CHAPTER 1

INTRODUCTION

1.1. Background of study

1.1.1 Library

Libraries have promoted education and other sectors of human activity. Libraries act as repositories of information. They promote the flow of information to the large range of users.(Urs, 2000) The primary aim of a library or an information center is to disseminate information. To achieve this, it locates the information-bearing documents procures them and organizes them for use. It does every thing possible to promote the use of these documents so that the information contained in them is easily and quickly communicated to those who seek it. A library makes both extensive and intensive efforts to inform the users what information is available in what documents through its various bibliographical and documentation services such as current awareness service (CAS) selective dissemination of information service (SDI) , indexing service , abstracting service etc. A library also facilities the use of information by providing reprographic facilities and translation services. Almost all efforts of a library are directed towards the promotion of the communication of information. A library or an information centre also finds out the information needs of a user and helps him in accessing the information he is seeking.(Prasher, 1991, p.19)

1.1.2 SDI service

SDI service is certainly special feature of special library. It is a refinement of current awareness service meant to keep its users abreast of the latest development in the field of his interest. It is a personalized service and user oriented service meant for an individual or a group of users having identical information needs. Information provided through SDI is exactly tailored to meet the specific information needs of each user. It is a quick service which provides pinpointed information and it is meant for the specialists and research workers (Prasher, 1991, p.79). There are many definitions of selective dissemination of information. However, the most commonly accepted definitions are listed as follows.

According to H.P. Luhn (a pioneer in this field)"SDI is that service within an organization which concerns itself with channeling of new items of information from various sources to those points within the organization where they can usefully serve someone's interest. It endeavors to prevent indiscriminate distribution of new information and avert the resulting danger of not communicating at all."(Krishan, 1996, p.109)

According to Elhence " SDI is a type of personalized current awareness service, which under optimum conditions, involves screening of documents, selecting information exactly tailored to meet the specific research needs of each user or a group of users and supplying the information directly to each individual or group so that the user can keep himself abreast of the latest development in the area of his specialization."

Selective dissemination of information (SDI) is defined as "a service provided by a library or other information agency whereby its users are periodically notified of a new publications, reports literature or other sources of information in subjects in which they have specialized an interest."(Shutz & Groate, 2003, p.460)

Schneider has defined SDI" as a type of personalized current awareness service which under optimum conditions, involves screening of a large number of documents, selecting information exactly tailored to meet the specific, unique. Research need of each user (usually by an automated process) and supplying this information directly to each individual on a depending continuous basis."

According to Connor, "any procedure whether manual or automated that attempts to provide a personalized current awareness service, selecting for each individual served the current literature of probable relevance to his research interest may be considered as a SDI system."

1.1.3 History of SDI service

Many libraries have been giving some sort of individualized information service to the users before the concept of selective dissemination of information came into being. However, it was Hans Peter Luhn of IBM who first gave to the world in the late 1950s, the concept of SDI as it is understood today (Prasher,1996, p.77). Luhn's seminal paper [Luh58] on the subject was presented in the second volume of the IBM systems journal. Luhn described a system that automatically abstracted and encodes documents so that they could be matched to machine- learned user interest profiles. Luhn believed that information retrieval functionality, then a young field was necessary to make such a system a success. A document is auto-indexed by determining the frequency of occurrence of significant terms in the document. User profiles, called action points are created similarly to the representation of documents. Matching is performed when new documents arrive in the system and those documents that sufficiently match user profiles are printed and the document provided to the user. Interestingly, Luhn required human intervention to transcribe text documents into digital format and to formulate user profiles, tasks which would be automated or performed by the user today. The goals of the system Luhn describes are still the goals of a modern SDI system, which we describe in terms of persistent querying. In many ways, Luhn's ideas were ahead of their time in SDI and computer science, especially his ideas of the matching learning of user profiles. Housman [Hou73] provides an excellent survey of the system s implemented based on Luhn's ideas during the 1960's and early- 1970's. Mainly used in libraries, SDI systems of the time allowed users to create profiles that were stored in a computer system of the time allowed users to create profiles that were stored in a computer system. Profiles could consist of boolean phrases or other queries that were evaluated against newly arriving documents. The results of such queries were returned to the user in the form of photocopied journal papers. SDI system tied together several databases, including information items such as bibliographic references, so user could pose on query that is transmitted to all of them. One of the concerns of supporting working SDI systems was the cost of buying computer time on mainframes. While the goals of SDI systems have been understood since Luhn's 1958, recent work has focused on making SDI systems scalable and capable of operating over heterogeneous information provider. Yan and

Garia Molina [YGM94] make the point that in the past, SDI systems were centralized, but in order to scale up to work on internet scale, SDI systems must be distributed. Today SDI is considered as the most important information service (Neil, 2001, p.101-2).

The development and acceptance of SDI service has been quite rapid. The factors, which are responsible for it, are as follows (Prasher, 1991, p.98).

1. Availability of computer facilities at an increased rate;
2. Application of computer in type – setting which helps in generating almost automatically a machine readable database;
3. The expansion of world literature which makes it more difficult and expensive to keep abreast of relevant literature; and
4. The increasing cost of labor and labor-intensive services, such as conventional library and information services.

1.1.4 Objectives of SDI service

1. To provide current information on a particular subject;
2. To receive, scan and provide the literature to right users;
3. To notify the latest information about the particular subject clearly ;
4. To delegate the computer base technique for relating current profile of information to the interest of users;
5. To achieve current requirements through the scan of journals , current awareness bulletins, and other important resources; and
6. Expeditious service/time saving. (Arul & Viji)

1.1.5 Need of SDI service

No two seekers of information have identical needs. Their information requirements vary and as such each one should be provided only that information which he actually needs. The nascent information is now being generated at such a tremendous rate that its communication to the specialists without the loss of time has become a serious problem. Thus, the tremendous growth of scientific literature, there is a need to prevent information overload and save the time and energy of the users. Thus the need can be

pointed out as follows.(Arul & Viji)

1. The literature output is at present doubling every decade;
2. The volumes of recorded information are growing exponentially;
3. The users don't have time for reading; and
4. To satisfy the specialists/researchers information requirement and their needs.

1.1.6 Role of SDI service

The library provides various services particularly SDI service is important part in the library services. Because the fundamental aim of library is to provide the right information at the right time to right users. The following are benefits of SDI service (Arul & Viji).

1. Invite research scholar and interest users;
2. satisfy the researches requirements and their needs;
3. Access latest and particular subject information very quickly;
4. Motivate the research mind and knowledge skills;
5. Avoid the time loss and unwanted information are filtered; and
6. Provide quality and current awareness literature.

1.1.7 Mechanism or process of SDI service

The mechanism of selective dissemination of information requires few basic components, which are as follows(Prasher, 1991, p.82-86).

1. Preparation of user profile
2. Preparation of document profile
3. Matching document profile with users' profile.
4. Notification
5. Feedback
6. Readjustment of profiles

1.1.8 Steps in SDI service

1.1.8.1 User profile

The requirements of information are being collected from users' profile which represents the specific subject interests of the users. It should be prepared with care because on its accuracy depends the success of an SDI service have been identified, the subject interest of each is found out. Subject interests of the users are usually expressed by the keywords from some standard thesaurus to ensure control of vocabulary. Each card bearing the subject interest of a user is known as a profile. These profiles when organized in a systematic way becomes the users profiles file. The jobs do not end with the construction of users profiles. Keeping it up-to-date is also an equally important job. The information needs of a user may change with the passage of time, He may not be interesting the earlier subject now, he is interested in a new one. Or he may be in a position to specify his information needs more accurately now. Thus after the compilation of users profile, its maintenance is important. An up-to-date users' profile file, responsive to the information needs of the users is a must for an SDI system. Without it, an SDI system has no meaning at all(Prasher, 1991, p.82-83).

Users' profile

A 1. Name: - ……………..   2. Qualification:-………………

   3. Status:-……………   4. Phone number:-…………….

   5. Institution:-………….   6. Address:-…………………..

   7. Area of specialization:-………………..

   8. Languages known (to be able to read literature):-…………………………….

B 1. Topic(s) of interest with detailed description including aspects to be excluded:-

   ………………………………………………………………………………………

   ………………………………………………………………………………………

   2. Relevant section number from an abstracting services (such as chemical abstracts, physics abstracts, Biological abstracts, etc) in which abstracts on topics of your interest are most likely to be found:-

   …………………………………………………………………………………

C. 1 Keywords and synonyms, which represent topic(s) of your interest (avoid general

terms):-……………………………………………………….....................

2. Indicates weight or value of key terms to be used in the choice of informational

documents to be supplied to user(scale consists of number 1 to 3:3 major key

term. 2. minor key term, 1 barely relevant key term) giving suitable numbers

………………………………………………………………….............

…………………………………………………………………………

D 1. List at least five titles of relevant papers pertaining to literature relevant to

topic(s) or your interest:-…………………………………………………

…………………………………………………………………………….

