



National Network of Libraries of Medicine

Greater Midwest Region



# SOURCES

February/March 2001 ■ Volume 19, Number 1 ■ ISSN 0749-6249

Illinois • Indiana • Iowa • Kentucky • Michigan • Minnesota • North Dakota • Ohio • South Dakota • Wisconsin

## Saying Goodbye to an Old Friend

Jean Sayre, Associate Director

**P**rogress sometimes means leaving behind old library "friends," and greeting new ones.

Recently, we've said goodbye to Elhill and the old DOCLINE, and hello to PubMed and the new Web-based DOCLINE.

Many changes have been embraced enthusiastically. E-mail certainly is a better alternative to phone tag, written letters and faxes, and the Web has added a whole new dimension to our work as information professionals.

As much as we appreciate the new technologies, however, I believe most librarians continue to love the printed page. We may never give it up!

Nevertheless, the time has come to say goodbye to the printed version of *3 Sources*, an old friend to the GMR

## Welcome Our New GMR Consumer Health Coordinator

**P**lease join us in welcoming Tammy Mays the new consumer health coordinator for the GMR. Tammy hails from Milwaukee, Wisconsin.

She received her bachelor's degree in biology from Fisk University in 1994, and received her master's degree in library and information science in 1997 from the University of



The first issue of *3 Sources*, published in March 1983, had a very different look.

for nearly 20 years.

New technologies, budget realities and the end of the 1996–2001 NLM contract make this change to an elec-

tronic format necessary.

Before joining the GMR, Tammy was an associate fellow. After completing the associate fellowship program, Tammy relocated to Wisconsin, where she spent two years as the outreach librarian at the University of Wisconsin-Madison Health Sciences Libraries. You may reach Tammy at [tmays@uic.edu](mailto:tmays@uic.edu).

tronic format necessary.

The first issue of *3 Sources* arrived in your inboxes in March 1983. The Regional Council chose the name to reflect the purpose of the newsletter: to provide sources of information to Region 3.

Throughout the years, the face of *3 Sources* changed and became more sophisticated, as did the information *GOODBYE, continued on 2*

## Inside

DOCLINE Participation in 1990 .. 2
Review the History of NN/LM, GMR ..... 3
Events Highlighted in Previous Issues of <i>3 Sources</i> ..... 3
Presentation Perfect: Give Your Audience a Break ..... 4
Final Article in the Outreach Program Series ..... 5
NLM's Perspective on Outreach . 6
Online Periodicals and Newsletters for Librarians ..... 6
Excerpts From a 1987 MEDLINE Survey ..... 7
Removal of SERHOLD Data ..... 7
Technical Bulletin ..... 8
Important Dates ..... 8

## 3 SOURCES

**Managing Editor:** Jean Sayre  
**Editor:** Stephanie Weldon

### GMR Staff

**Director**

Susan Jacobson  
 sjake@uic.edu

**Associate Director**

Jean Sayre  
 jwsayre@uic.edu

**Communications Coordinator**

Stephanie Weldon  
 weldon@uic.edu

**Consumer Health Coordinator**

Tammy Mays  
 tmays@uic.edu

**Network Coordinator**

Chamiel McDaniels  
 mcdaniel@uic.edu

**Outreach Coordinator**

Kathy J. Davies  
 kjdavies@uic.edu

**Technology Coordinator**

Chris Shaffer  
 shaffer@uic.edu

**Information Services Supervisor**

Deneen Wynn  
 deneenw@uic.edu

**3 Sources**

NN/LM Greater Midwest Region  
 University of Illinois at Chicago  
 Library of the Health Sciences  
 (m/c) 763  
 1750 West Polk Street  
 Chicago, IL 60612  
 (312) 996-2464

Contact the GMR office at:

**Phone:** (800) 338-7657  
**Fax:** (312) 996-2226  
**E-mail:** gmr@uic.edu  
**Internet:** www.nlm.nih.gov/gmr

3 Sources is produced under National Library of Medicine contract NO1-LM-6-3523.

## Tech Notes



### Retrospective

## DOCLINE Participation in 1990

*This article was published in the July 1990 issue of 3 Sources.*

In May 1990 there were 389 active DOCLINE libraries in the GMR, which represent 64% of eligible SERHOLD libraries (609).

