



# WISCONSIN HEALTH SCIENCE LIBRARY ASSOCIATION NEWSLETTER

OCTOBER 1986

NO. 187

## COMING EVENTS

- November 2-7 ONLINE '86. Chicago.
- November 5 ETN Seminars for Health Sciences Librarians. "The One-person Library" Carolyn Barloga, Presenter. 10:00-11:50.
- November 7 MLA Certification Exam.
- November 13 ETN Online Users Group. NLM Update. Helen Ann Brown, Instructor. 10:00-11:50.
- April 30- WWSLA Annual Meeting. Marc Plaza  
May 1, 1986 Hotel. Milwaukee.

## CWWSLN REPORT

September 11 was the date for the fall meeting of the Council for Wisconsin Health Sciences Libraries Network at Weston Library, Center for Health Sciences UW-Madison. All regions and organizations of the state were represented. Deb Wordgren of Howard Young Medical Center is serving as the 1986-87 Chair.

Resource Libraries and Consortium reports were given.

Peg Allen presented issues dealing with the region. Among those items were a reiteration of the place of Region 4 in the Online Training aspect of NLM's outreach. All online training under the new contract is out of Region 4 based in Omaha, Helen Ann Brown Coordinator. She will be the instructor for the Updates both at Madison General and on ETN. All searchers are urged to participate in the Updates. The second major issue dealt with the seating of a health care professional on the Council. It was the consensus that the Council would look for creative ways to involve the end-users in the identification of their needs, and not place a representative on the Council. The Council members decided to interview three people in their own library setting. Peg was asked to see whether there were any models within the Region for assessing health care professional's information resource needs through interviews.

The update for the Wisconsin Biomedical List of Serials is in process and Joy Shong was asked to negotiate with Louisville to produce the Wisconsin list that would be sorted by consortium. The addition of the holdings of the Wisconsin Resource Libraries to WBULS was put on hold until we see what the pricing system of DOCLINE will look like in 1987. This is not a good time to make a decision about the inclusion of the Resource libraries because of the free access to DOCLINE which routes ILL's without the need for location tools, particularly for those libraries.

DOCLINE and some of its problems were discussed. Michele Jacques will be writing an article for the Newsletter (this issue) and WWSLA's help sheet will also be included.

The need for the Council to address the continuing education of new librarians/library managers was addressed. Several suggestions were made that will be part of future planning.

A nominal group process was conducted by Peg Allen to assist the Region in developing its priorities. A report of the work of the Council is elsewhere in the Newsletter.

The next meeting will be during the WWSLA Annual Meeting in Milwaukee at the Marc Plaza, May 1 at 7:00 am.

Full minutes are available by contacting Barbara Schmiechen.

-Barbara Schmiechen  
Recorder

## DOCLINE UPDATE

(Michele's article) (SEE PAGE 3)

## NTIS CHARGES ON OVERDUE BILLS

NTIS will begin charging interest on bills 30 days past due in January 1987. The 30 day period will begin the date the invoice is mailed out. However, there is an unofficial 15 days added on to the 30 day limit to allow for the mailing of invoices from NTIS. The Council discussed this issue and some of the problems that might arise because of the different types of fiscal management in health sciences organizations. We ask that libraries monitor their MEDLINE bills to see how this system is working. Please report problems to any Council member and the issue will be further discussed at the May 1 meeting. That will give adequate time to see the mail delays and other potential problems.

## WILS CHANGES

(The Council asked that the statement about the changes in interlibrary loan charges from WILS be reprinted from the May Newsletter. It is reprinted with time related changes.)

Interlibrary loan requests referred to the WILS (Wisconsin Interlibrary Service) network by MLS will no longer be supplied to the Center for Health Sciences Libraries free of charge. Beginning July 1, 1986, institutions will be charged \$4.25 for each request submitted to WILS on their behalf. This charge is applied for every request submitted, and is assessed even if the request must be returned unfilled by the WILS network.

