

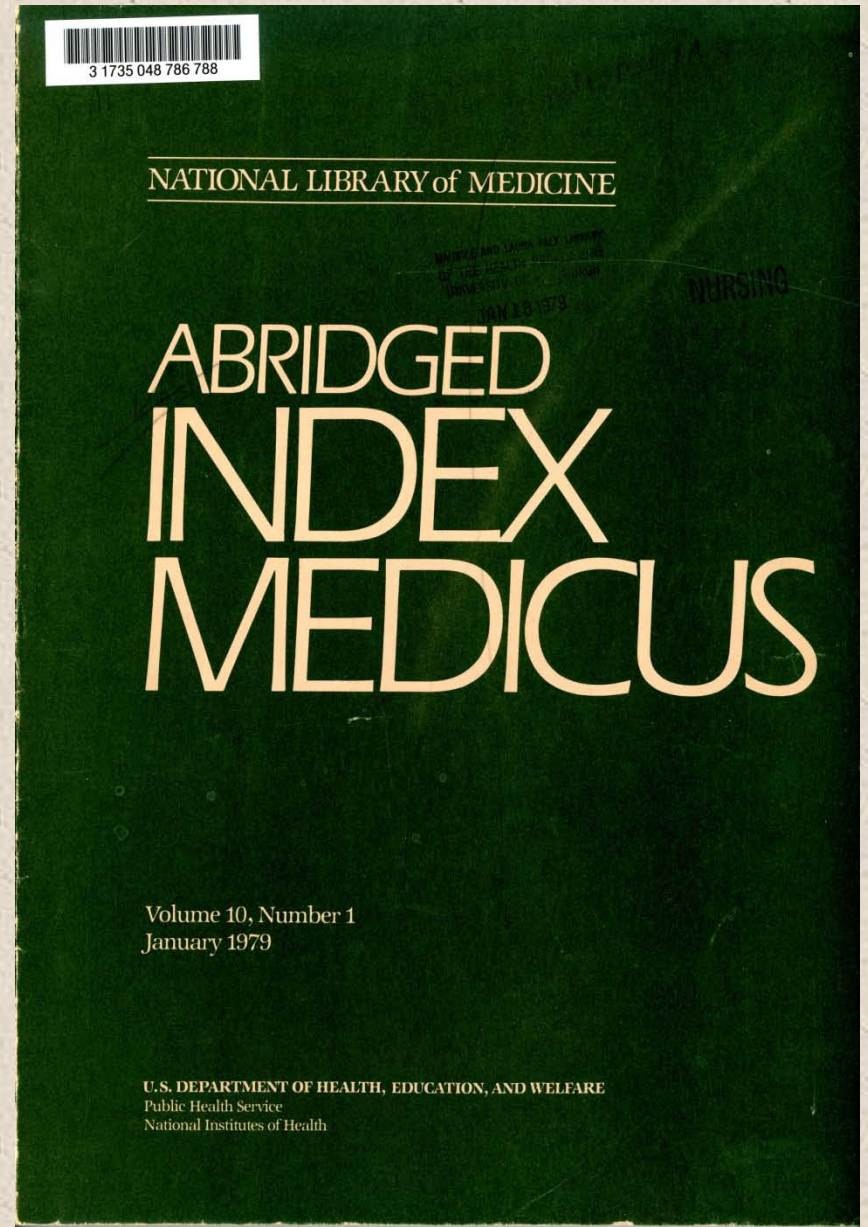


The Core or Not-so-Core Clinical Journals Subset: *Data-driven Evidence on Clinical Utility*

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Health Sciences Library System
University of Pittsburgh

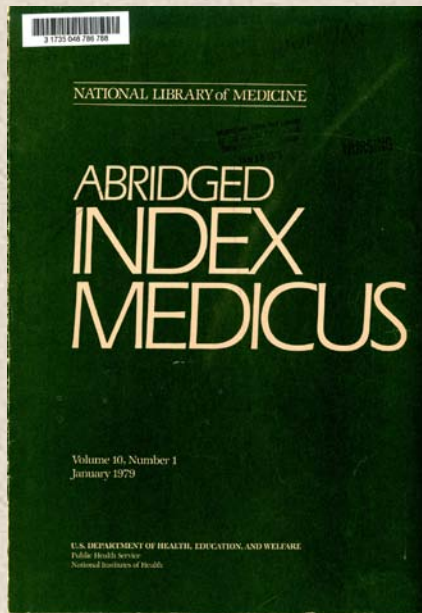
Core Clinical Journals/ Abridged Index Medicus Subset History

