

HEALTH SCIENCES LIBRARY AT STONY BROOK
COLLECTION DEVELOPMENT POLICY

PREPARED BY
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1986

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INTRODUCTION

The Health Sciences Center Library established in 1968, serves the educational and research needs of the students, faculty and staff in the five schools of the Health Sciences Center (School of Allied Health Profession, School of Dental Medicine, School of Medicine, School of Nursing, and School of Social Welfare); University Hospital; University community; and the four affiliated campuses: Brookhaven National Laboratory, Upton, New York; Long Island Jewish-Hillside Medical Center, New Hyde Park, New York; Nassau County Medical Center, East Meadow, New York; Veterans Administration Hospital, Northport, New York. It functions as a regional resource assisting health care professionals throughout Nassau and Suffolk counties as an area library for the Greater Northeastern Regional Medical Library.

The diversity of educational, research and clinical interests represented within the Health Sciences Center Library is reflected in the informational materials acquired by the library. It is impossible for any library to meet all the needs of its clientele with materials from its own collection. The quantity of material on the market related directly to the health sciences is enormous and the library budget is limited.

Selection priorities have been defined as predominately current English language materials supporting the educational, research and clinical activities of the institution. Because of the constant growth and change of the institution interest, the expansion of disciplines, and the rising cost of print and nonprint informational materials, cooperative use of library resources is a necessity, and this collection development policy must be viewed from the concept of resource-sharing.

The emphasis and character of this collection development policy have been heavily influenced by the availability of library resources on main campus and in other institutions in the immediate vicinity.

1. The main campus library system at Stony Brook houses a collection of approximately 1,260,000 volumes, 90,000 maps, 140,000 reels of microfilm, approximately two and one quarter million flat microform pieces as well as archives and audiovisual materials. The system consists of the main Melville Library which contains collections in humanities and social sciences, a music library and special collections. Outside the main building are five science libraries, each associated with their respective departments with collections in Biology, Chemistry, Earth and Space Sciences, Engineering and Mathematics/Physics.

The Library currently receives over 14,800 periodicals and other serial titles. Recently the University became a member of the Research Libraries Group (RLG) and a participant in the Research Libraries Information Network (RLIN) which further contributes to the library effectiveness as a research facility.

2. The New York Academy of Medicine Library houses a collection of approximately 500,000 volumes, 200,000 cataloged pamphlets, and 300,000 cataloged illustrations and portraits. It includes a Rare Book and History of Medicine collection of 32,000 volumes. The library currently receives over 4,000 periodicals and other serial titles and maintains complete runs of standard medical journals in English and foreign language.

The Regional Medical Library contracts with the National Library of Medicine to coordinate health sciences library services in New York, New Jersey, Maine, Vermont, New Hampshire, Massachusetts, Connecticut, Rhode Island, Pennsylvania, Delaware, and the Commonwealth of Puerto Rico (Region I, Greater Northeastern Regional Medical Library), including the management of a regional interlibrary loan network through which Health Sciences Library at Stony Brook has access to all other major health sciences library collections in this country.

In addition to these major resources, the Health Sciences Library also has access to other library collections in New York State through the New York State Interlibrary Loan Network (NYSILL). In this way a wealth of informational resources that are peripheral are available to users of the Health Sciences Library at Stony Brook.

The prime responsibility for selection of books and serial titles for the collection rests with the Collection Development Librarian. Recommendations from all library users are encouraged and carefully considered. Faculty opinion is solicited and appreciated for it is invaluable in building a collection representative of the Center's needs.

PURPOSE

This collection development policy has been prepared to guide the library staff in the selection and retention of print and non-print materials in the Health Sciences Library at Stony Brook. It is also intended as a guide to promote consistent and balanced development of the library's collection and as a record of policies meant to ensure a collection which meets the needs of its clientele while staying within the bounds of an allocated budget. This collection development policy should be flexible and dynamic because the needs of the users and staff do change, and such a policy should reflect those changes. If used widely and reviewed periodically, this policy should serve the library well in its goal to meet the informational needs of its clientele.

SCOPE

To provide, identify and make available, either in-house or through cooperative resource-sharing, all informational materials required by students, faculty, practitioners, and staff of the Health Science Center.

Such materials must support doctoral, master's and undergraduate programs. To a lesser degree, the Library may respond to the interest of the research community on Long Island. When fiscal constraints deem it necessary, the journal collection has priority over book collection.

COVERAGE OR EXTENT OF COMPLETENESS OF THE COLLECTION

The levels of coverage defined below are designed for use in identifying both the extent of existing collections in given subject fields (collection density) and the extent of current collecting activity in the field (collecting intensity).

