LIBRARIES (Position of participant not specified)

Chart III

1 - Librarian (non-professional) and nine aides (residents).
1 - Librarian (non-professional) and from 0-6 aides (residents).
1 - Librarian (professional) 2 aides, 2 student pages.
1 - Librarian (professional) 2 aides.
1 - Director and 2 assistants (also responsible for medical records).
2 - Two part-time (non-professional).
1 - One full-time with some help from main medical library.
3 - One full-time.
2 - One part-time.

However, the following chart shows the title of the participants as they perceived them and the supervisor to whom they said they reported:

REPORTED TITLES AND SUPERVISORS

Chart IV

<table>
<thead>
<tr>
<th>Job Title</th>
<th>Type of Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Librarian</td>
<td>Director, School of Nursing</td>
</tr>
<tr>
<td>House mother/Librarian</td>
<td>Principal, School of Nursing</td>
</tr>
<tr>
<td>Assistant Librarian</td>
<td>Record Room Administrator</td>
</tr>
<tr>
<td>Medical Librarian</td>
<td>Director - Bender Laboratory</td>
</tr>
<tr>
<td>Librarian</td>
<td>Library Administrator</td>
</tr>
<tr>
<td>Librarian (teacher)</td>
<td>Education Director</td>
</tr>
<tr>
<td>Library Aide</td>
<td>Director, Nursing Education</td>
</tr>
<tr>
<td>Library Director</td>
<td>Research Director of Organization</td>
</tr>
<tr>
<td>Medical Records - Corr. Sect.</td>
<td>Medical Records Librarian</td>
</tr>
<tr>
<td>Medical Records Clerk</td>
<td>Record Room Administration</td>
</tr>
<tr>
<td>Medical Records Clerk - Librarian</td>
<td>Record Room Administration</td>
</tr>
<tr>
<td>Medical Records Practitioner</td>
<td>Medical Records Librarian</td>
</tr>
<tr>
<td>Narcotics Corrections Officer (3)</td>
<td>Education Director</td>
</tr>
<tr>
<td>Senior Clerk</td>
<td>Librarian</td>
</tr>
<tr>
<td>Volunteers (4)</td>
<td>Librarian</td>
</tr>
</tbody>
</table>

The map on the next page shows the geographic area from which the participants came. Those coming from the greatest distance were from New York (110 miles), Yonkers (117) and Syracuse (123).
An effort was made to determine before the start of the Institute some of the characteristics of the library from which they came in terms of easily identifiable factors. These were perceived to be the budget; the holdings in terms of number of volumes, number of journal subscriptions and other material; the physical facilities and hardware. In this category, an effort was made to identify whether the library had its own telephone and typewriter, what the seating accommodations were and any photocopiers and common hardware. In addition, we asked what services were rendered, what classification or arrangement was utilized for the book collection, and we inquired about "list of tools" held and, finally "future plans".

The following is a breakdown of these factors in chart form:

**BUDGET**  
Chart V

<table>
<thead>
<tr>
<th>Total Amount</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>$40,000.00</td>
<td>(no breakdown)</td>
</tr>
<tr>
<td>10,419.85</td>
<td>($5,219.85 Salaries &amp; Wages; $5,200 Supplies)</td>
</tr>
<tr>
<td>2,500.00</td>
<td>(no breakdown)</td>
</tr>
<tr>
<td>1,700.00</td>
<td>($1,500 Books; $200 Periodicals) Plus--Federal Grant Money</td>
</tr>
<tr>
<td>1,000.00</td>
<td>(no breakdown)</td>
</tr>
<tr>
<td>300.00</td>
<td>(no breakdown)</td>
</tr>
</tbody>
</table>

Part of Medical Record Budget  
Shares with other areas  
Liberal: through hospital administration  
4 - No information
### HOLDSINGS

**Chart VI**

<table>
<thead>
<tr>
<th># Volumes</th>
<th>Journal Subscriptions</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>14,000</td>
<td>12</td>
<td>250 Trainex Filmstrip</td>
</tr>
<tr>
<td>4,000 Nursing*</td>
<td>36 Nursing</td>
<td>41 Trained Cassettes</td>
</tr>
<tr>
<td>250 Doctors' Collection</td>
<td>18 Doctors' Collection</td>
<td>35 Video Tape Cassettes</td>
</tr>
<tr>
<td>8,596 (7,000 bound journals)</td>
<td>137</td>
<td>82 Tape Cassettes</td>
</tr>
<tr>
<td>4,000</td>
<td></td>
<td>24 Pamphlets</td>
</tr>
<tr>
<td>200 Doctors' Lounge</td>
<td>71</td>
<td></td>
</tr>
<tr>
<td>2,854 Nursing School Library*</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>3,740 Main Medical Library</td>
<td>41</td>
<td></td>
</tr>
<tr>
<td>2,000 (including books, pamphlets, periodicals, notebooks)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1,500 (1,500 more ordered)</td>
<td>2 (8 ordered)</td>
<td></td>
</tr>
<tr>
<td>688 (438 bound journals)</td>
<td>15</td>
<td>Audiovisual Pamphlets</td>
</tr>
<tr>
<td>612 (12 bound journals)</td>
<td>34</td>
<td>Pamphlets</td>
</tr>
<tr>
<td>500</td>
<td>20</td>
<td>Pamphlets</td>
</tr>
<tr>
<td>500</td>
<td>5</td>
<td>Pamphlets</td>
</tr>
<tr>
<td>No information</td>
<td>99</td>
<td>15 Audiotape Series</td>
</tr>
<tr>
<td>Collection in Process of Being Ordered.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Participant is from the Nursing Library.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### TELEPHONE & TYPEWRITER

**Chart VII**

<table>
<thead>
<tr>
<th>Telephone</th>
<th>Typewriter</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>
PHYSICAL FACILITIES AND HARDWARE
Chart VIII

1 - Accommodations for 40 people, (9 tables with 4 chairs each), plus small private office, periodical display rack and special purpose display rack, dictionary stand, metal vertical files, use of three photocopy machines, auto-tutorial lab nearby.

1 - (3) 16mm projectors, 5 Dukanes, 6 videotape cassette players, 3 tape recorders, 2 photocopi er s, 2 VTR's, transparency and slide viewers.

1 - Photocopier, micro Recordak, mimeograph, 16mm projector, 2 Kodak carousels, slide projector.

1 - 8mm loop player, 8mm projector-recorder, slide projector, slide sorter.

1 - Tape player, tape recorder, 2 slide viewers.

1 - Table and chairs, allowance for five more shelving units.

1 - 2,400 square feet of floor space.

1 - Photocopier, tape player, no telephone or typewriter.

1 - Photocopier in record room, audiovisual and tape players in classroom.

1 - No further information.

SERVICES
Chart IX

3 - Reference and ILL

1 - Orientation, research services, tool utilization

1 - Reference, ILL, Photocopying, study center,

1 - ILL, bibliographies, access to MEDLARS.

1 - ILL, photocopying.

1 - Bibliographies, photocopying.

1 - Reprints of articles obtained from NYS Medical Library.

1 - Aid in library use.

1 - In planning stages.

2 - None.
CLASSIFICATION OR ARRANGEMENT
Chart X

1 - National Library of Medicine.
2 - Library of Congress.
1 - Dewey.
1 - Modified Dewey for nursing library with doctors' collection shelved by subject.
1 - Broad subject classification.
1 - Dewey, LC, and NLM with vertical file classified by subject.
1 - Color Coding - in process of cataloging.
1 - Cataloged under title, author, subject and shelf.
1 - Arranged by form with plans for cataloging.
2 - Cataloged but with no indication of how.
1 - In planning stage.