…………………………………………………………………………….

(Krishan, 1996, p.111)

1.1.8.2 Document profiles

The document profile is a record which show the subject contents of each document in the store. As soon as a document is received in the library or information centre, its contents are carefully analyzed and record is prepared indicating the same keywords, subject-headings, class numbers pattern of terms, code numbers etc, as were used for the user profile. This is done to make the matching possible. These documents profiles when organized as a file in a systematic way becomes the documents profiles file. The record for each document or document profile should give the following information.

1. Keyword (or class number);
2. Author of the document;
3. Title of the document;
4. Locus of the document; and
5. Accession number if any.(Prasher, 1991, p.84)

1.1.8.3 Matching of Profiles

The users profiles file and documents profiles file are matched at regular interval (every week or fortnight) to find the right document for a right user. When it is found out that a particular document answers the information needs of a particular user, the details of the document as also those of the user are noted. It is necessary that the level of match between a user profile and a document profile is found out before the comparison or match-making is done. The level indicates the depth of the subject which the user is seeking. Matching can be done either manually or by computer. When the number of users is small, each one of them can be informed individually as to what in-coming document is of his interest. This is done by matching manually the contents of the document with the information needs of the user and finding out right document for the right user. The application of computer, however, is necessary if the SDI systems to be operated at a large scale. The matching operation becomes quick and accurate. A large volume of data can be handled by a computer at a tremendous speed(Prasher, 1991, p.84-85).

1.1.8.4 Notification

Notification is an intimation to the user that some document or documents of his /her interest has /have been received . This intimation may be in the form of bare citation of the relevant document or the citations with abstracts. Sometimes, the document itself or its copy may be sent along with such notification. The availability of a document is notified after it is found that there exists a close match between the user's profile and document profile(Prasher, 1991, p.85-86).

1.1.8.5 Feedback

Feedback or reaction or response of the users is an important feature of the SDI system. It keeps the system alive, effective and responsive to the needs of users. The system provides a mechanism through which user's reaction or his response to each notification is obtained. A user may confirm that the information which the system had provided to him is relevant or not to his needs. He makes certain suggestions in the latter case. The user may inform that the bare citation is not enough and he wants an abstract along with

each citation, or he may ask for a copy of the document along with the citation the user may also inform that he is now no more interested in a particular subject and instead from the onwards he needs information on such and such subject. The use may also inform the system that a particular document, which had been notified to him. would satisfy the information needs of another member. Thus the feedback not only maintains the efficiency of an SDI system but also improves it. Any change in the interest of a user is automatically reflected in his profile(Prasher, 1991, p.86).

1.1.8.6 Readjustment of profiles

In the light of the reaction or response of the users, their profiles are modified continuously to keep the system rejuvenated and up-to-date as also responsive to the requirements of the users. In other information services, there is no arrangement to modify or readjust them in response to the users needs after these have been planned and started. The decisions regarding the coverage, presentation, clienteles, etc. are taken at the planning stage only. After that the documentation list is issued at regular intervals. The system is not concerned with the feedback or with the knowing of the reaction of the users. It presumes that the service is serving the information needs of the users(Prasher, 1991, p.86).

The main jobs involved and the workflow in an SDI system is depicted in the following figure:1.(Prasher, 1991, p. 82)
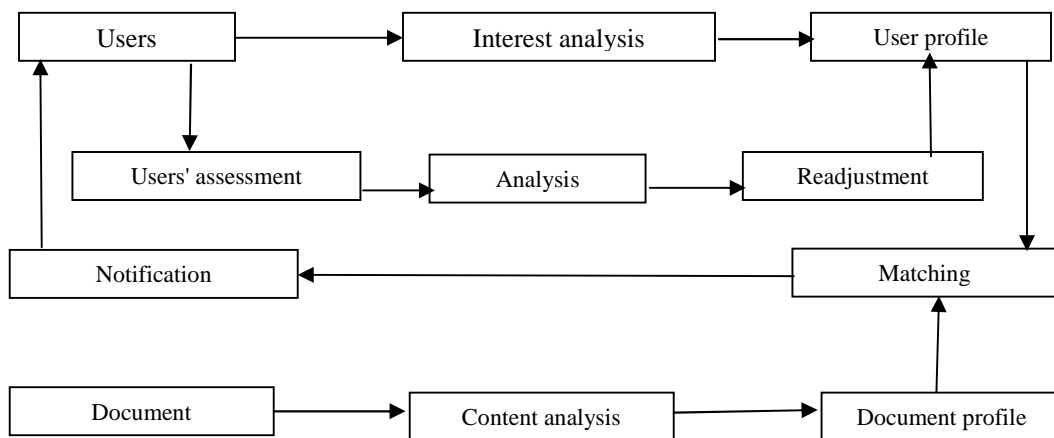
Workflow in SDI system

1.1.9 The History of Medical libraries from 2000 B. C. to 1900 A.D.

The medical library is an institution in a state of flux. The history of the medical library is closely related to the actual history of medicine. Medical collections have dated back to thousands of years before the birth of Christ. The earliest collections have dated back to ancient civilizations of Assyrians and the Babylonians. During the existence of these two civilizations, The Mesopotamian valley was considered one of the most progressive and enlightened areas in the world, Some of the earliest medical records of the world were found in this area. These were clay tablets recovered from the library of King Assurbanipal of Assyria(668-626 B. C.). The tablets are said to date from 2000B.C., but their actual age is not known. Several hundred of the tablets cover medical matters and give details of medical practice; Others are on borderline between medicine and magic arts (1). In 606 B. C. the Medes and Babylinians captured and burned Nineveh. The library like the rest of the city was burned into ruins. Luckily, the books could not burn because they were written on clay tablets(3).Babylonia also collected medical material in its libraries. The art of medicine was extremely important in the common life of the people. Babylonians even went so far as to regulate medicine under the law. King Hammurabi's codification of the law included sections concerned with surgery (4). Since religion was felt to be closely related to science, the temple libraries also collected works on medicine. Since trade relations existed between Mesopotamia and Egypt as early as 3000 B.C., it is probably safe to assume that this cultural exchange also included medical knowledge. Some of the Egyptian temples were particularly known as centers of healing and housed collections which could be considered medical libraries. Of all the medical collections, probably the most complete and best organized was the collection of the Temple of Thoth, Here there was a priest who was known as the "keeper of the sacred Books". Other collections were kept in the "Halls of Rolls" in Heliopolis, where there werelong lists of diseases and their cures, and at the Temple of Hermopolis which housed six medical works. Librarians responsible for medical books were usually given such titles as "Scribe of the double Houses of Life "and "Learned men of the Magic Library".

Many medical papyri have been found during excavations of old ruins, among them the Kahun medical papyrus, which is felt to be the oldest, dating to 1900 B. C; the Smith

papyrus of 1600 B. C., dealing with surgical case reports intended for the surgeon's use ; the Ebers papyrus of 1500 B. C., consisting of a collection of recipes intended for the physician's use.

Knowledge flourished in Greece, Especially in medicine. The Greeks were quite prolific in their medical writings. The value of books as a medium of communication was increasingly being recognized. Consequently, libraries grew. Hippocrates, the "father of medicine" collected a private library. Aristotle had a private collection that included a copy of every known medical work. In addition to public and private libraries there were special libraries, particularly medical libraries. The libraries were usually located in temples. Medical schools developed, and their libraries flourished, The greatest medical school was the Alexandrian school of medicine. Even though the Alexandrian medical school was one of the first great medical schools , the Asklepion flourished for some six or seven hundred years or from 500 B.C. to later than 100 A.D. . It was a combined school and temple and most important a library. The library was dedicated to Apollo Maleates and Asklepios, the God of Healing.Other medical schools included the school in Pergamus, which had a library second only to the one at the school in Alexandria, and those in Cos, Cnidos, Rhodes, and Cyrene, all of which had their own libraries. Around 47 B. C. the city of Alexandria was completely destroyed and along with it the Alexandrian Libraries and their contents. Rome followed Alexandria as a medical center. At this time the city of Rome had twenty –eight public libraries. But even though libraries were numerous in Rome , it appears that the manuscripts dealing with medicine were not plentiful because the Romans were little concerned with medical literature, Medical education, in the beginning , was taught in private, and the preservation of the literature depended largely on private collections of physicians.

