A SURVEY OF CONSUMER HEALTH REFERENCE SERVICES
POLICIES OF ACADEMIC MEDICAL SCHOOL LIBRARIES AND
VETERINARY MEDICAL SCHOOL LIBRARIES

by
Carol E.Vreeland, D.V.M.

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This study describes a questionnaire survey of consumer health reference services policies of the academic medical school libraries and veterinary school libraries in the United States and Canada. Library administrators and public services librarians were asked about library category and funding source, type of medical school served, policy type, reference services, and searcher response to specific medical reference questions.

Survey results showed that library funding source accounted for the most difference in provision of mediated reference services to the general public; whether a library supported a medical school or veterinary medical school was not significant. Eighty percent of the libraries provided database searches for the public, but 69% performed under six such searches per week; mediated database searching fees caused many patrons to prefer to search on their own. Fifty-five percent of the libraries had a written reference services policy, 31%--most serving medical schools—used a written disclaimer.

Headings:

      Library schools – Theses – University of North Carolina at Chapel Hill

      Medical libraries and collections – Policy statements

      Medical libraries and collections – Reference services

      Reference services – Policy statements

      Surveys – Medical libraries and collections

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Introduction

"The purpose of reference services is to assist users in securing information and in using

Lucretia McClure. (1982). *Handbook of Medical Library Practice* (4th ed.).

McClure's definition is laudable in intent but short on specifics. It offers no assistance in determining who the library "users" or clients are, what kind of "information" is being secured, and what services or actions constitute "assistance."

In an era of expanding services, technology, and clientele base but restricted staff and budget, academic health sciences libraries (the more current term for academic medical libraries) are simply unable to do "everything for everyone." They have had to define their reference services and determine how those services will be allocated to various client groups. Together, these decisions make up the library's reference policy, which may be formal or informal in nature. Increasingly, the reference policy takes the form of a formal, written document which specifies which reference services are provided by library personnel, the circumstances (e.g., in person or over the phone) under which the services are provided, and the level of service which is provided to each client group that the library serves. Other issues, such as fees, if any, for the services, are often included in the policy statement. Written policies, in particular, help to ensure consistent service.

But the definitions of users, assistance, and information continue to evolve, as do the external factors influencing library reference services.

Users. Academic health sciences libraries were created to support their parent institutions, e.g., a medical school or veterinary medical school, by meeting the research and educational information needs of the institution's faculty, staff, and students; these three groups of internal users usually make up the library's primary clientele. A secondary clientele is made up of external users, in the past mostly health professionals and lawyers. With the rise of the consumer health movement, many academic health sciences libraries-- publicly-funded ones, in particular--have opened their doors to the general public. These lay persons seek medical information about specific diseases, diagnoses, or treatments which affect either their health or, in the case of clients at veterinary medical libraries, the health of their pets or livestock. They differ from the primary and traditional secondary clientele in that they generally have less understanding of the biomedical literature which is unique to a health sciences library.

Assistance. With the increased availability of technology such as online catalogs and electronic databases, academic health sciences library reference services are no longer restricted to the finding of local holdings of print sources. Most libraries offer reference services including bibliographic instruction and providing mediated searches of electronic databases. A few have expanded the role of the librarian to include not only information retrieval but also information evaluation.

Information. When reference sources were restricted to local holdings, "information" was contained in a book, journal, or audio-visual material. With the advent of database searching came a new form of information, the search output--a potentially large list of specific bibliographic references, with or without abstracts, or the full text of articles, wherein the degree of completeness or correctness of the results depends not only

on the authority of the sources, but also on the search strategy employed to retrieve them. Many of the sources retrieved in a search are not even owned by the library itself.

External factors. Perhaps the most important of these factors to arise in recent years is the threat of liability for information malpractice. Although cases involving human patients are more numerous and have received more publicity and larger settlements than those involving animal patients, both physicians and veterinarians have been sued for malpractice. There have not yet been any cases where a health sciences librarian has been sued for information malpractice, but this remains a potential threat.

To protect themselves, reference librarians traditionally abide by two rules: 1) Don't give medical advice, and 2) Tell the client your source of information. Following these rules is relatively easy when reading from one reference book, but when a librarian gives a search output to a lay person in response to a specific medical question, does the mere provision of a list of specific articles constitute endorsement of those articles and their contents? How does either the librarian or the lay person know if the list of references is complete or correct? If it is not, the threat of malpractice liability exists.

The purpose of this research project was to explore the effects of reference services policies on the provision of reference services to the general public by academic health sciences libraries. Of particular interest was the issue of giving search output from a mediated search to the general public who ask medical reference questions.

Literature review

There has been much discussion in the literature regarding the policies and ethics of reference services in health sciences libraries, including academic health sciences libraries. Although a reference department can function without a manual (Clemmons and Schwartz, 1994), there is general agreement that the health sciences library should have written policies and procedures. By "[formulating] the many unwritten policies which existed in the minds of senior members" of the reference department (Lynch, 1972, p. 222), written policies and procedures ensure more consistent service to users and support the library staff who must explain service priorities (Clemmons and Schwartz). Clemmons and Schwartz state that

> Inconsistent service can cause confusion and frustration among library users. If one reference librarian routinely gathers detailed statistics for researchers, and another librarian responds to such a request by saying, "You'll have to come to the library and look for yourself," problems will develop. Guidelines help determine the extent to which a reference librarian should assist a particular type of user with a specific service. (p. 204)

A written reference services policy also specifies the academic health sciences library's responsibility to persons not formally affiliated with the university (Lynch, 1972) and prevents the balance between available resources and outside demand from getting "out of hand" (Landwirth, Wilson, and Dorsch, 1988). For, as Landwirth et al. go on to say, "Fulfilling the service mission should not overshadow the university's obligation toward its primary clientele" (p. 211)

There are guidelines for developing academic health sciences library reference services policies. In 1979, the Standards Committee of the American Library Association's Reference and Adult Services Division published its Developmental Guidelines, which have formed the basic outline for many reference services policy manuals, including that of the Health Sciences Library, University of North Carolina at Chapel Hill (Clemmons and Schwartz, 1994). These guidelines are not very specific; for example, Section 6.0, Ethics of Service, states, "eligibility of users will be determined by the role, scope, and mission of individual institutions" (American Library Association, 1979, p. 277).

As stated earlier, most academic health sciences libraries have now opened their doors to the general public, as health consumers. According to Landwirth et al. (1988), there are two major reasons for this development. First, land-grant institutions accepted a three-fold mission of teaching, research, and public service when they were created by the Morrill Act in 1862. Since a majority of medical schools (and many hospitals) receive federal or state funding in the form of research grants, a per-capita support of students, or Medicare reimbursement, medical libraries in those institutions receiving government funding would be advised to reevaluate any policy restricting access to the collection (Wood and Renford, 1982). Second, libraries located in small communities feel an obligation to meet the needs and foster the goodwill of the community (Landwirth et al.).

Once librarians accept an active role in providing consumer health information, they must "tackle the technical and ethical aspects of medical reference transactions" (Alloway, 1983, p. 145). As Wood (1991) points out, a librarian who is dealing with a request for health care information from the general public cannot be sure that the individual has adequate information to ask the appropriate question. When an individual

does not know the diagnosis or is unsure of what he or she really wants, no amount of

reference intrerview questioning can elicit the proper information (Wood, 1991). There is

also the matter of dealing with the biomedical literature. It is difficult even for health

professionals to sort through what Alloway (1983, p. 145) calls the "overwhelming mass

of medical information." Alloway states the following:

> There are different perspectives, diagnoses, and treatments possible for the same
> matter of concern; authorities disagree and the press may cover only one aspect of
> a topic...How much more difficult it is for the librarian or consumer who may not
> understand technical terms and may not be aware of the full spectrum of
> information. (p. 145)

Alloway's (1983) recommendations for dealing with these medical reference

transactions include being able to identify basic medical reference tools, knowing where

they can be located if one's library does not own them, knowing where any necessary

reference referrals can be made, and being familiar with one's own library collection. She

also adheres to the "golden rule" of medical reference: "At no point does the librarian

interpret or evaluate the information retrieved" (Carroad and McGregor, 1982, p. 259).