- **1970** – initiated by National Library of Medicine (NLM)
- Abridged Index Medicine became Core Clinical Journals (CCJ) subset
- Standardized list intended for clinical practice



Abridged Index Medicus/ Core Clinical Journals: Clinicians' viewpoint:

- Per NEJM in 1970, the subset “certainly requires continuous review”
- Per JAMA in 1969, “All fields of clinical medicine are covered”



Committed selection: abridged index medicus. N Engl J Med. [editorial] 1970 Jan 22;282(4):220-1.

cause of an unattractive cost-usefulness ratio. The ABRIDGED INDEX MEDICUS, published by the National Library of Medicine, contains citations from 100 English-language journals selected for their accessibility, quality and clinical relevance. Each monthly issue is about ¼ inch thick, and the annual North American subscription rate is \$12.00.* These

we recommend.” The recommendation cannot be guaranteed as optimum, and it certainly requires continuous review. Yet the principle should be vigorously applied in several directions. A good example of such an application is the identification by

An abbreviated index medicus. JAMA. [editorial]. 1969;210(12):2272-3.

made with the assistance of an advisory committee of physicians, editors, and medical librarians. The primary consideration was the usefulness for medical practitioners. All fields of clinical medicine are covered. The result is a slender monthly volume, just over 100 pages, with headings well classified and cross references generally adequate.

Every hospital library will have a large proportion of the 100 journals covered. With the help of this new index and even a modest library, the physician in practice will be able to utilize new information far more efficiently than ever before. For research purposes and for information on special topics, not included in the abbreviated list, he must continue to use the unabridged format. But the

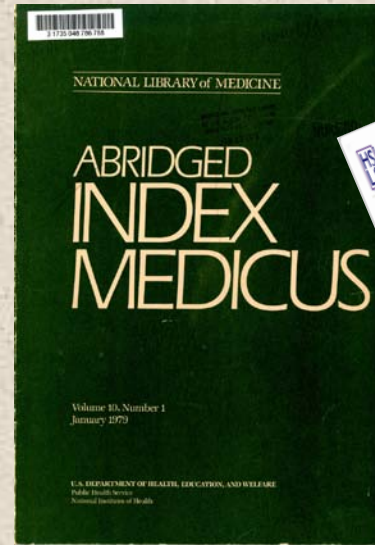
HSLS Clinical Librarians attended Morning Report

- HSLS' Clinical Librarian Program:1988-2012
- Answered 1-2 clinical questions daily
- 2007 – online Morning Report blog initiated



Purpose/Objective of the Project

To compare the physician-approved literature used for Morning Report in the Internal Medicine Department with journals listed in the PubMed Core Clinical Journals/Abridged Index Medicus (AIM) subset...



...in order to determine the Core Journals subset's suitability for contemporary clinical searching and patient-centric decision-making.

Methods: Morning Report Blog

Searchable by subject tags or date



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Morning Report

Educate, Communicate, Share

January 17th, 2012

Renal failure in antiphospholipid syndrome

Alchi B, Griffiths M, Jayne D. What nephrologists need to know about antiphospholipid syndrome. [Nephrol Dial Transplant. 2010 Oct;25\(10\):3147-54. Epub 2010 Jun 28.](#)

→ Tags: [Antiphospholipid Syndrome](#), [kidney diseases](#)

February 2013

M	T	W	T	F	S	S
					1	2 3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24

Study Methodology

Populate
EndNote Library
with blog
citations and
send to Excel

Use Bradford's
law; Add AIM
status, ISI
Impact Factors,
MeSH Subjects

Analyze for
impact,
currency, recall
and precision

Methods: Bradford-Ranked² – Tier 1

	1:n,n ² where n=3	Bradford Distribution Estimates 1,n,n ² where n=3 (1,3,9)
Group 1	27 jrnl w/208 articles	approx 27 w/ 208 articles
Group 2	92 jrnl w/212 articles	approx 27 x 3=90 jrnl w/209 articles
Group 3	206 jrnl w/208 articles	approx 90 x 3=180 jrnl w/210 articles

