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**European Association for Health Information and Libraries**

**Theme Issue**

**Research support and scientific communication**

**EAHIL Council election 2014 for the period 2015-2018**

**Call for nominations**

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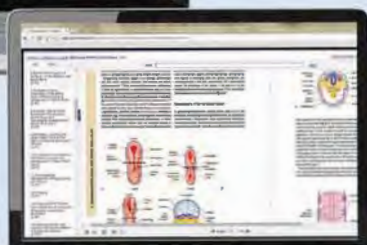
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# Journal of the European Association for Health Information and Libraries

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## Editorial

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**Sally Wood-Lamont**  
Editor-in-Chief

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Hello Everyone,

June has arrived and with it the 14th EAHIL Conference in Rome, Italy from the 11-13 June 2014. I liked the title of the conference from the start, *Divided we fall, united we inform: building alliances for a new European cooperation* as in many ways it sums up the essence of EAHIL. I am sure the conference will be a big success not only because of its location in Rome but also because the organisers have worked very hard to offer an excellent scientific and social programme. The September issue of the *JEAHIL* will be dedicated to this conference and our Editorial Board members Federica Napolitani, Oliver Obst, Michelle Wake, Fiona Brown and Giovanna Miranda will be meeting you in Rome to ask for contributions. The contributions can be reports of the conference events from the Continuing Education courses to Social programme events or even future articles for the *JEAHIL*. The deadline for contributions to the *JEAHIL* is the 5 August and should be sent to my new e-mail address: sallywoodlamont@gmail.com or to our Assistant Editor: Federica Napolitani at: federica.napolitani@iss.it .

Continuing with the conference theme *building alliances for a new European cooperation*, the EAHIL Council elections take place this year and Marshall, our current President, is sending out a call for nominations for Council members for the term 2015-2018. The Council members have a very important role in EAHIL representing the EAHIL members in their country, and I would encourage you all to find candidates to fill the vacancies. The deadline is 25 July 2014 for Councillor proposals.

If you cannot go the EAHIL conference, there is the IFLA Annual Congress which will be held in Lyon, France, between 16-22 August. The Health and Biosciences Libraries Section is organizing two sessions: the satellite session with the theme "Health librarians and the changing information landscape" and the joint open session "It's public knowledge: understanding health literacy from an information science perspective". Our EAHIL representative will be attending, Ioana Robu and will look forward to meeting you there.

I am sorry I shall not be able to attend the EAHIL conference in Rome but I am sure it will be a memorable experience for everyone and I shall look forward to reading all about it.

## Using the internet: easier said than done. Information literacy in the library

Mauro Mazzocut, Laura Ciolfi, Emanuela Ferrarin and Ivana Truccoloi

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### Abstract

*Since 1993, the CRO library has organized training courses on the use of information resources for the institute staff. However, recently the need to revise the proposals for meeting the educational needs of the scientific and clinical staff has arisen. A practical approach was adopted: planning short weekly lessons focused on practical learning of a single instrument at a time. The course structure included a minimum number of lessons whose attendance was compulsory to be chosen on the basis of individual professional interests of learners. With this approach, all instruments were compared and contextualized within a precise wider documentary search methodology. From the evaluation forms and “narrative” feedback, it has emerged that both courses were perceived as “relevant” for increasing attendants’ professional skills and had a positive impact on their professional practice.*

*Key words:* information literacy; knowledge management; internet; libraries, medical; education, continuing.

### Background

IFLA defines Information Literacy as the “the adoption of appropriate information behaviour to identify, through whatever channel or medium, information well fitted to information needs, leading to wise and ethical use of information in society” (1). Acquiring and increasing the ability to use information resources consciously is an essential goal for the research, care, treatment and training for professionals working in the oncology field (2, 3). Besides, these skills are necessary to communicate properly with the scientific community and with patients and the public (3, 4). Thanks to the Internet, the documentation process is perceived as a free and easy search for information (5). Nevertheless, this is a limited approach: the need for information arises from a lack of knowledge. Satisfying this need begins with the search for information, but also requires selection, organization and processing steps, and ends only with the attainment of new knowledge in response to an expressed need for information (6-9). The documentation process can thus be divided into three major phases:

1. finding information through the most appropriate sources;
2. organizing and checking the information collected;
3. conceptual processing of information aimed at the production of new knowledge.

Each step requires, in turn, both theoretical knowledge and technical skills and/or specific technologies that traditionally belong to librarians, especially in the context of a library such as the one at CRO, Aviano, both a center for scientific documentation and for laymen and patients education (4, 10, 11). Since 1993, the CRO library has organized training courses on the use of information resources for clinical, medical-technical and scientific institute staff. However, recently the need to revise the educational proposals for meeting the needs of the scientific and clinical staff (who found it difficult to reconcile the time required for one or more courses with their clinical or research activities) has arisen. For this reason, a practical approach was adopted: planning short weekly lessons focused on practical learning of a single instrument at a time. The course structure included a minimum number of lessons whose attendance was compulsory, to be chosen on the basis of individual professional interests. With this approach, all tools were compared and contextualized within a precise wider documentary search methodology.

### Objectives

The primary objective of the course was to promote medical technology and scientific CRO resources and tools provided by the library among the clinical, technical-medical and scientific staff as well as the promotion of the cooperative systems the library is part of (Bibliosan, NILDE - Network Inter- librarian

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Document Exchange, SBN - National Library System), although well-known but scarcely used. At the same time, it was also an occasion to promote some useful resources for the process of documentation, which are available on the net for free. The secondary objective was to develop attitudes and skills among clinical, medical technology and scientific CRO staff useful in adopting the correct documentation retrieval for answering a question, solving a problem or making a decision in both clinical and experimental fields. The ultimate goal was the promotion of the role of resources and the use of the library rooms for clinical, medical technology and scientific CRO staff, especially for getting acquainted with the new site of the library, which was planned with special attention for personnel needs and is equipped with a computer room for training and a large, quiet study room.

**Materials and methods**

“Using the Internet: easier said than done” is a course held in information literacy aimed at the scientific, clinical, health care, medical-technology, and administrative staff in CRO, National Cancer Institute in Aviano, Italy. The course was restricted to a maximum number of 50 participants, eight for each lesson, in order to favor an interactive and personalized approach between teacher and student. If the number of participants exceeded eight, the lesson was repeated in the following days; “Using the Internet: Easier Said than Done” was held in two editions:

- 2012 Edition: June 2012 - November 2012 with 10 compulsory lessons to obtain CME credits and certificate;

- 2013 edition: September 2013 - February 2014 with 12 compulsory lessons to obtain CME credits and certificate.

Both courses were based on weekly nineteen minute lessons, focused on practical learning of an instrument necessary for acquiring documentation. At the end of each lesson, attendants were asked to take a written test to be evaluated by the teacher. All meetings focused on presenting practical resources and tools used specifically in the context of science and health as well as network access and resource pooling in general. In the courses, some fundamental issues of knowledge organization were addressed, including advanced techniques of information retrieval and results filtering; pre- coordinate and post- coordinate indexing systems; differences among keywords, tags, and subjects; difference between research engines and databases. The course was accredited by the regional CME (Continuing Medical Education) program, “training” typology. The participants were required to attend a minimum number of classes to be chosen from the program based on their own professional needs to obtain CME credits and / or a certificate of participation. The lessons were divided into three thematic modules.

**Module 1 - Information research**

The module aimed at increasing the capacity of learners in the development of advanced research information through the choice of the most appropriate sources and their indexing systems (see Table 1).

Of particular importance is the inclusion in the program of databases dedicated to patients and citizens (Medline

2012	2013
Overview of Library Resources	Overview of Library Resources
Search engines	Search engines
PubMed	Open Access Resources
Scopus	PubMed
Psychinfo	Scopus
EBM Databases	Google Scholar
Cinhal	EBM Databases
Bibliosan resources	EBSCO Resources for nurses and psychologists
Pharmacological Databases	Pharmacological Databases
Databases for patients and laymen	Databases for patients and laymen
	Social Network for professionals



Plus, CIGNOweb.it, CISMEF), that are of remarkable scientific value in providing a perspective on the real information needs of laymen (12), but which are rarely taken into account in clinical and scientific fields. The course is influenced by the fact that the library is the central coordinator of the training of the Patient Education & Empowerment aimed at improving communication between medical staff and patients with cancer.

### **Module 2 - Organization and Information Management**

The module aimed at increasing the knowledge of tools and techniques of knowledge management (see Table 2).

2012	2013
Feed RSS	Feed RSS
Reference Manager	Reference Manager
RefWorks e Zotero	RefWorks
Concept maps	Zotero
	Concept maps

### **Module 3 - Information production**

This module is part of already planned training activities included in the annual training plan of the Institute (i.e. writing a scientific paper, making a poster, creating a power point presentation courses). This module was focused on investigating the methods of evaluation of scientific productivity and some current online tools for collaborative writing of documents (see Table 3).

2012	2013
Online collaborative writing	Online collaborative writing
Impact Factor	Impact Factor
H-Index	H-Index

## **RESULTS**

The assessment took into account the following indicators:

- the number of attendants in the two editions;
- the number of participants who have not completed the course in both editions;
- the number of CME credits assigned to the programs of the two editions;
- the provenance of attendants.

The procedure for CME requires the attendants to fill out an evaluation form of the activity at the end of the

course. At CRO we used an ISO9001: 2008 certificated form provided by the CEA (Center Educational Activities) of the Institute. With this form we assessed the relevance of the activity with respect to the perceived improvement of professional skills; the "perceived educational quality" of the training (content, teaching materials, etc.), the perceived "impact" on professional efficiency (see Table 4).

