



Manitoba Health
Libraries Association

NEWS

v.4, no.1
1982

From the editor's pad »

With this issue we welcome June Dutka and her to-be-regular column of Health Pubs. We thank June in advance for what will be a close look at some new Gov. Docs. in the broad area of "health."

A re-instatement, too, of brief introductions to our various member libraries. This time, Misericordia--next time, maybe YOURS. Be prepared!

Readers will note a relative lack of "people" news. This is because the Editor's pad is not hitched to the Winnipeg grapevine and is starved for the clack of communal coffee cups. It's up to you folks to provide it.



EVENTS

When the wall fell down, Barbara Greeniaus and her crew moved to:

Library Services
Health Sciences Centre
NA 110
700 McDermot Ave.
Winnipeg, Manitoba
R3E 0T2

That's the School of Nursing Building.

PEOPLE

Daphne's replacement at MHSC Library has been Diane Miller. This job is now open to applicants as a Library Technician II (2 year's previous library experience) with a deadline of February 1, 1982.

Marilyn Hernandez can provide more information.

"Flo" is off to be a mother in mid-March, and Indra Persad is her replacement at the Manitoba Dept. of Health Library.

Lynn Craik from Victoria General Hospital Library is to be married on March 1, 1982, after which she will be Lynn Hardy.

By Barbara Carstens, Chairman,
Union Book Catalogue Committee

Eleanor Gowerluk, Chairman
Rita Shreiber

This year's edition of the Union List of Selected Serials is now available to MHLA members. The new listing includes 36 new titles and incorporates over 300 changes to holdings information. The Union List is an extremely useful tool for identifying, locating and utilizing health related serials available in the province of Manitoba. To order your copy contact: Judy Inglis, Medical Library, University of Manitoba, 770 Bannatyne Avenue, Winnipeg, Manitoba, R3E 0W3. The list is available at a cost of \$20.00 per copy to non-contributors; Union List contributors receive a 75% discount. Please make cheques or money orders payable to the Manitoba Health Libraries Association.

These libraries and others will be notified concerning revised submission procedures when the Executive has approved them.

Members are encouraged to call the St. Boniface Hospital Medical Library and ask to have the Union Book Catalogue checked for their requests. All staff are trained to answer such requests. Please phone in your requests between 1400 and 1500 hours only.

The committee is, in the meantime, also investigating what is involved and what the costs would be IF the Union Book Catalogue were to be automated.

ODDS 'N SODS

Are you concerned about high postal rates for your library? The Manitoba Library Association is proposing to send a letter to the Canada Post Corporation and would like your support. Call Evelyn Piush at 453 - 7549.

The Directory of Libraries in Manitoba is being updated. If your library has not been included contact:

Gail Singleton
Public Library Services
139 Hamelin
Winnipeg R3T 4H4
Phone 453 - 7549

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The Fall Conference of the Manitoba Library Association drew several interested MHLA members including Susan Rogers, Marilyn Hernandez, and Marg McKinnon. A number of topics were covered and some useful information emerged.

"Pubs to scan and useful addresses," by June Dutka, is a mini-directory to the mysterious world of government documents. Contact June for more information.

Eric Marshall provided a state-of-the-art in online services in Manitoba. Over 200 databases are available to Manitoba searchers and most can be accessed by the DATAPAC network--a packet-switching network which is connected to many computers in Canada and the U.S. The cost of this type of network is much lower than the cost of normal service over the same distance. For more information on this session, contact Marilyn.

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Direct access medical information

Under an agreement between the American Medical Association and General and Telephone Electronics, physicians should be able to tap directly into the firm's computers to obtain "information required for use in patient treatment" by mid 1982. The AMA plans to provide the medical information for the database.

Source: Article published in Star Phoenix, July 29, 1981 and reprinted in COACH Newsletter v.6 no.3, September 1981.

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National Library of Medicine announces network reconfiguration

Beginning in November 1982, the present eleven regions of the Regional Medical Library Network will be reduced to seven. This is the first major change in geographical boundaries in the network's 14-year history.

The change will be effected by merging the five Eastern seaboard regions into two larger groupings and combining two existing regions in the Midwest. Other regions will remain unchanged.