It is more difficult for health sciences librarians to adhere to this rule in the 1990's.

Because of the current information explosion, the health sciences librarian is increasingly

asked to interpret, translate, and evaluate information for clientele (Puckett, Ashley, and

Craig, 1991).

Librarians pride themselves "on the ability to search diligently throughout the

broad spectrum of knowledge and to retrieve information needed by clients...[They] have

shown little anxiety over the possibility that critical decisions might be made based on the

information provided" (Puckett et al., 1991, p. 34). But with the expanding role of

reference services and the increase in electronic database searching, the issue of information practice liability becomes increasingly important (Puckett et al.).

Although no librarian has yet been sued for personal malpractice, an academic health sciences librarian, like any other professional, could be sued for negligence (Puckett et al., 1991). In the course of an electronic database search, librarians must "evaluate requests for information, determine the best databases for searching..., evaluate the results, decide if results are appropriate..." (Puckett et al., p. 39). Under these circumstances, there are two types of negligence that can lead to liability for the information professional: parameter negligence, wherein one neglected to consult the correct source, and omission negligence, wherein the correct source was consulted, but the searcher failed to locate the correct answer(s) (Pritchard and Quigley, 1989). When a librarian completes a database search, he or she directly influences the outcome of the information exchange, increasing their potential for liability; if they summarize or interpret the search results, the liability risk is even higher (Cremieux,1996).

Puckett et al. (1991) state that librarians need to take responsibility for the information passed along to the client. They explain that many users, especially the general public, have the common misconception that data from an online computerized database is completely accurate. Medical librarians are generally viewed by clients as experts in information retrieval. Clients tend to accept the information provided as complete, without questioning or seeking a second opinion as is often done with a health science practitioner. Further, the increase in fee-based services increases the risk of liability. This is because clients not affiliated with the institution are the ones usually charged a fee for

search and printing services; "when a patron receives something at no expense, he or she may be more tolerant of some inaccuracy" (Puckett et al., 1991, p. 40).

Pritchard and Quigley (1989) explain that academic and government librarians are less likely to be sued than some other types of information specialists,

> because there is usually no direct compensation for their services. However, government employees in most states can be sued if they are involved in activities which produce income; i.e., to the extent that an academic or public library is generating fees beyond costs for providing information services, then that activity would be considered proprietary and consequently, outside most states' immunity statutes which protect firefighters, police officers, etc., from liability. (p. 59)

Puckett et al. (1991) suggest several ways to protect against the threat of malpractice. Four of these stand out in particular.

- Continuing education. Continually upgrade staff both in techniques and in subject areas.

- Search request form and client interview. Follow a set pattern with clients, and do not provide the results without discussion.

- Referral of a request. The health sciences librarian should know when the available information is not adequate and should know to refer to a subject expert.

- Reference policy. A common recommendation throughout the literature is to regularly examine the reference services policy and keep it up to date.

Some experts recommend an additional measure to limit malpractice liability, i.e., the provision of a disclaimer. Pritchard and Quigley (1989) recommend that information specialists consider having a written contract for their services. Pritchard and Quigley go on to describe some of the contents of such a contract:

> An exculpatory clause or a release could be included into either the contract for employment or could be signed upon acceptance of results...A provision should be

included which specifically disclaims any responsibility to any third party who might rely on the information. (p. 61)

Including electronic database searching as a reference service has not only potential legal implications, but ethical ones as well. Wood and Renford (1982) point out that

> Quality, or lack of quality, in computer search services can be considered a form of censorship. Unlike a printed index to which the reference librarian might point a patron, the computer-generated bibliography is a highly selected list of references generated by the reference librarian. Medical library users, including physicians, lawyers, lay persons, etc., have a tendency to accept a MEDLINE printout as 'the final word' with regard to the literature simply because it was produced by a computer. On the other hand, the patron who recognizes that he had received a poor search may not trust future computer searches. Care should be taken to let the patron know what was searched and that additional information might be available elsewhere. Medical reference librarians need to assess the implication that poor quality searching leads to inadvertent censorship. (p. 83)

Responding to the need for an official, organizational statement regarding this area of growing interest and complexity, the Consumer and Patient Health Information Section of the Medical Library Association developed a policy statement on the librarian's role in the provision of consumer health information and patient education, which was approved and endorsed by the Board of Directors of the Medical Library Association (MLA) in February, 1996. As the opening paragraph of the policy statement points out, "The role of the librarian differs depending on the mission and policies of the organization" (Medical Library Association and the Consumer and Patient Health Information Section (CAPHIS/MLA), 1996, p. 238). Therefore, the statement only identifies potential institutional and community roles for the health librarian in consumer health information and patient education. These roles are grouped under six categories: collection management, knowledge and resource sharing, advocacy, access and dissemination of

information, education, and research. It is only the closing paragraph of the policy

statement that provides a specific, cautionary guideline, which even includes a built-in

disclaimer:

> While librarians are experts in identifying and providing information, they are not practicing health professionals who interpret information and give advice. It is important that librarians avoid suggesting diagnoses and recommending particular health professionals or procedures. The role of the librarian is to provide access to a range of authoritative materials, but he or she cannot be held responsible for the scientific accuracy or currency of all materials in the collection. (p. 239)

Although the literature abounds with discussions of current thought and theory on

academic health sciences library reference services policy and ethics, there is not much

published research regarding actual practices in the libraries as relates to the general

public. In a 1975-1976 survey of public information services at publicly-supported and

privately-supported medical school libraries, Jeuell et al. (1977) found that private

medical school libraries were twice as likely (63% versus 26%) to have written policies

concerning information services to external users. Eighty-two percent of publicly-

supported and 63% of privately-supported medical school libraries offered ready reference

service to all members of the general public; however, only 32% of the publicly-supported

medical school libraries and 23% of the privately-supported medical school libraries

offered to all members of the general public "extensive reference services (excluding

bibliographies) for requests received" by telephone, by mail, or in person. In the discussion

section of the article, Jeuell et al. (1977) reported that 68% of the public schools and 57%

of the private schools provided manual literature searches to all or some of the general

public, while 88% of the public schools and 83% of the private schools provided

computerized literature searches. However, if one looks at the survey results of the

privately-supported libraries, as listed in the appendix at the end of the article, one sees a different picture. In response to the question, "Do you provide computerized literature searches for requests received by telephone," 43% provided this service to all members of the general public, while 23% provided it to "Some" (only a "restricted user population" from the general public). For the same request, but received by mail, the response was 49% "All," 23% "Some." For the same request, but received in person, the responses increased to 54% "All," 29% "Some." The percent breakdown of responses on this questionnaire for the publicly-supported libraries are not provided in the article, so no specific comparison can be made.