LIST OF TOOLS (Most took this to mean card catalog.)
Chart XI

4 - Card catalogs.
4 - Card catalogs being developed or reorganized.
1 - Card catalog, Kardex, vertical file, bibliographic and reference tools (not specified).
1 - Card catalog (shelf list cards, author, title and subject cards), Abridged Index Medicus, Hospital Literature Index, access to MEDLARS.
1 - No comprehensive card catalog.
2 - Gave no information.

FUTURE PLANS
Chart XII

Eight institutions made no mention of future plans. The balance gave the following information:
1 - Librarian just hired January 1, 1975, and is in process of reorganizing library.
1 - Repainting, and when budget allows, adding lavatory facilities, work area for library personnel, an office, and a listening room with booths.
1 - Plans for expansion and cataloging.
1 - In planning stage.
1 - May expand. Trying for resource grant from NLM.
Relations with the USOE were excellent in every way. All questions posed by telephone were answered speedily and efficiently. Communications governing aspects of the Institute and/or the grant were sent expeditiously and clearly.

Relations with my own administration during the course of the Institute: The administration of SUNYA, as well as of the School of Library and Information Science, was extremely supportive. Every effort was made to give the Institute Director assistance and advice as well as excellent suggestions for handling things in an effective manner.

Regarding preinstitute preparations, the greatest problem encountered was that of not having as much time as would have been desirable for publicity and selection of participants. Although there were more applicants than places available in the Institute, after the final selection many more individuals wrote inquiring about the Institute and this continued for several weeks after it had started. Had publicity been sent out even further in advance then it was, some of these individuals might have had an opportunity to be selected over some of the individuals who actually were in the Institute. For example, we had several institutions with two representatives and one with three. We could have restricted participants to a single one from each institution and perhaps this might have had a greater impact on the library community in general.

The Advisory Committee was extremely helpful in selecting and recruiting for the Institute.

Publicity brochures were developed by the Director with consider-
able assistance from one of the SUNY-Albany departments with experience in producing publications of this type. We received several compliments on our brochure, although retrospectively more detailed information might have been placed in the initial brochure, lessening the need for some follow-up correspondence.

The cooperation of the people selected to be faculty members was excellent. The procedure of notifying each one of his or her responsibilities in regard to information to be presented was done in enough time, but there would have been less pressure on the staff had we been able to do it earlier. This meant that while most aspects were covered in writing by letters, many points were discussed over the telephone. One problem that arose was that two people who had originally been selected to serve on the Advisory Committee were not able to make the first meeting of this Committee and felt unable to serve. However, a local, prominent medical librarian graciously consented to serve on this Committee at the last minute and the Director was well pleased with the suggestions, assistance and guidance provided by all members of this Committee.

Physical facilities: The physical facilities of the University and of the hospital libraries used for field trips were in the opinion of the Institute Director, as well as the Institute participants and the faculty lecturers, excellent.

A very large room (measuring 573 square feet) was given to this Institute one day a week. The Institute participants were afforded the opportunity of using both the SLIS Library of some 20,000 volumes, as well as the University Library of 825,000 volumes.
A viewing studio to see the color video cassettes that were used was made available on the schedule considered best for the learning situation of the Institute participants.

The MEDLARS terminal (of which the University Library has its own terminal) was made available to the participants on the schedule that was desirable. A separate classroom was also made available to the participants on short-term notice for the viewing of slides at the option of the Institute faculty. In addition, the SLIS Media Lab was available for audio-visual demonstration. The SUNY Albany SLIS has excellent facilities for conducting Institutes and these were utilized to the fullest extent for this particular Institute.

Field trips to three different libraries were utilized as a demonstration of well-run libraries. Since travel was a time consuming factor, all participants viewed only two of the three, but a review session was afforded them by the use of slides of the two libraries visited by only one half the group. This was a change from the original plan. These were smaller libraries receiving less intensive use than the library visited by all.

The slide presentation permitted a review of two libraries with orientation for the participants who had not seen that library and refresher for those who had. Retrospectively, this provided a much better learning situation than would a visit to all three libraries. All participants visited the Ellis Hospital Library in Schenectady, with 466 beds. Half of the participants visited St. Peter's Hospital Library in Albany, a library of 4200 volumes in a 420 bed hospital. The other half visited Samaritan Hospital in Troy, a hospital of 323 beds. Here they visited two libraries: a medical library of about
2,500 volumes and a nursing library of about 2,000 volumes with many audiovisuals and its own television studio. A special feature of this library is a collection of dolls clothed in costumes depicting the history of nursing and its key historical figures as well as the different nursing uniforms during the history of Samaritan Hospital School of Nursing. (See selected photographs of libraries on pages 32-35.)

The effectiveness of this series of field trips was considered very good from the point of view of the attitude of the participants as expressed by their comments to the two graduate assistants who drove them to and from the visits.

Practical and/or lab sessions were conducted by several Institute faculty.

Participant communication with the Director and the staff during the Institute was encouraged by means of an informal and friendly atmosphere which is prevalent in the School of Library and Information Science.

Although the Institute was scheduled to start at 10:00 a.m., many of the participants arrived as early as 9:15. Coffee was provided and the Director and two graduate assistants (Mrs. Margie O'Loughlin and Miss Judith Dolce) as well as, on occasion, one of the other staff assistants (Marilyn Fox, Alice Pazoga, and Diana Schwartzman) were available for informal discussion as well as for assistance in the use of library facilities and/or the special Institute Library collection. It happened that all the participants chose to bring their lunches and so this afforded another opportunity for them to talk informally with the Institute staff. The Institute Director usually had
lunch at one of the University dining rooms with the faculty of the day. A 15-minute coffee break was provided in the afternoon and both the Director and the staff were available during coffee break as well as at the end of the Institute day. Many of the participants chose that time to speak about "confidential" matters with the Director.

The Director believes that an excellent rapport was built during this period as evidenced by the fact that the participants planned a surprise celebration luncheon for the final session. They invited the Director to attend their luncheon and gave a gift to the graduate assistant who had been assigned to attend the entire Institute with them for the purpose of recording the various faculty lectures and discussions as well as apprising the Director of any questions that did not seem to have been answered or any problems that arose. On the last day, one of the participants proposed that an "alumni" group be formed. This was taken to be evidence of the excellent feelings that were built up between the participants as well as evidence that they wished to keep a tie to the Director and the Institution that she represents.

**Use of New Materials**

The Institute had its own library with multiple copies of materials that the participants might wish to use. This was over and above the materials that were available to them in the SLIS and the University Libraries. This was done in order to encourage them to use this material by making it available in a very convenient manner. Assigned readings from these materials were also specified by the faculty members.

A text was also assigned and distributed to all participants. This was the Medical Library Association's "Handbook of Medical Library Practice," 2nd edition, edited by Gertrude Annan and Jacqueline Felter.
A videotape entitled "Welcome to Information Retrieval" produced by the SUNYA Library was also utilized.

Two slide tape presentations on MEDLARS Capabilities and Limitations and Medline in Context were used before the demonstration of the SUNY-medical communications network terminal.

Slides made specifically for our library visits were also used.

A slide tape presentation of the Health Science Library - A Service, Not a Place was used by Helen Yast, speaking on the subject, Developing Policies and Procedures.