### Participants

The number of active DOCLINE libraries nationally increased by 7% over last year to 1,909.

Region 3 contains the second largest number of libraries (380 as of April 1990) after Region 1 (539).

As DOCLINE is presently configured, the system can contain up to 2,300 libraries.

The average number of libraries added to the system annually is 150.

As the membership approaches the maximum number, the system will be adjusted to accommodate more libraries.

### Volume

1.6 M. DOCLINE transactions

took place in FY89. Over 1.9 M. transactions are projected for FY90.

The average number of requests input daily in 1990 is 8,000; 10,377 DOCLINE requests were entered in DOCLINE on March 5, 1990.

### Update: DOCLINE Participation in 2000/2001

#### Participants

As of February 2001 there were 533 active DOCLINE libraries in Region 3, which represent 100% of eligible SERHOLD libraries. There are approximately 2,932 active DOCLINE libraries in the United States and 310 active DOCLINE libraries internationally.

#### Volume

In FY2000, 2,985,212 requests were entered into the system by all. Of those, 2,622,024 were completed. Of the total number entered, NLM received 390,574, and filled 299,182.

## *GOODBYE, continued from front page*

provided to its readers. GMR staff members knew we had arrived when we received complaints from serials librarians after we misnumbered an issue a few years ago. We also heard from many libraries that they bind 3 Sources — another tribute to the esteem garnered by the newsletter over the years.

The GMR newsletter will live on electronically in cyberspace.

We will continue to bring you interesting, informative issues and hope you will keep on contributing those wonderful articles.

As a tribute to our old friend, this final issue features reprints of some articles brought to you during the past 18 years.

We hope you will enjoy this trip down memory lane as we join you in reminiscing.

# Review the History of NN/LM, GMR

Kathy Davies  
Education Coordinator

**1968:** Midwest Regional Medical Library (MRML) is established at John Crerar Library, University of Chicago, serving Illinois, Indiana, Iowa, Minnesota and Wisconsin, Region VII.

**1969:** Kentucky, Ohio, Michigan Regional Medical Library (KO-MRML) is established at Shiffman Medical Library, Wayne State University, Detroit, Mich., Region V.

**1970:** North Dakota joins states served by the MRML.

**1973:** MRML changes name to Midwest Medical Library Network.

**1974:** Name is changed to Midwest Health Sciences Library Network (MHSLN).

**1979:** MHSLN Regional Medical Library contract is awarded to Library of the Health Sciences, University of Illinois at Chicago.

**1983:** KOMRL (Region V) is combined with the MHSLN (Region VII). GMR Medical Library Network

(GMRMLN) Region III is formed. South Dakota joins GMRMLN region. Publication of *3 Sources* begins.

**1991:** Name is changed to NN/LM, GMR, serving Illinois, Indiana, Iowa, Kentucky, Ohio, Minnesota, Michigan, North Dakota, South Dakota and Wisconsin.

*Source: Bunting, A. The Nation's Health Information Network: History of the Regional Medical Library Program, 1965-1985. Bull Med Libr Assoc 1987 July; (Suppl): 1-62.*

## Events Highlighted in Previous Issues of 3 Sources

Stephanie Weldon  
Communications Coordinator

**1983:** RTECS (the registered toxicological effects of chemical substances): NLM charges \$55 per connect hour for prime time. TDB (the toxicology database): NLM charges \$75 per connect hour for prime time. NLM charges domestic libraries \$5 per article and \$7 per article to foreign libraries for ILL.

**1984:** Dr. Donald Lindberg is appointed director of NLM. Discussion of electronic mail services and support of the Ontyme-II and EASYLINK e-mail services.

**1986:** NLM celebrates its 150<sup>th</sup> year. Use of fax machines by libraries is more widespread. Grateful Med announced at \$20 per connect hour.

**1987:** RMLs collect anecdotes about how fax technology and MEDLINE can help save lives. July issue of *3 Sources* published "What is a CD-ROM?" This arti-

The image shows the cover of the June 1997 issue of 3 Sources. The title is "Free MEDLINE® Brings Changes to NLM". Below the title is a large "T" that begins the main article. To the right of the "T" is a list of contents with page numbers. At the bottom of the cover, there is a list of regional libraries: ILLINOIS, INDIANA, IOWA, KENTUCKY, MICHIGAN, MINNESOTA, NORTH DAKOTA, OHIO, SOUTH DAKOTA, WISCONSIN.