More recently, in an unobtrusive study of reference activity in one medical school branch library, Landwirth et al. (1988) found that persons not affiliated with the library accounted for 51% of reference activity. Eleven percent of the reference questions came from the general public, not including nonaffiliated health professionals or staff from other libraries or legal offices; these same people asked questions concerning personal health 38% of the time. Nonaffiliates preferred manual searches (16%) over computer searches (2%), for which a fee was charged. One-third of the time, initial contact was by phone. Questions from nonaffiliates were usually handled by nonprofessional staff; while those from affiliates were more often answered by professionals. Hours of use were partly responsible for this pattern (Landwirth et al.)

In 1991, the American Medical Association (AMA) Library and Information Management Division conducted a survey of 481 randomly selected hospital, medical center, and medical school libraries, with the purpose of collecting information about library accessibility to patients (Hafner, 1994). Of the responding libraries, 73% served

hospitals or medical centers, and 27% served medical schools. Hafner found that 58.1% of the responding libraries allowed patients access with no restrictions, 19.9% allowed patients access with restrictions such as physician approval (13.4%) or other limitations (6.5%), and 22% did not allow access to patients. However, this survey concerned only patients--not the rest of the general public--and did not distinguish between the responses of hospital libraries and medical school libraries. Additionally, the survey addressed only the issue of accessibility; it did not address the issue of what, if any, reference services were provided to the patients.

The Association of Academic Health Sciences Library Directors (AAHSLD) is composed of the library directors of 142 accredited U.S. and Canadian medical schools that belong to the Association of American Medical Colleges (AAHSLD, 1998). Each year, AAHSLD conducts a survey and publishes its *Annual Statistics of Medical School Libraries in the United States and Canada*, a compilation of comparative data on collections, expenditures, personnel and services in medical school libraries (AAHSLD, 1998). The publication does not provide much information on reference services; however, in the table covering use statistics, there is a listing of the total number of "reference transactions" for each library.

Even less has been published about reference services in veterinary medical libraries. Hafner (1994) specifically excluded them from the randomly selected list of libraries for his survey.

Every three years the Veterinary Medical Libraries Section of the Medical Library Association conducts a survey (similar to that of the AAHSLD) of the libraries serving the 31 U.S. and Canadian veterinary schools accredited by the American Veterinary

Medical Association (AVMA). Results are disseminated only to responding libraries. The 1996/97 survey does ask for the number of the library's primary clients (faculty, professional students, graduate students). In a later section on computer access, the questions on online catalogs and numbers of computer workstations refer to equipment available for "use by clients/patrons rather than staff"; there is not any mention of the general public.

In 1982, Johnson and Coffee published the results of a 1979 survey of the libraries of the then-25 accredited veterinary schools. The results included a rather comprehensive set of descriptive statistics, mostly about library holdings, size, staffing, and other demographic data. There was passing mention of the libraries' primary users, which included the veterinary schools, pharmacy schools, a dental school, and nurses among the primary users, depending on the library. All libraries also supported researchers as users. Discussing the implications of their survey, Johnson and Coffee stated its limitations, i.e., that "descriptive statistics cannot convey the 'subjective' aspects of libraries, such as the services offered" (p. 19), and that their figures "say nothing about the veterinary medical library's role in providing information to practicing veterinarians" (p. 19). They noted that additional research is needed on the people served by veterinary medical libraries, because information gained about other library users may not apply to veterinary medical students, faculty, and practitioners.

As a preliminary step to a survey of the use of information resources by veterinary practitioners, Pelzer and Leysen (1991) surveyed the 27 veterinary medical school libraries in the United States to determine what library services were available to these private practitioners. All 17 responding libraries provided some services to the veterinarians. The

most common services provided, indicated by the number of libraries performing the service, were telephone/mail reference (16), article photocopying (15), computer literature searches (15), lending from the collection (13), guidance in using do-it-yourself literature searches (7), and guidance in establishing computer reprint files (2).

To summarize, very little research has been published regarding the consumer health reference services policies of academic health sciences libraries. Less has been done regarding policies toward the general public, rather than patients, as health consumers. Nor has there been any focus on reference services for health consumers at veterinary medical libraries.

The current study was planned in order to initiate some understanding of the current status of academic health sciences libraries' reference services policies concerning the general public. The issue of giving search output from a mediated electronic database search to the general public who ask medical reference questions was used as a focal point of the study. It was hoped that the project would answer some or all of the following questions:

Are the reference policies of academic health sciences libraries in agreement regarding the giving of database search results (i.e., specific bibliographic references, with or without abstracts, or full text of articles) to members of the general public who ask medical reference questions? Here, medical reference questions of concern are those involving a specific disease, diagnosis, or treatment. Do academic health sciences librarians attempt to answer these questions, or do they refer the user to a medical specialist?

Since awareness is higher regarding cases of human medical malpractice than cases

of veterinary medical malpractice, do medical school libraries and veterinary

medical school/college libraries handle this situation differently?

If there are differences in the ways in which various libraries handle this reference

situation, what other factors are involved?

--the existence of a written reference policy?

--how recently the policy was updated?

--source of library funding (i.e., public versus private)

--school enrollment size?

--whether the library serves a single professional school or two or more

schools?

--whether or not a fee is charged for the database searching service?

Methodology

A questionnaire (see Appendix 1) was designed for this study. Questions focused on the following five major areas: patron access to library reference materials and databases, mediated reference services provided to the general public, written policies and disclaimers, significance of subject content of consumer health search requests, and characteristics of responding libraries. Some questions regarding reference services were adapted from the reference policy questionnaire used by Jeuell et al. (1977). The library categories used in question 12 were adapted from those used for the *Annual Statistics of Medical School Libraries in the United States and Canada. 1996-97.* (AAHSLD, 1998). A modification was made to permit the categories to be used for either a medical school library or a veterinary medical school library.

The questionnaire was pre-tested by two academic health sciences librarians--the Head of Public Services at a medical school library and the head of a veterinary medical library. Some minor revisions in the questions were made to incorporate the suggestions of the pre-test participants.

In November 1998, questionnaires were mailed to all medical (including allopathic and osteopathic) school libraries and veterinary medical school libraries in the United States and Canada. Medical school library names were obtained from the *Annual Statistics of Medical School Libraries in the United States and Canada* (AAHSLD, 1998); library

addresses were obtained either from the *Annual Statistics*, from the *American Library Directory 1998-99* (ALA, 1998), or, in a few cases, from the libraries' Web pages. Veterinary medical school library names and addresses were obtained from the *1998 AVMA Directory and Resource Manual* (AVMA, 1998). In three cases, the address listed for a veterinary medical library was the same as that for the institution's medical school library; only one questionnaire was mailed per institution.

Questionnaires, accompanied by a cover letter (see Appendix 2), two copies of a consent form (see Appendix 3), and a self-addressed, stamped envelope, were mailed to 173 (142 medical school and 31 veterinary medical school) libraries, the majority addressed to the library director, but some addressed to the Head of Reference Services, where the name of that person was known. In January 1999, a follow-up letter and another copy of the questionnaire were mailed to non-respondents. Two libraries returned two questionnaires (the original as well as the follow-up copy), only one of which was included in the analysis. The final number of usable questionnaires received was 130, for a 75% response rate. Data analysis was performed using SPSS 8.0 for Windows. A follow-up e-mail message was sent to nine of the survey respondents, requesting clarification of their answer to question 9 of the questionnaire. One message was undeliverable; of the other eight, six received a response.

Results

As determined from their job titles and their library category, 68 (52%) of the survey respondents had an administrative position (i.e., library director or assistant director), and 61 (47%) were in public services or had an administrative position with a public services component (e.g., head of a small branch library or head of reference services). One respondent did not answer this question.