1. Minimal Level: A subject area in which few selections are made beyond very basic works.
2. Basic Information Level: A highly selective collection which serves to introduce and define a subject, and to indicate the varieties of materials available elsewhere. It includes a representative selection of dictionaries, encyclopedias, historical surveys, bibliographies, and handbooks. It contains selected editions of textbooks and monographs and the periodicals cited in the Brandon-Hill list. A basic information collection is not sufficiently intensive to support any advances undergraduate or graduate courses or independent study in the subject area involved.
3. Instructional Support Level: A selective collection which is adequate to support undergraduate and MOST graduate instruction, or sustained independent study within a curriculum, and health care in a hospital or clinical setting; that is, a collection which is adequate to maintain knowledge of a subject required for limited or generalized purposes, of less than research intensity. It includes the major reference tools for the pertinent subject, significant indexing and abstracting services, a broad selection of major textbooks, monographs, and government documents, and a wide range of basic periodicals, including at least 25 percent of the English language titles pertinent to the subject in List of Journals Indexed in Index Medicus.
4. Research Level: A collection which contains the major published source materials required for dissertations and independent research, including specialized reference tools, conference proceedings, professional society publications, technical reports, government documents, multiple editions of most textbooks and monographs, including a significant number of titles pertinent to the subject in a recognized "standard" bibliography, an extensive collection of periodicals, including at least 65 percent of the titles pertinent to the subject in List of Journals Indexed in Index Medicus. While English materials may predominate, the collection usually contains important materials in French, German, Spanish, Russian, and other languages. Older or superseded materials are retained for historical research.

FORM

The format of the materials will vary: Monographs, serials, primary sources, cassettes, films, microforms, software and computerized data bases.

The following types of literature (primarily English language) will be collected:

1. Primary research and clinical journals and monographs in the biomedical sciences.
2. Major journals and monographs related to the practice of medicine.
3. Major journals and monographs related to the practice and instruction of Allied Health Sciences, Nursing and Social Work.
4. Selected major journals and monographs in related and peripheral disciplines.
5. Major indexing and abstracting tools in the Health Sciences and Social Work.
6. Major reference books in the Health Sciences and Social Work.
7. State-of-the-art reviews of the subject area.
8. Subject bibliographies.
9. Government publications concerning legislation or programs which will have long term impact on health care delivery, or biomedical research and social work.
10. Substantial educational materials, both print and non-print, specifically designed for personnel in the Health Science Center.
11. Recently published historical works on Medicine, Nursing, Social Work and Allied Health.

BOOK COLLECTION POLICY

Monographs are collected to support clinical, educational and research programs of the Health Sciences Center. During periods of fiscal austerity, the acquiring of serial materials has priority over the acquiring of monographic materials. Monographic materials include monographs, textbooks, congresses, conferences, symposia, directories, dictionaries, bibliographies, loose-leaf publications, manuals, atlases, etc. Subjects include clinical medicine, basic medical sciences, medical education, health care delivery, allied health, dentistry, nursing and social welfare.

Examination guides to aid students and house staff in preparing for specialty or board examinations are collected only if they are published by major medical publishers or major professional organizations.

Criteria

- Is it published by a reputable publisher and of good quality?
- Is the author known and respected?
- Does the work fall within the level of coverage established for the subject?
- For what group of people has work been prepared?
- Is the style appropriate?
- Are bibliographies complete and timely?
- Is the text well indexed?
- Is the material up-to-date?

However, we also need some assistance to select books for consideration, and here we can use several sources, such as:

1. Requests from users and staff recommendations.
 2. Core Lists
 3. Approval Plan
 4. Book Reviews
 5. Current Sources
 6. Acquisition Lists
1. Requests from users usually are valid reasons for local needs, but should be cross-checked with other sources and criteria.
 2. There are several core lists published at regular intervals, such as, Brandon and Hill's "Selected list of books and journals for the small medical library" which is published every two years in the Bull. of Med. Lib. Assoc., and "A Library for Internist", recommended by the American College of Physicians, updated every 3-4 years and published in "Annals of Internal Medicine". There are other core lists for specialized fields, such as nursing, dentistry, public health, health administration and they all can be useful as one of the guides. However, their drawback is that they are not updated frequently enough and that they do not cover certain specialties or subjects.

3. Approval plan is one of the best sources for selection of new materials. Of primary importance is the development of the profile by which the vendor (or the publisher) selects books; this profile has to be reviewed regularly to make certain that it reflects current library needs. A good approval plan is efficient and it makes possible the acquisition of the right books in the shortest possible time. It also gives the librarian and the users the possibility of examining books before making the final decision, involving in this way users in the process of collection development.
4. Book reviews on specialized topics may be found in most journals of clinical associations. For example, reviews of books on nursing are indexed in each issue of Cumulative Index to Nursing and Allied Health Literature. The problem with this source is the time lag between the publication of the book and the appearance of the review. This consideration is important because the acquisition of the most current information is essential to any library serving clinicians and researchers.
5. Current sources. A good collection should contain current authoritative information relevant to the needs of library users. The most important acquisitions are new editions of previously owned reputable texts; major new texts in clinical specialties; monographs pertinent to current research efforts; and books in high-interest biomedical fields.