**Free MEDLINE® Brings Changes to NLM**

This issue of 3 Sources highlights technology and features many exciting developments taking place this summer. You'll find a reprint of the memorandum from Dr. Donald Lindberg, director of the National Library of Medicine (NLM), announcing free Web-based MEDLINE via Internet Grateful Med and PubMed, as well as a copy of the official press release.

Michael Boer and Linda Magoon of NN/LM Pacific Northwest Region discuss their impressions of PubMed. NLM's most recent MEDLINE interface, while Margaret Kachicic and Allan Barclay of Indiana University examine some implications for searches in regards to the glut of MEDLINE interfaces currently available.

Leslie Behm and Michael Simmons of Michigan State University report on their experiences training hospital librarians on using the Internet and creating web pages. You'll also find information on using their program to connect to DoDline, and an article pointing to help on how to present the Internet to hospital administrators. Finally, check out the book page for the GMR calendar and new NLM customer service number!

**Memo to NN/LM Members from Dr. Lindberg**

On June 25, 1997, the National Library of Medicine will hold a press conference at Capitol Hill, Washington, D.C. to announce free Web-based MEDLINE accessible through PubMed and Internet Grateful Med. On page 3 is the Press Release for the press conference which you are encouraged to share with your users and other colleagues on June 26th. PubMed is an experimental search system that provides free access to MEDLINE in a single search.

**The search features include:**

- Set of related articles pre-computed for each article in MEDLINE.
- Choice of search interfaces from simple keywords to advanced Boolean expressions.
- Searching by MESH index terms (main topics and sub-headings) and field restrictions.
- Links to publishers. Web sites for full text journals.
- Initially, 24 journals are available, some by subscription only.
- Clinical query from with search filters for diagnosis, therapy and prognosis.
- Links to molecular biology database of PNASopen sequences and 3-D structure data.
- Internet Grateful Med provides free access to MEDLINE, as well as AIDSLINE and HSTARSTAR.

**The features include:**

- Use of the full range of Medical Subject Headings (MeSH) and the UMLS Metathesaurus.
- Ability to limit searches by language, publication type, age groups, etc., using pull-down menus.
- "Laminar Doc" document delivery service.

Currently, searching Internet Grateful Med requires a valid User ID and password. However, users will not be billed.

**Table of Contents:**

- June 1997, Volume 20, Number 2, ISSN 0748-0248
- 2 ... The Internet Really Isn't Free
- 3 ... Memo to NN/LM Members from Dr. Lindberg (continued)
- 4 ... Vice President Gove Launches Free Access to MEDLINE on the Web
- 4-5 ... PubMed: Initial Impressions
- 6 ... Are All MEDLINES alike?
- 7 ... Internet Training: The MSU Experience
- insert ...
- 7 ... 1997 MLA Tapes Available from the GMR
- 7 ... DOCLINE, the Internet, and Usenet
- 7 ... Transnational Conference Scheduled in Indiana

ILLINOIS INDIANA IOWA KENTUCKY MICHIGAN MINNESOTA NORTH DAKOTA OHIO SOUTH DAKOTA WISCONSIN

"Free MEDLINE" was the lead article in the June 1997 issue of *3 Sources*.

cle noted the technology behind CD-ROMs and listed medical databases available on CD-ROM.

**1988:** AIDSLINE announced by NLM.

**1991:** Loansome Doc is implemented and librarians are strongly

encouraged to advertise features to their patrons.

**1994:** GMRLIST is up and running. HSTAR (Health Services Technology, Administration, and Research) and HSTAT (Health Services Technology Assessment Texts) are available.

**1995:** HSRProj (Health Services Research Projects in Progress) is available.

**1996:** Evidenced Based Medicine movement comes into the limelight with an official name and Grateful Med comes to the Internet. NLM celebrates the 40-year anniversary of the National Library Act establishing NLM as separate from the Army and the 25-year anniversary of MEDLINE made available to libraries.