The results drawn by confronting the data of the two editions included a higher number of attendants in 2013 (+11) and a remarkably lower number of attendants who abandoned the training course (2 in 2013, -30%). While the number of lessons was the same, the number of the compulsory ones was increased: therefore, the number of CME credits assigned changed from eight to ten. The course participants came mainly from the scientific and research fields: +28 % in 2013, reaching 85% of total participants (28 out of 33). The perception of the relevance of the course in improving professional skills showed an increase in the highest score in 2013 (+43%); while "good" -9% and "satisfactory" scores decreased (respectively -9% and -4%). The perceived impact was reported as "effective" (+23%) in 2013, while "good" and "partially effective" decreased (respectively -19% and -4%). Overall, both editions never reported any negative scores.

## **Conclusions**

From the data in the evaluation forms, it can be concluded that both courses were perceived as "relevant" for increasing attendants' professional skills and had a positive impact on their professional practice. The contents were considered appropriate and the course was judged as well structured.

In both editions almost all participants chose a greater number of lessons than the minimum required for obtaining credits, and attended all three modules. The results of the practical tests revealed that they have learned and understood the basic principles of the organization of knowledge management, and how to apply them to the instruments analyzed in the course. In both editions, the participants who completed the training program successfully passed the practical lesson, thus meeting the aims of the course: promoting resource and instruments knowledge and acquiring competence for an effective document search process. Besides the evaluation forms, the perception of the satisfactory impact of the course comes from the frequent requests for assistance in using advanced tools covered in the lessons: these requests were received by the library even several months after the end of the

**Table 4 : Indicator comparison years 2013 vs 2012**

Criteria		2012	2013	2013 vs 2012
<b>Attendants</b>		22	33	<b>+11</b>
<b>Withdrawals</b>		8 (36%)	2 (6%)	<b>-30%</b>
<b>CME credits</b>		8	10	<b>+2</b>
<b>Provenance</b>	Research staff	16 (57%)	28 (85%)	<b>+28%</b>
	Medical staff	3 (11%)	2 (6%)	<b>-5%</b>
	Healthcare personell	1 (3%)	0 (0%)	<b>-3%</b>
	Technicians	3 (11%)	1 (3%)	<b>-8%</b>
	Administrative staff	5 (18%)	2 (6%)	<b>-12%</b>
<b>Relevance</b>	Irrilevant	0	0	<b>0%</b>
	Scarcely relevant	0	0	<b>0%</b>
	Sufficiently relevant	2 (14%)	3 (10%)	<b>-4%</b>
	Relevant	8 (57%)	15 (48%)	<b>-9%</b>
	Very relevant	4 (29%)	13 (42%)	<b>+43%</b>
<b>Training quality</b>	Poor	0	0	<b>0%</b>
	Mediocre	0	0	<b>0%</b>
	Satisfactory	0	3 (10%)	<b>+10%</b>
	Good	10 (71%)	17 (55%)	<b>-16%</b>
	Excellent	4 (29%)	11 (35%)	<b>+6%</b>
<b>Impact</b>	Ineffective	0	0	<b>0%</b>
	Partially effective	0	0	<b>0%</b>
	Sufficiently effective	2 (14%)	3 (10%)	<b>-4 %</b>
	Effective	10 (72%)	16 (53%)	<b>-19%</b>
	Very effective	2 (14%)	11 (37%)	<b>+23%</b>

activity. This suggests the acknowledgement of the knowledge and professional skills of CRO librarians and of the library resources.

Some indirect indicators of the effectiveness of the course could be the statistical data on the usage of professional services provided by the library (databases, number of requested document deliveries, etc.) provided by Bibliosan, the national consortium of biomedical libraries of non-university research centers promoted by the Italian Ministry of Health to which the CRO Scientific Library also belongs. It would also be a limited indicator because not all tools covered in the

program are part of the resources of the library and may be used freely on the net. These indicators were not examined since at present Bibliosan statistics of access to resources available are updated to the year 2012: it is, therefore, not possible to compare both editions of the course. It must also be considered that this indicator may be the result of many influential variables, including the ever changing number of researchers in the Institute. The decision to focus on short lessons and a modular organization that would allow the creation of a proper study plan has proved successful, especially in terms of general attendance. The critical element is to be found, however, in the low participation of the medical and



health personnel which was probably due to the modular structure of the course. Despite the short duration of each lesson, for medical and health personnel reconciling work schedules with the obligation to attend a minimum number of classes to get a certificate of participation or CME credits, is particularly difficult. The short duration of individual meetings has not permitted details of the functionality of each tool. The future organization of courses in Information Literacy in the library will have to take into account these elements

and integrate modular training with frontal training for the advanced use of these instruments. This integrated approach would require an initial assessment of the competences of the attendants. Frontal training could be open to all Institute personnel.

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# Micromedex: a brief review for a UK School of Pharmacy

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### Abstract

*Micromedex is one of the most popular tools used by pharmacists to provide medicines information. This paper outlines a brief review of the product to determine whether it would be suitable for use by undergraduates in a particular UK School of Pharmacy, that of UCL London.*

*Key words:* pharmacy; education, pharmacy; drug information services; database

### Introduction

Pharmacists are experts on medicines. Health professionals and indeed the entire public depend on the pharmacist for reliable information on medicines: this information helps promote rational prescribing, rational use of medicines and ultimately saves lives. There are various tools available that enable pharmacists to provide evidence based reliable medicines information and one of the most popular ones is Micromedex. This paper aims to evaluate the necessity of Micromedex in a Pharmacy School.

### Methods

A rough search was done using Google and PubMed. Interviews with senior and junior pharmacists were conducted to evaluate the need. The search included



**Fig. 1.** Pharmacy students working with electronic information.

learning about Micromedex and its resources, the organisations within the UK that used Micromedex and possible alternatives to Micromedex tailored for use in the UK. Four senior medicines information pharmacists were asked if they felt Micromedex was necessary for academic use and the more junior pharmacists ( $n = 5$ ) were asked if they had used Micromedex whilst in university and if they felt it would have helped them adapt better to being a pharmacist. The author also used Micromedex at three Medicine Information departments and downloaded the free android app.

### Discussion

Micromedex is a very important tool and it is quite indispensable to pharmacists as a whole, particularly clinical and medicines information pharmacists. It provides comprehensive, detailed information on drug interactions with evidence from referenced studies. As part of their training, Pharmacy students need to be able to search, critically appraise and present evidence on drug therapy. Senior pharmacists are of the opinion that Micromedex is not suitable for Pharmacy students as it tends to “do their homework for them”. Interestingly, the junior pharmacists were of the same opinion. Also, Micromedex is US-Centric and tends to focus more on medicines used in the US.

Having used Micromedex, the author is of the opinion that it is a great tool. Whilst it will be great to have access to its vast resources and it will make their work easier, allowing students access to the tool might end up being counterproductive as they will tend to rely on the tool. Moreover, as a less comprehensive but useful

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Micromedex mobile app is available (for free), it may not be cost effective for the School of Pharmacy to purchase the tool

### What is Micromedex?

Micromedex is a comprehensive database of health information resources developed and marketed by Truven Health Analytics (1). It is quite popular amongst health professionals and is a trusted source of unbiased health and medicines information and is widely used by the UK medicines information (UKMi) professionals (1-3). The Micromedex tool is a combination of individual resources and one can either subscribe to all the resources or select those that meet the organisation's needs.

The resources within Micromedex include:

- Drugdex (a resource with information on medicines);
- Drug-Reax (a resource with information on drug interactions);
- Identidex (a resource with information on drug identification e.g if a patient comes in with a pocket full of unlabelled pills, Identidex can help identify the pills. It is US-centric and a different programme, TicTac helps identify UK drugs);
- DiseaseDex (a resource with information on diseases);
- PoisinDex (a resource with information on toxicology);
- LabAdvisor (information on laboratory tests);
- AltMedDex (information on alternative medicines).

Micromedex has mobile apps that come free with the subscription and it also has free apps available on android and iOS for everyone. The mobile app that comes with the subscription is more comprehensive than the freely available version.

### How Micromedex is accessed

To use Micromedex, one requires IP authentication. Users have to log in to the web based database to use its resources.

### Obvious benefits and demerits of Micromedex

Micromedex is the preferred medicine information resource in use by Medicines Information departments in UK hospitals. It is quite comprehensive and provides evidence based and detailed information on medicines-interactions, adverse effects etc. on over 2700 drugs (1, 3-5). Micromedex has been described by medical students as an excellent resource for drug information and studies have shown this to be true (6-8).

Interestingly, one study showed that amongst Canadian Pharmacists, Micromedex was the least preferred of three online drug information databases (9). Another comparative (unpublished) study by the UKMi showed that the difference between Micromedex and Lexicomp - a much cheaper alternative and most preferred by Canadian Pharmacists was not much (5).



Fig. 2. UCL School of Pharmacy

For pharmacists, Micromedex is an invaluable resource. However, practicing pharmacists, both Junior and Senior have said they do not think it is ideal for students. The younger pharmacists all thought that there would have been no added advantage if they had used Micromedex as students and the senior pharmacists believed that Micromedex will only make students lazy.

Another major drawback is its cost. The full Micromedex web based tool is quite expensive. Its free mobile app is quite easy to use and is used widely by medical students. I have downloaded the app and find it quite useful.