Up-to-date sources of such an information are:

- BIP (Books in Print)
- MBIP (Medical Books in Print)
- NLM Current catalog
- Publishers' brochures and catalogs
- Publication catalogs of professional associations
- Current contents, where each section lists the contents of new books relevant to that subject
- Hospital Literature Index and
- International Nursing Index

6. Acquisition lists from other libraries can be useful if you know the library, its reputation, on what basis it makes selections, and what its special areas of interest are. Many of these textbooks are not included yet in any core list. The entire landscape of health care delivery has been changing fast in recent years and these changes have to be reflected in new books. New federal and state regulations are challenging all health care institutions, new books on D.R.G. (Diagnosis Related Groups), M.D.C. (Major Diagnostic Categories), P.R.O. (Peer Review Organization - quality assurance in medicare), P.P.S. (Prospective Payment System), and other current topics are coming out almost daily. Hardly a month goes by without new advances in medical technology - new books on ethical and medico-legal issues are appearing. Librarians should be aware of the need to support clinicians with the most up-to-date information on all kind of issues.

Focus on wellness and prevention of illness generates new books on nutrition.

SERIALS COLLECTION POLICY

The generic designation "serial" encompasses a number of publication types, all of which have in common an ongoing nature. They are journals, annual publications (primarily reviews and yearbooks) and monographic series. The acquisition of a serial title represents a large commitment in terms of continuing subscription costs, binding and handling. In addition, costs tend to mount each year as salaries and subscription rates increase.

Selection criteria for serials can be stated as follows:

1. Is the serial sponsored by a reputable organization?
Sponsorship of a professional organization is often an indication that a new journal is needed at least by a specialized group; it may also give some assurance of quality.
2. Is the Publisher reputable?
The publisher's reputation is probably more useful for arriving at a negative decision, because the success of a publisher does not guarantee that a journal is needed by your library. Whenever there is a new field or technique, there will be many new journals on the same topic and they cannot all survive.
3. Does it contain original articles?
4. Is it indexed? (I.M., E.M., C.A.,B.A.)
5. Does it fill a recognized need?
6. Is it readily available nearby?
7. Are the editor and editorial board recognized in the field?
The editorial board is often the evidence of a journal's quality, although the presence of a name as a consulting editor may not necessarily signify a strong relationship.
8. Does it publish indexes?
9. Are the references up-to-date and in good bibliographic form?

Journals

A referred journal where all submitted articles are subject to an expert review is more likely to draw high-quality contributions. A sample copy should be available for inspection before deciding whether to subscribe to a new title. Local evidence of need may be determined by frequent ILL requests of the title. Another very important factor for the decision is the cost of acquiring the title. The cost should be compared, if possible, with alternative costs of ILL, taking also into account delays in obtaining the needed information. Some selection aids and sources for new journal titles are similar to those for books, but there are several specifics for journals.

1. List of new journals added to the yearly List of Journals Indexed in IM.
2. NLM Tech. Bull. list new journals on order or newly subscribed to by the Library, indicating those covered in IM.
3. Each issue of Current Contents list additions, changes and deletions from the coverage.
4. Vital Notes on Medical Periodicals, published three times a year by the MLA.
5. The periodical "Nature" publishes annually a special section reviewing new English-language scientific journals. The reviews are descriptive and critical and are very helpful in retrospective selection.

AUDIOVISUALS COLLECTION POLICY

Not developed because lack of staffing. Attached is a reprint of G. Holland's article: A Checklist for Planning and Designing Audiovisual Facilities in Health Sciences Library.
Bull. Med. Lib. Assn. 72(4) October, 1984

Also read article: Guidelines for Audiovisual Services in Academic Libraries: A Draft.
C & RL News, May 1986 P.333.

COMPUTER SOFTWARE POLICY FOR LIBRARY STAFF USE

Purpose:

To provide support for Library operations.

Objectives:

- a. To support efficient office routines
- b. To support routine library operations so that the staff can be used to the best advantage
- c. To assist in research and development for the library staff

Need:

The growing availability of software and its value as part of the equipment in a library makes it both attractive and necessary to acquire. In order to make optimum use of budgetary funds, the collection parameters must be defined.

Scope:

The staff collection may include utility programs in support of office or library routines such as word processing, file management, spreadsheets, integrated packages and communications packages.

Audience:

Members of the HSL Library Staff are the exclusive clientele.

Format:

All software must be compatible with existing equipment and operating systems.