Tentative arrangements have been made for a follow up. As a result of participants' request, the Director had agreed to send a newsletter before Christmas of 1975, if each participant would submit information they wished to share with the group before Thanksgiving time. Because the participants initiated the idea of working to remain a cohesive group, they were asked to notify the Director of any change of address that might occur in the following year. It is planned to distribute a questionnaire at that time or, if possible, some (or all) of the libraries in which they were based. We already know that several of them will no longer be in their current library and these four are considered to be in a "mobile" mode:

1) Two volunteers from the Veteran's Administration Hospital Library expect to be discharged from outpatient service in the not too distant future;

2) A volunteer from Saratoga Springs will be moving to the Albany area and has made inquiries of the Director regarding possible volunteer positions;

3) The house mother (who was assigned to work in the library
part time) at one of the hospital centers received notification that she would be terminated as of July 1, 1975.

This means that these four individuals might have to be followed up in a different library location than the one in which they were situated during the course of the Institute. Consideration is being given to following up the "old" library as well as the new. The purpose of this would be to see whether the participants' attendance in the Institute allowed them to have a lasting influence on the library in which they were located at the time of the Institute.

If this follow-up procedure is done in a detailed manner with significant responses, it would be written up for subsequent publication. In any case, a follow-up report will be made to the Office of Education.

The evaluators, in compiling appropriate questionnaires for pre and post testing, also prepared follow-up questionnaires to be answered by the participants' supervisors as well as the libraries that the participants had identified as being used for interlibrary loan purposes. This questionnaire was sent and analyzed to form a base line of the participants' behavior at the end of the Institute.

It is planned to send the same questionnaire to the interlibrary loan source libraries again in March, 1976 (9 months after the completion of the Institute) in order to determine whether any additional development on the part of the participants has been experienced. (This represents a compromise with the evaluators' suggestion that a six-month and a twelve-month follow-up be done.)

One of the major strengths of the Institute was the high level of all staff: Advisory Committee, evaluators, faculty and support staff. The various groups worked well together and the range of ideas offered by them enabled us to present a higher quality Institute.

No major problems were encountered in the course of the Institute. The only problems were minor procedural ones which presented no difficulties.
Among the suggestions contributed by the participants in their final evaluation form was the suggestion that in lieu of having a question and answer period at the beginning of each day that we might have given a short quiz to be graded and then discussed, as a mechanism of review.

I believe that if I were to do an Institute again I would test this methodology and, if it proved more successful, this might possibly provide a more reinforcing way of teaching content.

Another different mechanism that I might possibly employ in another Institute would be to distribute an evaluation form after the third or fifth session (instead of only at the end) in order to get feedback from the participants that might be incorporated into the later part of the Institute. Of course, there is no guarantee that had this method been followed during this Institute that the same quality suggestions we garnered at the end of the Institute might have been forthcoming at an earlier evaluation. If I were to use the earlier evaluation, I would still repeat the evaluation at the end of the Institute.

In response to question 19(e) (relative to changes in regard to optimum number of participants and one versus more than one from each institution) I would make the following comments:

1) Optimum number of participants for the level and accomplishments that were intended for this Institute is a range of 15 to 20. More than 20 would not permit the individual attention to the participant's questions and problems that could be given to 20. In fact, two students had already dropped out when the tours were scheduled. Even though the group was
split in two (for a total of 9 persons), on a field trip in
one of the library visits, it was noted that this was the
largest group that could conveniently be toured through that
library. Less than 15 would probably not have provided the
interchange of ideas among the participants that was a stimu-
lating factor.

2) One individual, versus more than one, from each installation.
Although we did have more than one participant from several
installations, the top number was three from the Veterans Ad-
ministration Hospital Library, but these were all volunteers.
Because of the variety of outlook, philosophy, background, and
education we cannot really say that a single representative of
an institution would have been able to bring back to that in-
stitution the range of information and experience that we be-
lieve more were able to offer. Restricting the participants to
only one from each installation could have been done, but this
would have been a compromise that we would have been reluctant
to apply in selection of participants. I would be reluctant
to try to determine which of the participants gained the most
from the Institute because, in the opinion of the staff and
many faculty members as well as of the evaluators, each partici-
pant gained a great deal according to their individual needs.

One of the advantages of having more than one from the
same installation gave them the opportunity of discussing
additional points that may have come up at the Institute among
themselves. This also applied to the two individuals from
allied institutions (Drug Abuse Control Institutions) who
travelled together.
Beginning dates - The dates of the Institute and the mode of conducting it (i.e., one meeting weekly for 10 weeks with a two week vacation break) was ideal. The timing was good because the Institute started later than the school semester which meant that all services were geared up and running at an optimum level. It happened, by chance, that each Wednesday was excellent weather-wise, presenting no problems on having to travel in rain or snow. The optimum number of sessions was 10. This would have been the same as a two-week session but these participants needed the extra time between sessions to think through and implement in their libraries the things that they had learned in the previous session. From point of view of the staff, the weekly meetings were also ideal because we had the opportunity to implement more leisurely any ideas and suggestions presented from one week to the next, whereas if the Institute had been conducted daily, there would not have been the time to obtain additional materials, change plans, order supplies that had not been previously considered, etc.

Distribution of time - Time in the classroom as opposed to time in workshops on field trips was ideally set up according to the evaluation of one of the participant's quoted in the evaluators report. This participant stated that "The Institute has been practically organized. Each session led logically and progressively into the next."

The impact of the Institute on the regular academic program of the School of Library and Information Science provided a greater awareness of the problems of small libraries as they were perceived and reported by the graduate assistants working in the Institute who were full-time students in the library school. They brought to their class sessions (one of which was taught by the Director of the Institute) their per-
caption of problems in the "real world." They reported their observations to their classmates in a more authoritative manner. Further impact was the opportunity for many of the students in the school to meet the faculty members of the Institute, all of whom are outstanding health science librarians, many of whom had published papers that were known to the library school students and had already been read by these students in the course of their class preparations.
TO: Dr. Pauline Vaillancourt, Institute Director
FROM: Marion Vrdder and John Timour, Institute Evaluators
RE: USOE-Institute on Training Personnel for Health Care Facility Libraries

This joint report on the evaluation of the recently concluded Training Institute is for your use either as part of your overall report, or for incorporation into that report.

Evaluation Methodology

Four separate modalities were chosen as evaluation instruments. Three of these, one in two parts, have been concluded and their results are described below. The fourth remains to be done subject to time, budget and staff resources. It would be a six-month or twelve-month (or both) survey of the trainees subsequent to the end of the Institute and their return to practice.

The three completed evaluations consisted of a pre-test of twenty-five questions on small medical librarianship, the Institute Director's and faculty appraisals of the trainees during the course of the Institute, and finally a two-part post-test. Included in the appendix are copies of the pre-and post-Institute questionnaires used.

The pre-Institute questionnaire was culled from a combination of similar questionnaires used in analogous situations, Institute faculty suggestions, and from our own experience with trainees with similar characteristics and backgrounds with whom we had worked over many years.

Evaluation Results

Pre-test performance was understandably poor. On a scale of 100, the median score was 31 and the mean 36 with the range from 0 to 55.

The post-Institute questionnaire was constructed from faculty generated questions which were edited for appropriateness and internal consistency, i.e., one and only one correct answer rather than several. Four questions from the pre-test were also used on the post-test. Two of these had been answered by no one in the pre-test, one had been answered correctly by a third of the trainees, and one had been answered correctly by two-thirds of the trainees.
Again, on a scale of 100, the post-test median and the mean were 70 with the range from 52 to 88. Thus, not only did the group demonstrate an almost doubling of their knowledge about medical librarianship, but the lowest score was almost exactly what had been the highest score on the pre-test.

The second half of the post-Institute questionnaire consisted of a trainee subjective evaluation of the Institute both overall and of each discrete program presentation. On a scale of Excellent to Poor, half rated the Institute Excellent and half rated it Good. No one rated it either Fair or Poor.