### Who is using Micromedex in the UK?

All medicines information departments in the UK have access to Micromedex. To my knowledge, Micromedex is not widely used in UK Pharmacy Schools but many US Schools have access to it (10). If UCL subscribes, it will probably be the only Pharmacy School in the UK to do that.

### Conclusion

Micromedex is a great tool for practicing pharmacists. Although not widely used in UK Pharmacy Schools, it is used extensively in US Pharmacy Schools. Having used the tool myself I can only applaud its comprehensiveness and reliability in providing much needed drug information. The prohibitive costs would have to be

considered when choosing to start a subscription. It will be worth finding out if Truven Health Analytics offers a trial version of the software. I would recommend the Library does a “test-run” using this trial before committing to it.

### Acknowledgements

This short paper was written during my time as a Commonwealth Professional Fellow in the UK in the first part of 2014. The main aim of my Fellowship was to learn how medicines information is managed in the UK at the national, regional and hospital level so that I could build networks and contacts with relevant UK bodies and individuals in the field. I would like to thank:

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- Michelle Wake, Librarian, The UCL London School of Pharmacy where I was on attachment for a week very early in my programme. I was warmly welcomed by Michelle and her colleagues. As part of my programme Michelle encouraged me to write about Micromedex.

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### More information:

1. The Commonwealth Professional Fellowship Scheme, supports mid-career professionals in spending time with a UK host organisation/s for a working programme of professional development. <http://cscuk.dfid.gov.uk/apply/professional-fellowships/>

2. Partnerships in Health Information (Phi) is a UK charity of over 20 years standing. Phi works in Africa to promote partnership working and development projects. These partnerships are having a significant impact in making health information available to people who need it and are contributing to better understanding of global health information issues.

<http://www.partnershipsinhealthinformation.org.uk/>

Phi's work is guided by the following principles:

- promote African leadership in health and medicines information;
- support evidence based practice;
- work to improve public access to health information.

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# The roles, skills, training needs and contributions of health library and information professionals

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## Abstract

*This study aimed to record the experiences of health information professionals practising across Europe, to provide data to aid career planning, support strategic decision-making for information services, and understand the impact health professionals have. Interviews, surveys, and focus groups were used to gather data to understand the roles of information professionals, and how they support healthcare. Roles have developed, encompassing healthcare challenges, often embracing technologies and pushing the boundaries of traditional library roles. Respondents demonstrated the impact mainly through their evidence based skills. This study enhances our understanding of the complexity of the domain, how it is evolving and impacting on healthcare.*

*Key words:* health librarians; roles; skills; training needs; impact

## Introduction

The changing healthcare context presents many challenges for health information and library professionals in terms of their roles and the ways in which they respond to social, technological, economic and political changes in the work environment. Roles have developed, often embracing technologies and pushing the boundaries of traditional library roles (Brettle and Urquhart, 2012). The sector is information intensive and complex. This complexity requires library and information professionals to have a broad range of skills and attributes to enable them to respond to the demands.

The support for this research was given by EAHIL as one of their 25<sup>th</sup> anniversary year projects. The project aimed to explore the diversity of roles and skills within the health information sector, establish future skills needs, and assess the impact that health library and information professionals are having on healthcare. Having a clear understanding of the changing roles, and the contributions that health library and information professionals make, will help to inform future skills development, and evidence the value and contributions made by the profession.

The health library and information sector is diverse, with opportunities in public, private, voluntary and charitable bodies, and organisations with local, regional, national, and global reach.

As the world continues to strive to find solutions to healthcare problems the need for health information and

sound evidence is increasing. The healthcare community is constantly adapting due to the influences of political, economic, social and technological change. The volume of published evidence to support decision making in the healthcare context is growing exponentially. Health library and information professionals are well equipped to deal with this 'sea' of evidence and can make important contributions to both research and practice in providing support and expertise. Against the backdrop of this changing environment it is important to understand the skills needed to support healthcare professionals in their roles.

The need for increased skills and professional standards to meet these demands has been identified (Robu, and Bakker, 2010), with health library groups calling for librarians to *...create their future within the health sector*" and *"to apply their specialised skillset to add value and benefit right across the health service*, (Health Science Libraries Group, 2010).

This research contributes to the literature and the evidence base by providing an understanding of the current roles, skills, and skills development needs of health library and information professionals across Europe. It captures the diversity of the profession, and gives a better understanding of the nature of the profession and the impact and value that health library and information professionals are having within healthcare.

The main 190 page report has been submitted to the EAHIL board, will be available on the EAHIL website

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and is accessible from the University of Sheffield's institutional repository, the White Rose Repository (Sen, Villa, Chapman, 2014). A summary of the findings is presented in this paper, and will also be presented at the EAHIL conference in Rome, June 2014.

### Methods

Eight interviews were carried out at the EAHIL Workshop in Stockholm. The interviews and focus groups were recorded, transcribed and thematically analysed. A pilot survey was also distributed prior to a full survey being distributed electronically. Forty-seven surveys were completed at the pilot stage, and the results were used to inform the design of the final survey which achieved 513 complete responses. The data gathering took place during 2013.

### Discussion of the results

The survey produced 513 usable responses, predominantly females (429), and 77 males, with 7 not disclosing their gender. Respondents came from 32 countries around the world, with the highest number of responses from the UK (224), France (66) and Canada (47). The majority of respondents were not EAHIL members, and this presents an opportunity for EAHIL to extend its reach.

The participants work across a variety of sectors, primarily in state healthcare and education, with fewer numbers working in the charity and voluntary sector, and in industry. The main user groups are students, doctors, researchers, nurses and allied health professionals. Proportionally, very few respondents provided services directly to patients and the public, with health librarians supplying services via health professionals. Jenkins, Lee, and Smith make the point that health libraries are largely "invisible" to members of the public (2011, p. 2), and even the public library health and wellbeing offer has been described as a "well kept secret" (Hicks et al., 2010, p. 5).

The majority of the participants in the focus groups, interviews and surveys were in professional (rather than para-professional) roles, and a substantial minority were senior personnel in management roles. The large majority of participants were very well qualified, i.e. with qualifications at postgraduate level. Analysis of the job titles from the final survey showed that the majority of respondents (64%) had the terms 'library' or 'librarian' in their job title, reflecting the continued relevance of traditional 'library' roles in the health information sector. Other key roles were also reflected in job titles including the terms *information, knowledge, management, education, research, collection and*

*resource management, and systematic reviews.* Seventeen respondents had clinical library roles (17 respondents, 3%); and a further 15 respondents (3%) were involved in outreach or community engagement.

Anyangwe (2011) notes the need to look beyond and 'behind' the job title when trying to understand the complexity of the roles carried out by a library professional. Anyangwe (2011) was discussing the academic library role; however, the same can be said in the health sector. Job titles reflect the broad areas of work, but cannot adequately reflect the wide range of competencies and skills held which need to be articulated through advocacy and marketing, and demonstrated in practice. Blumenthal suggests that those roles are dependent on the actions and initiative taken by health librarians themselves, and raises the question, "what future are health sciences librarians going to build for themselves?" (2014, p. 4).

The participants are engaged in a wide range of roles, and comments on the diversity of roles and the feeling of being a 'jack-of-all-trades' recurred throughout the data. The roles identified can be categorised into evidence-based roles (e.g. literature searching and teaching/training) and management roles, including library-specific management roles, more generic management roles, communications roles and roles involving technology. Participants also identified a wide variety of skills used in their jobs, including LIS-specific skills as well as technical skills, management skills, 'soft skills' and personal qualities. LIS-specific skills were mentioned most frequently in the final survey, but focus group and interview participants frequently did not think to mention these skills unless prompted, suggesting that they may be taken for granted.

The broad variety of roles performed by participants is striking – both across the sector and within the context of individuals' jobs. Comments on this theme recurred throughout the data. This reflects the diversity of professional roles captured by Brettell and Urquhart (2011) in their overview of the sector.

Participants across all the data collection methods identified a very wide variety of skills, once again reflecting the general feeling of being a 'jack-of-all-trades'. The focus group respondents commented on how their roles were changing – partly because of technology – and the implications that had for the collections and services that they managed, and the skills they needed.

Among the final survey respondents, the skills used most frequently were LIS-specific skills such as



'knowledge of sources' (88% of respondents) and 'information literacy/search skills' (85%) of respondents. In addition to the LIS-specific skills, participants also had skills in other specialist areas, such as technical skills and pedagogical skills; management skills; and 'soft skills' or personal qualities. This broadly corresponds to Corral's (2005, p. 35). three-tier competency framework for LIS professionals, which places LIS skills and technical skills at the core, supplemented by management skills and more generic personal and interpersonal skills.

Participants had acquired their skills mainly in the workplace and at library school. The library school degree was seen as a foundation, with continuing professional development (CPD) and workplace experience providing more specialist skills specific to the health information context. These findings support Petrinic & Urquhart's (2007) observation that continuing professional development in more specialist areas is necessary for health librarians as a supplement to the LIS degree, particularly in a rapidly changing context. Participants showed a strong commitment to CPD and 'keeping up-to-date', and to support this they identified being members of over 160 professional organisations, including EAHIL. A range of training needs were identified, reflecting areas of change within the profession as well as the desire to further hone existing skills such as literature searching. Skills relating to new technologies (e.g. m-libraries, social media, e-learning) were high on the list of development needs.