Hardware: IBM PC
Discs: 5 1/4"
Memory: 256 K

Quantity:

We generally shall acquire one copy of software program; however, additional copies are acceptable as gifts. When possible, backup copies of programs will be made.

Documentation:

All software must be accompanied by documentation. Separately published instructional/reference texts may be acquired in multiple copies if they are judged useful to have at each PC workstation.

User Level:

The collection presupposes no more than a minimum level of competency, but provides the opportunity for advancement since programs for the more experienced user are also represented.

Selection Criteria

Quality:

Commercially available software must meet one or more of the following criteria:

- a. Authored by a recognized authority in the field.
- b. Sponsored by an organization of national stature.
- c. Based on a current authoritative published source.
- d. Recommended or favorable reviewed by member(s) of the library staff.
- e. Favorably reviewed in reputable media sources.
- f. Produced by a firm with consistently high standards.

Budget:

A specific sum will be designated annually for the expenditure of hardware and software to meet the expressed needs of the staff and for updating, replacing or adding new programs as required to accomplish the mission of the library.

Currency:

An ongoing effort should be made to be aware of newer versions of programs. Updates of programs that are currently owned may be purchased for a nominal fee. In the event an entirely new version of an older program becomes available, it must meet the same criteria as for an original purchase:

- a. Meet a recognized need.
- b. Perform a function the library is currently unable to do or that the library wants to perform more efficiently.
- c. Fit the budget.

Deselection:

The collection should be evaluated annually to identify outdated or irrelevant software according to the following criteria:

- a. Condition
- b. Adequacy in meeting the needs of users
- c. Use
- d. Currency

Cataloging:

Software and documentation are packaged together for ease in use. Since this collection is not available to the public, materials are not formally classed. A card file system provides a record of what we have and who is currently using it. The file is located in the cataloging department.

Gifts:

All gifts must meet the same standards as if they were selected for purchase. All gifts must be originals except for public domain software.. The software must be accompanied by a manual if a copy of the discs is not already owned.

REFERENCE COLLECTION POLICY

The Reference collection is a major resource for information in the library, and serves a number of needs. While all the collections of the library must be viewed as a potential "Reference Collection," there are certain characteristics which determine the materials to be acquired for the separately designated Reference Collection. Because of the nature of its use, this is a non-circulating collection and most titles are not duplicated in other collections.

1. Reference publications are distinguished in part by the way in which they are used. Although there are many types of publications from dictionaries to handbooks, they are used primarily for consultation for specific and immediate information rather than for reading or study, and thus, for short periods of time. Textual material is limited.
2. Reference materials are sources of information which answer immediate needs - addresses, bibliographic data, pharmacological information, etc. These sources need to be available at all times to library staff and users.
3. Although consulted both by library staff and library clientele, optimal use of the reference collection frequently requires the assistance of a Reference Librarian. Like the card catalog, many reference tools need interpretation.

I. Reference Collection comprises four general categories of publication:

- A. Directories of persons, Biographical dictionaries
 2. Directories of organizations
 3. Telephone directories
- B. Factual Data
 1. Dictionaries
 - a. General English-language
 - b. Subject
 - c. Foreign-language
 2. Encyclopedias
 3. Handbooks
 4. Drug Sources
 5. Statistical Sources
 6. Legislation, regulations
 - a. Federal
 - b. State
 - c. Local

- 7. Catalogs
 - a. Educational Institutions
 - b. Commercial products, including laboratory and audiovisual equipment and supplies
- 8. Manuals and guides
 - a. Writing and style manuals
 - b. Online search manuals
- 9. Indexes, abstracts and bibliographies
- 10. List of meetings
- C. Union lists and catalogs
 - 1. Book catalogs
 - 2. Serial Sources
 - a. Union lists
 - b. Abbreviation lists, list of journals, indexed/abstracted
 - 3. Audiovisual software sources
 - a. Catalogs from producers
 - b. Union lists
 - 4 Translation sources
- D. Textbooks and histories

II. Format

- A. Print
- B. Nonprint
 - 1. Microcomputer software
 - 2. Microforms
 - 3. Online databases

III. Multiple copies

- A. Serials, e.g. Index Medicus
 - 1. Determination of need
 - 2. Locations: reference, reference office, journal stacks, etc.
- B. Books, e.g. medical dictionaries, PDR, etc.
 - 1. Determination of need
 - 2. Locations: reference stacks, reference desks, reference office, reading room(s), etc.
- C. Online search tools
 - 1. Determination of need
 - 2. Locations: reference office, terminal location(s), reference desks, etc.

