

VOLUME 3, NO. 1
FEBRUARY
2007



www.eahil.net

JOURNAL

OF THE EUROPEAN ASSOCIATION
FOR HEALTH INFORMATION AND LIBRARIES



EAHIL WORKSHOP'07
Kraków, Poland
12th - 15th of September 2007

REGISTRATION IS OPEN
March 1st 2007

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**THEME ISSUE:
The Changing of
the User Environment**

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The screenshot shows a digital book page from "Color Atlas of Genetics". The top navigation bar includes links for HOME, BOOKS, SEARCH, HELP, CONTENTS, INDEX, FULL SCREEN, DOUBLE PAGE, BOOKMARK, BUY BOOK, PREV, and NEXT. The page number is 21, and the title is "The Cell and Its Components".

A. Eukaryotic cell: A detailed diagram of a eukaryotic cell showing various organelles: Plasma membrane, Nucleus, Lysosome, Golgi apparatus, Nucleolus, Mitochondrion, Ribosomes, Endoplasmic reticulum, Cytoplasm, Centriole, Peroxisome, and Cytoskeleton.

B. Nucleus of the cell: A diagram of the cell nucleus showing Chromatin, inner Outer membrane, Nuclear pores, and Nucleolus. A scale bar indicates 3-10 µm.

Below the diagrams, a diagram illustrates the cell membrane with labels: Extracellular space, Transport in/out, Connections, Receptors, and Enzymes.

An open book at the bottom left shows two pages of text and diagrams related to cell components.

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 Thieme

Journal of the European Association for Health Information and Libraries

ISSN 1841-0715

Vol. 3 N° 1 January 2006



Editorial

A very Happy New Year to all members of EAHIL - may it be a successful one! 2007 also marks the 20th anniversary of the foundation of EAHIL. 2006 marked a milestone in EAHIL's history with the abolition of membership fees and also the fact that now membership consists of over 1000 members mainly due to Arne Jakobsson's guiding hand. During 2006 the EAHIL website has continued to progress rapidly including very useful links such as **European Websites in the Medical and Healthcare Field**, while the excellent membership database has been managed by Morton Pedersen in Oslo. Arne's and Tony McSeán's dream of EAHIL as a virtual organization has become a reality.

Wikipedia states that *a virtual organization is an organization existing as a corporate, educational or otherwise productive entity that does not have a central geographical location and exists solely through telecommunication tools.*

However, we must not forget that EAHIL, with its annual conferences/workshops, ensures also, that **tangible** contacts have a very important role to play. I think the 10th EAHIL Conference in Cluj in 2006 proved to everyone that EAHIL members value the personal contact and this once a year meeting brings together not only scientific professionalism, but also creates a European discussion forum for the exchange of current medical information and social contacts. The creation of the European Medical Librarians' Blog at <http://euromedlib.blogspot.com> came as a direct result of the Cluj Conference, stating the mission statement as: *There is a strong desire for networking among European medical librarians. This blog serves as a starting point for what is at the heart of EAHIL.* In 2007 the EAHIL meeting will be in Krakow in Poland and the Call for Papers' abstract submission deadline is 30th January. Registration will be opening soon and for further information please consult www.bm.cm-uj.krakow.pl/eahil

This issue's theme is *The Changing of the User Environment*. I invited Guus van den Brekel to convert his marvellous presentation in Cluj to a written paper for this journal. Tuulevi Ovaska also writes a short overview of *Coping with user habits* which is relevant for all libraries. In addition, the two winners of the Oral Presentation prizes at the 10th EAHIL Conference, namely Katarzyna Czabanowska, Ewa Nowak and Elzbieta Rys from Poland and Marshall Dozier and Fiona Brown from Edinburgh, Scotland have their papers published in this issue.

Benoit is now offering a new style internet column entitled *Take a Look* which will assemble references from **non-medical** librarian journals which are interesting for medical librarians. Finally the Editorial Board would like to welcome the new President Suzanne Bakker, who will be taking over the *Letter from the President*.

The next issue will be dedicated to *Clinical Information Services* and I welcome articles on this subject before the 15th April 2007.

Sally Wood-Lamont
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Get
connected!

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News from our Association

Letter from the President



Dear Colleagues and Friends,

Although this Journal issue will not reach you before February, I think it is still not too late to wish you all the best of health and success in the coming year. I feel privileged to serve EAHIL as President for the coming two years and I would like to thank you for your votes and for your support to EAHIL. Furthermore, I would like to thank Arne Jakobsson for his leadership over the past years; he chaired the Board meetings with a firm hand and a very friendly attitude. I am glad that he will serve in the Board as Past President for the coming years.