	Frequency (#articles)	ISI Impact Factor	Core/Y/N
1	Journal Title		
2	N Engl J Med	37	Y
3	Clin Infect Dis (incorporates Rev Infect Dis)	16	8.186 N
4	Chest	13	Y
5	Radiology	11	Y
6	Am J Gastroenterol	9	N
7	Ann Intern Med	9	Y
8	Cochrane Database Syst Rev	9	N
9	Kidney Int	8	N
10	Arch Intern Med	7	Y
11	AJR Am J Roentgenol	7	Y
12	Am J Med	6	Y
13	Circulation	6	Y
14	Hepatology	6	N
15	Medicine (Baltimore)	6	Y
16	Lancet Neurol	5	21.659 N
17	Neurology	5	8.017 Y
18	Am J Kidney Dis	5	5.242 N
19	J Neurol Neurosurg Psychiatry	5	4.791 N
20	Cleve Clin J Med	5	3.495 N
21	Am Fam Physician	5	1.547 Y
22	CDC.org	4	null null
23	JAMA: The Journal of the American Medical As	4	30.011 Y
24	J Clin Oncol	4	18.97 N
25	Gut	4	10.614 Y
26	Blood	4	10.558 Y
27	Am J Respir Crit Care Med	4	10.191 Y
28	J Clin Endocrinol Metab	4	6.495 Y

Methods-ISI Medicine, General & Internal Journal Impact Factors

ISI Web of KnowledgeSM

Journal Citation Reports[®]

WELCOME ? HELP

2010 JCR Science Edition

Journal Summary List

[Journal Title Changes](#)

Journals from: **subject categories MEDICINE, GENERAL & INTERNAL**

Sorted by: **Impact Factor**

Journals 1 - 20 (of 153)

Navigation icons: Home, Previous, Next, Page 1, 2, 3, 4, 5, 6, 7, 8, Last

Page 1 of 8

Ranking is based on your journal and sort selections.

Mark	Rank	Abbreviated Journal Title <i>(linked to journal information)</i>	ISSN	JCR Data ⁱ						Eigenfactor [®] Metrics ⁱ	
				Total Cites	Impact Factor	5-Year Impact Factor	Immediacy Index	Articles	Cited Half-life	Eigenfactor [®] Score	Article Influence [®] Score
<input type="checkbox"/>	1	NEW ENGL J MED	0028-4793	227679	53.486	52.363	10.675	345	7.5	0.68835	21.349
<input type="checkbox"/>	2	LANCET	0140-6736	155736	33.633	32.498	10.852	271	8.7	0.37864	12.715
<input type="checkbox"/>	3	JAMA-J AM MED ASSOC	0098-7484	117497	30.011	29.310	7.227	233	8.3	0.30839	12.439
<input type="checkbox"/>	4	ANN INTERN MED	0003-4819	45766	16.729	16.760	3.940	167	9.1	0.12078	7.438
<input type="checkbox"/>	5	PLOS MED	1549-1277	10370	15.617	14.974	3.394	99	3.6	0.08310	6.580
<input type="checkbox"/>	6	BRIT MED J	0959-535X	72217	13.471	11.935	6.779	308	9.7	0.14250	4.646
<input type="checkbox"/>	7	ANNU REV MED	0066-4219	4518	12.457	10.887	5.226	31	7.2	0.01384	4.246

Methods-MeSH Journal Subject Headings

U.S. National Library of Medicine
National Institutes of Health

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The World's Largest Medical Library

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Home > MEDLINE/PubMed Resources

Broad Subject Terms for Indexed Journals

[Return to Journals](#)

Broad Subject Terms are assigned by NLM® to MEDLINE® journals to describe the journal's overall scope. All of these broad subject terms (about 120) are valid MeSH® headings.

The links below run a search in the [NLM Catalog](#). Once back in the NLM Catalog, a Subject Terms search can be further limited to currently indexed journals by selecting the Journal Subsets choice called Journals currently indexed in MEDLINE from the Limits page.

Not all journals in the [NLM Catalog](#) have these broad subject terms in addition to the more specific MeSH terms. Broad Subject Terms are only assigned to MEDLINE journals.

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

A

[Acquired Immunodeficiency Syndrome](#)

[Aerospace Medicine](#)

[Allergy and Immunology](#) - includes Hypersensitivity, Lymphology, Serology, Serotherapy, and Interferons
see also Transplantation

Alternative Medicine *see* [Complementary Therapies](#)

[Anatomy](#) - includes Morphology
see also Cell Biology; Embryology; Histology; Pathology

[Anesthesiology](#) - includes Resuscitation

Methods: Recall and Precision Formula

Database	Core Clinical Journals (Relevant)	Non-Core Journals (Not Relevant)	Total
Used in Morning Report	a	b	a + b
Not Used in Morning Report	c	d	c + d
Total	a + c	b + d	n (Total journals in that subject)