Contracts are expected to be announced for the seven regions in August and September of 1982 with a phased change-over beginning in October.

Source: National Library of Medicine News, v.XXXVI, no.11, November 1981.

The National Library of Medicine currently makes available in COM (Computer-Output-Microform) its Health Sciences Serials (G.P.O. \$11.00 per year) and indicates that other titles are being contemplated for 1982 publication. These include:

- NLM Audiovisual Catalog
(to include all AVLINE records)
- NLM Catalog
to contain all CATLINE (1965 to present) and AVLINE records in a single annual cumulation.
Cumulations covering 1801-1964 and 1801 to the present are also being considered.

HEALTH PUBS...

By June Dutka

The following is the first in a series focusing on health-related government publications. Titles marked with an asterisk (*) are available from the University of Manitoba Bookstore, Fort Garry Campus, phone: 474-8321.

Projections for Canada's hospitals over the next fifty years are outlined in / A Prognosis for Hospitals: the Effect of Population Change on the Need for Hospital Space, 1967-2031 (CS83-520, \$7.00). Appendices show detailed data and charts and a bibliography is included.

Danger Zone in the Kitchen is a workbook designed to help the reader study and remember certain important facts about food safety. Test questions relate to bacteria, bacteria growth, avoidance of contamination, rules for hot foods and cold foods. Regarding its availability write to: Department of National Health and Welfare, Health Protection Branch, Booke Claxton Building, Ottawa, Ontario, K1A 0K9.

The Directory of Health Division Information can be ordered through Statistics Canada's regional office for a fee of \$2.00 a copy, phone: 949-4020 or write to: Research and Analysis Division, Statistics Canada, Ottawa, K1A 0X5. "The Directory enables data users to complete a quick comprehensive search for available information on medical and public health subjects with the assurance that they have reviewed virtually all the data available from Statistics Canada in a single reference." Subject areas include: vital statistics, illness information, health institutions, health manpower and social security.

HEALTH SCIENCES RESOURCE CENTRE, OTTAWA

What does CISTI mean to you? Probably, an establishment in Ottawa of unknown proportions and mysterious practices.

Actually, it is a large, bright building with a spacious and deceptively quiet atmosphere. Can this be the national library of science, technology and medicine for Canada?

Indeed it is. And tucked away in one corner is the Health Sciences Resource Centre, manned by a (very) small staff, interested in serving YOU.

In 1978, an Advisory Committee on the Health Sciences Resource Centre was established, with representation from the Association of Canadian Medical Colleges (ACMC), Association pour l'avancement des sciences et des techniques de la documentation (ASTED) and CHLA/ABSC. Its mandate is to provide advice and recommendations to the Director of CISTI on the programs and services of the HSRC, both as regards policies and long-range planning.

Your editor was recently appointed as a CHLA/ABSC representative to this Committee and is seeking your advice.

What should this national organization be doing for your library?

Tune in next time to some of the plans which are currently under discussion. In the meantime, peruse the information provided with this issue.

4 Mortality Atlas of Canada, Volume II: General Mortality (H49-6/2-1980, \$18.25).

This volume "contains 34 colour maps illustrating spatial variation of mortality for major cause of death categories, including infant mortality, ischemic heart disease and motor vehicle accidents and is now available as the companion volume to 4 Mortality Atlas of Canada, Volume I: Cancer (H49-6/1-1980, \$18.25). Each volume contains a reference map, population density map and appendix table that presents the age adjusted mortality rates by census division or county for each cause of death category.

4 The Health of Canadians: Report of the Canada Health Survey (CS82-538, \$10.00).

"Tables and analytical text report results of the survey, conducted during 1978 and 1979. Ten chapters cover: alcohol use, tobacco use, activity and fitness, seatbelt use, immune status, health problems and disability, emotional health, blood pressure, blood biochemistry and health services and medication."

Obstacles is a recently published report which deals with the concerns of the community of disabled persons in Canada. The recommendations made call for legislative fiscal and organizational initiatives on the part of the Federal Government. This report is available free from: Mr. Richard Rumas, Clerk, Special Committee on the Disabled and the Handicapped, House of Commons, Ottawa, K1A 0A6. This report is available on audio-cassettes as well.