At the General Assembly in Cluj we said thanks and farewell to Marta Viragos who has officially left the Board on January 1st. Marta promised to keep close contact and to combine her activities in LIBER with her special feelings for medical librarianship and the interests of EAHIL. It is with pleasure that I welcome Pirjo Rajakilli and Benoit Thirion as new Board members. They bring to the Board their longstanding experience in professional activities, with Benoit recently being the Chair of the IPC for the Cluj conference and Pirjo already very much involved in organizing the 11th Conference in 2008. I appreciate highly that Meile Kretaviciene has extended her membership to the Board.

By the time you read this letter the Board will have held its winter meeting in London, where Linda Lisgarten will leave the Board due to her retirement from the School of Pharmacy. We regret her leaving the Board, but respect her decision and thank her for her dedication to EAHIL and the work she has done as Honorary Secretary and co-chair of the Pharmaceutical Information Group of EAHIL. Enrica Veronesi is invited to join the Board and we are happy that she is willing to do so.

During the Board meeting we will decide on the duties and responsibilities of the Board members. Furthermore we will discuss a strategic plan for the next 4-5 years. Now that we have reached a membership of over 1000, we should be able to extend our goals. With 27 countries in the European Union we may expect more transeuropean cooperation in many areas, including medical and library education, health systems and professional associations. What role can medical librarians play in this *Europe of 27*? What goals should be attained within the next few years?

Professional skills and training will be our focus during the Krakow workshop. Continuing Education courses are important and a prominent part of the annual meetings. I think it is time that we try to reach a consensus on a suitable framework for our activities in the association, in our profession and in our libraries. Practice guidelines, quality issues and performance measurement are increasingly important in our hospitals and schools and as information professionals we support our mother organizations in reaching their goals. For the coming years we must position our libraries and information services in this rapidly changing environment. Not so much for ourselves, but for the benefit of health care, fighting diseases and supporting patients.

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News from our Colleagues

News from the Medical Library Association



News from Medical Library Association

A very Happy New Year from your colleagues in the US! We wish every one of you a safe, peaceful, and healthy 2007.

MLA Election Results

The following members were elected to lead the Medical Library Association in 2007/2008 and will assume office at the conclusion of MLA '07 in Philadelphia, PA:

President-elect: Mary L. Ryan.

Board of Directors (2007-2010): Gary A. Freiburger and Laurie L. Thompson.

Nominating Committee: Eric D. Albright, Kristine M. Alpi, Marcus Banks, Elizabeth K. Eaton, Patricia A. Hammond, Teresa L. Knott, Beverly Murphy, Debra C. Rand, and Jean L. Siebert. M.J. Tooey, MLA's 2006/07 immediate past president, will chair the Nominating Committee.

MLA Awarded Elsevier Grant to Train Librarians in Africa, Asia, and Latin America
MLA has been awarded an \$80,000 grant from Elsevier to train librarians in the African, Asian, and Latin American continents. This is a joint program cosponsored by Librarians without Borders, a global initiative of MLA and Elsevier. The grant will be used to fund eight onsite workshops, one distance education course and the development of new training modules for HINARI/AGORA/OARE. This e-library training initiative will be based upon HINARI (Health InterNetwork Access to Research Initiative) training materials. The HINARI program, a collaboration between the World Health Organization and major publishers, enables developing countries to gain access to one of the world's largest collections of biomedical and health literature. It is one of the principal projects

designed to bridge the health information gap between developing and industrialized countries.

MLA established the Librarians without Borders program to strengthen its role and commitment to global health information. The Librarians without Borders website, which will feature MLA's international policy, programs, and activities, will debut on MLANET in the near future.

UK PubMed Central Launches

Based on the US National Institutes of Health's PubMed Central (PMC), the free digital archive of biomedical and life sciences journal literature, UK PubMed Central (UKPMC) provides a stable, permanent, and free-to-access online digital archive of full-text peer-reviewed research publications. UKPMC is part of a network of PMC International (PMCI) repositories. PMCI is a collaborative effort between the US National Library of Medicine (NLM), the publishers whose journal content makes up the PMC archive, and organizations in other countries that share NLM's interest in archiving life sciences literature.

Invitation to MLA '07

Registration for MLA 2007 in Philadelphia, Pennsylvania, May 18-23, 2007 is available online at www.mlanet/am/am2007/register/. Philadelphia has a rich history, including a noteworthy medical heritage and claims the distinction of being home to the "first and oldest" of many health care institutions in the US, including the first medical school (1765), first college of pharmacy (1821), and the first hospital (1751). Your US colleagues invite you to come to Philadelphia to enjoy what promises to be another exciting and informative meeting. More information about the meeting program will be posted on MLANET.