Recall = $a/(a + c)$

Precision = $a/(a + b)$

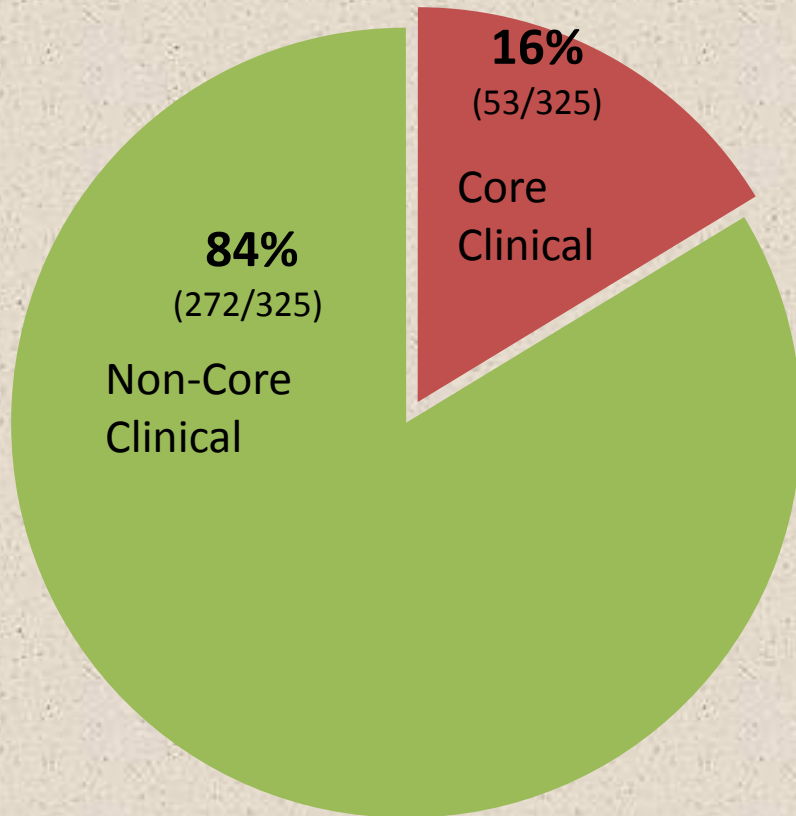
a=Core journals used in Morning Report in a subject;

b=Non-Core journals used in Morning Report in a subject

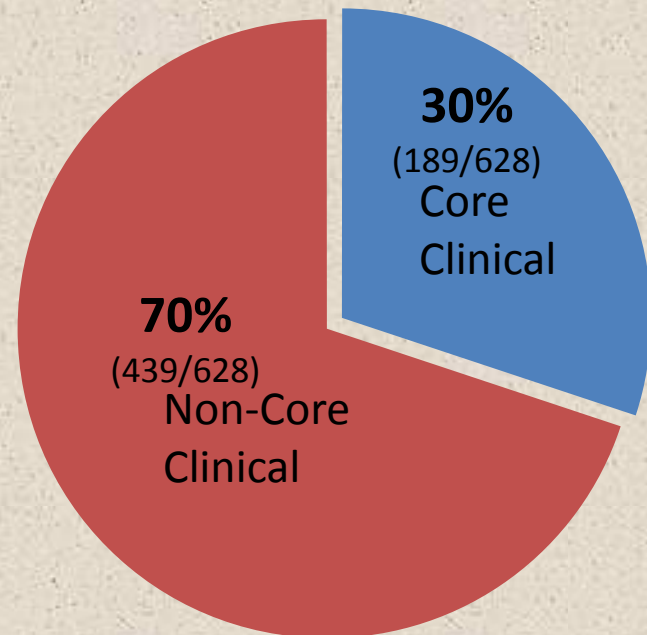
c=Core journals not used in Morning Report in a subject

Results: Clinically, How Core?