In the past, neither the CHS Libraries, nor the originating library sending its request through MLS, was charged for the use of the WILS network. Due to the severe budget cutbacks being imposed throughout the University System, MLS will now be charged for these requests. The \$4.25 charge has not been initiated by MLS, but we will have to pass the cost on to the originating libraries, as we will not be able to absorb these charges.

MLS referral procedure will operate in the same manner as it has in the past. With this new charge MLS will bill the institution for its WILS charges on the same invoice on which the MLS charges are billed.

The originating library may still receive WILS requests at no charge if the request is referred through the public library networks, as you have been doing with your non-health sciences requests. The turn-around time for the filling of these requests is considerable, often taking well over a month. It is possible to access WILS directly if your institution is a member of WILS. Member institutions are charged the same rate as institutions accessing WILS through MLS.

-Michele Jacques  
WWSLA Newsletter, No. 183, May 1986

Any library interested in joining WILS can talk to Al Zimmerman about the calibre of service or Barbara Schmiechen for a new brochure about WILS costs and services.

#### MLA COURSE IN CLINICAL MEDICINE

MLA is looking for someone to redesign the Continuing Education course "Information Resources in Clinical Medicine". If you have the inclination and knowledge and wish to know more about the course format and structure, contact Kent Mayfield or Eileen Fitzsimons at MLA headquarters in Chicago.

#### PEOPLE

There are two Madison area Librarians in the news. PAT CRAVEN has been named Director of the Medical Library at St. Marys Hospital, and CATHERINE VAN SUSTEREN is the Assistant Librarian at Madison General. Our congratulations to Pat as she assumes the directorship of St. Marys Library. Pat has long been active in Health Sciences Libraries. A welcome to Catherine as she begins her work in the health sciences area.

#### EDITORS NOTES

- 1) The deadline for the November-December Newsletter is November 12.
- 2) Due to more personnel changes in our office you will see several kinds of print in this Newsletter. We hope to get it back in a consistent type of print as soon as possible,

-Barbara Schmiechen  
Editor

This Newsletter is published for the health sciences libraries of Wisconsin at the Center for Health Sciences Libraries, UW-Madison, 1305 Linden Drive, Madison, WI 53706. It is supported in part by the Wisconsin Health Sciences Library Association.

#### JOURNAL FORMAT

Any listing of journals for the Journal Exchange should be typed on 8½" X 11" white paper using ½ inch margins. The columns should be typed no wider than 3 inches. This allows for cutting, pasting, reduction and paper savings.

**SAMPLE FORMAT** 8½" X 11" white paper  
Two Columns

*NEW!*  
*2-1-1978*  
Consultant  
V. 8:6,8,11,12,1976, V. 9:1,4-8,  
11,1977; V. 10:5, 1978.  
Cross Reference of Human Resources  
Management  
V. 8,#1,2,5, 1978.  
Family Health  
V. 8:6,8,11,12, 1976; V. 9:1,4-8,  
11,1977; V. 10:5, 1978.

Journal of Nursing Education  
V.1:1-3, 1962.

Journal Nursing Administration  
Vol. 10,2,3,4, 1980.

New England Journal of Medicine  
V. 281, 24,25, 1969  
V. 282,15,17,18,21,24, 1970.

3 inches across →

## DOCLINE UPDATE

Docline has been activated for Wisconsin's Basic Health Sciences Libraries for over a month now, and many participating libraries have begun to use the system as their main method for sending and receiving Interlibrary Loans. Some common questions and problems have come to our attention at Medical Library Service. Here are some suggestions which may help to clear up some confusions.

1. Docline is a system which is designed around the concept that requests will route automatically to the appropriate library which owns the requested Serline title. Your routing tables play a critical role in the referral patterns of each request you send via Docline. Remember that once your request has entered the Docline system it will be referred through your pre-selected routing pattern until it can be filled, or otherwise answered. Of course there are ways to send non-Serline titles via Docline, but the system works most efficiently when you can use your routing tables.