Participants identified a wide range of challenges, notably shrinking budgets and problems with time and workload. Additional challenges included a lack of appreciation and awareness of the value of library and information services among management and non-library colleagues, and related difficulties in promoting the services. Participants across all phases of the study mentioned challenges relating to keeping up-to-date in a changing environment, compounded by lack of time and a heavy workload. Murphy (2013, p. 251) noted that one way health librarians respond to the changing environment is "to develop new skills and competencies to enable them to take on new roles." Murphy's (2013, p. 252) review of the trends across the globe relating to health librarians and summarising the content of six papers, noted that: "Countries where the funding of health libraries is relatively more secure are better placed to think about how to innovate, improve the status of the profession and extend their skills and competencies." The problems of developing skills, competencies and services in a recession recurred throughout the study.

Participants gave a variety of examples of situations in which they had made critical contributions to healthcare. The majority of these drew on evidence-based LIS skills such as literature searching or information literacy training/teaching. By using these skills, respondents had a direct impact on patient care, health outcomes and clinical decision-making, as well as making more indirect contributions, for example by supporting the education and learning of health professionals and students, and by contributing to the evidence base.

The overwhelming theme from the study with regard to the contributions health library and information professionals make to healthcare was the importance of their LIS professional skills and specifically what we have termed their evidence-based skills. This incorporates searching skills, information literacy skills, teaching and training others to access and search the evidence base, current awareness, and more specialist evidence-based skills, such as critical appraisal and working on systematic reviews. This finding is in contrast to Murphy's (2013, p. 252) review of health libraries where she stated that "evidence-based librarianship failed to score high on most librarians' agenda".

Throughout the study there was evidence of health libraries and librarians shaping their environment with the impact of their work and making contributions to individuals, the service, the organisation, organisational partnerships, regionally, nationally, and internationally. The impact made by the library and information professionals was sometimes seen to be *direct* e.g. having an immediate impact on the care of a patient, or a clinical decision, and in other cases *indirect* e.g. providing evidence that informs service or management changes, or training health professionals who then change the way they practise.

It was notable in the present study that many respondents found it difficult to demonstrate impact and to gather the necessary evidence. Although they often recounted narratives which demonstrated contributions to healthcare, they seemed reluctant to lay claim to these as 'evidence'.

### Conclusions

There are three key points that can be drawn from this data:

1. specialist LIS skills are extremely important in supporting and making a contribution to healthcare particularly the evidence based skills;

2. health information professionals have a direct impact on patient care, health outcomes and clinical decision-making, as well as making a more indirect contribution by supporting the education and learning of health students and professionals, improving and supporting professional practice, and making management and service decisions;
3. demonstrating the value and impact of the profession is difficult, and there is room for a more strategic approach to gathering quantitative and qualitative evidence for the contributions.

The research support received from EAHIL for this 25<sup>th</sup> anniversary project has enabled us to provide an overview of the roles, skills and training needs of health information professionals across Europe and beyond, as well as the challenges facing these professionals and

their critical contributions to healthcare. Roles and skills were diverse and wide-ranging, encompassing both traditional 'library' skills and new areas of expertise. Despite challenges such as budget and workload, health information professionals make both direct and indirect contributions to healthcare, primarily through the exercise of their evidence-based LIS skills.

The study enhances our understanding of the complexity of the domain, enabling organisations such as EAHIL to continue supporting the profession in a targeted way. The findings will be of use to library schools and other training providers in meeting the development needs of (future) health information professionals, and also contribute to the evidence base on the value and impact of information provision in healthcare contexts.

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**[Collected during February to May 2014]**



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**The goal of this section is to have a look at references from non-medical librarian journals, but interesting for medical librarians** (for lists and TOC's alerts from medical librarian journals, see: <http://www.chu-rouen.fr/documed/eahil67.html> ). Acknowledgement to Informed Librarian Online.

**Free full text**

1. Sohail M *et al.* **Use of Web Resources by Medical Science Students of Aligarh Muslim University**  
DESIDOC Journal of Library & Information Technology Vol 34, No 2 (2014)

*In recent years, the internet has emerged as the most important and powerful medium for the communication of information. There is a tremendous growth in the number and variety of information resources available on the internet which becomes an important source for scholarly scientific literature and also more number of information resources as well as the results of scientific and medical research is now being available on web. The paper describes the use of web resources (e-journals and e-databases subscribed by UGC-Info-net consortium) by the students of medical sciences at Aligarh Muslim University, India. A well structured questionnaire was administered to 120 students to collect the primary data from respondents. A total number of 92 filled in questionnaires were received showing overall response rate of 76.66 %. The paper also indicates that it is probably counter-productive to evaluate students as one group. Different segments of students have very different and varied use patterns of web resources depending on study topic, study year, psychological dispositions, and other demographic factors.*

Available from: <http://publications.drdo.gov.in/ojs/index.php/djlit/article/view/4006>

2. Linda S *et al.* **Evidence for Removal of a Reference Collection in an Academic Health Sciences Library**  
Evidence Based Library and Information Practice v.9 #1,2014

*The survey was conducted at the John W. Scott Health Sciences Library, a large academic health sciences library, at the University of Alberta in Edmonton, Alberta, Canada. The Library serves undergraduate and graduate students, faculty, and researchers in five faculties (Medicine and Dentistry, Nursing, Pharmacy and Pharmaceutical Sciences, Rehabilitation Medicine and School of Public Health), as well as members of a number of affiliated research institutes, University of Alberta affiliates, members of the NEOS Consortium (a resource sharing collaboration of hospital, government, and academic libraries in the province of Alberta), and the general public.*

Available from: <http://ejournals.library.ualberta.ca/index.php/EBLIP/article/view/20901/16210>

3. Wakimoto DK. **Google Scholar Retrieves Twice as Many Relevant Citations as PubMed and Provides Greater Full-Text Access for Quick, Clinical Nephrology Searches**

Evidence Based Library and Information Practice v.9 #1,2014

*Objective – To compare recall and precision of results retrieved by searches in PubMed and Google Scholar for clinical nephrology literature. Design – Survey questionnaire, comparative. Setting – Canada. Subjects – Practicing nephrologists with average age of 48 years and who have practiced nephrology for an average of 15 years. Subjects – Practicing nephrologists with average age of 48 years and who have practiced nephrology for an average of 15 years. Methods – The researchers identified 100 systematic reviews in renal therapy published between 2001 and 2009. The primary studies cited in the systematic reviews served as the reference standard for relevant articles; 1,574 unique citations were identified and used to measure recall and precision. The researchers created a unique clinical question from each of the objective statements of systematic reviews and sent one question to a random sample of practicing nephrologists to determine the search strings they would use to search for clinical literature; the researchers collected 100 usable responses. Using the search string in both Google Scholar and PubMed, the researchers analyzed the first 40 retrieved results in each for recall of relevant literature and precision. The researchers also analyzed the availability of full-text articles in each database. A pilot study to test the methodology preceded the main study. Results – Google Scholar's recall for the first 40 records was 21.9% and PubMed was 10.9%. Each database contained 78% of the relevant literature/reference standard set from the systematic reviews. However, 15% of the articles were in neither database. Precision results were similar (7.6% for Google Scholar and 5.6% for PubMed). Google Scholar had more full-text available at 15% of articles versus 5% for PubMed. Google Scholar and PubMed had similar numbers of relevant articles when all retrieved records were analyzed, but Google Scholar still provided more access to free full-text articles. Conclusion – Google Scholar provides better recall and provides more access to full-text than PubMed; however, search strings provided by nephrologists used in both databases failed to retrieve 80% of relevant articles. Therefore improving nephrologists' ability to effectively search could enhance their ability to implement research in practice helping patients. The researchers suggest future studies should be conducted to determine the generalizability of the findings on recall and precision in other medical disciplines.*

Available from: <http://ejournals.library.ualberta.ca/index.php/EBLIP/article/view/20858>

4. Haustein S *et al.* **Tweeting biomedicine: An analysis of tweets and citations in the biomedical literature**

Journal of the American Society for Information Science and Technology v.65 #4, April 2014

*Data collected by social media platforms have been introduced as new sources for indicators to help measure the impact of scholarly research in ways that are complementary to traditional citation analysis. Data generated from social media activities can be used to reflect broad types of impact. This article aims to provide systematic evidence about how often Twitter is used to disseminate information about journal articles in the biomedical sciences. The analysis is based on 1.4 million documents covered by both PubMed and Web of Science and published between 2010 and 2012. The number of tweets containing links to these documents was analyzed and compared to citations to evaluate the degree to which certain journals, disciplines, and specialties were represented on Twitter and how far tweets correlate with citation impact. With less than 10% of PubMed articles mentioned on Twitter, its uptake is low in general but differs between journals and specialties. Correlations between tweets and citations are low, implying that impact metrics based on tweets are different from those based on citations. A framework using the coverage of articles and the correlation between Twitter mentions and citations is proposed to facilitate the evaluation of novel social-media-based metrics.*

Available from: <http://onlinelibrary.wiley.com/doi/10.1002/asi.23101/abstract>

5. Bhatti R *et al.* **Experience of Internet Utilization by Post Graduate Students at Nishtar Medical College, Multan, Pakistan**

Library Philosophy and Practice (e-journal) 2014

*This study reports the Internet usage, purposes, difficulties while using internet by the Post Graduate Students at Nishtar Medical College (NMC), Multan and also identifies the usage of different health related websites and databases to supplement learning by PGS. This study is based on comprehensive literature review and pre-tested questionnaire that was distributed among 210 PGS. The response rate was very satisfactory 85%. The collected data was finally analyzed by using SPSS version 17. The results show that 33(18.5%) were female and 145(81.5%) male in total 178 respondents. All of the respondents used internet except only one respondent. Majority of the respondents always use Internet for their education purpose frequently use it for research, for up to date information, to obtain information about health and entertainment purposes. Results show that PGS were using Pubmed database sometimes and MedScape, PakMediNet and EBSCOhost occasionally. The study concludes for the need of awareness, orientation and trainings to utilize different databases for seeking scholarly information.*