IV. Criteria for Evaluating New Material¹

Once identified, these tools need to be measured against the existing collections and in accordance with the collection development policy for reference. Criteria for evaluating new materials include:

1. Significance and usefulness of the title
2. Authority and reputation of the author, publisher and/or database producer
3. Age and currency of the work and its contents
4. Favorable reviews in the professional literature
5. Inclusion of the title in reference guides
6. Difficulty level of the contents
7. Language of the publication
8. Price of the publication or database in relation to:
 - a. Availability of the information contained
 - b. Quality and physical production of the title
 - c. Intended length of use
9. Anticipated frequency of use (judge in relation to cost, available format(s) and space)
10. Appropriate format (print vs. microform vs. database)

¹Roper and Boorkman. Introduction to Reference Sources in the Health Sciences. 1984. pp. 14-15

V. Criteria for Retention Policy¹

To be coordinated with the overall collection development policy for areas in which exhaustive collections or archival materials would always be kept.

- A. Only latest edition is kept in library on reference (primary materials that supersede themselves)
 1. Online manuals
 2. Holdings list of individual libraries
 3. Catalogs (college, audiovisual producers, equipment, etc.)
- B. Latest edition kept on reference, earlier editions in circulating collection.
 1. Any category A materials (above) found to be unique and worth retaining in the collection for historical or research purchases
 2. Dictionaries
 3. Directories
 4. Handbooks
 5. Drug sources
 6. Textbooks
 7. Encyclopedias
 8. Writing and style manuals
 9. Book catalogs

- C. Earlier editions kept on reference as usefulness to reference and available space permit
1. Any category A materials (above) found to be unique and worth retaining in the collection for historical or research purposes
 2. Indexes and abstracting services
 3. Bibliographies
 4. Statistical sources
 5. Union lists and serials sources
 6. Translation sources
 7. Lists of meetings

¹Roper and Boorkmkan. Introduction to Reference Sources in the Health Sciences. 1984. p.8-9.

The entire Reference Collection is evaluated by the Reference Librarian and the Collection Development Librarian triennially. Evaluation is also conducted throughout the year as the need arises or when new materials are added to the collection.

ACQUISITIONS POLICY

Health Sciences Library acquires material through book dealers and subscription agents whenever possible. The reason for preferring purchase through dealers is savings in staff time. If the annual expenditure exceeds \$1,500, the library is required to purchase from vendors who have been awarded state contracts for service.

Blanket order arrangements for the supply of some material are in effect with some domestic and foreign publishers.

Multiple Copies or Subscriptions:

The Library will avoid the acquisition of multiple copies of an individual title except where it is required for class reserve. One copy of non-textbook titles for every 10 students registered for the course will be purchased, six being usual maximum; however, one additional copy will be purchased for each additional 25 students. The Health Sciences Library attempts not to duplicate extensively holdings in the areas of biology, psychology and social sciences. These are areas of primary responsibility for the Frank J. Melville Jr. Library.

Textbooks:

They will not be acquired unless they have a specific value as reference or information tools, or if they are the legitimate request of teaching faculty.

College Catalogs:

Only current year microfiche editions of medical and dental school catalogs, if available, will be held.

GIFTS

The Health Sciences Library SUNY at Stony Brook welcomes and encourages gifts of books, periodicals, manuscripts, special collections, and other research materials supportive of the Center's programs.

Gifts are accepted with the understanding that, upon receipt, the Health Sciences Library becomes the owner of the material and, as such, reserves the right to determine retention, location, cataloging treatment, and other considerations related to use or disposition.

The Library encourages donors to consider, in their own interest, having their gifts appraised for income tax purposes. The Internal Revenue Service considers recipient libraries to be interested parties and therefore often disallows appraisals made, or paid for, by them. For this reason, costs of appraisal must be borne by donors, although appraisal costs themselves are likely to be deductible items. As income and estate tax laws are subject to frequent revision, donors may wish to discuss appraisals with their attorneys. When requested to do so, the Library can give assistance by providing suggestions of appropriate professional appraisers who might be consulted. The acceptance of a gift which has been appraised by a third, disinterested party, does not in any way imply endorsement of the appraisal by the Health Sciences Library.

All gifts are acknowledged.

EVALUATION OF THE COLLECTION

Collection development does not end with writing a policy and selecting library materials - it also includes removing from the collection material that is no longer useful. The Collection has to be evaluated periodically to see whether it is meeting the objectives of the institution and what should be done to correct this.

Collection can be evaluated in terms of:

1. Quantity
2. Quality
3. Evidence of use

Each criterion has some merit and each tells us something about the effectiveness of the library.

1. Quantity:

There are some suggested minimum standards for health sciences libraries in hospitals like the one published by the Medical Library Association in 1984 - this can be used to evaluate the library. Also, one compares the number of volumes and the number of subscriptions with other libraries of a similar type. The Health Sciences Library at Stony Brook uses "Annual Statistics of Medical School Libraries in the U.S. and Canada" for that purpose.

However, evaluation by comparing the numbers assumes that there is a correlation between the size of the collection and the ability to respond to the needs of the users. This is sometimes a shaky argument.