2. MLS will respond to requests received via Docline in a manner which best complies with the system as it was designed. In other words, if a request comes to us, and we cannot fill it, we will simply respond with the reason why we cannot fill it and then allow the request to continue to route through your tables. Unlike the referral process for requests received on ALA forms, MLS has no influence on the selection of referral locations for Docline requests. If you do not wish your request to be referred beyond MLS (on an ALA form you would have written DO NOT REFER), or if you wish to access WILS through MLS, then it is best to submit your request on an ALA form rather than sending it via the Docline system.

3. Use the Medline UI for accurate and efficient data entry. Not all requests have Medline UIs, so your next best bet is to use the Serline UI. Medline UIs are printed on Medline searches along with the AU, TI, and SO statements. Serline UIs can be found with the serial title on the GMRMLN serials holdings microfiche, as well as in numerous NLM publications such as List of Journals Indexed in Index Medicus, List of Serials Indexed for Online Users, Index of NLM Serial Titles, and in Volume 2 of each year's Cumulated Index Medicus. An example of a Serline UI is J31960000 for the Journal of Nuclear Medicine. Remember that by using the Medline UI, the Serline UI, (or the TI search key) you are retrieving the correct title from the Serline file, thus enabling Docline to perform its automated routing functions.

4. Feel free to use the comments section as needed, but remember that the comments you send to one institution are read by all. It is important to clearly identify the institution to whom you are making the comment. For example, we have seen requests giving a Middleton Library call number; this is helpful to us, but, as an unidentified number it means nothing to another resource library which would receive the request if we could not fill it. Another confusing example is the comment: "Please ignore this request." If you have made a mistake and wish to change or cancel the request, please either edit the request or use \*E to wipe it out of the system. An example of a comment which serves no purpose whatsoever is one which states: "Change previous request to Maxcost=Free." The lending library does not necessarily receive incoming requests in the same order as the borrower sends them. A comment which refers to a 'previous' request has no meaning. From these examples, you can see that Docline may actually limit your flexibility in sending and/or receiving ILL requests. One of Docline's biggest disadvantages is that it does not afford its users the possibility of two-way communication. So in summary, be sure to use the comment section if you need to, but be thoughtful about what you are actually saying.

5. **Access Docline every day.** Each library depends on every other library to keep the system up-to-date by receiving and answering requests on a daily basis. Please do not allow requests to pass you by, or worse, do not receive a request and then take no action on it. Doing these things slows down the process which was created to speed up referral time. We recommend that you check your Status file frequently to keep track of your pending requests. By checking the Status, you will begin to notice certain patterns developing, and you will become aware of any problem locations. Docline does not alert you to the progress of your request, nor does it let you know if a request has been filled or cancelled. In this respect, the burden falls to you, the borrower, to determine the whereabouts of your request.

6. Some people have reported feeling that using Docline is like sending their requests off into the great beyond. It is true that a request once sent cannot be altered, but you should have some sense of what will happen to your request by knowing how the system works and your own pre-set parameters. Docline is not magical; it always works in a logical way, even though it may seem strange and mysterious. One way of eliminating some of the mystery is to continue to check the serial holdings lists so that you know which libraries own the needed title. Keep in mind that, at the present time, Docline verifies only that a particular library owns a serial title. It does not verify the exact volume and year holdings.

7. Many people have wondered how Docline selects MCW vs. Middleton for a lending library when both libraries own a serial title. For example, suppose that you send two requests on the same day for the same serial title (different articles) and one request is transmitted to MCW but the other goes to Middleton. The reason that this can occur is that Docline will randomize within any given cell to select a potential lending library. The system does not read a call from the top down, but rather, it randomly selects one library from a cell. So, in the example above, you will find that you have placed Middleton and MCW together in one cell. If you are not satisfied with this pattern, or with any part of your present routing table pattern, NLM has stated that there will be scheduled times during which they will accept routing table changes. Until that schedule is announced, you may find that putting a Maxcost on the request will determine which library can fill it.

8. Do not try to use Docline as a form of simple electronic mail. It is not efficient to use the system to bypass the routing table to access any one particular library. Even though Docline is fast and fun to use, it does require some work to get used to it. Regional rules and networking patterns are not thrown out just because one aspect of the ILL process has become automated.