Available from: <http://digitalcommons.unl.edu/libphilprac/1081>

**Abstracts only**

1. **Kratochvil J. Efficiency of e-learning in an information literacy course for medical students at the Masaryk University**  
 The Electronic Library 32(3) 2014  
*Purpose - The main goal of this paper is to argue E-learning can be a viable alternative teaching method for Information Literacy according to a comparison of librarian's time spent face-to-face teaching with tutoring the E-learning course, average time spent a week on learning by the students, time flexibility of E-learning, students' satisfaction with E-learning and students' ability to gain practical skills and theoretical knowledge through E-learning. Design/methodology/approach - Satisfaction of medical students with E-learning and their average weekly time spent learning was assessed through surveys designed in Google Documents. Weekly time spent by students learning in class and the number of librarian teaching hours were set by the university schedule and time spent on tutoring E-learning was measured. Details of accesses to study materials and submission of tasks as well as exam results were collected from Masaryk University Learning Management System. Findings - In 2011 50% less time was expended on tutoring E-learning than time spent with the same number of students in the previous three years in the classroom. One third of the students learned for more hours a week with E-learning than students in class. No significant difference in gained theoretical knowledge between these students was found. On average 90% of tasks submitted to E-learning were correct the first time. E-learning was appreciated by the students for its time (93%) and space (83 %) flexibility, the online materials (62%) and self-managing learning time (55%). Details of access to the study materials confirmed time flexibility. Originality/value - Due to time saved and considering the lack of any significant difference in the knowledge gained by students, E-learning can be a viable alternative teaching method for Information Literacy.*  
 Available from: <http://www.emeraldinsight.com/journals.htm?issn=0264-0473&volume=32&issue=3&articleid=17110513&show=pdf>
  
2. **Wilson, CS. Exploring the fit of e-books to the needs of medical academics in Australia**  
 The Electronic Library 32(3) 2014  
*Purpose - This study explores the extent to which e-books fit the needs of medical academics of the University of New South Wales (UNSW) in the performance of their academic tasks. Design/methodology/approach - A web-based survey was distributed to all UNSW academics in Medicine and 224 completed responses were analyzed according to the attributes of a task-technology fit (TTF) model developed for e-books in academic settings. Findings - Although the UNSW Library had access to over 225,000 e-books, usage by medical academics was relatively low (38%); however, most (92%) predicted that they would be using e-books within the next five years. Nearly two-thirds (65%) had portable devices including smart phones, and 90% rated the ability to search across full text in an e-book of moderate to high importance. Research tasks dominated the use of e-books and 71% agreed that e-books helped improve their overall productivity. Research limitations/implications - Only 224 (8%) of 2,790 medical academics at UNSW participated in the study. The low response rate and over-representation of research only academics limit the extent of generalization of the findings. Originality/value - This is the first study on the use of e-books among academics in the Faculty of Medicine – comprising nearly 64% of all UNSW academic staff. The findings highlight the extent of e-books used by medical academics and their enthusiasm for access to digital resources. There is also the suggestion that the library must continue to develop services to ensure delivery of task-compatible e-books to medical academics in increasingly mobile environments.*  
 Available from: <http://www.emeraldinsight.com/journals.htm?issn=0264-0473&volume=32&issue=3&articleid=17110517&show=pdf>
  
3. **Lwoga ED. Faculty adoption and usage behaviour of open access scholarly communication in health science Universities**  
 New Library World Volume 115 issue 3/4  
*Purpose - The study sought to investigate factors that affect the adoption and use of open access in Tanzanian health sciences universities. Design/methodology/approach - Based on a cross-sectional questionnaire survey, 415 faculty members were selected through a stratified random sampling from a population of 679 in all eight health sciences universities in Tanzania. The response rate was 71.1%. Findings - Based on the social exchange theory (SET), and the Unified Theory of Acceptance and Use of Technology (UTAUT), the study developed a model suitable for assessing open access adoption and usage in academic institutions. The study found that facilitating conditions, extrinsic benefits (professional recognition), behavioural intention and individual characteristics (professional rank, technical skills and number of publications) predicted actual usage of open access. Other factors related to contextual factors (attitude, and open access culture), and extrinsic benefits (academic reward, accessibility and preservation) determined behavioural intention to use open access. Fear to violate publisher's copyright policies and effort expectancy however de-motivated faculty to adopt open access, while copyright concerns inhibited faculty's actual usage of open access. Originality/value - This is a first comprehensive study focusing on the health sciences faculty's open access adoption and usage behaviour in Africa, and Tanzania in particular, and reveals findings that are useful for planning and implementing open access initiatives in other institutions with similar conditions.*  
 Available from: <http://www.emeraldinsight.com/journals.htm?issn=0307-4803&volume=115&issue=3/4&articleid=17108113&show=pdf>

### No student has to come to the library anymore



**Oliver Obst**

Central Medical Library  
University and Regional Library, Münster, Germany  
Contact: [obsto@uni-muenster.de](mailto:obsto@uni-muenster.de)

Returning home from a road trip through several American medical libraries, I am even more convinced that nowadays we have the unique opportunity (or nightmare, depending on your point of view) to participate in the transition from the printed to the digital age. Brown's Medical Library consists of working places and computers only – no textbooks, and (almost) no librarian – it is well managed by a single person, halftime. The pride of Harvard's Countway Library is the "Center for Biomedical Informatics", where the library Associate Director, Dr. Alexa T. McCray, resides. And Yale's Cushing Whitney Medical Library is very much into the iPad, both as a learning tool for freshmen and (with the iPad mini) as a patient tool for residents. Yale wants to create "Leaders of Medicine" and they imagine the iPad may well be a means for that purpose.

The transition from printed to digital libraries is just a little facet for a society that has been shaken up by computer glasses, driverless cars, wearable technologies and quantified selves. As part of this little facet, the transition from printed to the textbooks seems to be just a tiny jigsaw piece. But nevertheless, textbooks do represent a highly successful business model for both libraries and publishers, and therefore it is literally vital to know when and how the transition process is starting, if at all.

As a successor of the iPad lending project [1], this year the Medical Library of the University of Münster has provided students with an iPad toolbox, serving as a modern, mobile and sustainable learning infrastructure. The



**Fig. 1.** Students equipped with ipads.

toolbox is a pre-configured tablet computer with all the learning materials required to pass the preclinical exams: electronic textbooks, anatomy apps, tools for exam preparations, and of course PDF annotating and note taking programs.

The project is a partnership between the library, faculties, and major scientific publishers. Our goal is to gain a better understanding, how tablets and mobile learning applications affect the education of present and future students. After evaluating the study results, the logical next step would be to provide all freshmen students with such a device, giving them a tool as one single point of access to learning resources, study organization, e-learning, learning simulations as well as patient care.



There were two claims associated with the project named “Easyphysikum” [2]:

1. exams were passed more easily;
2. no student has to come to the library anymore!

At the moment 130 students are enrolled into the project, 70 having their own tablet computer and 60 borrowing an iPad Air from the library for 5 months. Including the content provided by publisher and staff resources, the project budget amounts to a quarter of a million euros.

For such transition projects, investment and risk-taking are necessary, but this is worthwhile. As the example of the Brown’s Medical Library demonstrates, medical schools may well do without a pivotal medical library as we know it. Experimenting with future-oriented learning environments may open up new ways to fulfill our very mission: providing (information) services to our users and supporting them in achieving their goals. Therefore, we are really enthusiastic about the strong interest of universities, faculties, and libraries in the project even at this early stage.

(1) iPad lending project: First Results [<http://jeahil.wordpress.com/2010/10/14/ipad-lending-project-first-results/>]

(2) [www.easyphysikum.de](http://www.easyphysikum.de)

### **Pharma company connects to Health Care Professionals JAMIE®: A Mobile App In Italy!**

In this world of digital applications and social media a pharmaceutical company has the responsibility to link with its customers using the most accepted tools, combining content and technology. With the intent of establishing a continuous link with its customers I promoted the creation of an App for updated scientific information on the company’s products while offering in parallel the possibility for the user to ask for a more personalized support. The app is called JAMIE® (Janssen medical Information Enquiry System) and is the mobile version a system used in international congresses to collect Medical Information requests from Health Care Professionals. Developed for IOS and Android it is now available on both App Store and Google Play!

#### **What can HCPs do with JAMIE®?**

Read updated administrative information about Janssen’s products (e.g. commercial name, price, marketing authorization number)

- Ask for additional information (on product, events, literature...);
- Request a visit from a Company Representative, indicating the products they are interested in;
- Access the most recent literature related to Janssen’s products thanks to pre-filled search links to PubMed;
- Create their own searches on PubMed and save them for future consultations.

We believe the app can be very useful for HCPs to support them in their daily practice. For busy HCPs, JAMIE makes it easy to have updated information 24/7 (e.g. during patient consultation, conversation with colleagues, at home, travelling...), to contact Janssen with a request and to be updated on the latest literature.

Launched on April 4, 2014 in one month there were 757 downloads: 750 HCP’s used it for a mean time of 2.5 minutes: a major success.