2. Quality:

To determine the quality of the collection one can compare the library holdings with an external standard, such as one of the core lists of recommended books and journals. However, this method has the same drawbacks. Periodicals can be evaluated by the citation analysis. ISI's "Journal Citation Reports" contains an annual ranking of science journals based on citation frequency. Eugene Garfield makes here an assumption that citation frequency reflects the value of a journal. Recently he has analyzed journals on nursing and has developed a list of 51 journals most cited by core nursing journals. Occasionally, he does this for other subjects as well.

An alternative to citation analysis is to compare the library holdings with the list of journals from which articles have been retrieved through secondary sources, such as MEDLINE.

3. Use of Library Materials:

The most relevant method to evaluate a collection is the evidence of its use - this will show whether the books and journals which are selected match the needs of library users. This can be determined by examining circulation records as well as by checking whether an item is collecting dust on the shelf.

If a book or periodical is not used within the first six years, there is only a one in fifty chance that it will ever be used. Interlibrary loan requests should be analyzed - they will show what material is missing from the library. If the publication being sought via ILL is current and within scope for the collection, it should be considered for purchase. Involve users in evaluation of the collection, this can help in the selection of titles for cancellation and weeding.

Retention:

Works of Health Sciences Center staff members, specialized monographs, major symposia, conferences, congresses, histories and titles listed as classics in A Medical Bibliography (Garrison and Norton)* are retained indefinitely.

Authoritative texts issued in numerous editions over a period of years are weeded as new editions are published. In most cases, the latest two editions are retained.

Volumes mutilated beyond repair are discarded, decision to replace the volumes depend upon availability, cost, and contents. Commitment to retain certain titles assigned to the Health Sciences Library at Stony Brook through a cooperative arrangement with the Regional Coordination of Biomedical Information Resources (RECBIR) program is honored. Whenever possible, RECBIR attempts to retain at least one source in the New York Metropolitan area for every serial publication in the health related fields.

Every effort will be made to replace missing or mulitated journals through:

1. Cooperative exchange programs in which the library participate
2. Through USBE (Universal Serial & Book Exchange, Inc.)
3. Direct purchase from publishers
4. Second-hand journal dealers
5. ILL (xerox copies of missing pages)

The final decision for retention and replacement of books rests with the Collection Development Librarian.

Replacement of Lost Books:

The majority of lost books are not replaced because the library acquisitions budget is primarily devoted to current as opposed to retrospective material. Those lost books which still are deemed essential to the collection are purchased again.

If out of print book is lost, the patron should be charged replacement value instead of the original price the library paid for it.

*Morton, Leslie T.: A Medical Bibliography (Garrison and Norton): An Annotated Check-list of Texts Illustrating the History of Medicine. 4th edition. 1983.

Weeding:

The monographic collection will be evaluated approximately every five years by the professional staff of the library; it follows an inventory of the collection. The Collection Development Librarian continuously evaluates the collection as decisions are made concerning the acquisition of new books. The following factors are considered in evaluating the monograph collection:

1. Changes in the HSC programs
2. Changes in user population
3. Subject content of superseded editions
4. Availability of material elsewhere
5. Physical condition
6. Unneeded duplicate titles
7. Outdated information having no current value
8. Cooperative resource-sharing responsibilities

Preservation:

Not yet developed

<u>SUBJECT</u>	<u>CLASS NUMBERS</u>	<u>COLLECTING INTENSITY</u>	
		BOOKS	SERIALS

AEROSPACE MEDICINE	WD 700	1	2
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Definition: The field of medicine concerned with the health and medical problem in aviation medicine and space medicine. It is based on an understanding of physiological, pathological, and psychological effects of assorted stresses encountered during flight.

ANATOMY	QL, QS		
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Definition: The science of the structure of the body and the relations of its parts.

Anatomy, Human	4	4
Anatomy, Comparative	2	3

ANAESTHESIOLOGY	QV 81, QV 110-115, WO 200-460	3	4
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Definition: The science concerned with the pharmacological and clinical basis of anesthesia and related fields, including resuscitation, intensive respiratory care, pain.

ANTHROPOLOGY	GN	1	1
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Definition: The study of the origin, development and nature of the human species through biological, sociocultural, archaeological, and linguistic perspectives.

Cultural Anthropology - the study of sociocultural phenomena that characterize the learned, shared, and transmitted social and behavioral activities of peoples within particular cultures or societies.

Medical Anthropology - the study of health behavior and health care systems with emphasis on the influence of culture.

Physical Anthropology - the study of biological differences among human beings and of the differences between them and other animals, e.g., anthropometry, biological adaptation to the environment, descriptive somatology, physical characteristics of ethnic groups.