9. It has always been important to indicate on your request form a maximum amount which you are willing to pay for an ILL transaction, and it is no exception on Docline. If the maxcost line is left blank, your form will be sent with the N/A code. The lending library will then assume that you are willing to pay whatever costs may be involved, so please remember to state your maxcost, especially since the final referral location for every Docline request is NLM.

10. The final word regarding these suggestions is to read your Docline Manual thoroughly from front to back. If you have any problems, call us with questions, or contact Kim Goldman, the Docline Regional Coordinator for GMRMLN, in Chicago at (312)996-2464. If there is anyone who is still waiting to receive their Docline packet, please contact Kim, as all Wisconsin libraries due to become active participants this year should have been sent their materials. There are plans being made to enhance the system, so your questions and comments will be appreciated.

Michele Jacques  
Interlibrary Loan Librarian  
Middleton Health Sciences Library

# WISCONSIN BIOMEDICAL UNION LIST OF SERIALS

- \* A resource of 66 Basic Unit Health Science Libraries in Wisconsin (Resource Libraries not included).
- \* Available in both microfiche and paper
- \* Orders will be batched and sent to Louisville at regular intervals.

QUESTIONS: Contact Joy Shong, St, Francis Hospital, Learning Center, 3237 South 16th St., Milwaukee, WI 53215 (414)647-5156.

## ORDER FORM

### WISCONSIN BIOMEDICAL UNION LIST OF SERIALS

Send \_\_\_\_\_ MICROFICHE copies of the Wisconsin Union List at \$ \_\_\_\_\_ per copy.  
 Send \_\_\_\_\_ PAPER copies of the Wisconsin Union List at \$ \_\_\_\_\_ per copy.

	<u>Fiche</u>	<u>Paper</u>
Cost: Participating Libraries (Libraries included in the state list)	\$15.00	\$32.50
Other Wisconsin Libraries	\$20.00	\$37.50
All other libraries	\$30.00	\$47.50

Send list to: INSTITUTION: \_\_\_\_\_  
 LIBRARY NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_

### Payment must accompany order

Make check payable to : WISCONSIN BIOMEDICAL UNION LIST OF SERIALS PROJECT

Send order and payment to : JOY SHONG  
 ST. FRANCIS HOSPITAL  
 3237 South 16th St.  
 Milwaukee, WI 53215

Total enclosed: \_\_\_\_\_

**Please include mailing label with shipping address**

## GMRLN

## Nominal Group Questions and Responses

At the beginning of this new five year contract for the Greater Midwest Regional Medical Library Network, the Management Office raised some questions to assist in the planning for the next few years. They were first presented in the form of a Nominal Group exercise at the Regional Advisory Council meeting, and then state representatives were asked to use the Nominal Group process at state council meetings. Therefore, a nominal group session on these regional questions was held as part of the September 11, 1986 meeting of the Council for Wisconsin Health Sciences Libraries Network. Fourteen members participated in the discussion and balloting process; one ballot was improperly completed for two questions and could only be counted for the first and fourth questions. While members had access to the Regional Council responses, the state results are distinctly different. All suggestions made at our council meeting are reported here in rank order in the left hand column, with regional responses for comparison on the right. At the state meeting, after the ideas were generated, members could vote for their choices for the top five for each question, with five points for their first choice, four for the next, and so on - both points and the number voting for each item are listed. Regional responses to each item are also in rank order, but only the top ranked ones were reported by the region, and actual votes are unknown. Members and observers at the Regional Council meeting were arbitrarily divided into four groups; most groups had a majority representing resource library viewpoints.

As your state representative, I would appreciate input on these and any other issues you might identify to take to the Regional Advisory Council meetings. Our next meeting is scheduled for November 20 and 21 in Chicago. Also, please feel free to call me if you have any questions on this report.