Asked to describe their library, given a choice of five categories, 70 (54%) respondents listed it as a separate library serving a medical/veterinary school and at least one other school, e.g., nursing or dentistry. Twenty-eight (21.5%) listed their library as serving the health sciences and both the undergraduate and graduate programs in the life sciences. Twenty-five (19%) respondents worked in a separate library serving a medical school or a school/college of veterinary medicine. Four (3%) respondents worked in a branch library serving all of the university's sciences programs, including medicine. Two (1.5%) libraries served a clinical sciences program only. One respondent did not answer the question.

Of the 130 responding libraries, 104 (80%) served medical schools, 19 (15%) served veterinary schools, and 7 (5%) served both a medical school and a veterinary school. Eighty-two (63%) respondents reported that their library's primary source of funding was public, and 47 (36%) reported that it was private; one respondent did not answer this question.

A breakdown of the enrollment size of the libraries' parent institutions and the number of the libraries' primary clientele is shown in Table 1. Over 80% of the libraries served a parent institution with an enrollment size of more than 1,000 students; 78% served a primary clientele in that size range. Of the 129 respondents who identified their library's primary clientele, 125 (97%) included faculty, 121 (94%) included staff, 128 (99%) included students, and 49 (38%) included other clientele. Teaching hospital staff and other health professionals were the most frequently included "other" clientele. Five libraries wrote in "general public" as "Other."

Table 1

Enrollment Size of Libraries' Parent Institutions and Number of Libraries' Primary Clientele

Size/Number	Frequency/Percent			
	Enrollment in parent institution		Primary clientele	
Less than 500	10	(7.7%)	8	(6.2%)
501-1,000	12	(9.2%)	18	(13.8%)
1,001-5,000	36	(27.7%)	54	(41.5%)
Greater than 5,000	69	(53.1%)	48	(36.9%)
Did not answer	3	(2.3%)	2	(1.5%)

Most (118, 91%) of the responding libraries allowed the general public to enter the library and use its print reference collection on their own. Of those libraries, 92 (78%) had a print reference collection that included sources written for health consumers as well as sources written for health professionals. The other 26 (22%) had only sources written for health professionals.

A slightly smaller number (103, 79%) of the responding libraries allowed the general public to use the library's computers and electronic reference databases to search for information on their own. Asked what types of databases were available to members of the general public, 66 (65%) respondents reported that the public had access to databases designed for health consumers as well as biomedical databases (e.g., MEDLINE) designed for health professionals. Thirty-three (32%) libraries provided access only to biomedical databases designed for health professionals, and the other 3 (3%) libraries provided access only to databases designed for health consumers.

Not surprisingly, there was a significant relationship between library funding source and whether or not the library allowed the general public access to its print reference collection. Allowing access were 81 (99%) of the responding publicly-funded libraries and 37 (79%) of the responding privately-funded libraries (chi-square=15.409, p=.000). A stronger relationship existed between library funding source and access to electronic databases, where 78 (95%) of publicly-funded libraries allowed the general public access to electronic databases, versus 25 (53%) of the privately-funded libraries (chi-square=32.640, p=.000).

Survey participants were next asked which mediated reference services their library provided to the general public, in response to specific requests. Not surprisingly, ready reference--where the answer could be quickly located in a directory or a similar reference source--was the most frequently provided reference service (see Table 2), regardless of whether the patron was on-site or remote. More interestingly, the frequency of libraries performing mediated searches of electronic databases was greater than the frequency of libraries that would perform printed literature searches. For all three reference services,

fewer libraries answered reference questions received electronically than by another point

of contact, but even this reference service was performed by the majority of the

respondents. Of the 84 libraries that reported providing print source literature searches in

response to requests initiated from at least one of the three possible points of contact, the

majority (59.5%) charged the general public for this service.

Table 2

Mediated Reference Services Provided by Libraries to the General Public

			Frequency /Percent	
Service	Point of contact	n	Yes	No
Ready reference (look-up)				
	In person	130	117 (90.0%)	13 (10.0%)
	By telephone	130	118 (90.8%)	12 (9.2%)
	By e-mail or fax	128	101 (77.7%)	27 (20.8%)
Literature searches (print)				
	In person	130	84 (64.6%)	46 (35.4%)
	By telephone	130	80 (61.5%)	50 (38.5%)
	By e-mail or fax	130	74 (56.9%)	56 (43.1%)
Database searches (electronic)				
	In person	130	96 (73.8%)	34 (26.2%)
	By telephone	127	90 (69.2%)	37 (28.5%)
	By e-mail or fax	127	88 (67.7%)	39 (30.0%)

Most differences in the provision of mediated reference services to the general

public were due to the library's source of funding. As expected, the number of publicly-

funded libraries providing a service was greater than the number of privately-funded

libraries providing that service for each of the nine reference service/point of contact

possibilities. There was a significant relationship between funding source and whether or not the library performed print source or electronic database searches. Sixty (73%) publicly-funded libraries and 24 (51%) privately-funded libraries performed print source literature searches in response to requests received in person (chi-square=6.428, p=.011). Fifty-nine (72%) publicly-funded libraries performed print source searches in response to requests received by telephone, compared with 21 (45%) privately-funded libraries (chi-square=9.432, p=.002). Two-thirds (55, 67%) of publicly-funded libraries performed print source searches in response to requests received by e-mail or fax, while less than half (19, 40%) of privately-funded libraries performed this service (chi-square=8.674, p=.003). The difference was even greater for the provision of electronic database searches. Seventy-one (87%) publicly-funded libraries and 25 (53%) privately-funded libraries performed database searches in response to requests received in person (chi-square=17.500, p=.000). Sixty-six (83.5%) publicly-funded libraries performed database searches in response to requests received by telephone, compared with 24 (51%) privately-funded libraries (chi-square=15.233, p=.000). Nearly twice the proportion of publicly-funded (66, 83.5%) as privately-funded (22, 47%) libraries performed database searches in response to requests received by e-mail or fax (chi-square=18.880), p=.000).

There was no significant relationship between the provision of mediated reference services and whether a library supported a medical school or a veterinary medical school. Of interest, however, was the finding that all 26 respondents whose libraries supported veterinary medical schools provided ready reference in response to requests received by telephone, compared with 92 (88.5%) respondents whose libraries did not support a veterinary medical school (i.e., the latter supported a medical school only).

One hundred survey participants (77% of the 130 respondents) reported that their libraries provided mediated electronic database searches to the general public, in response to requests initiated from at least one of the three possible points of contact (in person, by telephone, or by e-mail or fax). However, more than two-thirds of these libraries performed fewer than six searches for the general public in an average week (see Table 3).

Table 3

Number of Mediated Electronic Database Searches Performed by Libraries for the General Public

Searches per week	Frequency	Percent
0-5	68	69.4
6-10	7	7.1
11-20	5	5.1
More than 20	7	7.1
Don't know	11	11.2
Total	98	100

Note. Two eligible respondents did not answer this question.

The same 100 participants were asked if their libraries charged the general public a fee for this electronic database searching service. Of the 98 who responded, 80 (82%) reported that their library charged a fee for performing the search; only 43 (44%) libraries charged a separate fee for printing the search results. A breakdown of both fee responses by library funding source indicated that 58 (79.5%) publicly-funded libraries and 22 (88%) privately-funded libraries charged a search fee, while 28 (39%) publicly-funded libraries and 15 (58%) privately-funded libraries charged a separate printing fee. Neither relationship was significant at the .05 level.