Becky J. Lyon
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News from our Colleagues

Tony McSeán

The Association for Health Information and Libraries in Africa (AHILA): Report from the 10th Conference, 23-27 October 2006, Kenya

Introduction

AHILA is a biennial conference bringing together many of the leading medical librarians in sub-Saharan Africa, except that there are very few representatives from South Africa. Many have overcome huge and complex difficulties to be able to attend, and there is practically 100% attendance at sessions and broad, enthusiastic participation in the sessions whether or not the speakers/chairs invite it.



In addition, break times are taken up with keen and serious discussion of professional issues. Alongside this intensity of professional commitment, AHILA is also a tremendously social event - old friends making contact often for the first time in two years and a commitment to partying the equal of anything to be seen in Europe or Latin America.

There is a broad and striking perception of Africa as a real entity (e.g. a very intent session discussion of introducing problem-based learning into African medicine) and this strong identity crosses linguistic and cultural divides in a way not true of Europe or Asia.

Google

The strangest thing for me was the almost total absence of the rich-world librarian's obsession - the influence of Google on the profession and its threat to the whole future of science research libraries. Google was barely mentioned, and this was not because it is not influential in Africa. My impression was that it is as ubiquitous there as it is here. It's just that in the hierarchy of needs, the AHILA audience was still some distance away from this particular anxiety because of the more fundamental problems it faces every day. In a recent survey of African medical librarians, the most widely used Internet resource was Google and there is an underutilization and lack of knowledge of other Internet resources, which is not so very different from the situation in Europe.

Underlying, Unspoken Concerns

- Lack of money and resources. A good deal of the exchange of information concerns what can be found for little or no money, and how to share resources to make the inadequate sums available go as far as possible.
- Bandwidth. Strictly speaking, the problem is no longer that there is not much of it, because time and technology have mostly eliminated the technical and physical problems. It is now cost-limited. Bandwidth is still impossibly expensive in Africa, largely for political reasons. The

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AHILA Report

University of Zimbabwe pays £1,000/megabit/month, which is roughly 1,500 times what I pay for my cable access at home. My friend at Makerere University in Uganda says it takes about 4 minutes to open a text email, and everyone takes other work to get on with during this time.

- Collaboration, shared experience. At the last minute the organisers ditched the idea of parallel sessions because they wanted a true collective experience. Even those of us who had to completely rewrite our papers had to acknowledge that this expressed the spirit of the meeting very well.
- Making the most of HINARI. The impact of HINARI to the working African medical librarian cannot be underestimated; it was credited with introducing of evidence-based medicine into Africa and a lot of work is going into using it as effectively as possible.



Expressed Concerns

- Outreach from the cities into rural areas. We can all learn from the efforts some of the universities are making to form partnerships with public libraries to repackage patient and public health information for delivery in the outback.
- Digitisation, although not an immediate concern, was a very hot issue in and around the conference, with attention paid both to individual libraries' efforts and to the Google and MSofT mega-projects.
- New health threats in Africa e.g. obesity and cardiovascular disease resulting from a combination of pseudo-western lifestyles and African-grade poverty.

Aim

The relaunch of African Index Medicus (AIM) was a big event at the conference. This is an attempt to draw together an abstracting and indexing tool for all medical literature (scholarly in the very broadest sense) published in Africa. It is being coordinated by WHO Afro but the work is done by and through volunteer national coordination centres, who submit data to Brazzaville in a standard format for consolidation. This is working and is an amazing achievement given the practical difficulties.

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The Changing of the User Environment

Guus van den Brekel



Into the User Environment Now! How Users Have Changed and How Libraries Can Adjust

Abstract

This article provides an overview of causes why library services are fading out of sight for most user groups and how these users and their expectations have changed without us realizing. It contains a strong plea for a focus shift for librarians, a focus into the environments where the users are, instead of expecting them to come to us, or our resources.

Exploration of all relevant user environments for your organization, the use of new web-based technologies with Web 2.0 elements and certainly a more structural technical re-design of library information systems is required to deliver library services and resources at the place of need. A simple short-term solution like a QuickSearch Library Toolbar is explained, as well as the more long-term ongoing work at the Libraries of the University of Groningen and the Central Medical Library of the University Medical Center Groningen.