-Peg Allen

## Wisconsin Responses

## Regional Responses

## How can the Network facilitate interaction with health professionals?

1. Interview/conduct needs assessment of end users. (61 points/14 votes)
2. Educate health professionals re. library services, including while they are in school. (45 points/14 votes)
3. Public relations targeted at health professionals. (29 points/10 votes)
4. Articles in health science professional journals. (27 points/13 votes)
5. Library representation at health professional meetings. (16 points/7 votes)
6. Expedite current services. (16 points/6 votes)
7. State health science professional society links. (15 points/5 votes)

1. Develop a task force on health professionals on Regional Council
  - identify key health professionals within state groups to maintain contact with the task force or regional libraries.
  - provide a service or resource not presently available to health professionals or not available in quantity, but that the health professional wants or needs. Indicate why the service or resource is valuable.
2. Regional Council members should attend users association/society meetings as presenters and give "how to" presentations rather than "preach."
3. Encourage interaction with Resource Libraries within their state, e.g., county medical society meetings or co-sponsor programs.
3. Strengthen State councils so that they can better relate to health professionals by learning what GMRLN offers (goals, programs) to BHSL's and health professionals, e.g., more Fact Sheets.
5. Contribute written communications to state health professional publications, e.g., brief communications, letters to the editor, articles.

## What are the unmet service goals in Region 3?

1. Respect by NLM/Region for professional librarians. (51 points/12 votes)
2. Goals identification - what are the goals? (29 points/9 votes)
3. Communication. (28 points/9 votes)
4. Definition of roles of NLM/RML/States. (21 points/6 votes)
5. Education of librarians and administrators of basic units, especially the small ones. (20 points/7 votes)
6. Coordinated collection development. (14 points/7 votes)
7. Education of institutional administrators. (10 points/5 votes)
8. Free service need. (9 points/3 votes)
9. Basic awareness for end users and non users. (7 points/3 votes)
10. Education in health professional schools. (6 points/4 votes)

## How can the RML Management Office facilitate intra-regional communication?

1. Improve publications - more current, less jargon, index, improve format, increase accuracy. (47 points/11 votes)
2. Listen better/acknowledge input. (31 points/10 votes)
3. 800 phone number (in wats). (28 points/10 votes)
4. Subsidize/standardize electronic mail. (28 points/8 votes)
5. Information/customer service person to contact at management office. (20 points/9 votes)
6. Site visits (Increase number; field representatives, etc.). (18 points/6 votes)
7. State meeting participation. (13 points/4 votes)
8. Better definition and communication of committees and their goals. (10 points/7 votes)

1. Availability of all Index Medicus titles in the Region.
2. Need to acquaint end user with what the library can do for him/her.
3. Services to rural physicians.
3. Ability to identify needed materials by isolated/rural end users.
5. Marketing assistance for libraries (sell themselves to users)
6. Consciousness raising of users re. professional librarians - partners in health care delivery team.
6. Training for med/grad students in information access.

## What steps should be taken to coordinate collection development regionally?

1. Involve all levels of libraries (RL's and BHSL's). (44 points/12 votes)
2. Emphasize journals. (35 points/9 votes)
3. Use grant \$ to pay for regional union list. (33 points/10 votes)
4. Multi year grants for subscriptions. (16 points/8 votes)
5. Study how other regions do this. (16 points/7 votes)
6. Funding for retroconversion. (16 points/5 votes)
7. Coordinated weeding. (15 points/6 votes)
8. For collection development grants, investigate regional activities and needs more thoroughly. (14 points/5 votes)
9. Statistical study of use/borrowing patterns. (11 points/3 votes)
10. Communication. (6 points/3 votes)
11. Lobby companies which produce CD-ROM for standardization, etc. (4 points/2 votes)

1. Encourage regular use of the right communication mechanism for the right purposes:
    - meetings for face to face information exchange.
    - paper or electronic publication for one way messages.
    - fact sheets or brochures for information which needs to be repeated often.
  2. Management Office establish a standard e-mail system and offer a group rate and train regional library staff in its establishment and in its operation.
  3. Establish a region-wide electronic bulletin board for sharing ideas, etc.
  4. Establish feedback loops to small RML committees (publish their minutes frequently and establish mechanisms for providing feedback from network members).
1. Inventory what is held by a variety of methods:
    - statewide/RL's and BHSL's.
    - using online catalog info
    - using RLG conspectus
    - share existing studies
  2. Equitable/logical distribution of materials- RL's and BHSL's
    - transferring
    - deselection
    - acquiring w/regional \$'s
  3. Needs assessment - RL's and BHSL's
    - through ILL copyright records
    - environmental analysis
    - comparison to major serial indexes
  4. Facilitate access
    - funding for retroconversion
    - funding for PL480
    - use existing mechanisms (RLG and OCLC)
  5. Identify purposes of coordinating collection development regionally and state the objectives.
  6. Involve all levels of libraries (RL's and BHSL's)
  7. Use NLM's collection development \$'s to coordinate entire collection development plan, not just buy materials.