**1997:** MEDLINE is free. PubMed, the Web-based interface to MEDLINE, makes its debut. One-stop shopping at NLM. Toll-free number, 1-888-FIND-NLM, introduced.

# Presentation Perfect: Give Your Audience a Break

*Karen Anderson  
Trinity Health and UniMed Medical  
Center  
Minot, North Dakota*

A few months ago one of our ophthalmologists gave an impressive CME. He discussed diseases and their relationship to the eye.

It wasn't just the interesting information but the presentation style that struck me.

At one point in the lecture, he showed a photo of Babe Ruth and related it to the talk.

In 1946 Babe Ruth had nasal pharyngeal carcinoma and pain in his left orbit, which made the doctors think something was wrong with his eye, but later they found that his orbit was normal. The discomfort was referred pain from the nasal pharyngeal carcinoma.

## Photo was attention-grabbing

He went on to tell that Babe Ruth was one of the first 25 people to get chemotherapy and gave background information.

With the photo he had captured the audience. Everyone was leaning forward in rapt attention. I had never seen anything quite like it.

People asked questions about the date of the picture and other items. It was very effective.

Even though the date of the photo had nothing to do with the lecture, it served to create an artificial "break."

People generally have a limited attention span of 20 minutes or less. In this lecture, even though the audience did not leave the room for a break, they received a psychological break through the introduction of a picture.

After the break they were paying even more attention to the lecture. I

talked to the ophthalmologist afterwards and he confirmed my impression that he deliberately used the photo for that effect.

After this lecture, I began to think of effective ways to give presentations, especially during hands-on workshops.

## Perfecting presentations

The first hands-on workshop I ever gave in a computer lab was to approximately 20 high school teachers on how to use the Internet.

I had two other people, a librarian and a teacher, helping the participants when they had problems following my instructions.

I stood, like I had for many lectures that had nothing to do with computers, right in front of the class. I noticed my two assistants scurrying from one person to another and couldn't imagine what problems the participants were having.

I was delivering knowledge without paying any attention to the third group in the class — the computers. I started to walk around and saw where people were having problems: frozen screens, clicking on wrong links, and difficulties finding the keys on the keyboard and using a mouse.

I adjusted my presentation style and began to walk around and address problems aloud that many people were having, and in another case, I silently pointed to the correct link.

After a while, I found that — much like the Maytag repairman — my assistants were no longer needed. My class was keeping up with me and I with them.

I realized that in the traditional lecture, we stand in front of the class to get that important eye contact, but when dealing with hands-on computer sessions, we need to get eye contact with the computers.

It isn't the simple model of sending a message to the receiver. We have the computer there, too, and we need to see it to ascertain if the message is getting to the receiver.

We still need eye contact with the people in the audience at various times, and they need to look away from their computers to see us.

However, if we only keep the eye contact with them and not with their computers, we will most likely lose our audience.

## Using TV as a model

Additional ways to create "breaks" for traditional lectures or hands-on workshops can be garnered from television.

The visual media uses many devices to keep our attention.

In particular, educational programs will pan from one subject to another. In the same vein, we can tell anecdotes or jokes to provide breaks.

When giving a PubMed workshop, you could use cartoons to demonstrate a frazzled and confused person. This would be particularly appropriate after explaining MeSH terms, for instance. You would capture their attention and say that is the way most people feel when learning this information for the first time.

Later, when it looks as if everyone has started to catch on, show a smiling face and ask if they are starting to feel more like this.

Video clips, PowerPoint slides and anecdotes are also useful tools to provide a break.

These are some thoughts on giving presentations. I'm sure you can think of many more.

It involves being creative with various media plus observing the demonstration styles of other public speakers, all of which will help you make that perfect presentation.

## Setting Goals and Objectives: Final Article in the Outreach Program Series

Catherine Burroughs  
NN/LM, Pacific Northwest Region

Developing a library program is a creative opportunity. You may be initiating a new type of program or finally establishing a program that has been needed for a long time. In either case, you have a fresh slate and the chance to think about program goals and how best to achieve them.

When setting goals, remember that they should be relevant to the audience or community you want to reach. Goals that serve only an agency or organizational agenda are too one-sided.