Keywords

User environment, Web 2.0, Library 2.0, Library Information Systems, Browser extensions, Mash-up, Toolbars, Metalib

The problem: library disconnects

Fragmentation of information

As a large medical library connected to a **University Medical Center** and **University Library**, we have a large collection of resources and databases, which our users can use. In order to inform and educate our users, like most other libraries, we are involved in the medical curricula. We present news items using several platforms and give free courses to the university medical staff, comprising over 250 databases and more than 26.000 electronic journals of all disciplines, not just medicine. Unfortunately this very rich information concentration is diverted over numerous different kinds of platforms, interfaces and access options.

The user has to spend a lot of time:

- to find them;
- to evaluate them;
- to learn to use them separately;
- to keep up with all individual changes;
- to search them separately;
- to repeat the above, constantly.

Visibility, lack of presence

While medical library resources keep growing and expanding in number and quality, *open access* to full text journals continues to expand and websites, portals, large repositories, metalib systems are being developed and launched. The user is now shifting his attention and his workflow, more and more, towards the Internet.

The Changing of the User Environment Into the User Environment Now!

The visitors of the medical library buildings are reduced to mainly medical students, at least in the case of the **Central Medical Library** (CMB) of the University Medical Center Groningen (UMCG), who come and combine their study-related activities with their *virtual life* on the computers provided by the library.

Despite all educational efforts on behalf of the students and staff regarding the finding and using of library resources, they are hardly used. The digital presence of library websites, resources and services is often unnoticed by the users. They simply do not have enough visibility or presence within those tools, which the user is heavily using in his daily routine.

The expectations of the availability of publications have shifted towards “All is included in Google and freely accessible by all”, to completely ignoring library efforts and expenses. The awareness of our quality resources and ways to find them, is no longer present, or being pushed aside, even swept away by the simplicity of searches via Google and others.

How did (we let) this happen?

Google & Co!

The major success of large web search engines can be explained by the fact that they give the searcher the feeling he is always going to find something relevant. You will always find a number of relevant hits and fast. The new generation of users like this feature very much. In library systems the success ratio is a lot lower. The main thoughts of users are: *for finding information, you use the Internet; for keeping up with your studies you use your electronic learning environment, on Internet; to do research you check PubMed. It is free on the Internet and all articles which have publisher's icons are freely available.*

The new possibilities are practically unlimited. Everything is connected with everything (or can be), **live**. It is all about online collaboration, seeing and sharing what others are doing. Some call this Web 2.0.

Sticking to traditional library systems too long

Traditionally, libraries focus on *resources* such as licensed collections, cataloguing, the digital collection, repositories and aggregation, while the users mainly neglect these resources because of the lack of consistency in functioning and interoperability.

We have large collections of resources of different origin, of different interface, web- or client- or server based. The focus is still on **our** products, and not user-oriented.

Millenials, Net-generation and the gamer

The user environment has changed rapidly (and keeps on moving). The *Information-Age Mindset* has several elements that cause this library *disconnect* according to Thomas and McDonald⁽¹⁾. This affects the way users approach the library and library systems. Many key elements about the new way of learning can also be found in the EduCause report about *Educating the Net-generation*⁽²⁾ and in the OCLC report *Perceptions of Libraries and Information Resources (2005)*⁽³⁾.

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There is a new mindset we have to make our own or at least study in detail to adapt.

We have to be aware that the new generation of students act on the following:

- they are more fascinated by new technologies;
- multitasking is a way of life;
- staying connected is essential;
- interactive, not isolation;
- zero tolerance for delay;
- actions are more important than knowledge;
- learning by doing, not by being told;
- nintendo trial-and-error approach to improvement is a viable model for learning;
- cut-and-paste culture.

Work and learning routines have changed much quicker than expected. In relation to staff-concepts, you can predict that the medical student of today will be your new medical staff member in a couple of years. But also part of the contemporary medical staff is said to have different characteristics. In research, Beck & Wade show that the so called *Gamers Generation* which grew up with videogames, have special characteristics that are important for learning and information seeking behaviour, adding new concepts that libraries and other organizations should bear in mind.⁽⁴⁾⁽⁵⁾

Members of the *Gamers Generation*:

- are suggested to have little respect for traditional authority and training;
- they want to win, think competition is *part of the game* and believe you should be rewarded for achievements;
- their cognitive skills are larger, as well as the spatial perception and divided visual attention;
- they like taking risks, think failure costs nothing, because you just can start over again;
- gamers think of more ways to solve problems, always think there is a solution for any problem and they are endlessly trying to find it, because every game has a solution build into it;

Library disconnects are caused by actions of users, forced by changing digital environments and perspectives on information, and indirectly by libraries failing to react in a proper way. McDonald and Thomas discuss the problem in more detail and divide these disconnects into three categories: technology, policy and opportunity disconnects.⁽⁶⁾

How can we change this?