The Wisconsin Biomedical Union List of Serials  
will begin updating holdings statements this  
summer. If your library was not included in the  
second edition and you wish to be included in the  
third, fill out the enclosed form and send to:

Joy Shong  
St. Francis Hospital  
3237 So. 16th St.  
Milwaukee, WI 53215

\_\_\_\_\_ I wish to have my library holdings included  
in the next edition of the Wisconsin List.

Institution: \_\_\_\_\_

Library: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone No.: \_\_\_\_\_

MEDICAL LIBRARY SERVICES  
 William S. Middleton Health Sciences Library  
 University of Wisconsin  
 1305 Linden Drive  
 Madison, WI 53706

AUDIOVISUALS AVAILABLE FROM MIDDLETON LIBRARY  
 FOR CIRCULATION TO THE STATE

**AUDIO DIGEST - FAMILY PRACTICE**

AC THE THROMBOSED VEIN  
 992 Audio-Digest Foundation, 1986. v.34,#33  
 34(33)

AC SPORTS MEDICINE  
 992 Audio-Digest Foundation, 1986. v.34,#34  
 34(34)

AC MALICIOUS AND VICIOUS TRAUMA  
 992 Audio-Digest Foundation, 1986. v.34,#35  
 34(35)

AC DIABETES MELLITUS  
 992 Audio-Digest Foundation, 1986. v.34,#36  
 34(36)

**AUDIO DIGEST - INTERNAL MEDICINE**

AC DIABETES AND HYPERTENSION  
 995 Audio-Digest Foundation, 1986. v.33,#17  
 33(17)

AC TRANSFUSION AND CHEMOTHERAPY RISKS  
 995 Audio-Digest Foundation, 1986. v.33,#18  
 33(18)

**AUDIO DIGEST - OBSTETRICS/GYNECOLOGY**

AC CONTROVERSIES IN INFERTILITY  
 996 Audio-Digest Foundation, 1986. v.33,#17  
 33(17)

AC OBSTETRIC INFECTIONS:INTRA- AND POSTPARTUM  
 996 Audio-Digest Foundation, 1986. v.33,#18  
 33(18)

**AUDIO DIGEST - ORTHOPEDICS**

AC FOOTWORK  
 988 Audio-Digest Foundation, 1986. v.9,#9  
 9(9)

**AUDIO DIGEST - PEDIATRICS**

AC WHEEZING, COUGHING, ASTHMA  
 991 Audio-Digest Foundation, 1986. v.32,#17  
 32(17)

AC DEVELOPMENTS IN HEMATOLOGY  
 991 Audio-Digest Foundation, 1986. v.32,#18  
 32(18)

**AUDIO DIGEST - PSYCHIATRY**

AC ALCOHOLISM  
 989 Audio-Digest Foundation, 1986. v.15,#17  
 15(17)

AC THE TREATMENT-RESISTANT PATIENT  
 989 Audio-Digest Foundation, 1986. v.15,#18  
 15(18)

**AUDIO DIGEST - SURGERY**

AC COLORECTAL CANCER  
 998 Audio-Digest Foundation, 1986. v.33,#17  
 33(17)

AC THE TRAUMA PATIENT  
 998 Audio-Digest Foundation, 1986. v.33,#18  
 33(18)

**AUDIO DIGEST - UROLOGY**

AC INTERSEX/CRYPTORCHIDISM: NEW MANAGEMENT  
 987 PERCEPTIONS  
 9(8) Audio-Digest Foundation, 1986. v.9,#8