Asked which types of record formats were provided in the search results that were given to the general public, almost all respondents reported that their library provided bibliographic references with abstracts (see Table 4). However, only half of the libraries provided the full text of articles. There were no significant relationships between the provision of full text of articles and any other variables. Fifty percent of the veterinary school libraries provided full text, as did 49% of medical school libraries. However, it was interesting to note that 65% of the libraries not charging a database searching fee did provide full text, compared with 46% of the libraries that did charge this fee. The presence of a written reference services policy also made a slight difference: although equal numbers of libraries with and without a written policy provided full text, 29 (58%) libraries with a written policy and 21 (42%) libraries with a non-written policy did not provide full text.

Table 4

Record Formats Provided to General Public as Part of Search Results

Record format	n	Frequency/Percent	
		Yes	No
Bibliographic references without abstracts	98	88 (89.8%)	10 (10.2%)
Bibliographic references with abstracts	99	97 (98.0%)	2 (2.0%)
Full text of articles	98	48 (49.0%)	50 (51.0%)

Respondents were asked whether or not their library attached or stamped any written disclaimer statement (e.g., "Please remember that information alone cannot take the place of health care. You may want to discuss this information with your physician...")

on the search output provided to the general public. Thirty-one (31% of the 99 respondents) libraries did include a written disclaimer; 68 (69%) did not. Of the 68 respondents without a written disclaimer, 13 commented that they did tell the patron verbally that he or she should discuss the results with his or her physician. There was no significant relationship between funding source or library category and whether or not the library had a written disclaimer. However, there was a significant relationship (chi-square=6.715, p=.035) between the type of medical school(s) served by the library and whether or not the library had a written disclaimer. Written disclaimers were used by 29 (38%) libraries serving medical schools, 1 (6%) library serving a veterinary medical school, and 1 (17%) library serving both a medical school and a veterinary school.

All 100 eligible survey participants answered the question that asked who performed the electronic database searches that were provided to the general public. In all libraries, librarians performed at least some of the searches. Support (paraprofessional) staff performed some searches in 38% of the libraries, while student workers performed some searches in only 12% of the libraries. There was a significant relationship between searches by non-librarians and the type of medical school(s) served by the library. Support staff performed some of the searches in 11 (69%) libraries serving veterinary medical schools, 27 (35%) libraries serving medical schools, and none of the libraries serving both (chi-square=10.478, p=.005). Although the relationship was not significant, student workers also performed some of the searches in a higher percentage of libraries serving veterinary medical schools (4, 25%) than medical schools (8, 10%) and none of the libraries serving both.

To determine whether or not a library's response to a request for an electronic

database search depended on the subject content of the patron's (i.e., member of the

general public) medical reference question, survey participants were presented with four

questions having different subject matter and asked to check what their action would be in

response to each question. Although the author requested that only one action be checked

for each of the four questions, the percent of respondents who checked more than one

action ranged from 18-27%, depending on the question (see Table 5).

Table 5

Library Action(s) in Response to Four Consumer Health Requests for Electronic Database Search

Response(s)	Topic of consumer health search request							
	Specific author		Diabetes treatments		Specific lice treatment		New diagnostic tests	
Questionnaires having one response								
Conduct search, as requested	42	(43.8%)	25	(26.6%)	26	(27.1%)	36	(38.3%)
Refer patron to a (their) health professional					26	(27.1%)	2	(2.1%)
Teach patron to do search	33	(34.4%)	37	(39.4%)	24	(25.0%)	31	(33.0%)
Other			7	(7.4%)	3	(3.1%)	2	(2.1%)
Questionnaires having more than one response								
Conduct, Refer			2	(2.1%)			2	(2.1%)
Conduct, Teach	19	(19.8%)	18	(19.1%)	13	(13.5%)	17	(18.1%)
Conduct, Other	1	(1.0%)	3	(3.2%)	3	(3.1%)	3	(3.2%)
Refer, Teach								
Refer, Other			1	(1.1%)	1	(1.0%)	1	(1.1%)
Teach, Other	1	(1.0%)						
Conduct, Refer, Teach			1	(1.1%)				
Total number of respondents	96		94		96		94	

Note. An empty cell indicates that no respondent gave that answer to that particular search request.

Depending on the question, 27-44% of the respondents indicated that they would perform the requested searches. Not surprisingly, the author search ("I am looking for everything written by Author X about lung cancer. What can you find for me?") was the search that the most respondents would conduct as requested. Fewer respondents would conduct searches in response to the requests for medical information--available diabetes treatments, a specific treatment for lice, or new diagnostic tests for breast cancer. Twenty-six (27%) respondents indicated that they would conduct the search for the specific lice treatment; however, an equal number reported that they would instead tell the patron to see a health professional. Rather than conduct the requested searches, 25-39% of the respondents would teach the patron how to do the search for himself/herself. Depending on the question, an additional 13.5-20% of the respondents checked both "Conduct search, as requested" and "Teach patron to do search."

There was a significant relationship between funding source and whether or not libraries would conduct three of the four requested searches. The majority of both publicly- and privately-funded libraries would conduct the author search; a larger number (21 of 26) of respondents from privately-funded libraries reported that they would do so (chi-square=4.084, p=.043). As for the search request for diabetes treatments, 29 (43%) respondents from publicly-funded libraries reported that they would conduct the search, compared with 20 (77%) respondents from privately-funded libraries (chi-quare=8.855, p=.003). Over 50% of libraries with either type of funding would not conduct the search for a specific lice treatment. Regarding the search request for new diagnostic tests for breast cancer, 36 (53%) publicly-funded libraries and 22 (85%) privately-funded libraries would conduct the search (chi-square=7.985, p=.005).

There was no significant relationship between the type of medical school(s) supported by the libraries and whether or not the libraries would conduct the four requested searches. However, in the case of the requested search for a specific lice treatment, for which the majority of libraries would not conduct the search, a slightly larger number of respondents from libraries supporting medical schools indicated that they would conduct the search. The breakdown of libraries that would conduct the search was the following: medical school--36 (48%), veterinary medical school--3 (20%), both medical school and veterinary medical school--3 (50%).

All 130 survey participants were asked two questions regarding their library's reference services policies. In response to the question asking what type of overall reference services policy their library had, 55% reported that their library had a written policy; in contrast, only 30% had a written policy specifically pertaining to consumer health reference services (see Table 6).

Table 6

Type of Overall and Consumer Health Reference Services Policies

	Frequency/Percent			
Type of policy	Overall policy		Consumer health policy	
Written	71	(54.6%)	39	(30.0%)
Understood or implied	58	(44.6%)	89	(68.5%)
"No policy"	1	(0.8%)		
Did not answer			2	(1.5%)

Those who had written reference services policies were asked the year in which the policies were last updated. Of the 59 (out of a possible 71) responses regarding the overall

policy, the years ranged between 1989 (1, 2%) and 1999/"Currently under revision" (11, 19%), with 1998 (20, 34%) as both the median and the mode. Of the 31 (out of a possible 39) responses regarding a specific consumer health policy, the years ranged between 1991 (1, 3%) and 1999/"Currently under revision" (8, 26%), also with 1998 (14, 45%) as both the median and the mode. Most (39, 66% of the overall reference services policies and 27, 87% of the consumer health reference services policies) had last been updated during or after 1997.

There was a significant relationship (chi-square=14.150, p=.001) between the existence of a written reference services policy and the type of medical school(s) supported by the libraries. Of 129 respondents, 63 (61%) libraries serving medical schools had a written policy, compared with 3 (16%0 libraries serving veterinary medical schools and 5 (71%) libraries serving both.