Journals Used in Morning Report:
NLM Core Clinical Subset



Articles Used in Morning Report:
NLM Core Clinical Subset



Results: ISI Top 20 High Impact Medicine Journals

7 Titles Overlap with Morning Report

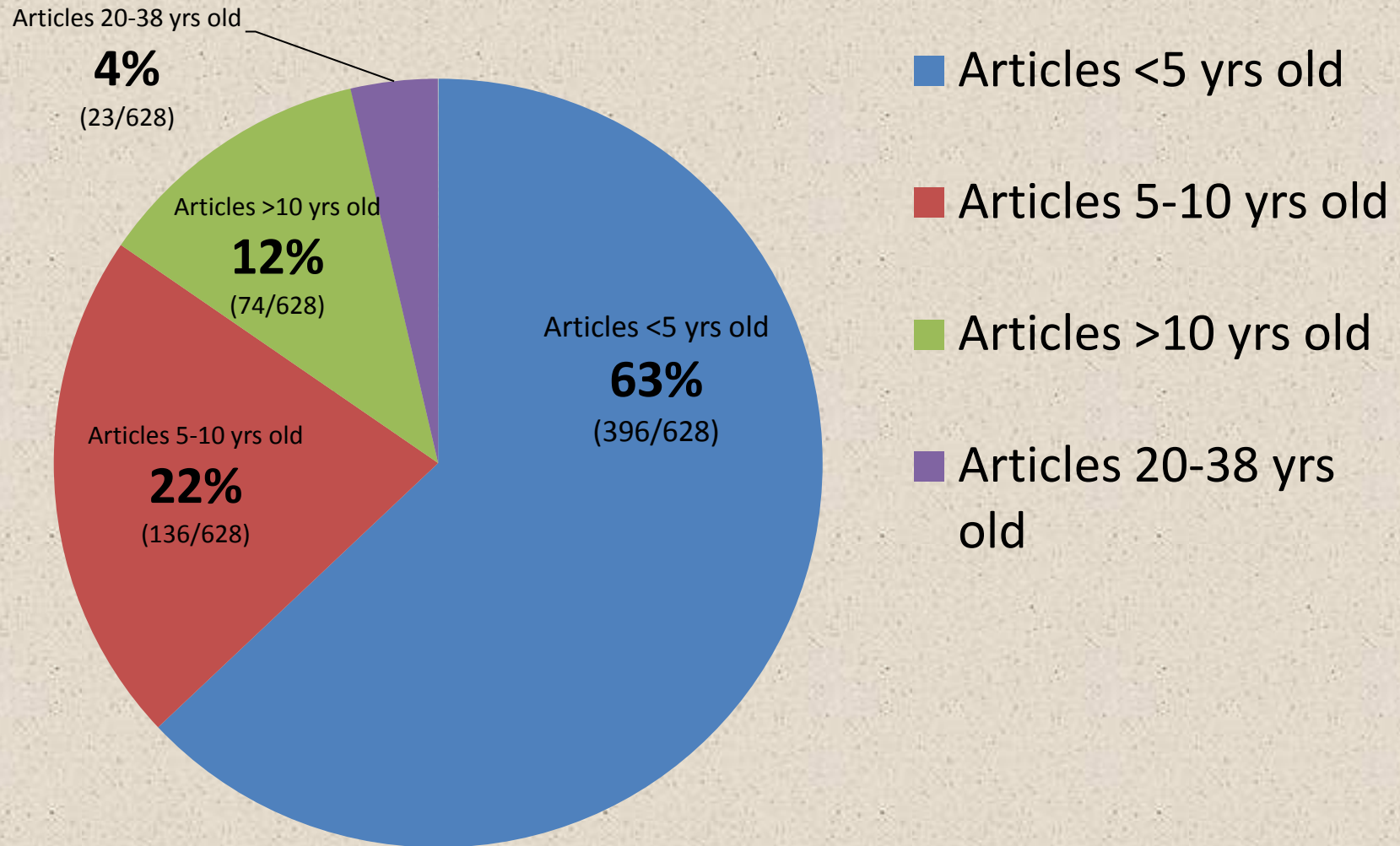
Morning Report Top 20 by Bradford rank

- **New England Journal of Medicine**
- Clinical Infectious Diseases (incorp Rev Infect Dis)
- Chest
- Radiology
- American Journal of Gastroenterology
- **Annals of Internal Medicine**
- **Cochrane Database of Systematic Reviews**
- Kidney International
- **Archives of Internal Medicine**
- AJR American Journal of Roentgenology
- **American Journal of Medicine**
- Circulation
- Hepatology
- **Medicine**
- Lancet Neurology
- Neurology
- American Journal of Kidney Disease
- Journal of Neurology, Neurosurgery, & Psychiatry
- **Cleveland Clinic Journal of Medicine**
- American Family Physician