Dig into user-environments and concepts: from product-oriented to user-oriented

We can try to turn this around by making the shift from “This is what we offer to you. Come and get it if you want to use it!” to “You choose the services you need, when and where you need them”. We should stop **telling** them that “You can get what you don’t see!” and start working on making all things visible.

Outwards versus inwards

The library has to be (re)-visualized in the user environment. Do show up in the tools the students like and use. Be available in staff-applications, by choice, in the right place at the right time.

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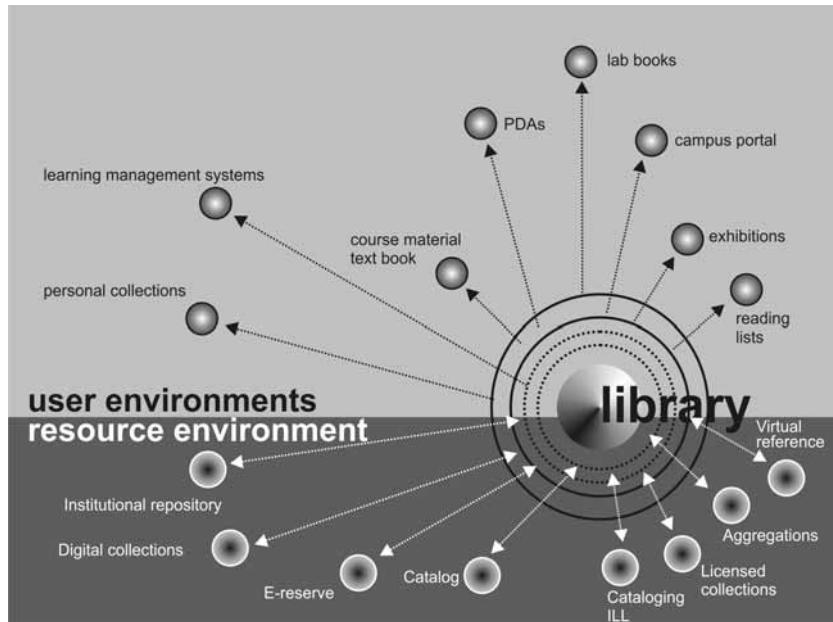


Fig. 1: User & resource environment.

The personal learning landscape of staff and students should become the primary target for librarians wanting to materialize in the user environment. We should identify and map our users' environments, analyse them, prioritise and target their resources.

- Lorcan Dempsey, OCLC, calls this in numerous presentations: *the library in the user environment, not the user in the library environment.*⁽⁷⁾

The short term: quick and easy

Medical Libraries should make a short-term and a long-term policy plan.

The short-term plan can focus on the three *tools* most used:

- **the Desktop** (not the network = just a transport thing): advise your organization to choose one Desktop Search Application to improve search facilities and make sure you put in your library resources.
- **the Office applications:** convince your management and IT department that doing a little programming on the Research Task Pane in Microsoft Office 2003 can improve the use of not only your resources, but also all kinds of databases using the Research Task.
- **the Browser:** browser extensions are relatively easy to realize and can be of great service to the users. Examples: RSS-feeds, bookmarklets, widgets, desktop sidebars, browser toolbars.⁽⁸⁾⁽⁹⁾

The long term: changing the system, shifting the focus

Rather than only concentrating on the above, a more structural approach should be developed to build more user-centered and interactive services. And instead of building all kinds of separate tools and gadgets this needs to be done in a structural way, also integrated in the network.⁽¹⁰⁾

The Library 2.0 discussion, together with Web 2.0, lists several elements for change:

- a new configuration and infrastructure for our library databases and servers has to be developed to become the central information system; component-based software, no monolithic ILS;
- the right standards and protocols must be used to make inter-operability possible. Open standards: **OAIster**, **Open Archive Initiative**, **Open DOAR**, **Open URL - SFX**, **Unicode**, **XML**;

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- modular web-based library services can be delivered to the user;
- in more ways, content for more than one device and platform independent;
- use of Web 2.0 social software, applications and services to get back in;
- use logs stats, evaluate and re-use them to make systems learn and interact with user while searching;
- *make the data work harder.* Combinations of data-sets can be used to create new services.

More problems (or challenges)?

But decisions about changing to other systems are not made easily. Library organisations are not the most flexible bodies. Additionally library collaboration on a regional or national level makes decisions about a large system change difficult to take. A lot of them are not designed to cope with or adapt to the new developments. The focus is on “our” products, and not user-oriented. The same applies to large hospital organizations. The choices made in the past regarding hard- and software and infrastructural solutions are under a lot of pressure by the technological developments of the recent years. The need and demand for *connecting* a great number of applications involved in patient care and research is huge.