The period of 500 to 1000 A.D. is considered the middle ages. In Europe there was a general decline in learning. This period is appropriately called the "Dark Ages." Although learning was at a stand still in Europe, the Eastern world continued to flourish. The Byzantine empire lasted more than 1,000 years (395-1453), but its only real contribution to medicine was that it preserved something of the language and the culture of the

Greeks. China had no special medical libraries, but medical books were gathered in the general libraries. The year 432 A.D. saw the flight of the Nestorian culture from Syria to Persia. There, in turn, was established at Gondisapar, a medical school that was the most important medical school of the East. Here Greek medicine was studied, The Arabs eventually captured Persia, and the Greek was translated into Araic. The Arabian libraries seem to have been amore important connecting link between the classical Greek learning and the Renaissance of Western Europe than were the libraries of Constantinople. Medical centers were developed throughout the Islamic world. As early as the ninth century, salerno was a medical center. After being conquered by the Moslems, it became a center of an active lay medical school. At Cordoca, in 970 A.D., a medical school with a library of 225,000 volumes was founded. Another great library was the Royal library of Bokhara. Similar, institutions were developed. At this time, there were at least seventy libraries in Spain alone. The "Summa" was a popular wok of the time; it was an encyclopedic textbook of medicine written by many authors. Early medical schools, such as those at Bolognal, padua, Naples, and Paris, used Arabic text books almost entirely.

Literature and libraries declined after 1100, when the reactionaries had gained control of most of the Eastern Moslem world. Libraries eventually met complete destruction due to civil wars and the lack of interest in learning under certain rulers. Learning still continued, though, In North Africa and Spain for at least two centuries. In the widespread decline of learning in Europe medical knowledge suffered. Physicians in turn became incompetent and could be considered almost charlantans. The condition of medical practice causes the religious orders to begin to take over the responsibility of caring for the sick, and thus began the period of monastic medicine. The monastery of Monte Cassino in Italy founded in 529by St. Benedicts was of the first monasteries to assume the responsibility for nursing the sick. Important developments in monastic medical libraries began with Cassiodorus, who was the former minister of education under emperor theodric. In 540, Cassiodorus retired to Squillace, which is located a short distance from Monte Cassino, and founded a monastery there. He felt it was very important that a Christian should study the medical practice of the past in order to prepare himself for the care of the sick. As a result of his feelings toward medical knowledge.

Cassiodorus began to collect for the use of the monks all available medical and philosophical manuscripts both in his monastery and at Mont Cassino. The library which was founded is supposed to have consisted of 30,000 volumes. Eventually Benedictine monasteries were established in other localities and interest in ancient medicine spread from them to others. By the tenth and eleventh centuries, monastic medicine also declined along with other learning. The medical manuscripts which were still being prepared for the use of the monks degenerated to such an extent that little of the learning of the Greco- Roman period was still being conveyed.

At the close of the middle ages there was a decline of monasticism but a revival in learning. With this new growth of knowledge, there developed a prosperous and influential class of citizens who contributed to the development of secular culture outside the church. With the new knowledge came arise of a new form of education, the university. Medicine became a part of the curricula of the universities. At the beginning of the thirteenth century, medicine was bringing taught in three universities: Montpellier. Paris (founded in 1369), and Salerno (founded around the ninth century by the Arabs). Studying medicine consisted of memorizing and copying works from the masters of medicine such as Hippocratesand Galen. In order to supply these works, bookstores were established. Also, as soon as medical teaching began special medical libraries began to be created. Their growth, however, was very slow. Two of the important medical libraries were the one founded in 1287 at the University of Florence and the one established in 1395 at the University of Paris. Between 1370 and 1540 came the most important development in medical publishing: almost simultaneously in three countries, important medical texts were translated or abridged and printed in the vernacular(Birchette, 1973, p.302-8).

From the 15th to the 19th century medical societies developed extensively and doctors began to meet in groups to exchange ideas and perform experiments. They also shared expenses for the creation of libraries (Millar, 1976, p.49).

Today, medical libraries and medical librarians serve public health workers daily allover the country, especially by bringing, them up-to-date information of the professional problems with which they are faced and by showing them how others have solved similar problems. Since medical libraries are one of the modern tools of the public health worker, knowledge of their development and present status should be of interest (Bordman, 1955, p.473).

1.2 Statement of problem

Central medical library, NGMCTH, Kohalpur has been providing SDI service to its users but SDI service of library in concerned usefulness, reasons of using,whether its users are being provided service in time or not, frequency being provided to users; whether library users read articles or not if SDI citation is pertinent, satisfaction or dissatisfaction of users, factors of dissatisfaction of users, whether the users are better informed or not, relevance or irrelevance of information being provided to its users and whether users want to continue the participation in it or not has not been studied to improve SDI service in this library.

1.3 Objectives of the study

This study has been undertaken to investigate the effectiveness of and to evaluate the SDI service system for medical professional relating to Central Medical library , NGMCTH, Kohalpur with the following specific objectives.

1. To find out usefulness of SDI service;

2. To find out the reasons of using SDI service;

3. To find out whether its users are being provided SDI service in time or not;

4. To find out the frequency of SDI service being provided to users;

5. To find out whether users read articles or not if SDI citation is pertinent;

6. To know the satisfaction or dissatisfaction of users;

7. To find out the factors of dissatisfaction of users;

8. To find out how much the users are better informed;

9. To find out relevance or irrelevance of information provided to its users; and

10. To find out whether users want to continue the participation in SDI service or nor.

1.4 Scope and limitation of the study

This study has been carried out in the central medical library, NGMCTH, Kohalpur, Nepal from 2065/3/10 to 2065/5/28 . It is concerned with manual SDI service provided to its library users. The criteria for inclusion are only faculty members and house officers who are receiving SDI service operated by the library. The students having MBBS course are excluded.

1.5 Significance of the study

Libraries have to be increasingly concerned with selective dissemination of information (SDI) to provide their clientele with adequate means of keeping current with information of their subject area and it is essential to find out how good are the services being rendered and make specific recommendations for improvement. It can lead to improvement in overall performance of SDI service system to some extent in the libraries.

1.6 Definition of terms

Can/Sdi: - It is Canada's national selective dissemination of information service offering a choice of nine databases to its scientific and technical community. The system is based on central processing at the nation science library combined with the utilization of decentralized expertise and resources for profile formulation and user education. Its greatest strength lies in its wide interdisciplinary quality(Gaffney, 1973).

Computer SDI service: - Mechanisms are used to implement SDI system such as persistent   query mechanism. User creates and poses queries to and SDI system. Queries remain resident in the system, which works to some how match documents and users. Successful matches are delivered from the SDI system back to users.

Current awareness service: - Current awareness service is information dissemination service through which newly generated information is brought to the notice of the users in the shortest possible time.

Document profile: - It is a record, which shows the subject contents of each document in the store.

Hinari: - The Hinari programme, set up by WHO, together with major publishers, enables developing countries to gain access to one of the world's largest collections of biomedical and health literature. It provides free or very low cost online access to the major journals in biomedical and related social sciences to local, not for profit institutions in developing countries.

Information: - Information is a sensible statement, opinion, fact, concept or idea or an association of statements, opinions or ideas. It is closely associated with knowledge in that once information has been assimilated, correlated and understood, it becomes knowledge. When information is stored in mind, it constitutes knowledge, particularly when relationship is established between items of information.

Information explosion: - It is a term that describes the rapidly increasing amount of published information and the effects of this abundance of data. As the amount of available data grows. The problem of managing the information becomes more difficult, which can lead t information overload.

Information service: - It is made to provide information promptly, pin pointedly, exhaustively and accurately to any member of the parent organization. There are two aspects of information service. These are a0 provision of information on demand and, b) provision of information in anticipation.

Insdoc: - Insdoc provides English translation to individuals and organizations from French, Spanish, Italian, German, Russian, Hungarian. Czech, Slovak, polish, Serbo-

crotan, Bulgarian, Romanian, Latin. Greek, Dutch, Swedish, Norwegian, Danish, Portuguese, Persian, Arabic, Korean, Hebrew, Bhasha, Malay, Indonesian, Turkish, Swahili. Chinese and Japanese.

Library: - It is information centre that locates the information-bearing documents, procures them, organizes them for use and makes both extensive and intensive efforts to inform the users what information is available in what documents through its various bibliographical and documentation services such as CAS, SDI, indexing service, abstracting service etc.

Manual SDI service: - It is a service provide by the librarian or information officers that the user profile, match between the user profile and document profile either manually or by computer. When both profile match, relevant document or article citation with abstract is notified to the users. when the under request them, they are dent to him. Feedback is very important in manual SDI. On the basis of feedback, their profiles are modified continuously to keep the system responsive to the requirement of users.

Medical library: - It is an academic medical center of information and knowledge that together makes possible the flow to information through which quality health education , research, and patient care achieved.

Medline: - It is the national library of medicine's premier bibliographic database covering the fields of medicine, nursing, dentistry, veterinary medicine, the health care system, and the preclinical science.

Medical librarian: - Medical librarian answers inquiries providing medical information on demand or anticipation. He/she has the prime function of seeing that users are served either the medical information, they require, he is usually medical specialized, they reach out to the user in person, they are user-oriented rather than book-oriented.

Ntc: - It came into existence in 1953 as a cooperative, non-profit making enterprise with aim to eliminate costly duplication of translation efforts and to free funds for translating new material located in the john crerar library, Chicago. NTC has the largest collection of translations in the United States.