The relationship between library category and the existence of a written reference policy was extremely significant (chi-square=22.334, p=.000). Forty-five (63%) of the separate libraries serving a medical/veterinary school and at least one other school had written policies. However, written policies existed in only 20 (28%) libraries serving the health sciences and both the undergraduate and graduate programs in the life sciences; 4 (6%) separate libraries serving a medical school or a veterinary medical school; 1 (1%) branch library serving all of the university's science programs; and 1 (1%) library serving a clinical sciences program only.

There was also a significant relationship between the size of a library's primary clientele and whether or not it had a written reference services policy (chi-square=12.700, p=.005). The breakdown of libraries with a written policy was as follows: less than 500

primary clients—4 (50%); 501-1,000 primary clients—3 (17%); 1,001-5,000 primary clients—34 (63%); more than 5000 primary clients—29 (60%).

No significant relationship existed between the presence of a written reference services policy and either the source of a library's funding or the enrollment size of its parent institution.

No significant relationship existed between the presence of a written reference services policy and the provision of mediated references services to the general public. For the nine reference service/point of contact combinations shown in Table 2, the number of libraries with a written policy that did not perform a service was 3-7% higher than for libraries without a written policy.

However, there was a significant relationship between the existence of a written reference services policy and whether or not a library charged a fee for doing either print source literature searches or electronic database searches. A fee for doing print source searches was charged by 22 (56%) of the libraries without a written policy, compared to only 12 (27%) libraries that had a written policy (chi-square=7.672, p=.006). In contrast, 49 (91%) libraries with a written policy charged a fee for database searches, compared to 31 (70.5%) libraries without a written policy (chi-square=6.654, p=.010).

No significant relationship existed between the presence of a written reference services policy and either who performed the database searches or whether or not the library used a written disclaimer.

The relationship between the existence of a written consumer health reference services policy and the type of medical school(s) served by the library was also extremely significant (chi-square=14.297, p=.001). While 39 (38%) libraries serving medical schools

had a written policy, none of the libraries serving a veterinary school or both types of schools had one. As with the existence of an overall policy, there was a significant relationship between the existence of a written consumer health reference services policy and library category. The number of libraries having a written consumer health policy was as follows: 2 (100%) libraries serving a clinical sciences program only; 13 (46%) of the libraries serving the health sciences and both the undergraduate and graduate programs in the life sciences; 23 (33%) of the separate libraries serving a medical/veterinary school and at least one other school; 1 (4%) of the separate libraries serving a medical school or a veterinary medical school; none of the branch libraries serving all of the university's science programs.

In contrast with the overall policy, there was a significant difference between the existence of a written consumer health policy and the library funding source (chi-square=5.120, p=.024). Twenty (43%) privately-funded libraries had a written policy, compared with 19 (23.5%) publicly-funded libraries.

There was also a significant relationship between the existence of a written consumer health policy and the enrollment size of the parent institution (chi-square=8.534, p=.036). The breakdown of libraries with a written policy was as follows: less than 500 students—3 (30%); 501-1,000 students—6 (50%); 1,001-5,000 students—15 (42%); more than 5,000 students—13 (9%).

Surprisingly, the only significant relationship that existed between the presence of a written consumer health policy and provision of reference services or the charging of fees involved the provision of ready reference to patrons appearing in person (chi-

square=4.853, p=.028). Seven (18%) libraries with written policies did not provide this service, compared with 5 (6%) libraries without a written policy.

There was an extremely significant relationship between the existence of a written consumer health policy and the use of a written disclaimer (chi-square=8.724, p=.003). Fifteen (54%) libraries with a written policy had a written disclaimer, while 16 (23%) libraries without a written policy used one.

Discussion

The results of this study indicate that there are as many different consumer health reference services policies as there are academic health sciences libraries. This is not surprising, as each library must tailor its policy to accomplish its stated mission and to suit its specific situation regarding such factors as financial constraints, library staff size, or the existence of an agreement with the local public library.

Findings in this study were similar to those of Jeuell et al. (1977), who showed that publicly-funded libraries provided more mediated reference services to the general public than did privately-funded libraries. None of the other variables considered in the current study explained any significant difference in the provision of these services.

As expected, the current study did find some indication that the subject content of the medical reference question making up the search request influenced whether or not a library would conduct the requested search for a member of the general public. Although some libraries would conduct all four of the requested searches, others would not conduct a search for specific medical information. Only the request for a specific medical treatment was referred to a health professional to any great extent. This appeared to be due, in part, to the fact that the library had the option of teaching an on-site patron how to conduct a database search to find the information which he or she was seeking.

Any stronger conclusion regarding the effect of subject content on the response to a search request was obscured, partly by the unexpectedly large percentage of respondents

who chose "Teach" as their response, rather than "Conduct" or "Refer." Ten survey participants even chose "Teach" as a response to all four questions, even though their responses to previous questions indicated that their libraries did perform electronic database searches for the general public.

A follow-up e-mail message was sent to the 9 of these participants who had given prior permission, requesting a clarification of their response. Six of the e-mail recipients responded with an explanation of their original answer. All six indicated that they would perform one or more of the four requested searches; four stated that they would conduct all four requested searches. The explanation common to five responses was that they had originally checked "Teach" because on-site patrons usually liked to be taught to do their own search, once they learned about the search fee charged to nonaffiliates. The sixth e-mail recipient, who would conduct the searches as requested, explained that the response "Teach" referred to all of the explanations included in a normal reference interview, including discussions of limitations of the library collections and telling the patron that he/she should discuss the received information with their physician or other appropriate persons.

Another factor that weakened any conclusion to this question was the survey design itself. Survey participants were not given the option of providing separate responses for on-site and remote patrons; therefore, a few checked more than one response and indicated the point of contact in writing. Other participants may have had the same idea in mind when checking more than one response but did not so indicate.

Most libraries that would perform searches for the general public did not actually do very many in an average week. One reason for the low number was the existence of a

fee for mediated database searches. Although the relationship was not significant, this study found that libraries doing the most ("greater than 20") searches per week were the only group for which libraries not charging a search fee outnumbered libraries which did charge a search fee. (The existence of a separate printing fee did not make a difference; as verified by some participants' comments, this was due, at least in part, to the fact that patrons were told that printing charges were included in the search fee.)

Comments of respondents from libraries where non-librarians performed some of the searches indicated that only qualified individuals did mediated searching. One comment stated that all support staff who did searches were either enrolled in a Masters of Library Science degree program or had a baccalaureate degree in health sciences. Three comments related to student workers who did searching. One respondent stated that only students in library science did searching, while another stated that only veterinary students hired for information services tasks performed searches; a third respondent indicated that only one of their student workers had the necessary skills and so performed searches.

The results of this study indicate that there are as many different consumer health reference services policies as there are academic health sciences libraries. This is not surprising, as each library must tailor its policy to accomplish its stated mission and to suit its specific situation regarding such factors as financial constraints, library staff size, or the existence of an agreement with the local public library.

The existence of either a written reference services policy or a written consumer health policy did not have much effect on reference services. However, type of library and size of its primary clientele or its parent institution did influence whether or not a library had a policy.

This study presented a very limited opportunity to explore the topic of consistent reference service. In two cases, where non-responding libraries received a second copy of the survey, two different individuals independently completed and returned a questionnaire. Although only one questionnaire per library was included in the survey, both questionnaires were compared. In both cases, the two respondents provided essentially identical responses to all questions, with one interesting exception: one respondent, a library administrator, stated that the library's reference services policy was written and then provided the year of its last update; the other respondent, in public services, indicated that the library's policy was non-written.

Conclusions

Creating and following a written reference services policy is essential for the provision of consistent service to various clientele groups in academic health sciences libraries. This is the case regardless of whether the library is a branch library serving one clinical program or a biomedical library serving both undergraduate and graduate programs, whether it serves a medical school or a veterinary medical school. Once the written policy is created, it should be reviewed annually and updated as necessary. Such updating is needed to keep pace with changes in the administrative policy of the parent institution, as well as technological or financial changes or changes in the local community.