While students were moving into electronic learning environments, libraries focussed on building electronic/digital libraries but the two were not always connected or even able to communicate with each other. While medical staff were forced to work with digital hospital information systems and preparing for electronic patient records and further digitization, a lot of the medical libraries were not even involved with the development/implementation of these systems and therefore are not visible.

I also would like to highlight some longer identified and ongoing challenges, which we should keep working on very hard and of these I believe could indeed be improved if we act a focus and technical shift too. The image of your library and the role/position in your organisation can be improved, in my opinion, by suggested change accompanied by a good marketing/PR strategy.

Further needs for libraries

- there is a urgent need for educating library staff to cope with technological changes;
- libraries have to deliver tools -hardware or software- and the support for staff and students (Thomas and McDonald);
- efforts within organizations have to be made to realize infrastructural changes;
- IT departments have to adapt and change their IT-policies to deliver the needed services by the libraries.

A short term example: the QuickSearch Library Toolbar

The QuickSearch Library Toolbar of the Central Medical Library of the University Medical Center Groningen is a browser extension which the user can choose to install and use for Internet Explorer or Mozilla Firefox. It appears at the top of the browser window when

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activated via *View; Toolbars* in a minimized and normal format. At the moment we offer the Toolbar to UMCG hospital staff and medical students via network installation or Internet download. The content of the Toolbar is focussed on our Library resources and services and it makes these immediately visible for everybody and ready to use.



Fig. 2: Full Toolbar



Fig. 3: Resized Toolbar

Here is a list of a few tools we offer at the moment:

- **QuickSearch box** to search in all major relevant medical databases and resources, such as PubMed, UpToDate, Metalib, E-Journals & E-Books collection, OPAC, Medical Dictionary, Translation Dutch-English, English-Dutch and many more. Search Terms only have to be entered once in the query box. For switching databases a simple click is enough. Results can be highlighted.
- **Off-campus access** is integrated in all included resources and links. People can access them from anywhere with just Internet access and a browser.
- **E-Books overview** by subject and types. These publications were difficult to find and therefore hardly used. Now easy selection is possible.
- **Electronic Reference Desk** (Just Ask!) one click away.
- **RSS Feeds directories** for Library or Hospital News, Alerts on Tables of Content of major medical journals and published articles of UMCG staff.
- **Podcast/radio** with automatic delivery of NEJM This Week audio summaries, Nature podcast and Instant Anatomy.
- **Chat functionality** with library staff and other toolbar users.

Development

The Toolbar is created with free software available via Conduit and is (almost) completely adjustable via a web-based interface. The initial design and creating of the Toolbar can be done in a very short time. Maintenance is also very easy and not time-consuming. The current Toolbar is a show- and test case of all functions that can be offered at this moment within its technical options. Further tests and studies into Toolbar creation may prove that the software used may not offer all required functionality in the way we need it.

Portable Library

Together with the portable version of the FireFox browser the Toolbar can be installed on a USB memory stick to provide access to library on almost any computer.

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Improvements & ideas

Not every functionality that is offered or content that is now embedded in the Toolbar, is relevant to all users and many have already asked to be able to further personalize the Toolbar. Although Conduit has a large group of users with an active Forum, not all requests for new functionality can be realized. We launched a special Toolbar completely focussed on medical students at the start of the new academic year. Several departments of the hospital have asked us to develop a Toolbar centered on their speciality combined with local content.

Problems to be solved

The realization of the network installation via IT-department can cause some resistance, depending on how networks are implemented in the organization. For some staff members it is not possible to install the Toolbar on their desktop. The fear of interference with other applications, i.e. patient care, does prevent this even though with current use, no such cases have been reported. Further studies are required to invalidate these fears.

“No” to the Toolbar, “Yes!” to the SearchBox

As a kind of replacement we now offer for workstations that cannot use the Toolbar, a *customized web-browser* which shows only our databases and resources via interaction with the Toolbar-server. We are also able to make tailor-made *search boxes* that can be published on intra- and/or internet pages;

<http://search.conduit.com/Results.aspx?q=euromedlib&ctid=CT142118>

http://www.rug.nl/bibliotheek/locaties/bibcmb/informatie/toolbar/test_zoekvenster.htm

Usage Reports

Included in the Toolbar-software is a report module that shows the amount of downloads, the number of clicks on Toolbar-elements. On special request further details are available regarding the number of search-actions via the QuickSearch box. The total amount of downloads has reached the 800 mark and numbers are still rising, while daily concurrent use has exceeded the average of 120 since last June 2006.