SDI service: - It is a personal current awareness service meant for an individual or a group of users having identical information needs to keep them abreast of the latest information in the field o their interest.

Special clientele: - Special clientele have special interests and skills, located within a single establishment or a group and engaged in working towards a common goal.

Special library: - A special library is usually a small library catering to a small group of persons. Generally, such a library specializes in a particular subject or group of subjects. Due to the very nature, it is possible to provide orientation on individual basis.

User profile: - It is a record, which represents the specific subject interests of the users.

1.7 Organization of the study

Regarding to organization of the study, it consists of six chapters, well organized in coherent manner, according to department format.

The first chapter deals with the introduction of study which covers background of the study, statement of the problem, objectives of the study, Hypothesis, scope and limitation of the study, significance of the study, definitions of terms.

The second chapter discusses work done by others that related to study i.e. review of literature.

The third chapter describes focus of the study.

The fourth chapter includes research methodology, research design, population, sampling procedures, data collection procedure and data analysis procedure.

Data collected related to the research are analyzed and presented in table, diagram and chart form in the chapter five

The sixth or final chapter deals summary, conclusions and recommendations of the study

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CHAPTER 2
REVIEW OF LITERATURE

This chapter discusses works done by others that relates to research described in this thesis.

 In spite of increased costs and workload, library staff has found SDI to be stimulating and rewarding. Analysis of the evaluative studies along with verbal comments from patrons consistently indicate high user satisfaction. The fast rate of growth of the service and the fact that many of our patrons share their searches, attest to these results and the service' s popularity. On the basis of this feedback, the library staff feels that, with SDI, a good start has been made in meeting the needs recognized in 1973(Willams, 1977).

As part of Washington University school of medicine library's continuing use of computers in the library, a selective dissemination of information system was tested. The project was to evaluate the system in relation to its serving the needs of a specialized medical research group. Both the manual and computer operations of the system are described. After three months of operation, the results, including relevancy, effectiveness, and existing needs are discussed and analyzed, modifications are suggested to improve the present System. From this test project it was concluded that a definite need exists for scientists to be kept currently informed, particularly in the medical research area, and that this need is at present not being fulfilled by existing methods. It was shown that it could be possible with enough subscribers and a few modifications to provide an effective combined manual and small computer selective dissemination of information system to be put into operation for specialized medical groups (Owen, 1968).

The Missouri institute of Psychiatry library has implemented and expensive, manual SDI (Selective dissemination of information) service based upon the monthly issues of index medicus. The implementation and refinement of the system are documented, and the very favorable response to the system is examined. The SDI service is compared to current

contents, with the finding that 60 percent of the SDI participants prefer it to current contents. For this select portion of researcher the index medicus SDI is the more suitable mode of current awareness. For a significant portion of the MIP staff, however, the scope of index medicus is too restricted to suitably replace current contents. All SDI users find it a highly acceptable current awareness service for use in addition to current contents and have indicated the desire to participation in the service (Yunis,1973).

Two devices are described which may be used to predict and satisfy future information needs of hospital physicians: analysis of disease states and identification of useful journals. By using these devices, a medical library can take full advantage of the concepts behind selective dissemination of information and current awareness by emphasizing both selectivity and currency (Funk,1978).

Computer-based information activities of INSDOC related mainly to SDI service. For data input, INSDOC has 6 key-to-tape units, 3 key – punch units, 4 key to –diskette units and one HCL workhorse word processor. INSDOC has been using mainly three computer systems for processing data. The systems are IBM 360/44 system of the Delhi university computer centre, IBM 370/155 system of IIT. Madras and the in-house HP 1000 mini-computer(terminal) installed by the national informatics centre(NIC) in the INSDOC's building . The cyber 170/172 system of NIC is also being used occasionally,. During 1982-84 , the IBM 370 system was tried on an experimental basis for running SDI service, but it was found to be expensive. INDOC subscribes to three bibliographical database, namely CA search, INSPEC and COMPENDEX for running SDI service. Searching of the DA search database and sending of SDI notifications was dine by the Madras regional centre using INM 370/155 of II T , Madras, CAN/SDI software package was used for SDI service. This service is being given to over200 users. It is said that the feedback from the users is very poor. INSDOC is presently collaborating with the science information centre in the Indian institute of science, Bangalore for under taking SDI service for INSPEC database. Similarly INSDOC has also finalized a suitable search programme for COPENDEX database now. The experience of giving SDI service by INSDOC has not been very happy. Firstly, the service could not attract adequate number

of subscribers. Secondly, the users do not respond to the service with feedback, so essential for improving the satisfaction level(Prasher, 1991).

The reference department of the Milton S. Hershey medical center library has offered SDI Service to the faculty for over three and one –half years. This study traces the development of SDI services from a manual current awareness service (CAS), with the incorporation of index medicus photocopies. to the national library of medicine's SDILINE(Selective Dissemination of Information On - Line).Over 24% of the medical center's faculty currently receive SDILINE service. Through questionnaires, the two systems are evaluated and compared. There was 100% return on both questionnaires. Both the manual CAS and SDILINE were favorably received by the faculty, but SDILINE was chosen unanimously as the preferred service. A subscription fee for SDILINE did not significantly affect the system's use. Conclusions reached through the questionnaires indicate that constant evaluation of subject profiles and interaction between the librarian and the user are necessary for optimum use of any SDI service (Wood, 1974).

The purpose of this study was to determine if a computerized commercial selective dissemination of information service could contribute to the services offered to the patrons of a specific medical library who were already participating in a manual selective dissemination of information service. The citations generated by the two services were contrasted on the basis of literature coverage, timeliness of retrieval, and relevance of output. Eighty-four percent of the discrete citations retrieved were from 664 periodicals subscribed to by both services. The manual service was timelier; and although it produced fewer citations, a higher percentage of these were relevant. Numerically, a total of 346 useful citations recovered by the manual service and379 from the commercial service. It appears, therefore, that a computerized commercial SDI service could contribute to the services offered to the medical scientists participating in a manual SDI service(Miller, 1970).

A study has shown that not all MEDLINE SDI services retrieve identical results even when identical search strategies are used. The observational portion of this study also showed that the services vary in terms of features and functions offered. This information will be useful to information professionals when selecting SDI services and when assisting users . Earlier studies showed the value of librarians in assisting with the development of finely tuned search strategies for SDI. As with most online and electronic systems, there has been a movement away from librarian-mediated search support for SDI to user-initiated and controlled services. Librarians still have an important role to play by promoting SDI and current awareness services, providing training to users, assisting patrons in deciding which service to use, explaining the differences between the systems, and in the development and refinement of complex search strategies (Shut ,2003).

The introduction of a manual selective dissemination of information system with a computer based personal index service into a medical school Library is discribed. An account is given of the selection of participants, the development and maintenance of search profiles, the daily procedures, the forms and outputs of the system, and the computer index maintenance system. The costs of both the manual citation selection system and the computer index maintenance system are reported (Ohta & Evans, 1970).

The primary purpose of SDILINE evaluation for SDILINE users was to find out which retrievals had not been satisfactory, in order to reformulate appropriate search strategies or to explain the scope and search limitations of SDILINE. For twenty responses that suggested that a change was necessary we telephoned or wrote to the user to discuss changes. In most cases the search strategy was changed; in the remaining cases, the requester learned why it was preferable to allow the strategy to remain as it had been. Another purpose was to compare the 119 responses from our SDILINE users with the results of the authors whose questions were incorporated into study. These responses tend to confirm the results of the investigators whose questions were incorporated into study. These responses tend to confirm the results of the investigators whose questions were used, and they are further reinforced by a recent article by Brandli, evaluating

SDILINE. Brandli indicates that requesters do not rely solely on SDILINE to keep abreast of the literature in their fields and that they rate its search output as valuable (Blasé,1976).

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CHAPTER 3
FOCUS OF THE STUDY

3.1 Special library

Special libraries in the form they are known today began to emerge and develop in the beginning of the twentieth century in response to the increased tempo of industrial, scientific and technological advances. The term "special library" means a library, which is concerned almost exclusively with the literature of a particular subject. or a group of subjects, Special library serves a special clientele located within a single establishment or group and all engaged in working towards one common purpose. Special library exists to serve the personnel of the parent body and caters to their information needs. So much important is its "information" function that it is called an information Bureau.

It is quite apparent that a special library serves specialist clientele, located within a single organization or group and is responsible for the collection, organization, storage retrieval and dissemination of information directly concerned and ancillary to the work of the specialized institution with which it is attached.

Thus, there are three basic elements in a special library i.e. special readers, special collections, and special location. If we closely look at these three elements, we can establish that the word "special" originally applied to the subject area, which is restricted and this is still the main distinction. The material is not necessarily different from that in other types of libraries, but it usually includes a large proportion of items on very specific topics or segments of information. Finally, the readers are usually members of a particular organization having a common purpose(Khanna, 2003, p.79).

