Integration of information literacy into a revised medical school curriculum.

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The Keck School of Medicine of the University of Southern California's newly revised Year I-II curriculum integrates information literacy components based on the AAMC's medical informatics objectives throughout the two-year continuum. Students are required to participate in various components taught by librarians from the Norris Medical Library including (1) an information skills workshop, (2) a yearlong literature search project, and (3) an evidence-based medicine resources workshop. Critical appraisal of literature also is included in the curriculum to ensure that the students are familiar with the various research study designs. Librarians also provide resources to assist students in researching learning issues related to cases presented in the curriculum. To encourage the faculty mentors to serve as good models of information users, librarians offer brief training sessions on information resources to faculty.

MeSH Terms:

- California
- Computer Literacy
- Computer User Training*
- Curriculum*
- Education, Medical, Undergraduate/organization & administration*
- Evidence-Based Medicine/education
- Human
- Librarians
- Libraries, Medical/organization & administration*
- Medical Informatics/education*
- Mentors
- Schools, Medical
- United States
Current issues in the design of academic health sciences libraries: findings from three recent facility projects.

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Planning a new health sciences library at the beginning of the twenty-first century is a tremendous challenge. Technology has radically changed the way libraries function in an academic environment and the services they provide. Some individuals question whether the library as place will continue to exist as information becomes increasingly available electronically. To understand how libraries resolve programming and building design issues, visits were made to three academic health sciences libraries that have had significant renovation or completed new construction. The information gathered will be valuable for planning a new library for the University of Colorado Health Sciences Center and may assist other health sciences librarians as they plan future library buildings.

MeSH Terms:

- Colorado
- Diffusion of Innovation
- Facility Design and Construction/trends*
- Human
- Libraries, Medical/organization & administration*
- Library Collection Development/trends
- Library Services/trends
- Needs Assessment
- North Carolina
- Schools, Health Occupations/organization & administration*
- Support, Non-U.S. Gov't
- Virginia

**Education and the working patterns of junior doctors in the UK: a review of the literature.**

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**OBJECTIVE:** To identify and review UK research relating to the effects of patterns of work on the education of junior doctors, describe the trends in the research, contextualise the progress of the UK in reducing the number of hours worked by junior doctors alongside that of other countries and identify areas for future research. **METHOD:** A total of 77 research studies, mostly written after 1995, were identified as relevant from approximately 900 references generated by searching Medline and using a 'snowball' technique. The articles identified were qualitatively reviewed to identify their key research conclusions and/or the main points of argument. These were collated and presented in a qualitative review. **RESULTS:** Research in the UK is contradictory regarding the effects of working patterns and the views of doctors towards them. Further research is needed to examine in depth the differences in the effects of working patterns on education between hard-pressed and non hard-pressed specialties, hospitals and regions. When viewed in an international context, the UK ranks among a number of countries with similar medical systems that are moving towards reducing the hours worked by doctors in training, all of which are at different points in the process. **CONCLUSION:** The literature review has helped to identify the popular wisdom surrounding the debate on junior doctors' hours, the progress of the UK when compared to that of other countries and gaps in research. Further research is needed to refine understanding of this area.

**Publication Types:**
- Review
- Review Literature

**MeSH Terms:**
- Education, Medical/methods*
- Great Britain
- Human
- Medical Staff, Hospital/education
- Medical Staff, Hospital/organization & administration*
- Professional Practice/organization & administration*
- Research Design
- Support, Non-U.S. Gov't
- Work Schedule Tolerance
- Workload*

Health care reform: lessons from Canada.

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Although Canadian health care seems to be perennially in crisis, access, quality, and satisfaction in Canada are relatively high, and spending is relatively well controlled. The Canadian model is built on a recognition of the limits of markets in distributing medically necessary care. Current issues in financing and delivering health care in Canada deserve attention. Key dilemmas include intergovernmental disputes between the federal and provincial levels of government and determining how to organize care, what to pay for (comprehensiveness), and what incentive structures to put in place for payment. Lessons for the United States include the importance of universal coverage, the advantages of a single payer, and the fact that systems can be organized on a subnational basis.

MeSH Terms:

- Canada
- Federal Government
- Health Care Rationing
- Health Care Reform*/legislation & jurisprudence
- Health Care Sector
- Human
- Internationality
- Models, Organizational*
- National Health Insurance, United States
- National Health Programs/legislation & jurisprudence
- National Health Programs/organization & administration*
- Policy Making
- Single-Payer System
- United States
- Universal Coverage/legislation & jurisprudence
- Universal Coverage/organization & administration*