Includes: Culture-specific illnesses or health behaviors
Traditional medicine-systems of medicine based on cultural beliefs and practices handed down from generation to generation, e.g., Chinese traditional medicine, herbal medicine.

BIOCHEMISTRY	QV	3	4
<p><u>Definition:</u> The chemistry of living organisms and of vital processes, physiological chemistry. Includes works on chemistry of food substances, body composition, body fluids, metabolism, enzymes, vitamins.</p>			
BIOLOGY	QH	1	2
<p><u>Definition:</u> The field of knowledge concerned with the study of life and of living organisms in general. Including works on microscopy, genetics, reproduction and cytology.</p>			
BIOMATHEMATICS	QH 325.5, QT 35, WA 950	1	1
<p><u>Definition:</u> The principles of mathematics that are of special use in biology and medicine.</p>			
BIOMEDICAL ENGINEERING	TA, TP, QT	3	2
<p><u>Definition:</u> The application of engineering principles to obtain solutions to biomedical problems; usually involves collaboration of engineers and biological scientists.</p>			
BIOPHYSICS	QT 34, WN 110	1	2
<p><u>Definition:</u> Physics of living organisms. Application of physical problems and methods to biological problems.</p>			
CARDIOLOGY	WG	4	4
<p><u>Definition:</u> The study of the anatomy, normal functions and disorders of the heart and cardiovascular system.</p>			
CHEMISTRY	QD	2	2
<p><u>Definition:</u> A basic science whose central concerns are 1) the structure and behavior of atoms (elements); 2) the composition and properties of compounds; 3) the reactions that occur between substances, with laws that unite these phenomena into a comprehensive system.</p> <p>Includes: Any chemistry relevant to biomedicine. Analysis of human body fluids and tissues Analysis of environmental pollutants related to human exposure Analysis of human drinking water Analytical techniques used in the diagnosis of human disease or for monitoring of human metabolism</p>			

DERMATOLOGY WR 4 4

Definition: The branch of medicine dealing with the diagnosis and treatment of diseases of the skin, and with its chemistry, physiology, histopathology and with the relationship of cutaneous lesions to systemic disease.

DIAGNOSTIC IMAGING WN 200-240 4 4

Definition: The visualization of deep structure of the body by passing x-rays, electron beams or ultrasonic waves into the tissues for the diagnosis of disease.

Includes: Echocardiography, Echoencephalography, Electrostatic imaging, Emission Computed Imaging, Nuclear Medicine, Radionuclide Imaging, Thermography.

ECOLOGY GF,QH 540-549 2 1

Definition: The branch of biology dealing with the relations between organisms and their environment especially as manifested by natural cycles and rhythms, community development and structure, geographic distributions, and population alterations.

ECONOMICS HB - HJ 2 1

Definition: The study of the creation and distribution of wealth of the behavior of prices and of the forces that determine national income and employment.

Includes: Economic factors in public health, Economics of health care, Health Insurance and reimbursement hospital financing. Medical and dental economics. Medicare, Medicaid.

EDUCATION L

Generally out of scope

Definition: Any process by which an individual gains knowledge or insight or develops attitudes or skills.

EDUCATION W, WU, WV 4 4

(for the health professions)

Definition: The branch of biomedical science concerned with the response of the organism to antigenic challenge, the recognition of self from non-self, and all the biological (*in vivo*), serological (*in vitro*), and physical/chemical aspects of immune phenomena.

Includes: Antigen-antibody reactions

Cellular Immunity

Complement system

Histocompatibility

Humoral immunity

Hypersensitivity

Immune mediators or products

Immune tolerance

Immunization

Immunochemistry

Immunogenetics

Immunoglobulins

Immunochemistry

Immunologic diseases

Immunotherapy

Transplantation immunology

Tumor immunology

Definition: Diseases due to organisms ranging in size from viruses to parasitic worms. They may be contagious in origin, result from nosocomial exposure, or be due to endogenous microflora from the nose and throat, skin, or bowel.

Communicable diseases are diseases the causative agent of which may pass or be carried from one human to another or from an animal to a human either directly or indirectly.

Carrier state

Communicable disease control

Disease outbreaks/epidemics

Disease reservoirs

Disease vectors

Eye infections

Food poisoning

Hospital infections

Immunization

Peritonitis
 Respiratory infections
 Sexually transmitted diseases
 Skin infections
 Zoonosis and the role of animals as hosts to human pathogens

INTERNAL MEDICINE WB 4 4

Definition: The medical specialty concerned with diagnosis and treatment of diseases of the internal organ system.

LABORATORY
 ANIMAL SCIENCE QY 50-60, SF 400-9 2 1

Definition: The science and technology dealing with breeding, care, health, and selection of animals used in biomedical research and testing.