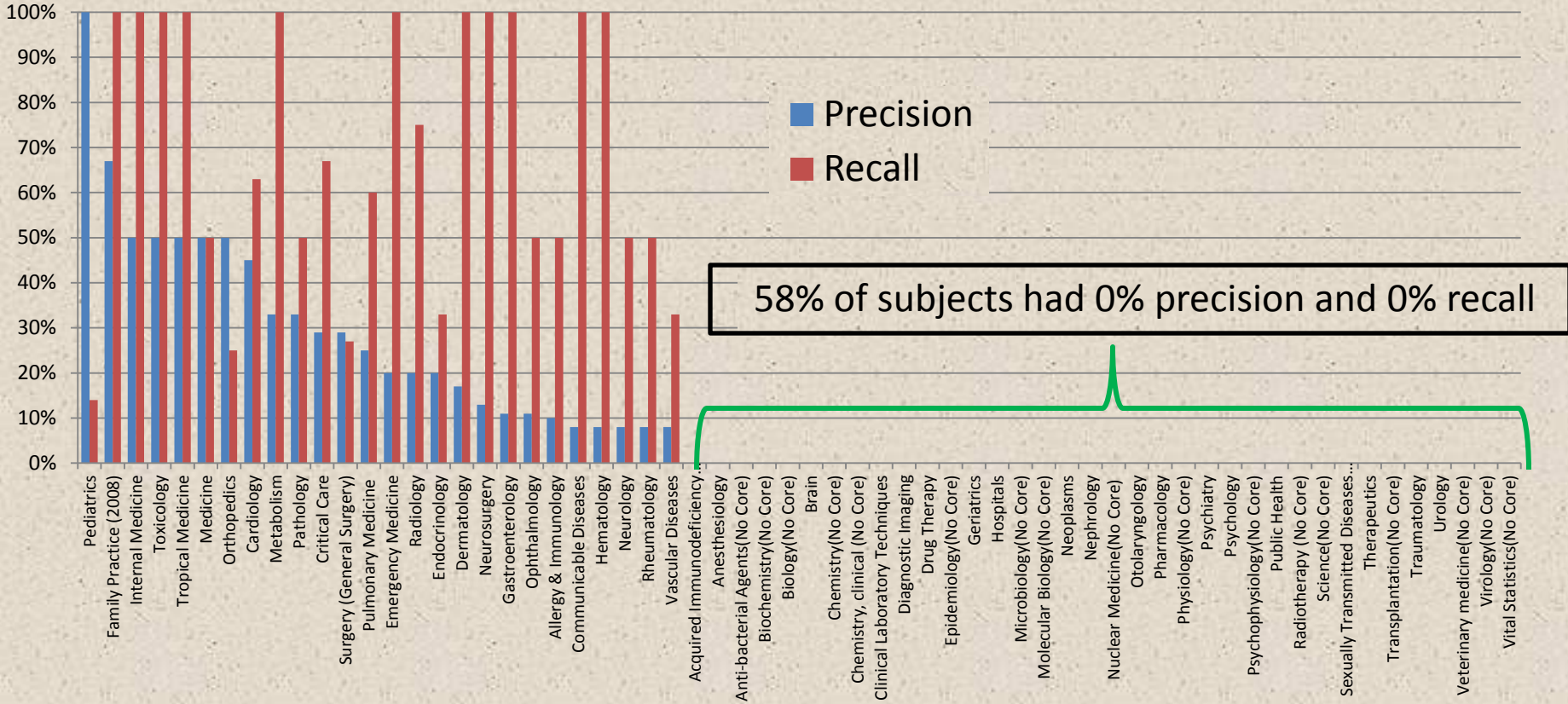
ISI General, Internal Medicine Top 20

- **New England Journal of Medicine**
- Lancet
- JAMA
- **Annals of Internal Medicine**
- PLOS Medicine
- British Medical Journal
- Annual Review of Medicine
- **Archives of Internal Medicine**
- Canadian Medical Association Journal
- **Cochrane Database of Systematic Reviews**
- Journal of Internal Medicine
- BMC Medicine
- Mayo Clinic Proceedings
- **American Journal of Medicine**
- Annals of Family Medicine
- Annals of Medicine
- **Medicine**
- American Journal of Preventive Medicine
- **Cleveland Clinic Journal of Medicine**
- Preventive Medicine

Results: How often does Current vs Classic Literature Answer the Question?

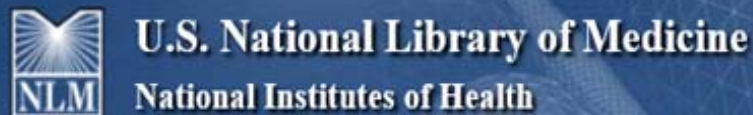


Results: Precision & Recall by Journal Subjects



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Medical Serials Print Preservation Program