Atomic Energy of Canada Limited recently announced the publication of two new information materials about radiation. "A small pamphlet, Living with Radiation,

answers many of the questions most commonly asked about radiation. A larger full-color booklet, Radiation is Part of your Life, provides more detailed explanations. Both are available in English and French from: Whiteshell Nuclear Research Establishment, Pinawa, Manitoba, ROE 1L0, phone: (204) 753-2311.

A guide to group day care is a 31 page booklet which outlines the criteria for becoming a provincially founded centre, outlines funding entitlements, administration procedure and program planning. It is available from: Child Day Care Program, Department of Community Services and Corrections, 301 - 267 Edmonton Street, Winnipeg, Manitoba, R3C 1S3 or phone: 944-2197.

Copies of the Report on a proposal for the classification of Manitoba's Surface Water -- Red River Principal Watershed Division, will be available within the next few weeks from: Clean Environment Commission, Box 4, 139 Tuxedo Avenue, Winnipeg, R3N 0H6 or phone: 895-5333.

June Dutka is Head of the Government Publications Section, University of Manitoba, Elizabeth Dafoe Library and Convenor of the Canadian Library Association's Government Publications Committee.

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CHLA/ABSC UPDATE

HELP WANTED at 1982 CHLA/ABSC Conference, Saskatoon

At least four volunteers are needed to assist with the registration desk or to be part of the welcoming party at the Sunday evening reception and the Monday evening cocktail hour before dinner.

The health library community in Saskatoon needs your assistance. If you are planning to attend this conference and can help out with these pleasant tasks, please forward your name and address to:

Verla Empey
Chairman, Registration Committee
c/o Hospital Library
Wellesley Hospital
160 Wellesley Street
Toronto, Ontario
M4Y 1J3

Good practice for Winnipeg, 1983!



C.H.L.A. UPDATE

Marilyn Hernandez
President MHLA

The 1981/82/83 President of the Canadian Health Libraries Association, Ann Nevill, has gone "out of her way" to keep the chapter Presidents informed of C.H.L.A. activities. So it seems to be my turn to tell you what is happening, particularly re the 1982 annual meeting in Saskatoon.

As most of you know, Sandra Langlands is "Conference Chairperson" for the Saskatoon meeting, June 6-9, 1982. This means that she coordinates the activities of the various planning committees (programme, finance, registration, local arrangements, social, publicity, and continuing education). Those of you who know how organized Sandra always is can imagine that she is quite capable of this enormous task. In fact, she has begun a "how-to-do-it" conference planning manual, which she plans to complete by July 1982--a welcome sight for M.H.L.A. for 1983!

In 1983, M.H.L.A. will be mainly responsible for local arrangements, plus liaison with the conference chairperson and other committees. In addition, I expect that we will want to make suggestions re programme content, and some of us may be asked to get involved with programme sessions. So put on your thinking caps--a 1983 conference planning committee of M.H.L.A. will be "struck" this coming spring!

Meanwhile...back to the 1982 meeting. First of all, please plan to attend! Naturally, C.H.L.A. expects local chapters to promote attendance at an annual meeting so close to home. We have the ideal advantage of having two meetings in a row within driving distance!

To give you an idea of costs, the conference registration will be \$35.00 per C.H.L.A. member (\$45.00 for non-member;

\$50.00 for registration and joining C.H.L.A. combined, a saving of \$15.00 since membership is \$20.00), or \$20.00 per day. The C.H.L.A. dinner on Monday, June 8th at the Faculty Club is \$20.00. Transportation, accommodation, and other meals are extra, as are the Medical Library Association continuing education courses held on Wednesday, June 9th.

The preliminary programme for Saskatoon looks very interesting:

Monday, June 7 Speaker on Continuing medical education in Saskatchewan; speaker on inflation in the 80s; small group sessions after lunch (on networking involving Kathy Eagleton; on hospital library promotion by Barbara Greeniaus; on government libraries, on AV management, and on AACR II), of which each person picks two to attend.