One third more suggested presentations which gave the most information than remarked on presentations which gave the least, and twice as many listed presentations they enjoyed than listed those they liked least. In fact, several responded that they enjoyed all the presentations.

Underscoring the trainees' general satisfaction with the Institute was the result of a "forced choice" ranking of each of the eleven presentations. The theoretical range for these forced choices (from fifteen who replied to the questionnaire) would be from 15 (all rating a section "1") to 165 (all rating a presentation "11"). The theoretical median would then be 90 (15 times the sixth ranked score). The actual range was from 67 to 110 indicating a more heterogenous ranking of each presentation with the actual median, 87--quite close to the theoretical median.

This tighter clustering of rankings about the median indicate general consensus that all presentations were viewed positively since no one session was consistently ranked at either extreme.

To the question as to which aspect(s) of the Institute trainees expected to utilize the consensus was "all" or everything. The three who replied to what might have been omitted from the Institute content suggested "something about relationships between medical and general libraries" (two responses), and "general library furnishings purchase suggestions".

The consensus of "Other comments" ranged from euphoria about the Institute to offerings of gratefulness for having been included as a trainee. No negative comments were made.

Care was taken in both pre and post tests to incorporate questions in each of the ten general subject areas.

Two other ideas were garnered from their (the students) comments and evaluation of the Institute:

1. All students thought the instructors gave them valuable information which they could use. At least one member, however, wished that there had been more local input and information presented—presumably more about area-wide
cooperation and the NYSILL program. When Ursula Poland came in on May 14 (after these responses had been recorded) there was tremendous interest, both for continuing meetings and for getting help with grant applications.

2. The evaluators think that satisfaction can be taken from a student saying "The Institute has been beautifully organized. Each session lead logically and progressively into the next."

Another favorable comment was that group participation was a high point and that nearly all instructors gave an opportunity for it.

Some comments on the Institute as observed:

The instructors selected were authoritative, respected and liked by the students.

Subject coverage and timing were good. Weekly sessions spread over two plus months were more effective than a concentrated two week Institute. Spacing gave the students time to absorb new concepts and information and even to apply some of them in their institutions. Along the way the students gained a good rapport among themselves and the staff.

The summary of each session by a top-flight graduate student working on the Institute Staff was good: good for her, good for the Director, good for future publicity and thence of help to the Institute students.

(At this point perhaps Pauline could add her evaluation of how students reacted during the course of the Institute. Particular attention should be given to their attendance records and final "party". Not insignificant is the action by the trainee who had a heart attack but still felt so strongly motivated that she notified the Institute about her failure to attend the last session, perhaps or probably at the expense of notifying others who might have been similarly affected by her hospitalization.)

It would be very desirable to conduct a post-Institute survey of the trainees not only concerning their actual on-the-job performance, but of their residual feelings about the Institute and their fellow trainees.

In summary, it is our opinion that the Institute not only achieved its objectives, but did so in a resoundingly successful manner. The contrast between pre and post Institute questionnaires can only partially convey the gain in knowledge and underline the enthusiasm and esprit de corps which we saw demonstrated at the final session.
Dear Applicant:

Enclosed is the application for the INSTITUTE ON HEALTH CARE LIBRARIES: TRAINING OF PERSONNEL which you requested.

The Institute is intended for untrained persons who currently are working in, or planning for, a collection in a health care facility. They may be, but are not restricted to, secretaries, medical records managers or volunteers.

The Institute will be held in the School of Library and Information Science on Wednesdays from 10:00 a.m. to 4:00 p.m. from February 26, 1975 to March 19, 1975 and April 9, 1975 to May 14, 1975.

Please return the application as soon as possible; but in any case, by January 31, 1975. In case of equal qualification, priority will be given to the earlier applications.

Sincerely yours,

Pauline M. Vaillancourt
Institute Director

PMV:mf
Enclosure
APPLICATION
for
INSTITUTE ON HEALTH CARE LIBRARIES: TRAINING OF PERSONNEL

NAME ___________________________ HOME PHONE (AREA) _____

HOME ADDRESS ______________________

________________________

________________________

NUMBER OF DEPENDENTS _________

POSITION _________________________

BUSINESS ADDRESS ____________________ BUSINESS PHONE _____

________________________

NAME AND TITLE OF SUPERVISOR ________________________________

PLEASE CHECK:

Volunteer [ ] ___ hours a week

Part time employee-library only [ ] ___ hours a week

Full time employee-library only [ ] ___ hours a week

Part time employee-library and other [ ] ___ hours in library

Specify other: ________________________________

Full time employee-library and other [ ] ___ hours in library

Specify other: ________________________________

AMOUNT OF FORMAL LIBRARY TRAINING:

None [ ] Bachelor Library Science [ ]

Library Technician [ ] Master Library Science [ ]

HOW DID YOU HEAR ABOUT THIS INSTITUTE:
HOW LONG HAVE YOU BEEN WORKING IN YOUR LIBRARY?

DOES THE LIBRARY HAVE ITS OWN TELEPHONE? YES [ ] NO [ ]

DOES THE LIBRARY HAVE ITS OWN TYPEWRITER? YES [ ] NO [ ]

Describe your library (include number of volumes, if known; number of current journal subscriptions; total annual budget, if known; size of staff counting volunteers; services offered as, for example, do you look up articles for users? Do you borrow books and/or journal articles from others? Do you have any equipment in your library such as a photocopy machine or a tape player, or other? Is your collection cataloged? Is it organized in some other way? Do you have a card catalog? Do you have a pamphlet collection?)

If your library is in the planning stage, tell us as much as you can about the plans including estimated date of operation. (Use the above as a guideline.)

USE REVERSE SIDE IF NEEDED.

DATE ____________________ SIGNATURE ______________________
It gives me great pleasure to inform you that you have been selected to be a participant in the Office of Education funded Institute on Health Care Libraries: Training of Personnel.

As you already know, this Institute will be held on Wednesdays, starting on February 26. The sessions will start at 10:00 a.m. and will be held in Room B76 of the School of Library and Information Science. The location of the School is indicated by a red cross on the enclosed map.

You will have one hour for lunch. You may bring your lunch and obtain tea, coffee and/or soft drinks in the Library School lounge. There are vending machines, a cafeteria and the Patroon Room available to you in the Campus Center.

The sessions will end at 4 p.m. but the University's facilities, including the main library, will be open for use until midnight, and the Library School Library, which is open until 10 p.m. You will have a courtesy card enabling you to borrow circulating books.

If you have any questions, feel free to write to me or to call (518) 457-3576.

We are sending you, under separate cover, a copy of the "Handbook on Medical Library Practice" which was purchased for you. Please read Chapter I pages 1-15 BEFORE COMING TO THE FIRST SESSION.

Congratulations on being selected. I am looking forward to seeing you on February 26.

Sincerely yours,

(Dr.) Pauline M. Vaillancourt
Institute Director

PMV:mf
Enc. map
AGENDA FOR ADVISORY COMMITTEE MEETING

WEDNESDAY FEBRUARY 5

THE INSTITUTE OF HEALTH CARE LIBRARIES:

TRAINING OF PERSONNEL

I. Selection of applicants.

II. Decision on follow up.

III. 
   A. Review of course outline with assignments of faculty.
   B. Review of materials to be distributed to participants.
   C. Suggestion for any other materials for participants.