The written reference services policy need not be rigid or excessively detailed; to borrow a phrase from one survey participant, it can allow librarians the flexibility to "agree to disagree" on some issues, if desired. Provision of reference services to the general public as health consumers should be addressed specifically, whether it is to include them with or differentiate them from other (potential) clientele. Once the written policy is created, all library staff should be made aware of it and kept current on any changes.

Although not essential, the inclusion of a written disclaimer on some part of the search output or the completed search form given to the health consumer is a good practice. Such a disclaimer is not merely a protective device against liability; it also serves

as a visible means to remind the patron that a good way to maximize the benefit of any received health information is to discuss it with their health professional.

This study only briefly explored several aspects of reference services to the general public. Further studies are needed on the relationship between point of contact and response to requests for mediated searches; consistent reference service; use of written disclaimers; and consumer health reference service in veterinary medical libraries.

References

Allen, L.S. (1982). Legal and ethical considerations in providing health information. In
A.M. Rees (Ed.), *Developing consumer health information services* (pp. 42-48).
New York: Bowker.

Alloway, C.S. (1983). Adult services: Issues in consumer health information services. *RQ*,
23 (2), 143-149.

American Library Association, Reference and Adult Services Division, Standards
Committee. (1979). A commitment to information services: Developmental
guidelines. *RQ*, *18* (3), 275-278.

American Library Directory. (1998). (51st ed.). New York: Bowker.

American Veterinary Medical Association, Division of Membership and Field Services.
(1998). *AVMA directory and resource manual* (47th ed.). Schaumburg, IL:
Author.

Association of Academic Health Sciences Library Directors. (1998). *Annual statistics of
the medical school libraries in the United States & Canada. 1996-97* (20th ed.).
Seattle, WA: Author.

Carroad, E.G., & McGregor, G. (1982). The teaching role of the health science library. In
L. Darling, D. Bishop, and L.A. Colaianni (Eds.), *Handbook of medical library*

practice (4th ed.): *Vol. 1. Public services in health science libraries*. Chicago: Medical Library Association.

Clemmons, N.W., & Schwartz, D.G. (1994). Management of reference services. In M.S. Wood (Ed.), *Current practice in health sciences librarianship*: *Vol. 1. Reference and information services in health sciences libraries*. Metuchen, NJ: Medical Library Association and Scarecrow Press.

Cremieux, K.A. (1996). Malpractice: Is the sky falling? *Special Libraries, 87* (3), 147-53.

Hafner, A.W. (1994). A survey of patient access to hospital and medical school libraries. *Bulletin of the Medical Library Association*, *82* (1), 64-66.

Jeuell, C.A.., Francisco, C.B., & Port, J.S. (1977). Brief survey of public information services at privately-supported medical school libraries: Comparison with publicly-supported medical school libraries. *Bulletin of the Medical Library Association*, *65* (2), 292-295.

Johnson, K.S., & Coffee, E.G. (1982). Veterinary medical school libraries in the United States and Canada 1977/78. *Bulletin of the Medical Library Association*, *70* (1), 10-20.

Landwirth, T.K., Wilson, M.L., & Dorsch, J. (1988). Reference activity and the external user: Confluence of community needs at a medical school branch library. *Bulletin of the Medical Library Association*, *76*, 205-212.

Lynch, M.J. (1972). Toward a definition of service: Academic library reference policy statements. *RQ*, *11* (3), 222-226.

McClure, L.W. (1982). Reference services: Policies and practices. In L. Darling, D. Bishop, and L.A. Colaianni (Eds.), *Handbook of medical library practice* (4th

ed.): *Vol. 1. Public services in health science libraries*. Chicago: Medical Library Association.

Medical Library Association and the Consumer and Patient Health Information Section (CAPHIS/MLA). (1996). The librarian's role in the provision of consumer health information and patient education. Policy statement. *Bulletin of the Medical Library Association*, *84* (2), 238-239.

Pelzer, N.L., & Leysen, J.M. (1991). Use of information resources by veterinary practitioners. *Bulletin of the Medical Library Association*, *79* (1), 10-16.

Pritchard, T., & Quigley, M. (1989). The information specialist: A malpractice risk analysis. *Online*, *13* (3), 57-62.

Puckett, M., Ashley, P., & Craig, J.P. (1991). Issues in information malpractice. *Medical Reference Services Quarterly*, *10* (2), 33-46.

Wood, M.S. (1991). Public service ethics in health sciences libraries. *Library Trends*, *40* (2), 244-257.

Wood, M.S., & Renford, B.L. (1982). Ethical aspects of medical reference. *The Reference Librarian*, No. 4, 75-87.

Appendix 1

Consumer Health Reference Services Policies of U.S. and Canadian Academic Health Sciences Libraries

1. Does the general public (outside health consumers not affiliated with the university) have direct access to your library's print reference collection? (Can the general public enter your library and use these materials on their own?)
(Check one.)

    _____Yes   _____No

If Yes was checked in question 1, what type(s) of reference sources are available to the general public? (Check one.)

_____Sources written for health consumers   _____Sources written for health professionals

    _____Both types of sources

    Comments_____

2. Does the general public have direct access to your library's electronic reference databases? (Can the general public come in and use your library's computers to search for information on their own?)
(Check one.)

    _____Yes   _____No

If Yes was checked in question 2, what type(s) of reference sources are available to the general public? (Check one.)

_____Databases designed for health consumers   _____Biomedical databases designed for health professionals (e.g., MEDLINE)

    _____Both types

    Comments_____

3. Which of the following reference services does your library provide (i.e., a librarian performs the search for the patron) to the general public when requested?
(Check Yes or No for each of the three situations in parts a., b., and c.)

a. Ready reference (directory, dictionary, handbook look up, etc.) for requests received

	Yes	No
In person	____	____
By telephone	____	____
By e-mail or fax	____	____

b. Print source literature searches for requests received

	Yes	No
In person	____	____
By telephone	____	____
By e-mail or fax	____	____

If Yes was checked in section b., is there a charge for this service?
_____Yes   _____No

3.   c. Electronic database searches for requests received

	Yes	No
In person	____	____
By telephone	____	____
By e-mail or fax	____	____

Comments_____

If you answered Yes to at least one part of question 3.c., please continue with question 4. If you answered No to all of question 3.c., please skip questions 4 through 9 and continue with question 10.

4. How many electronic database searches does your library perform for the general public in an average week?
    (Check one.)

___0-5   ___6-10   ___11-20   ___Greater than 20   ___Don't know

5. Is there a charge for this electronic database searching service?
    (Check Yes or No for both parts of the question.)

	Yes	No
Fee for the search?	____	____
Fee for printing results?	____	____

Comments _____

6. Please indicate all search formats which are provided in the search results which are given to the patron
    (member of the general public).
    (Check Yes or No for each of the three parts of the question.)

	Yes	No
Bibliographic references without abstracts	____	____
Bibliographic references with abstracts	____	____
Full text of articles	____	____

7. When providing search results, do you include (attached, or stamped on the output) any disclaimer
    statement, e.g., "Please remember that information alone cannot take the place of health care.
    You may want to discuss this information with your physician…"
    (Check one.)

_____Yes   _____No

Comments_____

8. Please indicate any or all who perform the electronic database searches for the general public:
    (Check as many as apply.)
        _____Librarian   _____ Support (paraprofessional) staff   _____ Student workers

9. Please indicate what your action would be in response to the following patron requests.
(Check only one response for each of the four requests.)

a. I am looking for everything written by Author X about lung cancer. What can you find for me?