A program's success will depend, in part, on whether you have buy-in from key stakeholders, such as health providers, health care administrators and hospital boards. Planning for goals they find important will make your project relevant, help to ensure sustainability and encourage participation and partnerships.

To set relevant goals and objectives, review the data gathered during the community assessment phase, as described in the previous article in this series.<sup>1</sup>

Research conducted in the community assessment phase provides an understanding of the need and priorities for your program or service. For example — who will be targeted, what problems will be addressed and what results or outcomes are intended? The goals and objectives you develop indicate how these needs and problems can be addressed.

Goals are long-range statements describing a desired condition or future. A project goal might be: Residents of Moran County will have access to and use credible, convenient health information resources for per-

sonal health decisions. This goal reflects mutual priorities of the target audience and outreach staff. For residents, convenient access to health information is key to its actual use. From the perspective of the outreach staff, encouraging people to evaluate and select credible resources is an equally important goal.

Goals are far-reaching and provide an ideal, but they do not specify how they will be achieved. This is where objectives are helpful. Objectives help to define goals by specifying what will be done (the process) and what changes are intended (the outcomes). By constructing measurable objectives, you have defined targets to work toward and ways to measure whether you reach them.

There are two types of measurable objectives — process and outcome-based. A process objective lists what activities you think will influence your desired outcome. For example: The Moran County outreach project will increase awareness of electronic health information resources by conducting a six-month promotion campaign employing printed materials, electronic media and demonstrations.

An outcome-based objective states a criterion to measure the hoped-for result. For example, an outcomes-based objective might be: At least 50% of community center visitors in the last month of the project will have heard about MedlinePlus, as measured by an exit survey.

Asking community center visitors if they have heard about Medline Plus is a way to measure the targeted outcome to “increase awareness of an electronic health information resource.” The objective also lists a criterion of success — 50% of community center visitors.

By setting a few measurable process and outcome-based objectives, you establish a solid direction for use in planning and evaluating your program. Keep in mind that goals and objectives can be overwhelming or burdensome if they are unrealistic or too numerous.

Develop goals as a tool to help prioritize what you most want to achieve. Construct measurable objectives that set selective and realistic targets for what you will do (the process) and accomplish (the outcomes).

A brief note about outcomes — the example provided here is only one of the many outcomes that may result from outreach. Measurable outcomes resulting from outreach could also be gained knowledge, changed attitudes, changed beliefs, developed skills, increased use of health information resources or increased organizational or community support.

Readers are referred to a newly published guide on outreach planning and evaluation for a fuller discussion of various outcomes and ways to reach and measure them. *Measuring the Difference: Guide to Planning and Evaluation Health Information Outreach* (<http://www.nlm.nih.gov/evaluation/guide/>) is available in spiral-bound print form from the Pacific Northwest Regional Medical Library.

Free copies can be obtained by emailing [nnlm@u.washington.edu](mailto:nnlm@u.washington.edu) with “evaluation guide” in the subject line, and your name, mailing address and number of copies needed in the body.

<sup>1</sup>Burroughs, Cathy. “Community Assessment for Program Planning” *3 Sources*, June 2000, 18(3). (<http://www.nlm.nih.gov/gmr/3sources/0006.html#assess>)

*Retrospective*

# NLM's Perspective on Outreach

*This article from the April 1992 issue of 3 Sources offers an interesting look at how the outreach initiative started at NLM. The following excerpt of Becky Lyon's speech focuses on the charge to the National Network to increase outreach activities throughout the nation. This speech was given Dec. 6, 1991.*

**A**s we move toward the year 2000, NLM will give high priority to five activities designed to improve health professionals' access to information.

These initiatives include:

- ♦ A program of outreach activities
- ♦ Enhancement of information services in the field of health services research
- ♦ Building a "visible human" database
- ♦ Important research and database building initiatives in the key field of biotechnology
- ♦ Further development of Unified Medical Language System or UMLS

Outreach to health professionals is

NLM's top priority. The library's program responds to recommendations contained in the 1989 Debakey planning panel report, "Improving Health Professionals' Access to Information."

Aided with special appropriations in FY90 and FY91, NLM developed strategies to improve the individual health professional's access to its information products and services.