Tuesday, June 8 Panel on Education in the morning (Audrey Kerr is involved), with panelists representing the interests of employers, science education background, library technicians, and graduate schools. Annual general meeting held after lunch.

Wednesday, June 9 CE courses (likely a choice of two; unspecified as yet).

And for you C.L.A. fans, coincidentally, June 9th-15th are scheduled for C.L.A. in Saskatoon. I am told that June 9th is a "light" day at C.L.A., so it will not "conflict" with the CE courses offered through C.H.L.A.

C.H.L.A. held a Board of Directors meeting on October 3rd in Ottawa, and will meet in Toronto on February 13, 1982. Prior to the October meeting, on behalf of M.H.L.A., I wrote a letter to Ann Nevill regarding regional representation on the C.H.L.A. Board. I understand from Ann Nevill that C.H.L.A. was receptive to my idea of a "proxy" vote for chapters which could not afford to send their President or other representative to Board meetings. She told M.H.L.A. to watch for the next issue of Bibliotheca Medica Canadiana (BMC) for further developments. (If you have any suggestions re this issue, please contact me!). Other chapters are being asked to respond at present; the Ottawa chapter stated that their President should not have to finance travel to attend Board meetings.

For those of you interested in classification/salary problems, Elizabeth Reid, President of the Toronto Medical Libraries Group (TMLG), has written to the C.H.L.A. Board suggesting that C.H.L.A. investigate the issue of "Classification of Health Sciences Library Staff." Watch the BMC for developments-- a new committee of C.H.L.A. could be in the works.

For those of you who do not get the BMC because you do not belong to C.H.L.A., contact an M.H.L.A. member who does to take a look at a recent issue. Or better still, join C.H.L.A.! \$20.00 brings you in touch with the rest of Canada, and the majority of your dues are spent on the BMC.

FOCUS ON...

MISERICORDIA GENERAL HOSPITAL LIBRARY

By Sharon Allentuck

The Misericordia General Hospital Library was established July 1974 through the amalgamation of the School of Nursing Library, Medical Staff Library and Hospital Library. The Library is a separate department in the Clinical Support Division. This Division has eleven departments including Laboratories, Radiology, Admitting, Respiratory, Medical Records and Physical Medicine. We have 1.7 equivalent full-time personnel and our own budget. The head of the library is considered part of middle management.

Library material is available to all hospital staff (1200), medical staff (200)

MHO/MHLA CONFERENCE NEWS...

and students in our school of nursing (180). We permit students from the University of Manitoba School of Nursing program use of our library, but they do not have borrowing privileges.

We try to meet the needs of all potential library users. We have expanded our collection so that departments such as Engineering, Purchasing and Finance and groups such as the clerical staff have information available to them. We also have a good collection of hospital management books and journals available for executives and departmental managers.

Our abstract of tables on contents of nursing journals received From the Nursing Journals is published once a month and distributed to all faculty, nursing stations and allied health departments. We have been publishing this abstract since 1974 and it is popular, especially among the teachers. It keeps readers up to date as to what is in the journals and fills the time gap until the Cumulative Index to Nursing and Allied Health Literature arrives.

Statistically, we request about 60 items per month from the University of Manitoba Medical Library and three or four items from other libraries. We receive about 60 calls per month from M.H.L.A. members for reprints. About 500 new books are catalogued annually and we answer an average of 50 reference questions each month.

We subscribe to more than 200 periodicals. Some of our newer subscriptions include: Patient Counselling and Health Education, Mobius: A Journal for Continuing Education Professionals in Health Sciences, Nursing Life, Nursing Administration Quarterly, Topics in Health Record Management, Hospital Materiel Management Quarterly, Cancer Nursing, Geriatric Nursing and IC, Infection Control.

All books and journals that are purchased for the Hospital, whether it be for the library, departments or offices are ordered through the library and funded through the library budget. When these items arrive, they are catalogued and distributed.

MANITOBA HEALTH ORGANIZATIONS CONFERENCE. MANITOBA HEALTH LIBRARIES ASSOCIATION SESSION. OCTOBER 29, 1981

By Doris Pritchard

An informative and enlightening one-day session was held by the MHLA during the 13th annual Manitoba Health Conference presented by the Manitoba Health Organizations, Inc. The topic of the session "Information needs and the disabled" appropriately complemented the MHO theme, "Health in the 80's - enabling the disabled."