In the next release, JAMIE® will enable HCPs to download Summary of Product Characteristics (SmPC) from the Company’s HCP Portal. The App has been developed for the Italian market for those products for which the company is the marketing authorization holder, but it can be easily exported to other realities.

If you would like more information, do not hesitate to contact me.

Manuela Colombi

Pharmacovigilance & Scientific Documentation Mg

Janssen-CilagSpA

E-mail: [mcolombi@its.jnj.com](mailto:mcolombi@its.jnj.com)

### Letter from the President



**Marshall Dozier**

Information Services  
University of Edinburgh  
Edinburgh, UK  
Contact: [marshall.dozier@ed.ac.uk](mailto:marshall.dozier@ed.ac.uk)

Dear Colleagues,

I find the themes chosen for this JEAHIL issue particularly interesting. As librarians, many of us are seeing calls for development in knowledge and skills to better support research data management in students and researchers (see, for example, this recent event hosted by OCLC <http://oclc.org/research/events/2014/06-10.html> ‘Libraries and Research: Supporting Change/Changing Support’) partly in response to calls by funding bodies to make data available and linked to related publications (see, for example, the UK’s Medical Research Council on data sharing <http://www.mrc.ac.uk/Ourresearch/Ethicsresearchguidance/datasharing/index.htm>). But how many of us really understand the nature of the data handled by our research colleagues, the requirements for its management, and the appropriateness of the various storage options available (assuming they are available)? One of our professional strengths is a deep understanding of metadata and cataloguing, which are of value in supporting researchers in making their data more likely to be re-usable. Many of us also participate in systematic review teams. But, I think that in order to truly support researchers, we should better understand the nature of research, and in order to understand the nature of research, it is necessary to undertake it, even in small ways. My sense, though, is that many of us do not really engage with research-like activities – but is it true? I’d like to know what you think!

In the area of supporting the communication of research I think there are significant and crucial roles that libraries already play, and which we can expand:

- Helping researchers find the right publisher in (whether by assessing quality of editorial engagement, impact, audience, open access policies)
- Helping researchers retain copyright in their publications
- Helping manage open access funds, and advising on open access publication options
- Hosting institutional repositories for publications and datasets
- Hosting systems such as the Open Journal System

Moving on to upcoming EAHIL matters...

#### **Elections for Council members**

As you will see elsewhere in this JEAHIL issue, we are now sending out a call for nominations for Council members for the term 2015-2018. I encourage you to consider becoming a Councillor for your country: you can find a list of vacancies in this issue as well as a nomination form.

#### **Update your membership record**

In order to vote in this year’s elections, you need to have an active membership record. We also need to make sure that we have the correct email and postal addresses for you. Please update your membership record by visiting <https://fd8.formdesk.com/EAHIL/membership>

As I write this, I am preparing for the conference in Rome – I hope to see many of you there!

All best wishes  
Marshall

### Call for nominations

#### **EAHIL Council election 2014 for the period 2015-2018**

The Council is an advisory group for the Board and acts as a link between the members in their country and the Association. Council members also have an important role in publicising EAHIL and recruiting new members. The Council usually meets formally once a year at the time of the annual EAHIL conference or workshop.

Councillors are elected for a term of four years by the voting EAHIL members resident in their country. Councillors may be re-elected once, after which they are not eligible for re-election until they have been absent from the Council for two years.

Each member state of the Council of Europe is eligible to elect councillors, provided that there are at least at least five voting members based in the country:

- fewer than 5 voting members = 0 councillors
- 5-29 voting members = 1 councillor
- 30-54 voting members = 2 councillors
- 55 and over = 3 councillors

The list below details the Council vacancies by country for the term starting in 2015. The available places were calculated based on a count of all EAHIL members on 8 May 2014. If the number of members increases by 26 September 2014, there may be an entitlement of an additional Councillor in some countries.

#### **Procedure for nominating Council members**

The nomination form is printed in the next pages of this issue, and is available on the EAHIL web site at [www.eahil.eu/about/Elections-information.html](http://www.eahil.eu/about/Elections-information.html) Any two members can nominate a Council member from their own country. Please send the fully completed form **not later than** 25 July 2014 to the EAHIL Nomination Committee (address is on the form). Voting will be conducted electronically in October 2014. To be able to vote, please make sure that you have an up-to-date email address in the membership database (<https://fd8.formdesk.com/EAHIL/membership>).

Please encourage members to stand for the Council election!

On behalf of the Nomination Committee,

Marshall Dozier  
EAHIL President

### Countries with upcoming Council vacancies as of May 2014

\*may stand for election in 2014

\*\* may not stand for election in 2014

\*\*\* retired

Country	Current Council members 2014	Total Council places	Vacancies: Election needed for 2015
Austria	Helmut Dollfuss 2011-2014 1st term*	1	1 vacancy
Belgium	Vinciane de Bergeyck 2011-2014 2nd term** Ann De Meulemeester 2013-2016 1st term Caroline Vandeschoor 2011-2014 2nd term**	2	1 vacancy
Denmark	Hanne Christensen 2011-2014 2nd term** (Vacancy 2013-)	2	2 vacancies
Finland	Katri Larmo 2011-2014 2nd term** Jouni Leinonen 2011-2014 2nd term** Minna Liikala 2011-2014 1st term*	3	3 vacancies
France	Marie Teissier 2013-2016 2nd term*** Guillemette Utard-Wlerick 2011-2014 2nd term** Hélène Vaillant 2011-2014 2nd term**	3	3 vacancies
Germany	Oliver Obst 2011-2014 2nd term** Ulrich Korwitz (deputising after resignation - may now stand for a 1st term)	2	2 vacancies
Greece	(vacancy 2013- )	1	1 vacancy
Ireland	Niamh Lucey 2013-2016 2nd term Paul Murphy 2011-2014 1st term* Anne M. Obyrne 2011-2014 2nd term**	3	2 vacancies
Italy	Gaetana Cognetti 2013-2016 2nd term Federica Napolitani Cheyne 2013-2016 2nd term (Vacancy 2013-)	3	1 vacancy

Lithuania	Jurate Stukiene 2011-2014 2nd term**	1	1 vacancy
Moldova	Silvia Ciubrei 2011-2014 2nd term** Karbaeva Liubovi 2013-2016 1st term	2	1 vacancy
Netherlands	Ronald van Dieën 2011-2014 2nd term** Gerdien de Jonge 2013-2016 2nd term Jacqueline Limpens 2013-2016 2nd term	3	1 vacancy
Norway	Hanne Dybvik 2011-2014 1st term* Regina KufnerLein 2011-2014 1st term* Liv Vikan 2011-2014 1st term*	3	3 vacancies
Poland	Witold Kozakiewicz 2013-2016 1st term (Vacancy 2013-)	2	1 vacancy
Romania	Ioana Robu 2011-2014 2nd term** Viorica Scutariu 2011-2014 2nd term**	1	1 vacancy
Russian Federation	Larisa Zhmykhova 2011-2014 1st term*	1	1 vacancy
Slovenia	Matjaz Musek 2011-2014 2nd term**	1	1 vacancy
Spain	Juan de la Camara 2011-2014 2nd term** Mar Gonzales Cantalejo 2013-2016 1st term Veronica Juan-Quilis 2011-2014 1st term*	3	2 vacancies
Sweden	Colm Doyle 2011-2014 1st term* Sofia Perner 2011-2014 1st term* Janet Wamby 2011-2014 1st term*	3	3 vacancies
Switzerland	Isabelle de Kaenel 2013-2016 1st term (Vacancy 2013-)	2	1 vacancy
Turkey	Gussun Gunes 2011-2014 2nd term**	1	1 vacancy
UK	Janet Harrison 2011-2014 1st term* Carol Lefebvre 2011-2014 2nd term** Michelle Wake 2011-2014 2nd term**	3	3 vacancies

# EAHIL

European Association for Health Information and Libraries

## Council Election 2014 Nomination Form

I, EAHIL member Address: City: Country: Email: Date: Signature:	I, _____ in the 2014 elections EAHIL member Address: City: Country: Email: Date: Signature:
--	--

I hereby nominate as a candidate for the EAHIL Council in the 2014 EAHIL election:

Candidate for EAHIL Council for: ..... (country) Name: ..... Job title: ..... Institutional address: ..... City & Country: ..... Phone: ..... Fax: ..... E-mail: .....
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Candidate's agreement:

I agree to be a candidate in the 2014 elections and am willing and able to serve on the Council of EAHIL from 2015-2016.

Date: ..... Signed: .....

Completed forms should be sent not later than **25 July 2014** preferably via email to: EAHIL-secr@list.ecompass.nl or to: EAHIL Secretariat, attn.: Nominations Committee, PO Box 1393, NL-3600 BJ Marssen, The Netherlands. Fax: +31 346 550 876



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## Medical Library Association report for EAHIL

### Carol Lefebvre

MLA Representative to EAHIL  
Independent Information Consultant  
Lefebvre Associates Ltd, Oxford, UK  
Contact: Carol@LefebvreAssociates.org

### Focus on MLA Awards, Grants and Scholarships

As this issue of JEAHIL is going to press, the US MLA Annual Meeting is in full swing in Chicago, so I shall report on that in my next column. For this issue, I am focusing on the wide range of Awards, Grants and Scholarships offered by MLA.