LABORATORY, MEDICAL - (see HOSPITALS HEALTH FACILITIES)

LAW K 2 1

Definition: Law is the whole body of customs, practices, and rules recognized as binding by a community and/or enforced by a controlling authority. The profession that interprets these rules.

Includes: General works on legislation and law affecting health and health care

LIBRARY AND
 INFORMATION SCIENCE Z 2 2

Definition: Library science is the study of principles and practices of library science and administration. Information Science is that set of principles dealing with the organization, maintenance, and management of bodies of scientific, technical, and business information used in decision making.

MEDICAL INFORMATICS W 26.5, Z 3 3

Definition: The application of computer and information sciences to medicine and health sciences.

MEDICAL PROFESSION - (see HEALTH PROFESSION)

MEDICAL SOCIAL WORK W 322-323 4 4

MICROBIOLOGY QW 1-300 4 4

Definition: The study of microorganisms including bacteria, fungi, rickettsia, protosoa, and viruses.

MOLECULAR BIOLOGY QH 506 4 4

Definition: A branch of biology in which biological phenomena and processes are studied not only from a phenomenological point of view, but also by physical-chemical and biochemical investigations at the molecular level. Molecular biology is based on developments in genetics, biochemistry, physical chemistry of macromolecules, and chemical physics and represents an effort to account for biological events in terms of established principles of physics and chemistry.

Includes: Clinical applications in genetic diseases

Clinical applications in sex determination

Membrane biology

Molecular cardiology

Molecular endocrinology

Molecular hematology

Molecular neurobiology

Molecular parasitology

Molecular pathology

Molecular pharmacology

Oncogenes in cancer research

Prenatal diagnosis

Structure of intermediate filaments, microtubules,

Chromatin, ribosomes, DNA and RNA

NEUROLOGY WL 4 4

Definition: A medical-surgical specialty concerned with the study of the structure, functions, and the diagnosis and treatment of nervous systems diseases.

Includes: Brain and its environment

Neurologic diagnosis (e.g., cerebral angiography, cerebral ventriculography, electroencephalography,

PARASITOLOGY QX,SF 810.A3 3 3

Definition: The study of parasites (plants or animals) and insects as vectors of disease.

Includes: Clinical parasitology
Parasitic diseases of laboratory animals and nonhuman primates
Parasitism of intermediate hosts

PATHOLOGY QY, QZ 4 4

Definition: A medical specialty concerned with the nature and cause of disease as expressed by changes in cellular or tissue structure and function caused by the disease process.

Includes: Clinical pathology (anatomical models, blood chemistry, care and clinical use of laboratory animals laboratory techniques and diagnostic tests analysis of body fluids/products)
Comperative pathólogy
General manifestations of disease
Pathogenesis of disease
Postmortem examination (not including legal aspects)

PEDIATRICS WS 4 4

Definition: A medical specialty concerned with maintaining health and providing medical care to children from birth to adolescence.

Includes: Adolescent psychology
Care and training of children
Child guidance
Child psychology
Diseases of children
Neonatology
Normal mental growth and development

PHARMACOLOGY QV 4 4

Definition: The study of the origin, nature, properties, and actions of drugs and their effects on living organisms.

Includes: All biological effects of drugs on living systems, including beneficial effects, toxic effects, and metabolic studies
Basic pharmacological mechanisms
Natural products used as drugs (pharmacognosy)
Stimulation and suppression of the immune system by drugs
Studies using animals, cell culture, biochemical systems
Pharmacological and analytical methods

SOCIOLOGY

H, W 322, WA 31
WM 30.5

2

2

Definition: The study of social aggregates and groups in their institutional organizations, of institutions and their organization, and of the causes and consequences of changes in institutions and organizations.

Medical Sociology - the study of health, illness, and medical care as they are affected by social structure and social interaction.

Includes: Comparative health care systems

Epidemiology of mental disorders

Group dynamics of the health care team

Hospitals as a social system

Interaction between patients and health care providers, e.g., the sick role, death and dying, occupational "defense mechanisms" used by health professionals when dealing with difficult cases
Social and cultural factors as determinants of health, illness.

Social implications of medical technological innovations.

Study of health professions as occupation

SOCIAL WORK

HV 1-700

3

3

Definition: Any of various professional sciences, activities, or methods concretely concerned with the investigation, treatment and material aid of the economically underprivileged and socially maladjusted.

SPORTS MEDICINE

QT 260

3

3

Definition: The field of medicine concerned with physical fitness and the diagnosis and treatment of injuries sustained in sports activities.

SUBSTANCE (Abuse)

HV, WM 270-288

Definition: An emotional and/or physiological state characterized by a compulsion to take a drug or other substance on a continuous or periodic basis in order to experience its mental effects, and sometimes to avoid the discomfort of its absence.

Includes: Alcoholism

Dependence on inhalants

Narcotic dependence

Substance abuse

Substance abuse as a social problem