Marilyn Hernandez, President, MHLA, welcomed the audience, and gave a brief outline of the association and its objectives.

The first panel, on "Libraries, librarians, and disabled people", included speakers David Steen, Chairman, Manitoba Organizing Committee, International Year of Disabled Persons, and former Director of Public Library Services for Manitoba; Frank Rogodzinski, Director of E-Quality Employment, and 2nd Vice-Chairman of the Manitoba League of the Handicapped; and Patricia R. Wallace, Executive Director, Manitoba Division, Canadian Diabetes Association.

As Coordinator of the Manitoba Organizing Committee, D. Steen stated the objectives of the United Nations which proclaimed 1981 as IYDP, with the theme, "Full participation and equality." F. Rogodzinski's comments provided background information before presentation of the film, "A Different Approach", which focused on attitudes to employment of the disabled. P. Wallace outlined the activities of the Canadian Diabetes Association which includes physicians, other health care workers and the diabetic public. The Civil Rights movement in the United States provided the incentive for the disabled to begin thinking of

themselves as consumers and to ask for recognition of their right to receive fair and equal treatment from government and society, to education, employment and recreation.

As members of the disabled community, the panelists suggested that health libraries can assist in helping the disabled by defining their needs and attempting to meet them, as, for example, architectural accessibility to wheelchairs and crutches; making non-print media such as talking records and tapes available; giving readers' assistance where requested; and providing photocopying services. They could provide opportunities for the disabled, with offers of employment as a major first step, and they could assist consumer groups by making advances in research available to the professions and public as soon as possible.

Nicola Schaefer, a member of the Canadian Association for the Mentally Retarded, and of the support program "Parent to Parent", and author of the book, Does She Know She's There, an autobiographical account of caring for and living with a mentally and physically handicapped daughter, gave a presentation with slides to show how a disabled person can live as normal a life as possible in the family. She has the firm conviction that disabled persons should be made part of the community and not be placed in institutions which shut them off from the normal home and community environment, and which often lack the stimulus for growth and awareness.

She suggested that librarians should be able to help parents face what they have to, and to help doctors by supplying the resources available, and making them known to their readers.

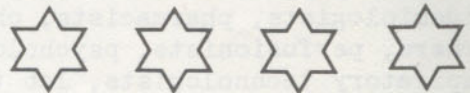
The last presentation, on Genetic Counselling, was given by Karen MacDonald, Associate in the Department of Genetics, University of Manitoba. Genetic counselling attempts to dispel the many myths and old wives tales which still abound on the subject of heredity. Counsellors attempt to

collect as many facts as possible on heredity factors, given the genetic background, to enable would-be parents to make an informed choice, if there is a question of inherited disease, or the possibility of birth defects.

During the final hour of the program, a panel discussion, with Rena Kroeker as moderator, touched on the various subjects that had been raised by the panelists.

Members were able to browse among various displays set up in the room, including a fine exhibit prepared by N. Pohorecky, Medical Library, University of Manitoba, on "The Handicapped", composed of clippings from a diversity of sources; an exhibit of pamphlets and articles from the Canadian Diabetes Association, and a variety of handouts which included an international list of government publications, compiled by June Dutka, University of Manitoba, and A Selected List of Books on the Handicapped available at the Medical Library, University of Manitoba, compiled by N. Pohorecky.

The time and effort given by the speakers and others towards making the program a success was greatly appreciated by all who attended this memorable session.



AND AGAIN

By Barbara Greeniaus **

THE LIBRARIAN/HEALTH PROFESSIONAL INTERFACE

A librarian will interface with almost anything that doesn't move. We are thoroughly conditioned to attack a tricky verso or an added entry with gusto. But the art of the effective human interface goes largely untaught in most library school curricula. One or two lectures in reference courses are commonly devoted to role playing, during which the student librarian stages a mock interview with a hapless client who can't read or write or communicate in English. If the student is able to delicately unveil the true, hidden question without offending the patron, then she/he passes along to the next level of expertise and learns how to answer the question. The following 30 lectures are dedicated to finding answers. In some library settings, this training is adequate and appropriate. If the librarian doesn't have a captive clientele queuing up at the desk, then she/he had better know where the questions are. Establishing an interface with things that move, more specifically the clientele, is the most fundamental objective for any special librarian.