Special efforts are directed toward those who are not affiliated with an institution, or those whose hospital or clinic has no library service, especially those located in rural or inner city settings. As you might suspect many of the latter serve predominately minority populations.

The outreach program is a cooperative effort with libraries in the NN/LM playing key roles.

Congressional appropriations in

FY90 and FY91 allowed NLM to respond to the panel's recommendations and to institute a number of new outreach activities in support of these recommendations. One of these activities was the awarding of \$25,000 individual outreach purchase orders to network libraries to introduce health professionals to GRATE-

NLM developed strategies to improve the individual health professional's access to its information products and services.

FUL MED and the medical information services available from NLM and network libraries.

We are now in our second round of funding for these purchase orders. Thirty purchase orders were awarded in September 1990 and 15 additional awards were just recently made in September 1991.

## Online Periodicals and Newsletters for Librarians

*Joanne Jahr, Middle Atlantic Region  
Stephanie Weldon, GMR*

**V**isit [www.nnlm.nlm.nih.gov/libinfo/mgmt/online](http://www.nnlm.nlm.nih.gov/libinfo/mgmt/online) to connect to online periodicals and newsletters for librarians. These periodicals and newsletters focus on the following topics:

- ♦ Innovation and research in digital libraries.
- ♦ Reviews of science and technology references.
- ♦ Integrated library system issues and electronic publishing.
- ♦ News and current events.
- ♦ Public policy.
- ♦ Management developments.
- ♦ Techniques, resources, tips and tools for library communicators.
- ♦ Library practice, philosophy and theory.
- ♦ New research in library and information science.
- ♦ Community building for librarians.
- ♦ Product reviews.
- ♦ Managing electronic information products.
- ♦ End-user computer systems in libraries.
- ♦ Digital libraries, document delivery systems, electronic publishing, expert systems.
- ♦ Hypermedia and multimedia systems.
- ♦ Promotion of libraries, librarianship and the librarian.

*Retrospective*

# Excerpts From a 1987 MEDLINE Survey

*Karen Wallingford; Nancy E. Sellinger; Betsy L. Humphreys; Elliott R. Siegel  
National Library of Medicine*

*This survey was published in the April 1989 issue of 3 Sources.*

In the latter part of 1987, NLM conducted a mail survey of the entire population of individual users of MEDLINE on the NLM system as of July 1987.

Questionnaires were mailed to 4,311 individuals early in October and returns were accepted until December 1987.

Over 70% of the questionnaires were returned, and the usable return rate was 68% (2,716 responses).

The survey was prompted by several recent developments in NLM's online services. As more and more health professionals began to have access to personal computers, NLM took steps to encourage individuals to search NLM's databases directly, including the provision of special short training courses in online searching and the development of GRATEFUL MED, a user-friendly interface to the NLM system.

NLM wishes to thank the many individuals who responded to the survey questionnaire.

## Key Points

- ◆ Nearly 2/3<sup>rd</sup>s of respondents identified themselves as physicians (65.5%) and more than a quarter (27.7%) as scientists. 10.5% indicated that they were both physicians and scientists.

- ◆ More than 2/3<sup>rd</sup>s of respondents (68.6%) indicated they do all searches by themselves. On average, they perform 4.3 searches/month by themselves.

- ◆ Lack of time was the most frequent reason given for having someone else perform MEDLINE searches (59.3% have others search for them).

- ◆ The two main reasons given for performing their own searches were:

- Greater familiarity with subject matter (47.9%)
- Ability to get search results faster (32.2%)

- ◆ Among all reasons selected (regardless of rank assigned), 2/3<sup>rd</sup>s of the respondents (65.5%) indicated enjoyment of searching as a factor.

- ◆ The majority of respondents (84.5%) feel they are somewhat experienced or not very experienced in the use of online databases.

- ◆ Cost seems not to be of overwhelming importance in individuals' use of MEDLINE. The majority (67.6%) indicated that cost consider-

ations rarely (26.6%) or never (41.0%) keep them from performing a search.

- ◆ The overwhelming majority (96.0%) say they most often search for a subject. 81.7% indicated they typically search to satisfy an immediate information need.