Ongoing work in Groningen

The Libraries of the University of Groningen are in a transitional phase but the long term vision in Groningen has begun to be visible. The traditional library system LBS of OCLC/Pica is in development, but in addition SFX and Metalib from Ex-Libris are used to develop new web-based services. A Central Information System is being created to serve as base for these new services.



Fig. 4: SFX-icon

Library presence is created via **RuGLinks** (SFX in all resources).

One of the most exiting developments in the recent years is the open url-enabled context-sensitive linking. We are using Ex-Libris SFX and Metalib instruments for this.

The Changing of the User Environment Into the User Environment Now!

Before SFX there were insufficient ways to offer users extra information about availability and they were primitive, based on fixed files imported in the server environment without interactive connection. SFX is the first real attempt to get “a presence” in the databases the users are still using, including:

- **PubMed** the LinkOut & Outside Tool connect to the SFX-server; by using one entrance url including the institutional share function of the MyNCBI filters;
- **Google Scholar** by supplying Google Scholar our collection holdings and activating *Library Links* we can offer automatic display of our SFX-link within our organization. Everybody outside this Ip-range can choose to add the Library links via the *Scholar preferences*;
- **Bookmarklets**: Firefox users can use Bookmarklets to see RuGLinks (And in addition most search engines will find RuG-publications by making Open Access repositories accessible for indexing spiderbots).

From statistics to new services

A custom-built software program analyses the log files of our SFX-and Metalib-server. The program shows for the first time detailed information on how users are working with our resources. Wrong use of database combinations, inadequate search terms or operators, spelling errors etc. are made visible. The numbers show that more than 50% of the entered searches resulted in zero hits, false results or error messages. The results are used to build a new system for federated searching **LiveTrix**, based on MetaLib’s X-Server and other APIs. This system, <http://livetrix.ub.rug.nl>, already includes:

- resources discovery/suggestion tool (based on user statistics);
- spellcheck/adviser;
- query Analysis;
- related strings info;
- term translation;
- inline- SFX & lending info with OPAC records;
- impact factor info with Journals;
- relevant help at point of need;
- alert service (RSS & Email);
- relation Databases;
- workBench & Bookmarks;
- tinyUrl creation.

What are the benefits of all this?

Efforts to (re)connect the Library, its services and resources in the user environment will increase usage, improve the awareness of library services in general, and, will most certainly boost unknown valuable resources in particular. Recent experiences with the introduction of the QuickSearch Library showed more interaction between user & library. The user can more easily find, use and get access to library resources, even off campus. The introduction of RUGLinks (SFX) in PubMed caused a substantial rise in the usage of electronic journal collections. From a marketing and PR perspective, executing short and long term plan to improve a greater visibility

The Changing of the User Environment

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of the library within the organization, will also benefit the position of the Library within the organization. (Re)building library systems with open standards focussed on modular web-based services will prepare the organization for the future. Analysing logfiles and statistics will create a unique insight of user search patterns and offer more opportunities to improve and develop user services.

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[This article was first presented as a Plenary Session paper
at the 10th EAHIL Conference in Cluj-Napoca, 11-15th September 2006]

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This is a mash-up of articles, presentations, blog-posts published on these subjects, mixed with my own experience and opinions. Not all of them are mentioned as references.

*You can find all of them in my collection of del.icio.us bookmarks at
<http://del.icio.us/digicmb/UserEnvironment>*

The Changing of the User Environment

Coping with Different User Habits and the Changing User Environment



Coping with Different User Habits and the Changing User Environment

As a medical librarian and an information specialist working in a hospital library that also serves as the library for the medical faculty of the adjoining university, one has to adjust to the fact that there are different types of customers' needs, wishes and hopes to be met. In addition there are also various types of customers to be served, helped, counselled, assisted, and educated.

Focusing in this paper only on the clinicians and other hospital staff, (mostly nursing staff which is a growing part of the clientele), I have tried to divide them into three groups according to their level of services needed: 1) those who want to be totally served, 2) those who want to do things themselves but need assistance, and 3) those who are able to do everything they need for themselves. Each group is, in practice, actually divided into subgroups but for the purposes of this small study this division is accurate enough. The question is, how **should** we, and how **can** we, provide the services for each group in such a way that we do not give less than they require but also not more than they need, or, what is more important, wish from us.

Providing services for those who want to be fully served is actually quite easy. You just interview them to find out what they are looking for, retrieve the information and deliver it to them in the form and the way they request. They are usually prepared to pay, or make their department pay, for the searches, article copies etc. they require. They often do not want to use alerting services themselves but wish to acquire information about new articles etc. through the library. They usually do not want to even hear about e.g. RSS feeds, and are not eager to learn new techniques, but trust the information specialists as a mediator between them and new and current material.