As a hospital librarian I meet a lot of health professionals of one kind or another. Years ago, I bravely faced the fact that there are many more of them than there are of us. We've got librarians: either technicians or professionals. In addition to the ubiquitous doctors and nurses, of which there are hundreds of varieties, they've got social workers; dietitians, physiotherapists, occupational therapists, pastors, audiologists, epidemiologists, pharmacists, child life workers, perfusionists, psychologists, respiratory technologists, lab technicians, oral surgeons, counsellors, rehabilitation engineers, dentists, speech therapists, X-ray technicians, psychometrists, orthoptic technicians, research assistants, hospital administrators, and many more.

In a hospital, most of the staff fall into one camp or another. These factions engage in constant border hostilities which occasionally erupt into full scale wars. Although a long list of generalizations can be made about traditional hospital allies and adversaries, I'll just give the drift of it. Management doesn't like the union. Administrators don't like doctors, except in the odd instance when they are doctors. Psychiatrists don't like psychologists. Social workers don't like nurses. Doctors don't like anybody, but they don't have to. Nurses don't like medical students. Everybody hates surgeons. The subtleties of these differences and variations on the theme are infinite.

The conflicts are rooted in power struggles and the power is rooted in the two elements that make a hospital possible: patients and money. The professional who has close contact with the patients and will effect or affect the care and treatment of same, will hold a position of prestige and status in the hierarchy. Surgeons are least popular because they wield more power over the patient than any other health care worker. The potency of nurses is secured by their intense interaction with the patient population. It is firmly accepted that the best medical care will be undone by poor nursing care and that hospitals can't function without the nursing staff. And so it goes, on down through the chain of diagnosticians, clinicians, practitioners, technicians, assistants and aides who affect the course of a patient's treatment.

Then there are those who aren't involved at the bedside but who make the decisions about funding. Even the medical staff sometimes have to humble themselves before the exalted financiers.

In the "bodies and bucks" equation, librarians don't have much of an impact.

With the exception of clinical librarians, who are still a rare breed, most medical librarians seldom make contact with a patient. When they do, the patient is in an elevator or the cafeteria and, in that fleeting moment of union, about the only things likely to be exchanged are some bacteria or viruses. So much for power over the patient - they have more power over us; especially if they cough.

The financial power base is even further from the librarian's grasp. We don't play in the same ballpark as the radiologists who are looking to buy a new CAT scanner or the directors or nursing who are plotting to hire 25 more full-time equivalents. The budget for a hospital library is an infinitesimal portion of the global operating budget and, consequently, is easily overlooked and/or forgotten.

Evidently, the librarian has to pursue some unconventional methods to raise the library's profile, which will mean greater status, which will mean a bigger budget, which will mean better library services, which will mean more effective patient care.

It's bad enough that the librarian inherits a traditional position of negligible status and insufficient funding but she/he arrives in this teeming mass and cannot find a single peer with whom to commiserate. It seems like everybody else has some recognizable allies and a set of standard opponents. Whoever said that it was lonely at the top had never been at the bottom. I'm convinced that it's lonelier down here.

The more cheerful angle to the situation is that no one categorically dislikes librarians. I've worked in four major teaching hospitals and have never encountered a group who were philosophically or morally opposed to librarians. It's a little bit like being Switzerland. You don't have an army and nobody pays much attention to you, but it's a nice, safe place to be.

The lone librarian in a health care setting, has at least four routes to choose from to establish an interface with all those other professionals. The four styles can be described as seclusive, evasive, reactive, and assertive.

The plan of action for the seclusive librarian is inaction. This has been the historical modus operandi for librarians but it has recently fallen from favor. The librarian subscribing to a policy of seclusion will stay in the library and hope that no one will come in to engage in interaction. Should a client accidentally make contact, the librarian will buffer the interface by putting an index, or even more effectively, a card catalogue between them. This non-interactional mode not only muffles the communication but it also discourages future advances.