IV. Evaluation procedures.
1. Do you consider your present position as being
   ( ) Professional
   ( ) Technical
   ( ) Clerical
   ( ) Administrative
   ( ) Other __________ (Identify)

2. Do you expect your position to change?
   ( ) Yes, with help from this Institute program
   ( ) Yes, regardless of Institute program
   ( ) No

3. Are you primarily interested in learning
   ( ) Technical processes (Acquisition, Cataloging, Classification)
   ( ) Public service (Circulation, Reference, SDI)
   ( ) Library Administration (Budget preparation, Reports, Supervision)
   ( ) All of the above

4. What specific problems do you expect to resolve through your participation in the Institute?

5. Other comments, expectations

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ANALYSIS OF RESPONSES TO
INSTITUTE EXPECTATIONS

We are indicating the responses to the questions that were distributed, including multiple answers.

1. DO YOU CONSIDER YOUR PRESENT POSITION AS BEING:

Five participants checked two
6 - Professional
5 - Technical
6 - Clerical
1 - Administrative
7. - Others:
   1 - All of the above
   2 - Paraprofessional
   3 - Volunteer

2. DO YOU EXPECT YOUR POSITION TO CHANGE:

10 - Yes, with help from this Institute program
3 - Yes, regardless of the Institute program
7 - No

3. ARE YOU PRIMARILY INTERESTED IN LEARNING:

Three participants checked two
5 - Technical processes (Acquisition, Cataloging, Classification)
4 - Public service (Circulation, Reference, SDH)
2 - Library Administration (Budget preparation, Reports, Supervision)
14 - All of the above

4. WHAT SPECIFIC PROBLEMS DO YOU EXPECT TO RESOLVE THROUGH YOUR PARTICIPATION IN THE INSTITUTE?

9 - Made no comment
11 - Commented as follows:
   1 - A better knowledge of Library Science
   1 - More professional work
   1 - Problems of planning & operating a library, want to do a good job
   1 - Become more familiar with specific indexes and NIM classification
   1 - Learn more about medical libraries
   1 - Change vocation to area that would stimulate interest & at the same time fall into background & income desires
   1 - Cataloging, reference & budget preparations
   1 - Lack of knowledge & experience in interlibrary loan, indexes, cataloging, reference work
   1 - How to use limited amount of time for library & still be able to keep an active, useful library & provide all possible available services to employees
   1 - More knowledge of library work in order to help complete forms for grants for Federal funds
   1 - Make better use of available information & catalog books & periodicals
5. OTHER COMMENTS/EXPECTATIONS

16 - Made no comment
4 - Commented as follows:

1 - Know more about discard policies, book selection, cataloging. Please course offered for non-professional because usually only graduate level offered
1 - Eventual certificate in Medical Librarianship
1 - A permanent job enabling me to become a respected member of society & allow me the intellectual challenge needed
1 - Know more about weeding & cataloging
A shelf-list is primarily useful for

1. Inventory
2. Ordering books
3. Insurance
4. Identifying holdings of specific authors
5. Reference work

2. A listing of New York State documents can be obtained from

1. Regional Medical Library
2. State Library
3. State University of New York
4. Office of General Service

3. The recommended percentage of materials' budget to be spent on serials is

1. 40-50%
2. 70-80%
3. 30-40%

4. Types of materials best stored in a vertical file include

1. Pamphlets
2. Author reprints
3. Biographical material
4. Library purchase orders
5. NLM Literature Searches
6. Video cassettes

5. Records and reports are useful for

1. Public relations
2. JCAH visitations
3. Comparisons with prior periods
4. Budget and task analyses
5. All of the above
6. Special arrangements for procuring NLM publications periodically appear in

- MLA News
- NLM News
- NLM Current Catalog
- NLM Current List of Medical Literature

7. In most health science libraries, the major budget item is for

- Books
- Journals
- Salary
- Supplies

8. The Network for Continuing Medical Education (NCME) produces:

- Bi-monthly audio tapes
- Semi-monthly video cassettes
- Weekly newsletter
- Monthly abstracts of national conferences

9. The following databases are available from NLM-SUNY terminals

- MEDLINE
- TOXLINE
- CATLINE
- LIPLINE
- BIBLINE
- SDILINE

10. Which of the following are essential for a vertical file (VF)

- Discarding all material annually
- Organized by subject
- Organized by author or source
- Discarding material one year after receipt
- Dating all material before filing
- Providing references from card catalog to VF

11. The primary source for published Federal Government documents is

- Current Catalog
- Monthly Catalog
- Current List of Medical Literature
- Biological Abstracts

12. The National Biomedical Communications Network is

- Non-existent as yet
- Hierarchical
- Called "MEDLINE" for short
- Became operational in 1974
13. One half of all the publications requested in medical libraries are less than:
   ( ) One year old.
   ( ) Two years old.
   ( ) Five years old.
   ( ) None of the above.

14. When an article is published in a major United States medical journal, a citation to it will most probably appear in Index Medicus within:
   ( ) One month of its publication.
   ( ) Three weeks of its publication.
   ( ) Three months of its publication.
   ( ) Two months of its publication.
   ( ) Six months of its publication.
   ( ) One year of its publication.

15. Match each item on the left with the correct item from the list on the right:

   ( ) Books
   ( ) Periodicals
   ( ) Pamphlets
   ( ) Reference material
   ( ) Reserve material
   ( ) Procedures Manual

   a. Can be defined as a publication of less than 50 pages.
   b. A group of books always available for consultation kept in a designated location in the library.
   c. Maintained as a "refresher" for seldom performed tasks and as a reference to consult when in doubt as to what to perform, how, and when.
   d. Should be arranged on the shelves by title.
   e. A group of books gathered together in a special location for the use of a special group, (Usually found in a teaching hospital).
   f. Should be arranged on the shelves by subject.
   g. The means by which a library keeps track of where library materials are when they are not in the library.
16. Which of the following can one find references to books?

- Hospital Literature Index
- Index Medicus
- Excerpta Medica
- Abridged Index Medicus
- Current Catalog
- International Nursing Index

17. The primary value of a card catalog in a small library is:

- To arrange the books on the shelves by subject to facilitate browsing.
- To enable the librarian to take an annual inventory.
- To serve as an index to a growing collection of books and materials.
- To arrange the catalog entries in alphabetical order.

18. The chief function of a book selection policy is to obtain:

- knowledge of the hospital’s educational and research programs.
- a guideline for disposition of unneeded books and journals.
- a set of principles to guide the development of a collection.
- an outline of the types of materials to be in the library.

19. Interlibrary loans are defined as:

- Lending transactions by which library materials are lent by one library to another for the use of an individual borrower.
- Lending transactions by which library materials are supplied in photocopy for the use of an individual borrower.
- Lending transactions made by a library’s circulation department which do not require borrowers to present a library card.
- Lending transactions of reserved books, made by a library’s circulation department, for a limited period of time.
20. Check the information you would find on a journal check-in card.

<p>| | |</p>
<table>
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<tr>
<td>Journal title</td>
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<td>Holdings of backfile</td>
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<td>Issues known to be missing for last few years</td>
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<tr>
<td>Size of journal</td>
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<tr>
<td>Price</td>
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<td>Frequency</td>
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<td>Number of pages in the issue</td>
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<tr>
<td>Bound or unbound</td>
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<tr>
<td>Date received</td>
<td></td>
</tr>
<tr>
<td>Title page and Index</td>
<td></td>
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</tbody>
</table>

To find a short summary of an article you would look in

- Index Medicus
- an abstracting publication
- a review article
- Current Contents

21. Please check the statements below which are true of a MEDLINE search.

- A MEDLINE search is always faster than a manual search.
- A MEDLINE search terminal is available at several medical school locations in New England.
- A MEDLINE search produces a bibliography by coordinating two or more concepts.
- A MEDLINE search is structured to meet the needs of the individual requester.

22. Index Medicus and MeSH are useful tools. For those statements below which pertain to Index Medicus indicate this by entering IM, for MeSH enter M and if the statement is true of both tools, enter B.