3.2 Medical library

Medical library is an academic medical centre that together make possible the flow of information through which quality health education, research and patient care are

achieved(Matheson, 1981, p. 307). It has played an important part in the great advances in medical knowledge. It is designed to assist physicians. health professionals, students, patient, consumers and medical researchers in finding health and scientific information to improve, update, assess or evaluate health care. Medical libraries are typically found in hospitals, medical schools private industries and in medical or health associations (http://en.wikipedia/wiki/medical library).

The dissemination of relevant information and literature has long been recognized as a vital link in the chain between the disease, its prevent and control and the victims. Medical libraries in Nepal have an even more important function than hitherts. There is an urgent need to collect the relevant Asian literature and to have a hard core of 'world' literature so that the leaders and teachers of clinical medicine, nursing and community health keep up to date with the latest discoveries and ideas and apply those, which are relevant. There will be an increasing need to build solid stocks of basic medical sciences literature because in future, with doctors, nurses and health workers being trained in Nepal, more and more research specially relevant to the Nepalese people will be conducted locally (Picken, 1984, p.195-197).

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3.3 Growth of information and its induced challenges in libraries

Information, as a vital resource for problem solving, decision making, education and knowledge updating, has no boundaries. Everybody, state and society requires it to achieve their goals and objective. Therefore, it is considered as a power resources as equal to other natural resources. In some cases, it is more important than other resources. It has played significant role for the overall development of the societies since ancient times. Hence, information, as an important asset has come up as the driver of all scientific, technological as a basic need of human beings. D. A. Kemp has recognized information as a basic need of human beings ranking after air, water, food and shelter.Information is globally that fastest growing sector which grows approximately at 5 percent per year as compared to the world economy growth of approximately 3 percent. There is growing tendency to assess relevant and potential information with no time lost. The increasing volume and the redundancy of information pose problems of information

handling and facilitation of timely access to relevant and needed information. Therefore, the reorganization, acquisition, storage, process, retrieval and dissemination of right information to the right uses without loss of time are challenging job(Karki, 2006, p.1).

3.4 Information service

Library- based information service came into existence as a result of the accelerating growth of scientific and industrial research, both in Europe and the United states, at the start of the twentieth century. To aid the research, it was necessary not only for subject literature to be made available to researchers, but also for the information in this literature to be brought to their attention. Library services had not set out to do this before. During the first, half of the twentieth century information services became well established in both government and industrial research institutions and were found to a lesser extent in the field of businesses information. The nature and range of the service by the 1950s can be seen in Foskett's (1958) important book on the subject. Since the 1950s information service has continued to develop. One notable area in which it has developed has been that of community information.

Originally, the phrase information service was used almost exclusively in a library context to special library. The services offered by such libraries have always had the four characteristics: subject knowledge, User-friendliness, dynamic (or proactive) services and personal services. Subject knowledge is needed because special libraries usually relate to a specialized subject area and the staffs need to have subject expertise. For this reason, they may call themselves information officers rather than librarians. User-friendliness is desirable because these libraries are often small and can be run informally, but also because they are concerned with stock utilization rather than stock preservation. The dynamic nature of special library is especially seen in the emphasis they give to dissemination of information. Whilst many dissemination of information services are aimed at users as a whole, some are aimed at the requirements of individual users. The personal service is clearly found in SDI services(Feather & Stwrges, 1997, P.217).

Special library provides information for immediate utilitarian application and to bring together the users and the information they require in whatever form it may be available, in the most effective way possible, at the time when and in the place where they need it, if possible. The emphasis is on information services, on providing the specialists with information rather than with documents(Khanna, 2003, p.).

4.5 The role of the medical librarian in SDI service system

Does the medical librarian have and active part to play in the operation of selective dissemination systems? Obviously, the answer is yes. Nearly four year's experience with ISI's automatic subject citation alert (ASCA) has clearly established that a librarian or information scientist is an integral part of an SDI system. The medical library is changing from an archive into a centre for dissemination and retrieval of information. Therefore, the function of the medical librarian must also change or e will disappear into history. Over 100 million years ago, the dinosaurs ruled supreme but in terms of geologic time the dinosaurs suddenly disappeared because they lacked adaptability. Let us hope that the medical librarian like mankind is, more adaptable than the dinosaur, surely librarian like all others in our rapidly changing world must not only adapt to a vastly changed society but also to the computer which merely symbolizes the changes. The professional medical librarian can make this change from manual to machine systems quite readily because he is supposed to be equipped to serve as intermediary between the biomedical research scientist and the library. In all SDI system, it is necessary for the user to construct a "profile", the scientist must tell the system what he is interested in. The computer, in turn answer with a list of current articles that may be of interest. The computer obtains these answers by comparing the user's profile terms or attributes either those of the individual source documents. This is the underlying premise of all SDI system. But, there is often an enormous semantic obstacle to overcome in translating the 'simple' question of the user into terms that the indexing system can" understand ". It is not merely the problem that the user and the machine speak two different languages. Often, it is difficult for the user to tell anyone exactly what he wants. The scientist is not always prepared to dig for the right questions. There has to be intermediary. The librarian is the most logical choice.

In most cases, a scientist will not take the time to study intimately the details of a given SDI system. For the reason, he often can not tell the "right" questions from the wrong questions. Although, he may be a specialist in his field, he is not completely equipped to translate the starting question into profile terms that will attain optimal results. The librarian generally serves many individual users and therefore can devote the time needed to understand the system better than any individual user. The average user of an SDI system does not even like to fill out a profile form. He expects the machine, somehow , to extract and compile profile information for him. Knowing the system in all its ramifications, the librarian can translate the requirements of individual scientists into the language of the system.

The key to proper question formulation is to find one or more existing publications, which the user would agree to be relevant. Thus, the librarian can first provide a preliminary retrospective survey of the literature. This information will help in formulating the profile. In many cases, if this preliminary search is not done , the results will be mediocre, if no as trous as the quality of retrieval is dependent upon profile.

In building the initial profile, the librarian can also note the key authors and set up so-called cited author questions. One should keep in mind the important distinction between cited authors and sources, authors and in, the same vein, the generic source approach which is possible by organization.

Many scientists, when building a profile are not cognizant of the cost factors in constructing their questions. The librarian can help design a profile, which produce the maximum relevant information for the lowest cost.

The librarian cannot only help prepare but also monitor the profiles to find out if they need to be modified If the profile are not producing goof results, the user will quickly become disenchanted but if the librarian follow up, he can find out why the user is not getting enough or correct information and change the profile as needed. If he is getting too much, more specific terms will be needed or a combination question employed.

The user wants some one to help him. He does not want in many cases to talk directly to the machine. He wants to talk to a knowledgeable human being who can understand the capabilities and the limitations of SDI system who can help him construct and monitor the profile and solve the problems whether by Xerox original articles or interlibrary loan. Medical librarian both the old timers and new comers, will have the necessary motivation and adaptability.

There are several major advantages to the medical librarian that can be obtained in this new role. One is greater prestige. If the scientist has his questions translated and filtered in order to optimize his use of SDI systems, he will develop greater respect for the librarian's specialized knowledge of this systems.

For optimum design of SDI systems, the librarian must be an integral part. His primary function is to engage in an active dialogue with the user in order to exploit the system optimally. The librarian can ensure maximum utilization of data banks and information resources (Funk, 1978, p.348-351).

3.6 Manual SDI system at Central medical library, NGMCTH

Manual SDI service is under the direction of a librarian to assist medical professional to learn promptly of the newest information published in their fields. A user profile is developed after discussion between the medical scientists and librarian and is formulated. This is the description of the field of interest of medical scientist. The profile is checked by the librarian against each article in each periodicals received in the library. Whenever the material and the profile coincide in the opinion of the librarian, the medical scientist is viewed full bibliography information. After the scientist has reviewed, the information provided and decides the item is relevant to his needs and request it, a xerox copy of the entire information is then sent to him. At the time of this study, the library had subscribed 64 periodicals in print format and HINARI was just being started to make available online journals.

3.7 Central medical library, NGMCTH, Kohalpur at a glance

There is a central library at kohalpur well furnished, spacious study hall, which covers 14, 000 sq. ft. Separate sections have been provided for book section, periodical section, faculty members, girl students and boys student for reading. The books and medical journal of different disciplines of medical science are in abundance. Along with the course books and reference books, plenty of reading materials is there in its collection. Newly added CD section provides advanced methodology of Hi-tech learning with the aid of computer (Lord Buddha educational academy, NGMCTH, 2007).

3.7.1 Objectives of Central medical library, NGMCTH, Kohalpur :

1. To advance the education, research activities and clinical practice of the institute;
2. To advance materials both in conventional and e-formats and furnish an environment to study and research;
3. To provide documentation and information services and bring out relevant Publications(Central medical library,NGMCTH, 2008).