The evasive strategy is more devious. These librarians ally themselves closely with another group and eventually assume that identity, in chameleon-like fashion. They almost always wear white lab coats so they aren't easily spotted. In the library, they serve the adopted group with dedication and energy but the rest of the hospital staff don't read much. It's a tempting tactic on lonely days. During attacks of anomie, I've succumbed to the urge and put on a lab coat too. But I made sure that I had a reflex hammer hanging out of one pocket and a stethoscope poking its head out of the other. Being an inveterate snob, I never wanted to masquerade unless I could be a doctor. Because of the high profile that medical staff maintain, it's hard to keep up the doctor deception for long and anyway, if the librarian is a really good play-actor, she/he runs the risk of being put on call over the long weekend.

Option number three, the reactive style, is a random approach to the interface. The librarian just gets out there and

jostles. Good contacts can be made this way but it's chancy and highly unscientific. The hit and miss interfacer serves the needs of the clientele who present themselves in the library or the corridor with a specific request. But, as the label implies, the librarian reacts to the demand as it occurs and does not anticipate or plan. In a small organization, a reactive style may be an effective approach to providing library services. The clientele, though, must be fairly permanent and the librarian must be willing to survive swings from frantic hustling to periods so quiet that a shelf-list reading sounds exciting. This kind of librarian waits for the boss to ask for next years' budget request and then prepares it. She/he is at the beck and call of all the library users, which is an exhausting place to be, especially if there are five thousand of them and one of you.

In contrast to reactive librarians, assertive ones establish some control over the supply of, and demand for, library services. Consequently, they don't get run ragged unless they have chosen to overextend themselves. The basic premise at work is that the librarian knows what she/he can reasonably supply and offers and promotes services that are congruent with resources and demand.

Determining the supply of library resources is a simple matter of counting staff, books, journals, terminals, etc. The measurement of demand is more complex.

In many situations the demand for services exists; it only needs to be assessed and documented. In other environments, the librarian is forced to create a demand for the product. The hospital library is rarely in this position, though, since the services are usually in far shorter supply than the demand. The hospital librarian must be prepared to make decisions about priorities in informational needs. To do this fairly and accurately, all potential clientele

must be surveyed and allowed an opportunity to state their needs. It isn't enough to know the resources that are available to meet their needs in the hospital. Bibliographic resources outside the hospital have to be investigated too.

Once the librarian has gathered all the data from the potential users, the prioritizing and planning can begin, and the interested groups informed of the action to be taken. Promises that cannot be kept are not made. Even if there is a documented demand from users to provide an additional service, it is not offered until the library resources have been studied and proven adequate to support a new or expanded program. It seems like an arduous, painstaking approach to library services but the payoff is a clientele who are getting what they want from the library. The librarian doesn't need to second guess the clientele or decide for them what they should want.

In order to continue to offer relevant services, the library manager must make the information gathering process an on-going responsibility. Failing that she/he might try serious negotiations in the stacks wearing only a white lab coat or O.R. greens.

The evaluation of library collections and programs is best done by the clientele. Keep in mind that they think you're running this library for them.

The library committee is a key interface for the librarian but it doesn't obviate the necessity of less formal networks. A hook-up with the grape vine is a useful tool since rumours of new hospital dirt and other pieces of pertinent scuttlebutt run through the vine before they appear on committee agendas or in legal proceedings. Speaking of committees, the librarian should sit on as many as she/he has the strength to handle. Hospitals are fertile ground for the breeding of committees and some of them are good

instruments for promoting the library and gathering new ideas for its administration. The questionnaire is another means to measuring user response but it should be administered with caution and know-how. Two thousand questionnaires stuffed into the filing cabinet awaiting tabulation and interpretation create anxiety in the librarian and remove the necessity for filing anything else.

Needs change, trends develop and new user groups spring up. The librarian has to stay sensitive to the evolution of the hospital and the best way to do that is to establish an effective, assertive interface with the health professionals being served.



** Barbara Greeniaus is Director of Library Services for the Health Sciences Centre.

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Send comments and contributions to the above address.