- Look for the reference to an article no sooner than three months after publication.
- Examine a page carefully making sure you read the small print to avoid missing cross references.
- Exhaust all of the most specific terms available before proceeding to a more general one.
- Make sure that your reference has been fully verified in the author section.
- Use the subject approach beginning with the latest cumulated issue for best results.
- Use the categorized lists when you need a classified arrangement of terms.
- Look for the subheadings under a term when you need a narrow approach to a topic.
23. Which of the following is not a major bibliographic verification tool?

   ( ) Medical Books in Print.
   ( ) International Nursing Index.
   ( ) National Library of Medicine Current Catalog.
   ( ) Handbook of Medical Library Practice.

24. The ALA form used for interlibrary loans is available from:

   ( ) The American Library Association only.
   ( ) Library supply houses.
   ( ) Journal subscription dealers.

25. The Regional Medical Library program:

   ( ) Publishes a major portion of the medical literature.
   ( ) Sponsors most medical library internships.
   ( ) Provides most medical journal subscriptions to libraries.
   ( ) Supports biomedical material requests.
LIST OF MATERIALS DISTRIBUTED
(Reprints, pamphlets, excerpts from books, sample pages and forms)


This was purchased and distributed as a textbook. NO COPY ENCLOSED.


Since this was not yet published, the author photocopied his page proofs (with corrections) and distributed these.


National Medical Audiovisual Center, CATALOGING NON-PRINT AT IMAC: A GUIDE FOR THE MEDICAL LIBRARIAN, Atlanta, Georgia, National Medical Audiovisual Center, 1974.

National Medical Audiovisual Center, PRIMER FOR MEDIA RESOURCES LIBRARIANS, Atlanta, Georgia: National Medical Audiovisual Center 1973.

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ST. PETER'S HOSPITAL MEDICAL STAFF LIBRARY, Albany, St. Peter's Hospital, 1975. (brochure)


The following sample forms were provided by the various lecturers (they are listed by topic covered):

Budgeting:
- Order form for serials or books.
- Report for circulation and holdings.

Cataloging and Classification:
- Parts of the card
- Example of cataloging in print
- National Library of Medicine Classification

GPO:
- Deposit Order Blank for GPO
- Claim form for NLM publication

Medlars Search:
- How to read Medlars printout
- Sample search
- Form for requesting search

Serials:
- Binder's slip
- Sample claim letter
- Different types of check in cards
- Request for locations of titles
- Claim notice from Faxon Co.
- Claim notice from Walter J. Johnson, Inc.
Reference:
Questions which were given to the participants during session on reference. These were answered using tools discussed earlier in the session.
POST QUESTIONNAIRE

NOTE: ONLY ONE ANSWER IS CORRECT FOR EACH QUESTION. BE SURE TO READ THROUGH THE POSSIBLE ANSWERS BEFORE MAKING YOUR DECISION

1. At the top of the Regional Medical Library hierarchy is
   ( ) the medical school library
   ( ) NIM
   ( ) the hospital library
   ( ) hospital consortia

2. The first reference book to consult when planning audiovisual hardware budgets is:
   ( ) AMA Medical/Surgical Motion Pictures catalog
   ( ) Audiovisual Marketplace
   ( ) Audiovisual Equipment Directory
   ( ) Primer for Media Resources Librarians

3. To maintain a well-balanced collection for your institution's library, which of the following should be responsible?
   ( ) The Administrator of the Institution
   ( ) The Chief of the Medical Staff
   ( ) The Librarian
   ( ) The Library Committee

4. In ordering equipment, to get the most value for money available and to avoid substitution, it is important that you:
   ( ) submit request to the head administrator.
   ( ) consult with a reputable vendor before you order.
   ( ) ask the business office to check local vendors to obtain information on the least expensive equipment.
5. Records and reports are useful for:
   - Public relations
   - JCAH visitations
   - Comparisons with prior periods
   - Budget and task analyses
   - All of the above

6. To find cataloging information for a book, one would consult:
   - Index Medicus
   - NLM News
   - Current Catalog
   - Medical Books in Print
   - Current Contents

7. The code to follow for Interlibrary Loans is:
   - MLA Code
   - NLM Code
   - SLA Code
   - ALA Code

8. To find a short summary of an article you would look in:
   - Index Medicus
   - An abstracting publication
   - A review article
   - Current Contents

9. Which one of the following generally will not answer your request for "free" materials (solicitations):
   - Local Tuberculosis Association
   - State Congressman
   - Local Community Assemblyman
   - Government Printing Office
   - Local American Heart Association

10. In cataloging audiovisual software according to the National Medical Audiovisual Center (NMAC) rules, select the following as the main entry:
    - producer
    - title
    - credit
    - format

11. Interlibrary Loan requests should be verified by:
    - the requestor
    - the lending library
    - the borrowing library
    - does not have to be verified
12. The main function of a good Library Committee is to:

- Select all Books and Journals for the Library
- Advise the Librarian and the Administration on questions of Library Policies and Problems
- Supervise the Librarian
- Advise the Administrator on How Well the Library is Functioning

13. The National Biomedical Communications Network is

- Non-existent as yet
- Hierarchical
- Called "MEDLINE" for short
- Became operational in 1974

14. Which of the following is not a major bibliographic verification tool?

- Medical Books in Print
- International Nursing Index
- National Library of Medicine Current Catalog
- Handbook of Medical Library Practice

15. The chief function of a book selection policy is to obtain:

- Knowledge of the hospital's educational and research programs
- A guideline for disposition of unneeded books and journals
- A set of principles to guide the development of a collection
- An outline of the types of materials to be in the library

16. MESH

- Is a controlled vocabulary
- Is used by indexers
- Is published as part of Index Medicus
- Can be used in cataloging
- All of these

17. When a group of libraries get together for the purpose of sharing materials, etc., it is called:

- A network
- A consortia
- A regional library
- An association

18. The primary function of Reference service is:

- To prepare bibliographies for those who request them
- To give orientation tours and instruction in use of the library
- To assist readers in their search for information
- To fill interlibrary loan requests for books and journals

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19. Check the item below that is most pertinent in developing your journal collection:

( ) the number of journal articles you can borrow on Interlibrary Loan.
( ) The actual demand for and use of particular journal titles in your library.
( ) The journal titles your subscription agent can offer high discounts on.

20. Program Budgeting requires that priority should be placed on:

( ) preparation of detailed equipment and materials budget with justification
( ) the formulation and adoption of a plan of activities and programs for a stated time period.
( ) an extensive survey of programs available in your area.

21. Cataloging in Publication data includes:

( ) main entry
( ) classification numbers
( ) subject headings
( ) title
( ) all of these

22. MEDLARS indexes articles from:

( ) All medical journals
( ) Only the highest quality journals covering the field of biomedicine.
( ) All published journals, providing the article relates to biomedicine.
( ) A selected group of 2,300 journals in the field of biomedicine.

23. Which of the following pertain to the Vertical File:

( ) kept in steel drawers with subject labels arranged in manila envelopes by subject considered ephemeral material of short-time importance
( ) all of the above

24. Circulation systems should be:

( ) automated
( ) elaborate
( ) tailored to size of circulation

25. The Regional Medical Library program:

( ) Publishes a major portion of the medical literature.
( ) Sponsors most medical library internships.
( ) Provides most medical journal subscriptions to libraries.
( ) Supports biomedical material requests.
Please complete all appropriate responses.