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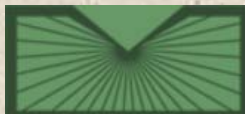
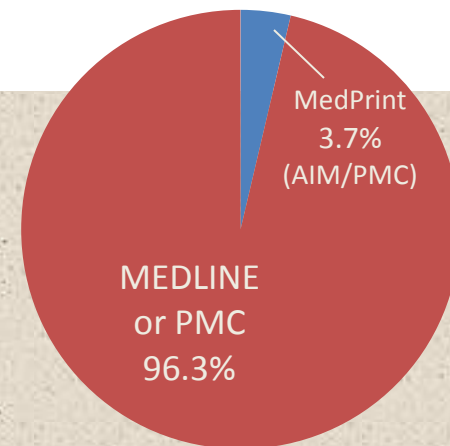
NLM for You

The World's Largest Medical Library

Home > MedPrint Home

MedPrint – Medical Serials Print Preservation Program

The National Network of Libraries of Medicine (NN/LM) and the National Library of Medicine (NLM) are working together to ensure the preservation of and continued access to the literature through a national cooperative medical serials print retention program (MedPrint).



NLM Technical Bulletin

National Library of Medicine | National Institutes of Health

2011 JULY–AUGUST

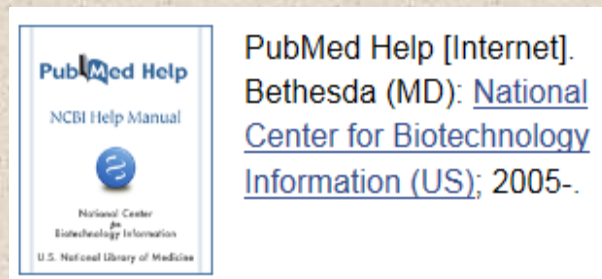
No. 381

NLM has made decisions that will provide the framework for a national print retention program for the near future. The program is starting with a relatively small set of journals, but we expect that to increase over time.

1. Approximately 250 *AIM* and *PMC* titles have been identified as the primary set of materials to preserve in print.

In actuality, when was AIM last updated?

Subset Code	Journal/Citation Subset
AIM	Abridged Index Medicus is a list created in 1970 of approximately 120 core clinical English language journals that corresponds to "Core clinical journals" journal category selection in filters.



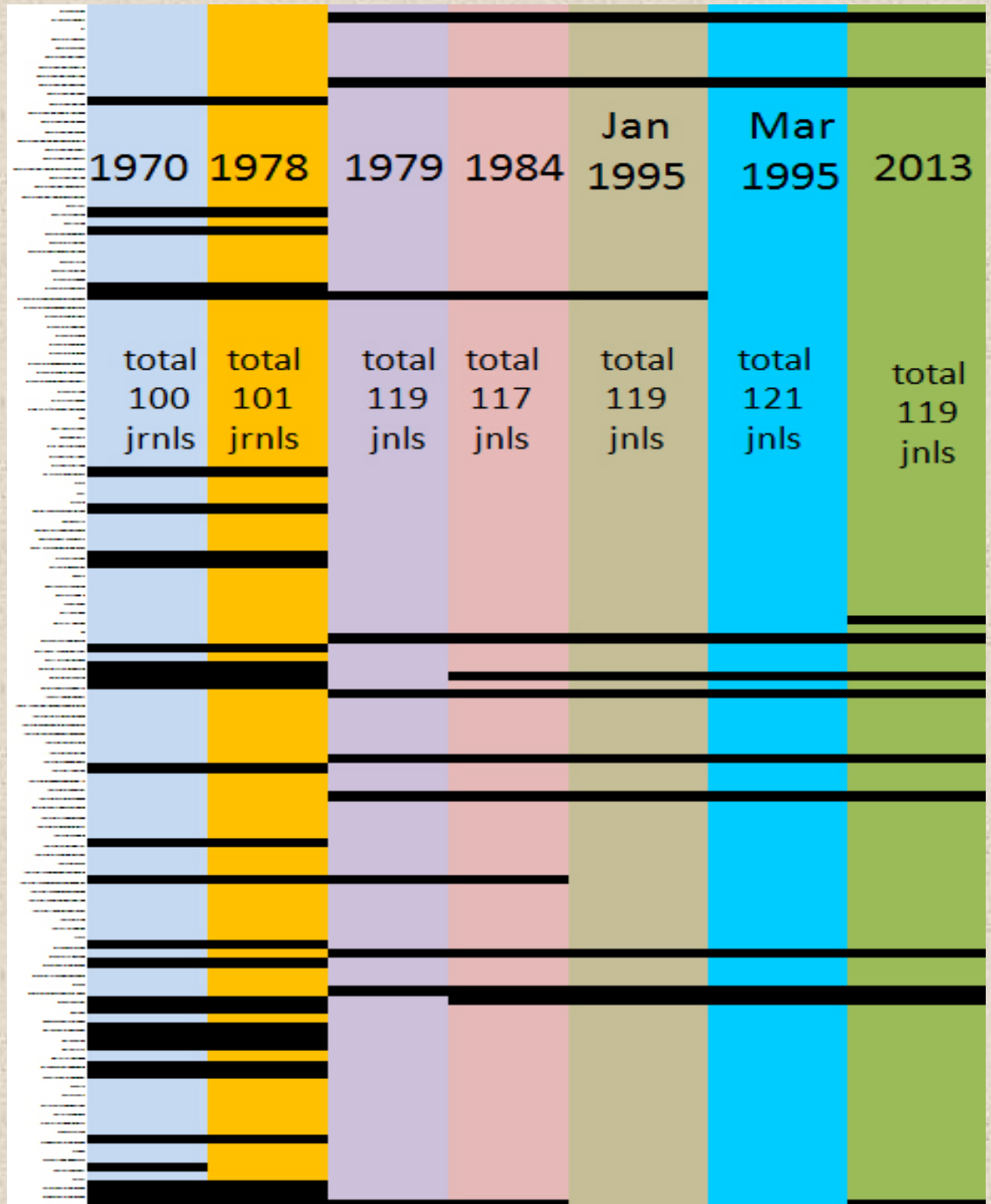
<http://www.ncbi.nlm.nih.gov/books/NBK3827/table/pubmedhelp.1.3.24/>