For many of these Awards, Grants and Scholarships it is a requirement, not unreasonably, that the applicant must be a member of MLA - another reason to join MLA at the reduced International Membership rate of \$130! It is interesting to note, however, that for the majority of these awards and grants, it is not listed as a requirement that the applicant must be a citizen / resident of the USA or Canada. Indeed, for the Cunningham Memorial International Fellowship (see below), it is a stipulation that the applicant must be a citizen / resident of a country *other than* the USA or Canada. For further information on joining MLA please see:  
<http://www.mlanet.org/joinmla/intern.html>

The deadline for application for the majority of MLA Awards is November 1<sup>st</sup> and for the majority of Grants and Scholarships it is December 1<sup>st</sup> but exact dates vary, so please see the links below.

**The Cunningham Memorial International Fellowship**, established in 1973, is a fellowship for health sciences librarians from countries outside the USA and Canada. The award provides for attendance at the MLA Annual Meeting and observation and supervised work in one or more medical libraries in the USA and Canada. The eligibility criteria state that the applicant must have both an undergraduate degree and a Master's level library degree (though the latter requirement may, under certain circumstances, be waived) and must be working or preparing to work in a health science library in his or her own country. For details of previous Cunningham Award recipients and further details of the application process, see:  
<https://www.mlanet.org/awards/grants/cunningham.html>

**The EBSCO / MLA Annual Meeting Grant**, established in 1994, provides stipends of up to \$1,000 each to four librarians for travel and conference-related expenses, to enable more librarians to attend the US MLA Annual Meetings. The eligibility criteria state that the applicant must be currently employed as a medical librarian and must have between two and five years' experience as a health sciences librarian at the time of the Annual Meeting. For details of previous EBSCO / MLA Annual Meeting Grant recipients and further details of the application process, see:  
<https://www.mlanet.org/awards/grants/meeting.html>

**The Eugene Garfield Research Fellowship**, established in 2013, promotes and supports research in the history of information science. The fellowship is intended to stimulate research into the history of information science in the medical or health sciences, recognizing that rediscovery, interpretation, and understanding of a rich history in this key knowledge area helps practitioners and researchers interpret the present and prepare for the future. The fellowship recipient receives a certificate at the Association's Annual Meeting and a stipend of \$5,000 after the Annual Meeting to be used for research-related purposes regarding the history of information science. The eligibility criteria state that health sciences librarians and information scientists, health professionals, researchers, educators and administrators are eligible to apply and applicants must have a Master's or Doctor's degree or be enrolled in a

programme leading to such a degree and demonstrate a commitment to the health sciences. (Note that the fellowship is not designed to support research for a doctoral dissertation or Master's thesis.) For further details of the application process, see:

<https://www.mlanet.org/awards/grants/garfield.html>

**The HLS / MLA Professional Development Grant**, sponsored by the Hospital Libraries Section of MLA and established in 1998, provides librarians working in hospitals and similar clinical settings with the support needed for educational or research activities, which includes developing and acquiring the knowledge and skills delineated in Competencies for Lifelong Learning and Professional Success: The Educational Policy Statement of the Medical Library Association and The Research Imperative: The Research Policy Statement of the Medical Library Association. The HLS / MLA Professional Development Grant may also be used to support reimbursement for expenses incurred in conducting scientific research, such as professional assistance in survey research design, statistical analyses etc. The eligibility criteria state that the applicant must have been employed as a health sciences librarian within the last year in either a hospital or other clinical care institution. For details of previous HLS / MLA Professional Development Grant recipients and further details of the application process, see:

<https://www.mlanet.org/awards/grants/prodev.html>

**The Medical Informatics Section / MLA Career Development Grant**, established in 1997, awards one individual up to \$1,500 to support a career development activity that will contribute to the advancement of the field of medical informatics. The eligibility criteria state that the applicant must have a Master's in Library Science or equivalent degree, must have the potential to make significant contributions to medical informatics and may be either a recent graduate or a librarian with significant experience in health sciences libraries. For details of previous Medical Informatics Section / MLA Career Development Grant recipients and further details of the application process, see:

<https://www.mlanet.org/awards/grants/career.html>

In addition to the various grants highlighted above, please also consider nominating your colleagues (or even seeking nomination yourself!) for the various awards from MLA that are open to those outside the USA and Canada.

**The T. Mark Hodges International Service Award** is particularly worthy of mention as it is only open to citizens / residents of a country *other than* the USA or Canada. It honours outstanding individual achievement in promoting, enabling and / or delivering improvements in the quality of health information internationally through the development of health information professionals, the improvement of libraries or an increased use of health information services.

Since its inception in 2007, when it was awarded to T. Mark Hodges (posthumously), it has been awarded to applicants from the UK in 2008, from Africa in 2013 and most recently from India in 2014.

The eligibility criteria state that the applicant must have both an undergraduate degree and a Master's level library degree (though the latter requirement may, under certain circumstances, be waived) and must be working or preparing to work in a health science library in his or her own country. For details of previous T. Mark Hodges International Service Award recipients and further details of the application process, see:

<https://www.mlanet.org/awards/honors/hodges.html>

For full details of all Grants, see:

<https://www.mlanet.org/awards/grants/index.html>

For full details of all Awards, see:

<https://www.mlanet.org/about/awards-and-honors>



**Giovanna F. Miranda**

Milan, Italy

Contact: [giovannamiranda@fastwebnet.it](mailto:giovannamiranda@fastwebnet.it)

Dear Colleagues,

Two topics under discussion: data sharing and research evaluation. Data sharing has been encouraged to facilitate open science within the clinical research enterprise, improve the development of drugs and devices, and benefit public health. But sharing data is complex. Investigators generally tend to guard research data to retain ownership and property rights, avoid competition, protect confidentiality and privacy, or avoid misuse by unqualified persons. Sharing research data also comes at a cost to the sharer. (E.E. Wilhelm *et al.* JAMA 2014;311:1201-2; Euroscientists, 2014)

A special issue of the *Euroscientists* has been published focusing on the evolving solution for research evaluation. The very existence of scientific career progression hinges on researchers being judged by their peers as being eligible for further career advancement and worthy recipient of grant funding. Yet, technology is bringing disruption in what was until now a well-oiled peer-review system. The upcoming generation of scientists is likely to be evaluated through an evolved version of peer-review. New means of measuring their worth have a much higher level of granularity than the old-fashioned impact factor approach (Euroscientists, 2014).

**Giovanna F. Miranda**

### Journal issues

Since the Journal of March 2014, we have received the contents page of the March issue of *Health Information and Libraries Journal*:

**Keeping up-to-date with current practice.** Editorial. R. Bridgen

**Comparison of search strategies in systematic reviews of adverse effects to other systematic reviews.** S. Golder, Y. Loke, L. Zorzela

**Developing a long-term conditions information service in collaboration with third sector organisations.** L. McShane, K. Greenwell, S. Corbett, R. Walker

**The academic librarian as co-investigator on an interprofessional primary research team: a case study.** R. Janke, K. Rush.

**Student attitudes towards clinical teaching resources in complementary medicine: a focus group examination of Australian naturopathic medicine students.** J. Wardle, J. Sarris

**Choosing and using methodological search filters: searchers' views.** D. Varley, S. Beale, S. Duffy, J. Glanvielle, C. Lefebvre, D. Wright, R. McCool, C. Boachie, C. Fraser, J. Harbour, L. Smith

**Measuring HINARI Use in Nigeria through a Citation Analysis of Nigerian Journal of Clinical Practice.** E. Anyaoku, C. Anunobi

### Books review

**Library and Information Science. A Guide to Key Literature and Sources.** Ed. M. Bemis. Facet Publishing, London, UK, 2014. ISBN 978-1-78330-002-0; £49.95 (price to CILIP members £39.96), paperback; 256 pp.

The author examines the strengths and weaknesses of key works and covers recent books, monographs, periodicals and websites, and selected works of historical importance.

**Introduction to Reference Sources in the Health Sciences.** Sixth Edition. Ed. J.T. Huber and S. Swogger. ALA Neal-Schuman, Chicago, IL., 2014. ISBN 978-0-8389-1184-6; \$115.00 softcover; 488 pp.

Prepared in collaboration with the Medical Library Association, this updated, revised, and expanded edition lists classic and up-to-the-minute print and electronic resources in the health sciences. Included are electronic versions of traditionally print reference sources, trustworthy electronic-only resources, and resources that library users can access from home or on the go through freely available websites or via library licenses.

**False Feathers. A Perspective on Academic Plagiarism.** Ed. D. Weber-Wulff. Springer-Verlag Berlin Heidelberg, 2014. ISBN 978-3-642-39960-2; Hardcover € 34.99; 200 p, 12 illustrations. Also available as an eBook. This book collects material on the various aspects of plagiarism in education. It explains how plagiarism in dissertations is found and documented. In addition it identifies and elaborates on many different strategies for identifying plagiarism and includes an overview of plagiarism policies in different countries.

**I've got nothing to lose by trying it.** Second edition. Ed. Sense About Science, 2013.

Alternative therapies can seem appealing. The authors worked on this guide with patients, carers, doctors, nurses and medical charities and explored how they ask about evidence to help them weigh up claims and make decisions. [http://www.senseaboutscience.org/data/files/resources/136/Ive-got-nothing-to-lose\\_web.pdf](http://www.senseaboutscience.org/data/files/resources/136/Ive-got-nothing-to-lose_web.pdf)

### New journals

**Neurology: Neuroimmunology & NeuroInflammation** is an official journal of the American Academy of Neurology. Its mission is to provide neurologists with peer-reviewed articles, editorials, and reviews to enhance patient care, education, and clinical & translational research. The journal publishes open-access online reports of original research and in-depth reviews of topics in multiple sclerosis, NMO, Guillain-Barré, myasthenia and inflammatory muscle disease; related reports focused on nervous system infection are also featured.