A. My overall reaction to the Institute is: Excellent  Good  Fair  Poor

B. Which presentation of the Institute gave you the most new information?

C. Which presentation gave the least new information?

D. Which part of the Institute did you enjoy most?

E. Which part of the Institute did you enjoy least?

F. In terms of presentation, please rank the sessions from high (1) to low (11):
   Introduction (2/26)  Book Selection (3/5)  Journal Selection (3/5)
   Classification and Cataloging (3/12)  Serials Management, Vertical File,
   GPO (3/19)  Reference (4/9)  Interlibrary Loan/Circulation (4/16)
   Library Budget and Accounting (5/7)

G. What aspect(s) of this Institute do you think you will put into use, or have
   put to use, as a result of your attendance?

H. What, if anything, did you expect to be covered which was omitted?

I. Other comments:
## Analysis of Post-Test Questions

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<td>Anthony, Sister Marie, Librarian St. Mary's Hospital Amsterdam, NY 12010</td>
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<td>Antonelli, Susan Medical Library North Adams Regional Hospital North Adams, MA 01247</td>
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<td>Cassidy, Mary, NCO Ridgehill Rehabilitation Ctr. Yonkers, NY 10610</td>
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<td>Cooperman, Sherry A. Areawide &amp; Local Planning for Health Action, Inc. Syracuse, NY 13503</td>
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<td>Jones, Irene Bender Laboratory-Albany, NY 12208</td>
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<td>LeMire, Darlene S. Medical Library North Adams Regional Hospital North Adams, MA 01247</td>
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<td>March, Jean School of Nursing Library Columbia Memorial Hospital Hudson, NY 12534</td>
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<td>Riley, Vincent</td>
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<tr>
<td>Tuttle, Irma S.</td>
<td>Masonic Medical Research Lab.</td>
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<tr>
<td>Walker, Katherine E.</td>
<td>Saratoga Hospital, Saratoga Springs, NY 12866</td>
</tr>
</tbody>
</table>

The following started in the Institute, but dropped out.

- DeJesus, Daisy
  Manhattan Rehabilitation Ctr.
  New York, NY
  Ms. DeJesus was suspended from her position and was terminated from the Institute on March 5.

- Tario, Kerry Mr.
  VA Hospital-Albany, NY 12202
  Terminated March 31.
1975-1976 AAHLA CALENDAR ANNOUNCED

Dates to reserve for business and program meetings of AAHLA are:

September 18, 1975 - "Developing Media Programs in Medical Libraries"
10 a.m. - 4 p.m.
Jane Port, Assoc. Librarian for Public Services - Mt. Sinai School of Medicine, formerly Supervising A-V Librarian, New Jersey College of Medicine & Dentistry

November 13, 1975
1:30 p.m. - 4:30 p.m.
"Art of Indexing"
VA Hospital, Albany or State University of New York at Albany

March 4, 1976
10 a.m. - 4 p.m.
"How to generate User Interest"
Location to be decided
Workshops of your choice

April 23rd, 1976
1:30 p.m. - 4:30 p.m.
Details to be determined.
Possible location, a meeting place off the Northway between Albany and Plattsburgh

For details of other forthcoming meetings - see p.5
The major topic for the day was CONSORTIA, but there was also an opportunity for one group to attend a MEDLINE demonstration and another to receive information on procurement and handling of A-V software.

The Consortia Workshop was led by Wendy Ratcliffe Fink, Bethe Moulton, Cerie Haitz and Bill Fleming, and while it was based in part on their own experience gained at the Consortium for Information Resources (CIR) of the West Suburban Hospital Association, Boston, Massachusetts, participants were involved both in the formulation of questions to be discussed and in the development of solutions to the problems that were raised.

The three basic questions the group decided to concentrate on were:

- Why form consortia?
- How do you develop consortia - especially when there are no start-up funds?
- What are the steps involved?

The group was not entirely convinced that this Region, where we are blessed with NYSILL, 3 Rs Councils and an RML Network, needs consortia. Yet, there are many health care facilities that are not members of their 3 Rs Council. Since Consortia can go beyond interlibrary loan cooperation, and share such techniques as MEDLINE searching, cataloging, A-V acquisitions, perhaps we do need consortia.

CIR was begun with a National Library of Medicine Resource Project grant and had from its beginning a project director whose efforts were not diluted by having a primary job in one of the participating institutions. It was conceded that both these factors contributed greatly to the success of CIR. A major hurdle to be overcome in consortia development for information resources is to convince administrators of patient institutions that the improved services gained by the arrangement are worthwhile and that a reduction of cost is not to be expected.

The building on existing ties, the working on a small scale with your nearest neighbors and the enlisting of interest and support from those who need information services and from one's administrators are obvious first steps. Informally we have cooperated with each other for many years. Can we formalize (or should we?) the relationships we have built up in the past years by consortia developments?

The meeting was enhanced by having representatives from all parts of New York State with a good representation of North County personnel. Doris Doran, the NLM's Extramural Programs Officer for Region II was present and managed to meet individually with workshop participants throughout the day.

Anyone wishing to respond to the Consortia concept as it may apply to their particular geographic area should please write to the chairman or to any member of AMHSA's Steering Committee.
Over the past year, the NERMLS staff has been working with the staff of the Harvard School of Public Health, Teacher Preparation Program to assess NERMLS training activities from the standpoint of effective transfer of knowledge and skills to hospital librarians who attend NERMLS Library Training Institutes and one day workshops.

Having done a total observation of NERMLS Twelfth (12) Library Training Institute in 1974, two members of the staff of the Teacher Preparation Program, Lore Vanderschmidt, Ph.D., Instructor in Educational Technology and Mr. Dodge Fernold, Clinical Fellow, offered NERMLS a very thoughtful and positive evaluation of this teaching activity. Subsequent exploratory discussions on teaching techniques and evaluation methodology led to the decision to collaborate on the three-day workshop on Evaluation Techniques for Teachers.

Students for this presentation were members of the faculty who had taught at one time or another at NERMLS Library Training Institutes or one-day Workshops. The student body included the NERMLS staff, Countway Library of Medicine staff and Mr. Louis Audette, Department of Biomedical Communications, University of Connecticut Health Center; Miss Jacqueline Bastille, Librarian, Massachusetts General Hospital; Mrs. Marjorie Getchell, West Suburban Hospital Association - Consortium for Information Resources; Miss Susanne Kanis, Medical Librarian, Hartford Hospital; Mrs. Charlotte Kirkpatrick, Librarian, Stamford Hospital; Ms. Patty McConaghey, Medical Library Association; Miss Mary Pekarski, Librarian, Boston College School of Nursing; Mrs. Jean Scougalt, Librarian, Medical Center of Western Massachusetts, and Mr. John Timour, Director, Mideastern Regional Medical Library Service, College of Physicians of Philadelphia.
Librarians interested in attending the Library Training Institute or the one-day workshop should write to Carole Lipsitt, Educational Specialist, NRMLS, Francis A. Countway Library of Medicine, 10 Shattuck Street, Boston, Massachusetts, or call her toll free. In Massachusetts, the number is 809-342-3941. Elsewhere in New England, the number is 800-225-4918.

STATE UNIVERSITY OF NEW YORK AT ALBANY WILL OFFER A LIBRARY TRAINING INSTITUTE

The School of Library and Information Science - State University of New York at Albany is sponsoring an Institute on Health Care Libraries: Training and Personnel, intended for individuals currently working in a health information library, full or part-time, as an employee or as a volunteer. Topics covered will include: a general introduction to the concept of special libraries, use of specific indexes, search techniques for information retrieval, correct forms of bibliographic citation, interlibrary loans, book and journal selection, circulation, reference, computer assisted instruction and will also include computer terminal demonstrations.