- ◆ Those in group and private practice are somewhat more likely to believe that less than half of the citations they typically retrieve are relevant. (63.4% of those in group practice and 61.1% of those in private practice, compared to 58.6% of all respondents.)

- ◆ Almost 2/3<sup>rd</sup>s of all respondents (60.8%) indicated MEDLINE citations are acceptable in their current form. Of the 39.2% who said additional types of information would be valuable, full text was overwhelmingly chosen as the single most valuable piece of information not presently available in MEDLINE citations.

- ◆ 80% of respondents expressed an overall satisfaction with MEDLINE.

- ◆ Of the groups of individuals who indicated research testing as one of their uses of MEDLINE information, 61.5% ranked it as their most common use. Of those who indicated patient care, 52.8% ranked it as the most common use.

## Removal of SERHOLD Data

*Charniel McDaniels*

The GMR will remove all SERHOLD Data from its Web site on April 30, 2001. This information is now available through the SERHOLD report features in DOCLINE.

The new features of SERHOLD give each library the ability to create a "Holdings by Library Report." The library must ask the system to generate this report. It is made available to the library the next business day.

You can also print a Union List for any Library Groups to which you

belong. Please remember that SERHOLD views a Library Group as more than 10 DOCLINE libraries.

For detailed information about these reports refer to "DOCLINE Online Manual - SERHOLD Reports" at [www.nlm.nih.gov/docline/docline\\_manual/serhold/report\\_index.html](http://www.nlm.nih.gov/docline/docline_manual/serhold/report_index.html).

# Technical Bulletin

## January February 2001, #318

### Technical Notes - e1:

- PubMed Status
- 2001 MeSH in LOCATOR*plus*
- Revision to NLM's License Agreement to Lease NLM Databases in Machine-Readable Form
- Small Number of PubMed Citations Receive New Entrez Date (EDAT)
- New Version of the NLM Gateway Released
- Expanded Access to MeSH

### Changes to PubMed for 2001 - e2:

- Describes the changes you will soon be seeing in the display formats and search options of PubMed.

### Internet Grateful Med to Be Retired; Reminder of NLM Gateway Availability - e3:

- Details the scheduled phase-out of the use of Internet Grateful Med.

### PubRef to be Removed from PubMed - e4:

- The story behind the discontinuation of PubRef.

### NLM Leases CATFILE*plus* - e5:

- Introduction to CATFILE*plus*, a new product added to NLM's suite of bibliographic records available for ftp in the MARC 21 format.

### Next Generation TOXLINE - e6:

- Details the changes to TOXLINE and the new means of accessing this information.

### Complementary Medicine - New PubMed Subset - e7:

- A joint project between NLM and the National Center for Complementary and Alternative Medicine (NCCAM) has produced a new PubMed subset, Complementary Medicine.

## Important Dates

### Kentucky Library Association

April 11-13, 2001  
 Holiday Inn Hurstbourne, Louisville, Ky.  
 Contact: Susan Eubank  
 E-mail: susaneub@oldhampl.org

### IHSLA 2001 Annual Conference

April 18-20, 2001  
 Potawatomi Inn, Angola, Ind.  
 Contact: Lauralee Aven  
 Phone: (219) 434-7691  
 E-mail: laven@sf.edu

### OHSLA Spring Meeting

April 26, 2001  
 Mount Carmel East Hospital  
 Columbus, Ohio  
 Contact: Linda Bunyan  
 E-mail: bunyanl@summa-health.org

### MLA

May 25-30, 2001  
 Disney World Dolphin Hotel at Epcot  
 Orlando, Fla.  
 E-mail: info@mlahq.org  
[www.mlanet.org/am/am2001/index.html](http://www.mlanet.org/am/am2001/index.html)

### Midwest Chapter MLA

October 5-9, 2001  
 Milwaukee, Wis.  
 Contact: Karen Hanus  
 E-mail: khanus@mcw.edu

# 3 SOURCES

NN/LM Greater Midwest Region  
 University of Illinois at Chicago  
 Library of the Health Sciences, (m/c) 763  
 1750 West Polk Street  
 Chicago, IL 60612

ADDRESS SERVICE REQUESTED

PRSR STD  
 U.S. POSTAGE  
 PAID  
 Mpls., MN  
 PERMIT NO. 26941