<http://www.newswise.com/articles/american-academy-of-neurology-launches-new-open-access-medical-journal-neurology-neuroimmunology-neuroinflammation>

### Papers review

**Establishing a new clinical informationist role in an academic health sciences center**

A.M. Aldrich, S.J. Schulte. *Med Ref Serv Q.* 2014;33(2):136-46.

**Taking Advantage of Google's Web-Based Applications and Services**

T.J. Brigham. *Med Ref Serv Q.* 2014; 33(2):202-10.

**Interventions to assist health consumers to find reliable online health information: a comprehensive review**

K. Lee *et al.* *PLoS One.* 2014 Apr 7;9(4):e94186.

**Approaches and Costs for Sharing Clinical Research Data**

E.E. Wilhelm *et al.* *JAMA.* 2014;311:1201-2

**Why sharing matters special issue**

Euroscientists. <http://euroscientist.com/2014/02/why-sharing-matters/>

**Research Evaluation special issue**

Euroscientists. <http://euroscientist.com/evaluation/>

### Information sources... web based

**dbGaP.** Database of Genotypes and Phenotypes. NIH has developed an online system intended to reduce the burden for researchers and their institutional officials to register studies and access data in dbGaP. The online system uses time-saving features, such as pull-down and scrolling menus to fill data fields, and text fields that allow investigators to cut and paste information from other sources. Where possible, data fields are automatically filled with information from other sources, such as eRA Commons, which provides the investigator's name, institution, and Institutional Signing Official. <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-14-065.html>

**EuroStemCell** have developed a huge volume of information and resources about stem cell research – films, fact sheets, FAQ, teaching tools and more – in six languages. <http://www.eurostemcell.org/story/embryonic-stem-cells-focus>

**AriSLA** provides a concise review of Amyotrophic Lateral Sclerosis trials currently available on [clinicaltrials.gov](http://clinicaltrials.gov). The alphabetical order list reports both ongoing and completed trials related to a single compound. Trials related to each drug are ordered chronologically from the most recent to the oldest one. References related to publication or sponsor's communications are reported. The review is constantly updated and reports only trials with potentially disease-modifying compounds. The present version is updated to January 2014. <http://www.alscience.it/#c314>

**PRO-ACT.** The PRO-ACT (Pooled Resource Open-access ALS Clinical Trials) platform houses the largest ALS clinical trials dataset ever created. PRO-ACT contains over 8500 ALS patient records from multiple completed clinical trials. The PRO-ACT initiative merges data from existing publicly- and privately-conducted ALS clinical trials to generate an invaluable resource for accelerating discovery in the field of ALS. The data is de-identified to protect patient privacy. Different types of information may be available for different patients because multiple trials were merged to create PRO-ACT. <https://nctu.partners.org/ProACT>

**EuroPhenome Mouse Phenotyping Resource.** The EuroPhenome project provides access to raw and annotated mouse phenotyping data generated from primary pipelines such as EMPReSSlim and secondary procedures from specialist centres. Mutants of interest can be identified by searching the gene or the predicted phenotype. <http://www.europhenome.org/databrowser/viewer.jsp>

**EMCDDA publications database.** You can search the European and Monitoring Centre for Drugs and Drug Addiction (EMCDDA) by publication series, publication type, date published, and keywords. You can also use the search box to search for specific text. <http://www.emcdda.europa.eu/publications>

### News from publishers

**Scientific Data.** Launching in May 2014 and open now for submissions, *Scientific Data* is a new open-access, online-only publication for descriptions of scientifically valuable datasets. *Scientific Data* exists to help scientists publish, discover and reuse research data. *Scientific Data* aims to meet these needs through the publication of Data Descriptors: peer-reviewed, scientific publications that provide detailed descriptions of experimental and observational datasets. Data Descriptors are a combination of traditional scientific publication content and structured information curated in-house, and are designed to maximize reuse and enable searching, linking and data mining. <http://www.nature.com/scientificdata/about/>

**Nature Partner Journal series.** Nature Publishing Group (NPG) is increasing its commitment to open science with the launch of the Nature Partner Journal series. This high-quality, online-only subject specific portfolio of journals brings Nature's reputation for impact and excellence to open access and publishing partnerships. The Nature Partner Journals will be characterized by landmark partnerships with institutions, foundations and academic societies. [http://www.nature.com/press\\_releases/nature-partner-journals.html](http://www.nature.com/press_releases/nature-partner-journals.html)  
[www.nature.com/npj](http://www.nature.com/npj)

**Oxford University Press (OUP)** announces that on 30th January 2014 they signed a contract with the prestigious Federation of European Microbiological Societies (FEMS) to publish their five journals from 1st January 2015.  
[http://www.oxfordjournals.org/news/2014/02/03/fems\\_contract.html](http://www.oxfordjournals.org/news/2014/02/03/fems_contract.html)

**EBSCO Information Services** has released its new policy on metadata sharing and technology collaboration. EBSCO will make all metadata (and full text when contractually allowed) available for more than 120 full-text databases and 550,000+ e-books, as well as over 60 historical digital archives to third party discovery services. The policy outlines EBSCO's commitment to exchanging metadata and integrating technologies with partner vendors to enable an enhanced discovery experience for mutual customers.  
<http://www.ebscohost.com/discovery/news-article/ebsco-information-services-creates-open-policy-for-data-sharing>

## Forthcoming events

**11-13 June 2014, Rome, Italy**

**14th EAHIL Conference "Divided we fall, united we inform - Building alliances for a new European cooperation"**  
For further information: <http://www.iss.it/eahil2014>

**19-20 June 2014, Thessaloniki, Greece**

**Elpub 2014, 18th International Conference on Electronic Publishing**  
For further information: <http://elpub2014.teithe.gr/>

**8-10 June 2014, Vancouver, Canada**

**SLA 2014 Annual Conference & INFO-EXPO.**  
For further information: <http://www.sla.org/attend/2014-annual-conference/>

**26 June - 1 July 2014, Las Vegas, Nevada, USA**

**American Library Association (ALA) Annual Conference**  
For further information: <http://ala14.ala.org/>

**2-5 July 2014, Riga, Latvia**

**LIBER 43rd Annual Conference: LIBER 2014**  
For further information: <http://www.lnb.lv/en/liber2014>

**13-14 August 2014, Strasbourg, France**

**Copyright and beyond: Libraries in the public sphere**  
IFLA satellite Meeting  
For further information: <http://www.eblida.org/copyright-and-beyond>

**16-22 August 2014, Lyon France**

**IFLA World Library and Information Congress**  
For further information: <http://conference.ifla.org/>

**8-12 September 2014, London, United Kingdom**

**The Joint Conference on Digital Libraries**  
For further information: <http://www.jcdl.org/>

**20-22 October 2014, London, United Kingdom**

**Internet Librarian International**  
For further information: <http://www.internet-librarian.com/2014/>

**21-24 October 2014, Rome, Italy**

**KMIS 2014, 6th International Conference on Knowledge Management and Information Sharing**  
For further information: <http://www.kmis.ic3k.org/>

Giovanna F. Miranda



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formerly: NEWSLETTER TO EUROPEAN HEALTH LIBRARIANS

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Affiliated membership may be granted to firms and institutional bodies active in the area of medical information, documentation, librarianship or close related areas. Affiliated members receive the newsletter, membership directory (usage for commercial mailing is not allowed!!) and get a reduction on advertisement fees. Address data for postal mailings can be purchased by affiliated members only, EUR 100 administration costs, to be paid in advance with the membership fee, for two mailings per year to EAHIL-members (the subject material of the mailing needs approval by the EAHIL Executive Board).

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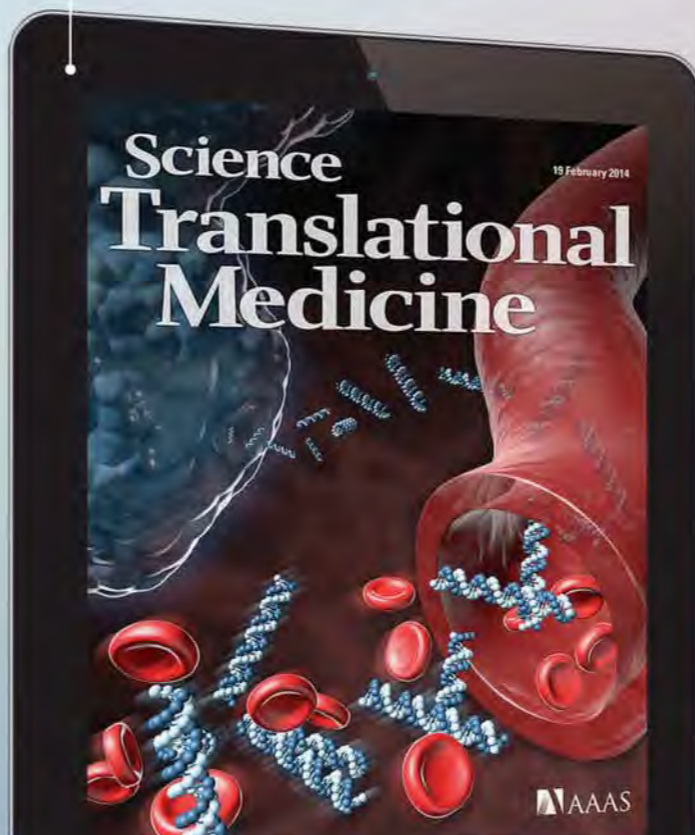
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