St. Nicholas Hospital Library  
1601 N. Taylor Drive  
Sheboygan, WI 53081

Respond by 31 October 1986  
Postage under 25¢ waived

Abridged Index Medicus  
V.15 #1-4,6-10,1984

Am.Family Physician  
V.16 #2, 1977  
V.29 #6, 1984

Am. Health  
V.III #9, 1984

Am. J. Cardiology  
V.44 #5, 1979  
V.31 #1,2,5,6, 1973  
V.32 #2-7, 1973  
V.33 #1-5, 5, 1974  
V.34 #1-5, 1974

A.J. Diseases of Children  
V.135 #7, 1981  
V.137 #9, 1983

Am. J. Medicine  
Infectious Dis. 7/28/83

Am. J. Nephrology  
V.2 #1-6, 1983  
V.3 #2,3, 1984

A.J. Nursing  
V.80 #2, 1980  
V.83 #2-4, 1983  
V.84 #2,5,8, 1984  
V.85 #3,5,6,8, 1984

Am.J. Obstetrics & Gyn  
V.139 #1-4, 1981

Am.Nurse Assn.  
Publications 1986

Arch. Internal Med.  
V.141 #10, 1981

Arch. Surg.  
V.116 #10, 11, 1981

AORN  
V.27 #1,4, 1978  
V.32 #2, 1980

Best of Business  
V.6 #1, 1984  
V.7 #2, 1985

Bull. of Am. Coll. of Surg.  
V.70 #3, 1985

Cancer  
V.46 #4, 1980

CA-A Cancer for Clin.  
V.34 #1, 1984

Cardiovascular Med.  
V.3 #1-12, 1978  
V.4 #1-12, 1979  
V.5 #1-6, 10-12, 1980  
V.6 #5-9, 1981

Chest  
V.78 #1, 1980  
V.80 #6, 1981

CINAHL  
V.29 #1-5, 1984

Circulation  
V.60 #5, 1979

Clin. Bull.  
V.8 #1-4, 1978  
V.9 #1-4, 1979  
V.10 #1-4, 1980  
V.11 #1-3, 1981

Clini -Pearls  
V.1 #5-11, 1979

Computers in Nursing  
V.4 #2, 1986

Cont. Education  
V.12 #1-6, 1980  
V.13 #2-5, 1980  
V.14 #4-6, 1981  
V.15 #1-6, 1981  
V.16 #5, 1981  
V.17 #1-6, 1982  
V.18 #2-4,9-12,1983

Curr. Prob. in Cardiology  
V.4 #1-12, 1980

Cutis  
V.28 #5, 1981  
V.29 #1,3,5, 1982  
V.30 #5,6, 1982  
V.31 #4, 1983  
V.34 #6, 1981

Diabetes Care  
V. 8, #4, 1985

Dialysis & Transplant  
V.13 #9,12, 1984  
V.14 #1,2,4,9, 1985  
V.15 #1, 1986

Dimen. in Health Serv.  
V.62 #3,4, 1985

Disease-A-Month  
V.29 #4, 1983

Ear, Nose & Throat J.  
V.59 #1-12, 1980  
V.64 #12, 1985  
V.65 #1,3, 1986

Family & Comm. Health  
V.8 #4, 1986

Harvard Bus. Rev.  
V.63 #6, 1985

Hastings Center Report  
V.14 #2, 1984

Health Progress  
V.1, 1985  
V.65 #8, 1984  
V.66 #4,6,10, 1985  
V.67 #2-4, 1986

Health Values  
V.2, #4,5, 1978  
V.3 #6, 1979

Health Care Man. Rev.  
V.9 #1,2(2), 1984

Health Progress  
V.67 #1,5,6, 1986

Healthline  
V.4 #6, 1985

Heart & Lung  
V.5 #1,2,4,5, 1976  
V.6 #1-6, 1977  
V.7 #1-5, 1978  
V.8 #1,2, 1979  
V.10 #2-4,6, 1981  
V.11 #1-3, 1982  
V.13 #6, 1984

Hosp. Formulary  
V.17 #9, 1982

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