Last accessed April 23, 2013

- As noted in numerous **1970** publications, the original AIM list included 100 journals

- In **1979**, the list has 26 additions and 8 deletions made for a resulting 119 titles

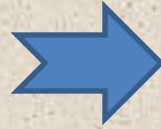
- In **2013**, the Core Clinical Journal subset has 119 titles



Conclusions

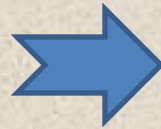
within our study...

16% of relevant journals were AIM/Core Clinical Journal (CCJ) titles.



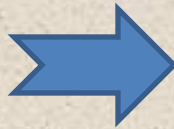
- The current AIM/CCJ collection may have limited relevance for hospital-based clinical care.

35% of journals overlapped with ISI Internal Medicine high impact set.



- Clinically valuable journals may differ from academically important titles.

We could not identify a current system for regularly evaluating or updating the CCJ subset.



- The continued use of the AIM/CCJ subset within the PubMed database warrants its regular and systematic review and updating to ensure clinical relevance.

Limitations

- This is only one Morning Report Team at a large tertiary care hospital. Smaller or community hospitals may have different journal usage
- Journals used for decision-making within community-based physician practices may vary.

References & Acknowledgments

1. NLM correspondence
 2. Garfield E. Bradford's law and related statistical patterns. *Current Contents* 1980;19(8):5-12.
 3. Committed selection: abridged index medicus. *N Engl J Med.* [editorial] 1970 Jan 22;282(4):220-1.
 4. An abbreviated index medicus. *JAMA.* [editorial]. 1969;210(12):2272-3.
 5. PubMed Online Help
 6. ISI Journal Citation Reports
- Other Morning Report Librarians included at various times Charlie Wessel, Ahlam Saleh, and Linda Hartman
 - Bedda L. Rosario-Rivera from Pitt's Clinical and Translational Science Institute assisted with developing our recall/precision formula.

36 Subjects with 0 Recall, 0 Precision

1. Acquired Immunodeficiency Syndrome (No Core)
2. Anesthesiology
3. Anti-bacterial Agents (No Core)
4. Biochemistry (No Core)
5. Biology (No Core)
6. Brain
7. Chemistry (No Core)
8. Chemistry, clinical (No Core)
9. Clinical Laboratory Techniques
10. Diagnostic Imaging
11. Drug Therapy
12. Epidemiology (No Core)
13. Geriatrics
14. Hospitals
15. Microbiology (No Core)
16. Molecular Biology (No Core)
17. Neoplasms
18. Nephrology
19. Nuclear Medicine (No Core)
20. Otolaryngology
21. Pharmacology
22. Physiology (No Core)
23. Psychiatry
24. Psychology
25. Psychophysiology (No Core)
26. Public Health
27. Radiotherapy (No Core)
28. Science (No Core)
29. Sexually Transmitted Diseases (No Core)
30. Therapeutics
31. Transplantation (No Core)
32. Traumatology
33. Urology
34. Veterinary medicine (No Core)
35. Virology (No Core)
36. Vital Statistics (No Core)