Ten meetings will be held on Wednesdays from 10:00 a.m. to 4:00 p.m. from February 26 to March 19, 1975 and April 9 to May 14, 1975 at the State University of New York at Albany. There is no tuition fee for the meetings, and selected participants will receive a stipend of $15.00 per day plus dependency allowance. For further information call (518) 457-8571 or write to Dr. Pauline M. Vaillancourt, Institute Director, School of Library and Information Science, State University of New York at Albany, 1400 Washington Avenue, Albany, New York 12222.

WEST SUBURBAN HOSPITAL ASSOCIATION - CONSORTIUM FOR INFORMATION RESOURCES (WSHA-CIR) CHANGES HEADQUARTER ADDRESS

The central office of the West Suburban Hospital Association - Consortium for Information Resources has moved to the headquarters of the West Suburban Hospital Association at Waltham Hospital in Waltham, Massachusetts. After February 1st of this year, all correspondence should be addressed to: Consortium for Information Resources - West Suburban Hospital Association, Hope Avenue, Waltham, Massachusetts 02154. The telephone number of the new headquarters is (617) 899-9250.

PERSONNEL NOTES

Mrs. Joan Ash was recently appointed Assistant Director for Technical Services at the University of Connecticut Health Center Library. Mrs. Ash is in charge of the technical processing division which includes cataloging, acquisition and serials. Joan went to the University of Connecticut from the Yale Medical Library where she began in 1972 as Senior Reference Librarian and was most recently
### CALENDAR OF EVENTS (Partial Listing)

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
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<tr>
<td>Every Wednesday February 23 to March 19 to April 15 to May 14</td>
<td>Institute on Health Care Libraries; training of personnel. Sponsor: SUNY Albany School of Library &amp; Information Science. For information call (518) 457-8876 or contact Dr. Pauline M. Vaillancourt, Institute Director, School of Library &amp; Information Science, SUNY at Albany, 140 Washington Avenue, Albany, New York 12222.</td>
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<td>March 5</td>
<td>Seminar on the Role of the Librarian in the Health Care Institution. Principal speaker was Dr. Gertrude Lamb, &quot;Hospital Librarianship: Where the Action is.&quot; Also a Panel on &quot;What makes a Productive Library Committee?&quot;</td>
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<td>March 15, 11:15 a.m.</td>
<td>Buffalo area group, the Western New York Health Sciences Librarians. &quot;National Medical Audiovisual Center-(NMAC) Services to Health Sciences Libraries: Margaret Brooks, Medical-Education at LAMC, 2220 Main Street, Buffalo. For information contact Amy Lyons at SUNY Buffalo Health Sciences Library.</td>
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<td>April 15 (2 p.m.)</td>
<td>Brooklyn/Queens/Staten Island Group of Health Sciences Librarians. Dr. Helen Simon, Grants Research Person at the Catholic Medical Center, will speak on &quot;Possible Development of Consortia in the B/Q/Sl Area.&quot; For information call Sister Regina Clara Woods (212) 291-3300 extension 486.</td>
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<td>April 16</td>
<td>New Jersey Hospital Library Association meeting at Rutgers Library School, New Brunswick. Program to be announced.</td>
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The following 1973-74 graduates were nominated for membership in Beta Phi Mu, the international library science honorary society:

- Marjorie Benedict
- Charlotte Blumenfeld
- Donald Buckholtz
- Peter Christensen
- John Cory
- Rhonda Bayer Courtney
- Shelly Freund
- Erica Horne
- Betty Ann Ingui
- W. James MacDonald
- Elizabeth Mayer
- Eleanor Mitchell
- William O'Connor
- Sylvia Savage
- Charles Tremper
- Joanna Weinstock
- Barbara Will

These nominees maintained a 3.75 average during their MLS program.

WORKSHOP SERIES

Two workshops in the fall series—one on The New Rules for Descriptive Cataloging directed by Professor Stevenson and Whitney Coe of the Princeton University Library; the other, on Sound Recordings-Cataloging and Classification, directed by Professors Halsey and Stevenson—were held in September and proved to be tremendously successful. Unfortunately a number of people had to be turned away as both workshops were filled before the deadlines. Scheduled for October 11 is the workshop on Faculty Status for Librarians, which will be directed by Professor Burgess. Also, a special series of three one-day workshops on federal documents will be offered by Professor Morehead for State Library personnel. The spring series is presently being planned, and announcements will be sent out early in the second term. Any alumni who did not receive previous announcements at their libraries may have their names put on the mailing list by contacting the library school.

U.S.O.E. INSTITUTES ANNOUNCED

Public librarians interested in starting or improving library service to the business community are invited to apply for admission to an Institute on this subject to be held at the School from June 9-27, 1975. The Institute is federally funded, and the attendance of participants will be subsidized.

Besides a review of business bibliography, the Institute will feature the use of data banks of business information and a study of service for pay. The Institute will be directed by Professor Robert Burgess. Write to him for further information.

A second Institute on Health Care Libraries: 'Training of Personnel will be directed by Professor Pauline Vaillancourt. The Institute is intended to help untrained individuals who operate any health related library on a full time or part time basis, either paid or volunteer. Alumni who will be involved include Laura Campajge, Dorothy Droll, and Deborah Barnhart as site visit hostesses; Marcia Davidoff and Marilyn Kaarner as members of the Advisory Committee; and Sara K. Knapp, as a member of the Institute faculty.
FOR individuals currently working in a health-related facility library (full-time or part-time; as an employee or as a volunteer).

Selected participants will receive a stipend of $15.00 per day plus dependency allowance. NO TUITION!

MEETINGS Ten meetings: on Wednesdays from 10:00 a.m. to 4:00 p.m. from February 26, 1975 to March 19, 1975

AND

April 9, 1975 to May 14, 1975

To be held at State University of New York at Albany.

TO COVER: General introduction to concept of special libraries
Use of specific indexes
Search techniques for information retrieval
Correct forms of bibliographic citation
Importance of accuracy for interlibrary loans
Book selection and discard policies
Processing methods
Journal selection and discard policies
Checking-in journals
Preparing journals for binding
Classifying books and practice session (with books from participants’ own libraries—bring your problem books to class!!)
Circulation—loan policies, overdues, reserves, etc.
Inter-library loans
Library accounting and records
Library visits
Computer terminal demonstrations
Audiovisual media lab demonstrations
Computer assisted instruction available
Reference work
Review session—assistance with any special problems

Techniques will include lectures and demonstrations by experts in medical librarianship, practice sessions with assistance and supervision, field trips to exemplary libraries, and hands-on practical experiences.

Fourteen prominent librarians will serve as faculty.

For more information, call (518) 457-8576
For application form, send the attached form.

Dr. Pauline M. Vaillancourt,
Institute Director
School of Library and Information Science
State University of New York at Albany
1400 Washington Avenue
Albany, New York 12222

Name
Institution
Address

Please send me an application blank for the Institute on Health Care Libraries.
☐ My supervisor supports my attending.
May 14, 1975

Mrs. Irma S. Tuttle
Masonic Medical Research Laboratory
Bleecker Street
Utica, New York 13503

Dear Mrs. Tuttle:

Congratulations on having completed the Institute on Health Care Libraries: Training of Personnel.

As you may know, you were selected among the applicants to participate in this Office of Education funded Institute because the Advisory Committee felt that this training would benefit your library.

We are pleased that you successfully completed the Institute and feel that you will be better able to contribute to the important networking system established to provide published documents to your users.

I feel that you have made excellent contributions in the questions and discussion in which you participated and am pleased to give you this formal evidence of having completed the Institute.

Sincerely yours,

(Dr.) Pauline M. Vaillancourt
Institute Director