Table: 1 Details about library

1.Library opening time	9 am to 10 pm
2.Total books	4166(with WHO)
3. Total non-printed materials	91
4.Total Periodicals:	3772
4.1 Total Nepalese medical journals	477
4.2 Total foreign medical journals	3020
4.3 Total non-medical journals	7
4.5 Total miscellaneous	240
4.6 Total index-medicus	28
5. Total library documents	8029
6. Total staffs	7
6.1 Professional	2
6.2 Semi-professional	1
6.3 Non-professional	1
6.4 Attendants:	3
7. Total budget	Not specific (supply on demand)
8. Circulation system	Brownie
9.Classification system	DDC 22nd
10.Catalogue code	AACR-2
11.Physical form of catalogue	Card
12.Total users	560
13.Seating capacity of reading room	352 seats
14.Per user issue	1-2 books(for students) and1-4(for doctors)
15.Issue period	For 15 days

Source: Central medical library, NGMCTH, Kohalpur

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CHAPTER 4
RESEARCH METHODOLOGY

Research methodology is a process or way directed towards finding answers, seeking solutions or looking for improved designs of functioning systematically. This is the most important section of the research protocol as it explicitly set out how the protocol is to be implemented. The following items of research methodology has been carefully addressed in this study.

4.1 Research design

A descriptive and survey method is applied to investigate the effectiveness of and evaluate the SDI services for medical professional relating to central medical library, Kohalpur.

4.2 Population

Total library users are 560. Out of which faculty members (professors, Lectures etc.) are 65(11.61%), medical officers are 22(3.93%), nurses and other staffs constitute 13(2.32%) and 460(82.14%) are MBBS students.

Out of total faculty members and house officers, 50 have been included in this study. Out of that faculty members are 32(64%) and medical officers are 18(36%). That means 65% of population are faculty members and 35% of population are house officers.

4.3 Sampling procedures

The best method of studying a population is by complete enumeration of all units. This is not operationally feasible because of financial constraints. Hence, adequate samples are drawn which are representative of all units in a population by selection of appropriate sample methods. This study is based on random sample. Random sample is the scientific methods of selecting samples according to some laws of chance in which each unit in the

population(universe) has some definite pre-assigned probability of being selected in the sample. 50 populations are selected randomly for the purpose of this study.

4.4 Data collection procedures

There are many data collection tools or instruments for the research such as observation, interview, questionnaire etc. Questionnaire, the most commonly used survey tool had been chosen for this study, a set of structured questionnaires are distributed to the representative members of the library users to gather information relevance to the objectives of the study.

All completed questionnaires are initially checked for its corrections and internal consistency to exclude missing or inconsistent data before entry. Data are entered manually. All responses are returned back with their answer and suggestions too.

4.5 Data analysis procedures

Data collected from questionnaire have been examined i.e. through check up have been made to detect errors and omissions in the first step. The Second step, data have been organized into classes/categories and numbers have been given to each item according to the class in which it falls. The data have been grouped under various understandable homogenous groups for the purpose of convenient interpretation in the third step. After, editing coding and classification of data, they have been presented in the tabulation, diagram and chart form for analysis.

CHAPTER 5

ANALYSIS AND INTERPRETATION

Analysis and interpretation are the central steps in the research process. Analysis of data means to study the tabulated material in order to determine inherent facts or meanings. The object of analysis is to summarize the collected data to answer the questions under consideration. Interpretation of data is the search for the broader meaning of research finings. It makes am effort to establish continuity in work and to establishment explanatory concepts(Joshi, 2003, p.148).

The collected data have been analyzed qualitatively and presented in necessary tables, diagrams and figures as follow.

Table and figure: 2 Frequency of visiting library

Variables	No. of response	Percentage
Regularly	23	46%
Irregularly	10	20%
Frequently	8	16%
Sometimes	9	18%
Total	50	100%

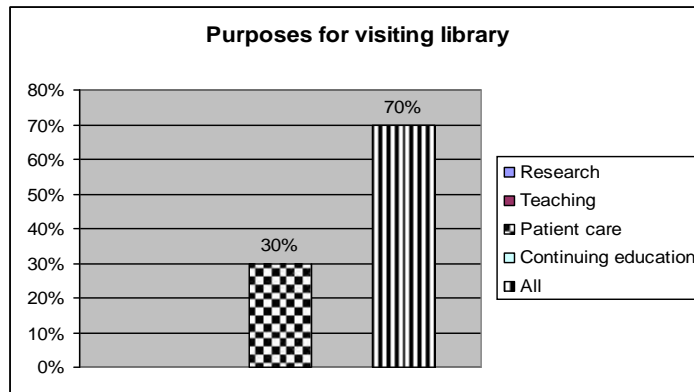Source: data from questionnaire no. 1
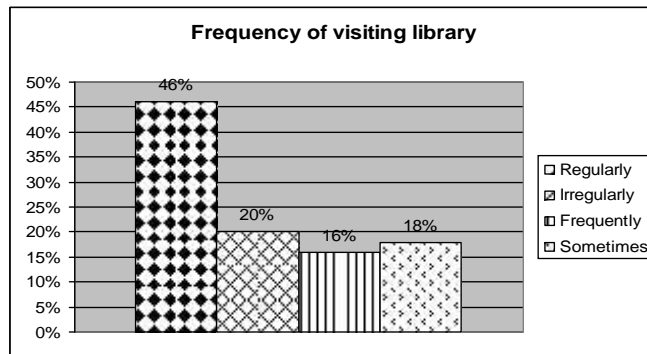
Source: data from questionnaire no. 1

The table and figure:2 show the frequency of visiting library by users. It is clear that users visit the library 46% regularly, 18% irregularly, 20% frequently and 16% sometimes.

Table and figure: 3 Purposes of visiting library

Variables	No. of response	Percentage
Research	0	0%
Teaching	0	0%
Patient care	15	30%
Continuing education	0	0%
All	35	70%
Total	50	100%

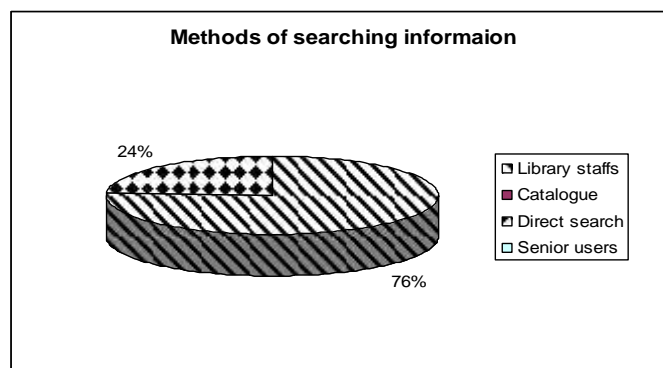Source: data from questionnaire no.2

Source: data from questionnaire no. 2

Table and figure 2 show that except 15 (30%) for patient care, 35(70%) take advantage of SDI service for the purpose of research, teaching, patient care and continuous education.

Table and figure: 4 Methods of searching information

Variables	No. of response	Percentage
Library staffs	38	76%
Catalogue	0	0%
Direct search	12	24%
Senior users	0	0%
Total	50	100%

Source: data from questionnaire no. 3
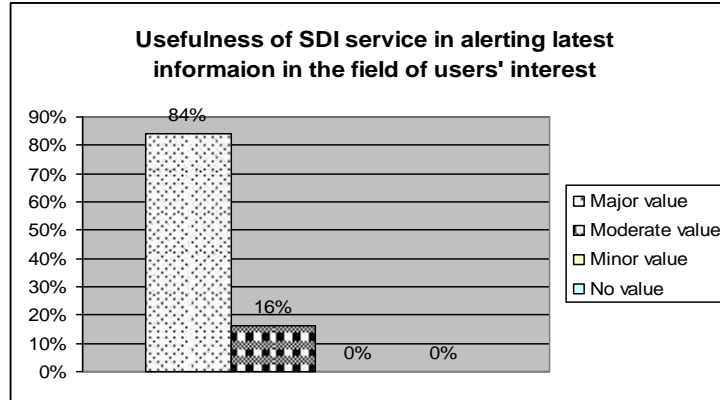

Source: data from questionnaire no. 3

The above table and figure 4 show that 38 (76%) take assistance of library staffs and12(24%) use direct method for searching information.

Table and figure:5 Usefulness of SDI service in alerting to latest information in the field of users'

Interest

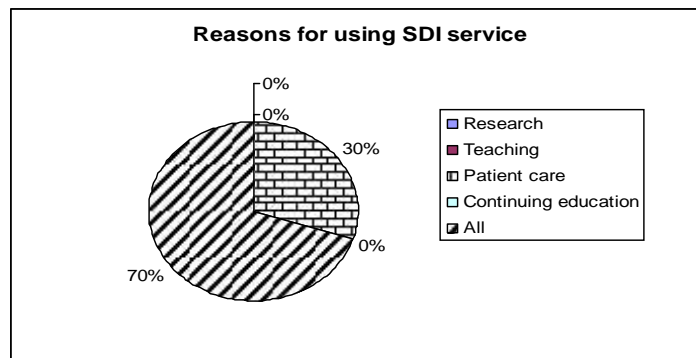| Variables	No. of response	Percentage
Major value	42	84%
Moderate value	8	16%
Minor value	0	0%
No value	0	0%
Total	50	100

Source: data from questionnaire 4

Source: data from questionnaire no. 4

Table and figure 5 shows the majority of users 42(84%) agree that SDI service is major value and for only a few i.e.8 (16%), it is moderate value.