_____ Conduct search, as requested   _____ Teach patron to do search

_____Refer patron to a health professional   _____ Other (Explain)_____

b. What treatments are there for testicular cancer?

_____ Conduct search, as requested   _____ Teach patron to do search

_____Refer patron to a health professional   _____ Other (Explain)_____

c. What can I give my child/pet to get rid of lice?

_____ Conduct search, as requested   _____ Teach patron to do search

_____Refer patron to a health professional   _____ Other (Explain)_____

d. Are there any new tests for diagnosing breast cancer?

_____ Conduct search, as requested   _____ Teach patron to do search

_____Refer patron to a health professional   _____ Other (Explain)_____

10. What type of reference services policy does your library have? (This refers to your policy pertaining to all of your reference services and patrons, not any one in particular.) (Check one.)

_____ Written   _____ Understood or implied

If the policy is written, when was it last updated? _____

11. What type of reference services policy does your library have, specifically pertaining to consumer health reference services? (Check one.)

_____ Written   _____ Understood or implied

If the policy is written, when was it last updated? _____

12. Which category best describes your library? (Check only one.)

____SL   ____BML   _____CSP   _____FM/V   _____FM/V Plus

SL (Science Library) A branch library of a university that serves all the science programs including medicine.
BML (Biomedical Library) A library that serves the health sciences and the undergraduate and graduate programs in the life sciences.
CSP (Clinical Sciences Program only).
FM/V (Full Medical or Veterinary school) A separate library that serves a medical school or school/college of veterinary medicine.

FM/V Plus (Full Medical or Veterinary school Plus other schools, e.g., nursing, allied health, dentistry) A separate library unit serving two or more curricula.

13. What type of medical school does your library support? (Check one.)

_____Medical School   _____ Veterinary Medical School   ____Both
      (trains physicians)   (trains veterinarians)

14. What is your library's primary source of funding? (Check one.)

_____ Public (state or federal)   _____ Private

15. What is the enrollment size of your library's parent institution? (Check one.)

_____ Less than 500   _____501-1000   _____1,001-5000   _____ Greater than 5000

16. What is the size of your library's primary clientele (e.g., faculty, staff, and students)? (Check one.)

_____ Less than 500   _____501-1000   _____1,001-5000   _____ Greater than 5000

17. Who are your library's primary clients? (Check as many as apply.)

_____ Faculty   _____ Staff   _____Students   _____ Other (Please explain.) _____

18. What is your position/job title? (Please print.)
_____

Additional comments:
(Please use this space to make any additional comments that you may have concerning your library's reference services to the general public.)

_____
_____
_____
_____
_____
_____
_____

****
*

Respondent:

May I contact you if I have additional questions?

_____Yes   _____No

If you answered yes, please include the following optional contact information:

Name_____

Phone number _____

E-mail address_____

Appendix 2

THE UNIVERSITY OF NORTH CAROLINA

AT

CHAPEL HILL

Student Research Projects
School of Information and Library Science

CB# 3360, 100 Manning Hall
The University of North Carolina at Chapel Hill
Chapel Hill, NC 27599-3360

November 13, 1998

Dear

      In recent years, most academic health sciences libraries have opened their doors to the general public, as health consumers. However, the decision to extend services to this group has brought with it many technical and ethical questions, including how to allocate reference services and finite resources to various client groups, how much information to give to a health consumer with a reference question about a specific medical diagnosis or treatment, and whether or not to conduct mediated searches of electronic databases for members of the general public. Each library has found its own solution to these questions. But there has not been a means for the library directors and reference services managers to find out how their colleagues in other academic health sciences libraries are handling these issues, or to compare their reference services policies with those of libraries having similar demographics.

      I am conducting a study of the libraries of the 173 accredited U.S. and Canadian medical schools and veterinary medical schools/colleges. This study examines some of the similarities and differences in academic health sciences libraries' reference services policies regarding the general public. You are being asked to participate because you are the library director or head librarian of one of the libraries and therefore have an in-depth understanding of your library's actual reference services policy and practices. Your participation is important in order for the results to accurately report the policies and practices of the entire academic health sciences library population. If your library has a separate Department of Reference Services and you feel that the head of that department is more familiar with the actual reference services policy and practices, please feel free to forward the enclosed questionnaire to that person.

      Please return the completed questionnaire and a signed copy of the consent form in the enclosed self-addressed, stamped envelope by **December 4, 1998**. To receive a summary of the results, place a checkmark in front of that statement at the bottom of the returned consent form.

      If you have any questions about the questionnaire, or about the research study, please do not hesitate to contact me at the phone number and e-mail address listed below. You may also contact Dr. Barbara M. Wildemuth (Phone: (919) 962-8072; E-mail: wildem@ils.unc.edu). Thank you in advance for your assistance in this study.

Sincerely,

Carol Vreeland, D.V.M.
Phone: (919) 851-2884
E-mail: vreec@ils.unc.edu

Appendix 3

Title: A Survey of Consumer Health Reference Services Policies of U.S. and Canadian Academic Health Sciences Libraries

Consent Form

I am conducting a study of the libraries of the 173 accredited U.S. and Canadian medical schools and veterinary medical schools/colleges. This study examines some of the similarities and differences in academic health sciences libraries' reference services policies regarding the general public. This study is part of my Master's Paper research for the School of Information and Library Science at the University of North Carolina at Chapel Hill. Upon its completion, I hope to publish the results in an appropriate journal. I am asking that you look over the questionnaire and, if you choose to do so, complete it and mail it back to me. Completing the questionnaire will only require about 10 to 15 minutes of your time.

Your participation in the study is completely voluntary. You may refuse to answer any item that you choose to omit. All information you provide will be completely confidential. If you fill out the optional contact information (name, phone number, e-mail address) at the end of the questionnaire, you give me permission to contact you in case I have an additional question regarding any of your responses; however, none of your responses will be identified with you personally. The questionnaire has an identification number for mailing purposes only. This is so that I may check your name off the mailing list when I receive your questionnaire. Return of one signed copy of this form, along with the completed questionnaire, will be taken as an indication of your consent to participate in this project.

Please return the completed questionnaire and signed consent form in the enclosed self-addressed, stamped envelope by **December 4, 1998**. To receive a summary of the results, place a checkmark in front of that statement at the bottom of this form.

If you have any questions about the questionnaire, or about the research study, please do not hesitate to contact me at the phone number and e-mail address listed below. You may also contact Dr. Barbara M. Wildemuth (Phone: (919) 962-8072; E-mail: wildem@ils.unc.edu). Thank you in advance for your assistance in this study.

Sincerely,

Carol Vreeland, D.V.M.
Phone: (919) 851-2884
E-mail: vreec@ils.unc.edu

You may contact the UNC-CH Academic Affairs Institutional Review Board at the following address at any time during this study if you have any questions or concerns about your rights as a research subject. Contact Dr. David Eckerman, Chair, Office of Research Services, CB# 4100, 201 Bynum Hall, The University of North Carolina at Chapel Hill, Chapel Hill, North Carolina 27599-4100, (919) 962-7761. E-mail: aa-irb@unc.edu.

Please indicate your willingness to participate in this project by checking the statement below, dating it, signing your name, and returning one copy of the entire form with the completed questionnaire.

_____   I agree to participate in Carol Vreeland's academic health sciences library project.

_____   _____   _____
              (Signature)   Name, printed)   (Date)

_____   I would like to receive a summary of the results.