Table and figure: 6 Reasons for using SDI service

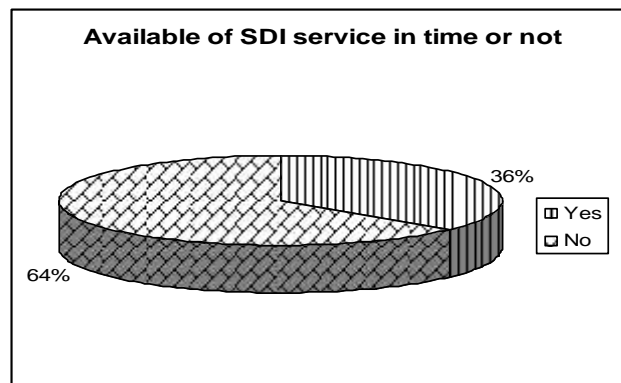| Variables	No. of response	Percentage
Research	0	0%
Teaching	0	0%
Patient care	15	30%
Continuing education	0	0%
All	35	70%
Total	50	100%

Source : data from questionnaire no.5

Source : data from questionnaire no.5

Table and figure 6 highlights the reasons for using SDI service. According to which 35(70%) for all and 15(30%) for patient care.

Table and figure: 7 Available of SDI service in time or not.

Variables	No. of response	Percentage
Yes	18	36%
No	32	64%
Total	50	100

Source: data from questionnaire no. 6

**Available of SDI service in time or not**

36%

64%

Yes
No

Source:data from questionnaire no.6

In question no. 7 asked, "Do you find the SDI service in time?" 18(36%) answer yes and 32(64%) no**.**

Table and figure: 8 Reading SDI service pertinent citation articles.

Variables	No of response	Percentage
Yes	50	100%
NO	0	0%
Total	50	100%

Source: data from questionnaire no. 7

**Reading SDI service pertinent citation articles**
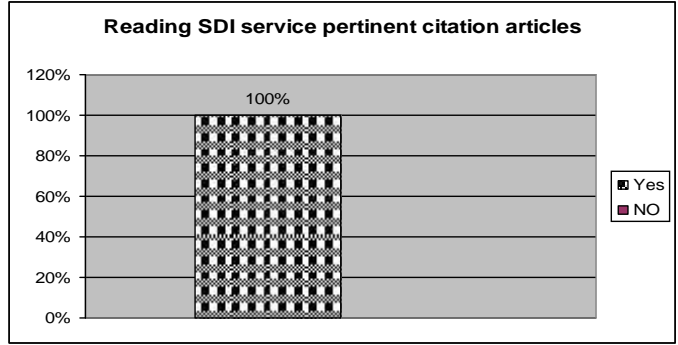
Source: data from questionnaire no. 7

Among respondent, all 50(100%) read the article if the SDI citation is pertinent, is presented in table and figure 8.

Table and figure: 9 Frequency of providing current information through SDI service

Variables	No. of response	Percentage
Regularly	12	24%
Irregularly	21	42%
Frequently	5	10%
Sometimes	12	24%
Total	50	100%

Source: data from questionnaire no.8

Frequency of providing current inforamtion through SDI service
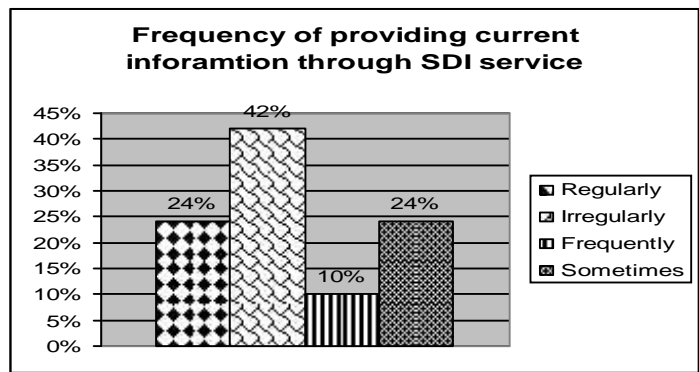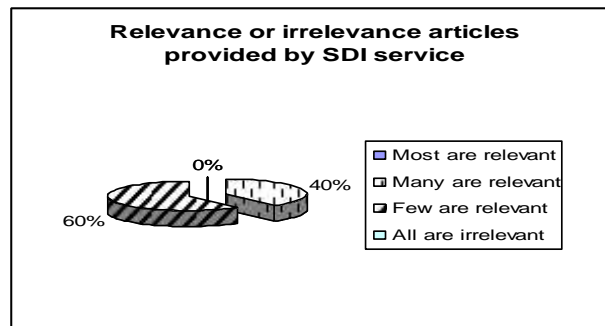
Source: data from questionnaire no.8

Table and figure 9 demonstrate data on frequency of receiving SDI service. 24%, 42%, 10%, and 24% are receiving regularly, irregularly, frequently, and sometimes the library respectively.

Table and figure: 10 Relevance or irrelevance articles provided by SDI service

Variables	No. of response	Percentage
Most are relevant	0	0%
Many are relevant	20	40%
Few are relevant	30	60%
All are irrelevant	0	0%
Total	50	100

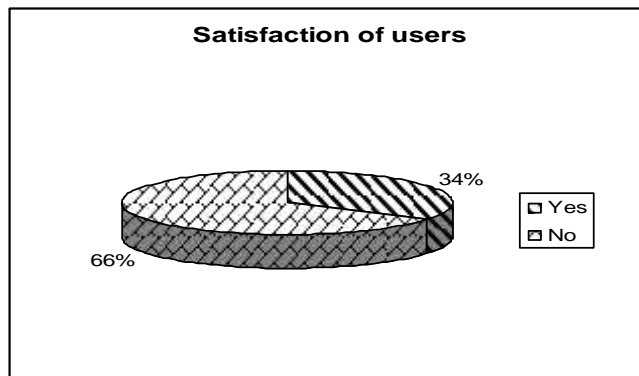Source: data from questionnaire no. 9

Source: data from questionnaire no. 9

According to table and figure: 10, 60% few irrelevant and 40% many relevant articles are provided by SDI service to its users.

Table and figure:11 Satisfaction of users

Variables	No. of response	Percentage
Yes	17	34%
No	33	66%
Total	50	100

Source: data from questionnaire no. 10

Satisfaction of users

34%

Yes
No

66%

The percentage of users' satisfaction and dissatisfaction is shown in table and figure 11. 17 (34%) are satisfied and 33(66%) are unsatisfied from SDI service provided to them.

Table and figure: 12 Factors for unsatisfaction of users from SDI service

Variables	No. of response	Percentage
Too many of the articles are irrelevant and do not describe the topic which I request	4	12.12%
Service does not adequately cover my interest topic	12	36.36%
My interests have changed and I am now interested in new topics	6	18.18%
Overflow of many articles and like to topic narrowed	3	9.1%
Articles are not current enough	8	24.24%
Total	33	100%

Factors of users' dissatisfaction from SDI service

Legend:
- Too many of the articles are irrelevant and do not describe the topic which I request
- Service does not adequately cover my interest topic
- My interests have changed and I am now interested in new topics
- Overflow of many articles and like to topic narrowed
- Articles are not current enough

Chart values: 12.12%, 36.36%, 18.18%, 9.10%, 24.24%
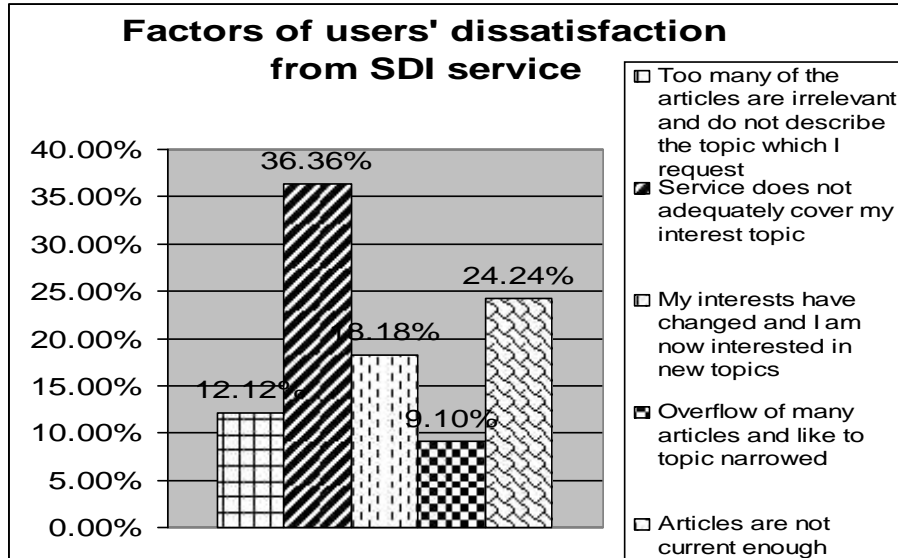
Source: data from questionnaire no.11

Among 33 unsatisfaction users, 4 (12.12%) are because of too many irrelevant articles and no description of topics which they had request, 12(36.36%) are due to uncover adequately their research. Similarly 6(18.18%) are because of changing their topics and interesting in new topics , 3(9.10%) are due to overflow of many articles and like to topic narrowed and 8(24.24%) are because of not current information.

Table and figure.13 Awareness of new information direct concern to users

Variables	No. of response	Percentage
Much better informed	5	10%
somewhat informed	14	28%
Not better informed	31	62%
Not informed at all	0	0%
Total	50	100%

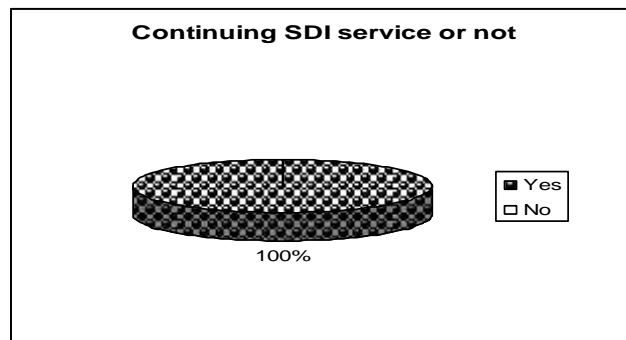Source: data from questionnaire no.12
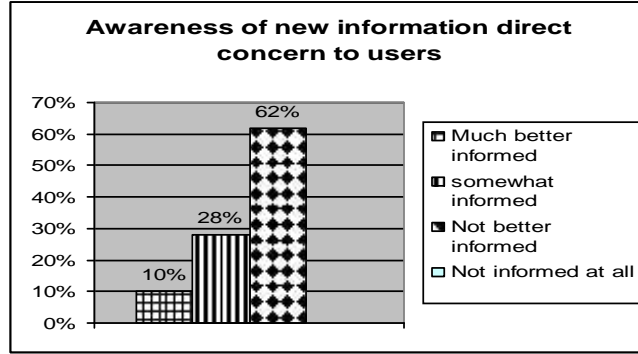
Source: data from questionnaire no.12

The percentage of users who reported being awareness of new or latest information direct concern to users is presented in above table and figure 13. 10%, 28% and 62% are much better, somewhat better and not better informed respectively from SDI service.

Table and figure:14 Continuing SDI service

Variables	No. of response	Percentage
Yes	50	100%
No	0	0%
Total	50	100%

Source: data from questionnaire no.13

Source: data from questionnaire no.13

Table and figure:14 present all users 50 (100%) desire to continue the SDI service including users who considers SDI service moderate value.

CHAPTER 6
SUMMARY, FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

6.1 Summary

SDI service is a personalized current awareness service meant for an individual or a group of users having identical information needs to keep them abreast of the latest development in the field of their interest. The statement of problem is that SDI service of this library has not been studied to improve it. The objective of the study is to investigate the effectiveness of and to evaluate the SDI service system for medical professional relating to central medical library, NGMCTH, Kohalpur. There are 10 reviews of literatures that discuss mechanism procedures, implementation, evaluation, refinement and development. It focuses the SDI service of the central medical library, NGMCTH, Kohalpur. The descriptive and survey method has been adopted. 50 library users only faculty members and medical officers who are receiving manual SDI service are randomly selected and data are collected from questionnaire. The collected data have been analyzed qualitatively and illustrated in necessary tables, diagrams and chart forms for analysis. Findings, conclusions and recommendations are mentioned.

6.2 Findings

1. More library users visit the library regularly;
2. Purposes of visiting library are research, teaching, patient care and continuing Education;
3. Library users take the assistant of library staffs and direct method for searching information;
4. Most of library users agree that SDI service is major valuable/ useful to them;
5. Reasons of using SDI service are research, teaching, patient care and continuing Education;
6. Library users are not receiving SDI service in time;
7. All the library users read the articles if SDI service pertinent citation articles;
8. Most of library users are receiving SDI service irregularly and sometimes;

9. Few relevant articles have been provided;

10. Most of library users are dissatisfaction;

11. The factors of user dissatisfaction are too many irrelevant articles, not adequately cover interest topic, interests changed and interested in new topics, overflow of many articles and not current articles enough;

12. Most of library users are not better informed;

13. All library users desire to continue SDI service.

6.3 Conclusions

1. SDI service is an effective information service to keep its users up to date with latest information relevant to their interest subject or topic;

2. Although, the study have been done with a small group, it is quite significant for improving the performance of SDI service system of the library;

3. The unanimous response of the users to continue showed a interest and need for SDI service;

4. Major value of SDI service in attitude of users reflects that it is highly accepted current awareness service; and

5. More users' dissatisfaction, not received the service in time and not better informed indicates that the performance of SDI service of the library is not satisfactory;

6.4 Recommendations

1. Library users should be always warm welcomed, friendly behaved, there should be reading environment and library staffs always should be responsible to provide information service;

2. It is indispensible to build up useful collections that fulfill different purposes of visiting library. It is possible through identification of useful books and periodicals collaboration with users;

3. It requires proper trained library staffs and they must know both the literature, the library collects and the particular interest and needs of the library users and they

should able to act as shrewed match-maker between the information source and users, use of computer catalogue to search information for library users;

4. The library should provide SDI service to its users to fulfill the purpose of using this service successfully,

5. It is easier to provide SDI service by using e-journals to access information easily quickly and in time. At least of use of HINARI, COCHRANGE or other medical databases are relevant in the thesis;

6. Pertinent cited article should make available to its users;

7. Ascertain accuratly information needs of users to provide most of relevant information;

8. SDI service should be operated effectively and efficiently to provide regularly useful items of information to its users;

9. Feedback of users and constant evaluation of user profiles is essential to improve satisfaction level of its users;

10. Relevant and current information should be served to make better inform to its users;

11. The library should continue to provide SDI service to its users.

ANNEX

Researcher: Sangram Chaudhary

Thesis year, 2008

Dear Sir/Madam,

This is my research study on the **'Effectiveness of SDI service for medical professional relating to Central medical library, NGMCTH, Kohalpur'**. The purpose of this research is to investigate the effectiveness of and to evaluate the SDI service system for medical professional relating to central medical library, NGMCTH, Kohalpur. So you are kindly requested to assist in collecting information. Your cooperation is appreciated and the information provided will be kept confidential.

General information of informant

Full Name: -

Designation: -

Name of library being member: -

Date: -

Q.1. How often do you visit the library?

    a) Regularly

    b) Irregularly

    c) Frequently

    d) Sometimes

Q.2. What is your purpose of visiting the library?

    a) Research

    b) Teaching

    c) Patient care

    d) Continuing education

    e) All

Q.3. What methods do you use for searching information?

    a) Library staffs

    b) Catalogue

    c) Direct search

    d) Senior users

Q.4. How useful is SDI service in alerting you to new information in your field of interest?.

a) Major value

b) Moderate value

c) Minor value

d) No value

Q.5. What is your reason for using SDI service?.

a) Research

b) Teaching

c) Patient care

d) Continuing education

e) All

Q.6. Do you find the SDI service in time?.

a) Yes

b) No

Q.7. How often does the library provide you current information through SDI?

a) Regularly

b) Irregularly

c) Frequently

d) Sometimes

Q.8. If an SDI service citation is pertinent, do you always read the article?

a) Yes

b) No

Q.9. How closely do the article in SDI service describe your topic?

a) Most are relevant

b) many are relevant

c) few are relevant

d) All irrelevant

Q.10 Are you satisfied with SDI service?.

a) Yes

b) No

Q.11. If you are not satisfied, what do you judge the problems to be?

   a) Too many of the articles are irrelevant and do not describe the topic which I
      request.

   b) Service does not adequately cover my interest topic.

   c) My interests have changed and I am now interested in new topics.

   d) I receive too many articles and would like the topic narrowed.

   e) Articles are not current enough

Q.12. Has SDI service had an impact on your awareness of new information direct
      concern to you?

   a) Much better informed ?

   b) Somewhat better informed?

   c) No better informed but certain of not missing anything of importanc?

   d) Not really affected?

Q.13. Will you be continuing SDI service?

   a) Yes

   b) No

Q.14. Any comments/suggestions

   …………………………………………………...

   ……………………………………………………………………………………………

Thank you

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Key Strengths

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