The biggest problem is that they want and need everything immediately so that the quality of the service is, to them, equal to the speed in which they obtain the information. Another problem might be their belief in information specialists as mind readers, the occasional difficulties in understanding e.g. the topic of the search commission.

This group is becoming smaller as the older generations retire, and more and more members of the staff have at least basic, and often good, skills in information retrieval, and are willing and able to utilise electronic journals and other networked information sources on their own.

Providing services for those who want to do things themselves but need assistance is a much more complicated issue. There are many different ways to assist library patrons and to train them in the use of databases and other electronic resources.

The Changing of the User Environment

Tuulevi Ovaska

Just providing the access and telling the patron to see the Help or FAQ of the services is inadequate in most cases especially with customers whose mother tongue is other than English. They need guidance in information retrieval and the access and use of different databases. They should be helped in the methodology of how to activate alerting services, and we should organise hands-on training sessions, either individually or in small groups, to teach the use of all the different types of resources the library has to offer.

With this group the problem is usually lack of time; can the library staff find enough time to help and teach all the staff members who require guidance and assistance, and can the hospital staff, especially nurses, find, and are they allowed to, enough time to study?

Providing services for those who are able to do everything they need by themselves is usually easy. They do not require much guidance or help, and even less education or teaching. It is enough to inform them about the services and resources available so that they are aware of them. Usually communicating about new services, databases, e-journal collections etc. is not fast or effective enough from their point of view, and often the library staff may hear them say “why didn’t you tell me earlier?” even though there have been bulletins and notes everywhere and in every form we could think of.

Eventually it seems that the library has to provide everything between tailored information services and just simply providing access to these. The crucial point is often when something in the services changes, e.g. the user interface or the method of access. Sometimes the database providers change their products so often it is hard to keep the guides updated. Though the changes often are useful and improve the service, it is frustrating to a user who makes searches only occasionally, to find the user interface changed or the go-button has moved every time. This is also a challenge for user training.

At the moment it seems there is a need for several kinds of services and user environments for different users. As I said earlier I am only referring to clinicians and other hospital staff in this article. There are also the needs, habits and demands of researchers, students, laymen, but that is another story!

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Improving English Language Performance



Improving the English Language Performance of Medical Library Professionals Based on the *Specialist English as a Foreign Language for European Public Health Project Approach*

Learning foreign languages is a necessity: learning English is commonplace nowadays. It has become the *lingua franca* in the global communication. Despite this availability and popularity of English language there is still a need to develop specific

English training courses to meet the demand of some sectors which use the same concepts, those who should know the same vocabulary and should read and use the same materials in order to develop, work and collaborate in the European job market. In spite of cultural and language differences there is a need to carry out the unification in a specific, sectoral English language with respect to Public Health. Getting to know general English for communication purposes can be easily achieved owing to the development of a multitude of courses, internet and the continuous influx of information coming from various sources. There is an abundance of existing health information resources (databases, internet pages, electronic journals, e-books, printed publications) which are in English but easy access to these resources can be limited by the language barrier. Whereas basic English competency is not a problem, specialized English poses difficulties. In case of medical library professionals it is more problematic in relation to English used in health related fields than medical English. Therefore there is a need to develop teaching resources in specialized English to facilitate professional work of medical information and library specialists.

The EU language competencies project *Specialist English as a Foreign Language for European Public Health* in the framework of the *Leonardo da Vinci* Pilot Programme developed by a consortium comprising the Institute of Public Health, Jagiellonian University Medical College, Maastricht University, Sheffield University and Kaunas University was the answer to the above need with its main goal to develop a specialized English course as a foreign language for European Public Health specialists. The project addressed: public health students, students of health-related disciplines, public health teachers and trainers, language teachers, information and library professionals, public health professionals and higher education establishments.

Project outcomes

The main result of the project was to develop a Public Health English language course which transcended the regular foreign language teaching and learning, making it vocationally and professionally specific, filling the gap between the language proficiency and professional proficiency in a foreign language. This goal was achieved by the:

- development of the procedure for investigating the language needs of Public Health specialists;
- development of a tool which measures formally and informally acquired language competences (Formal/Informal English Language Competence Acquisition Test FIEL-CAT);

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Katarzyna Czabanowska, Ewa Nowak, Elzbieta Rys

- development of teaching modules;
- development of teaching methods;
- development of educational materials and a teacher manual.

The products will be available in the following media:

- printed: handbook, manuals, dictionary (English-Polish, English-Dutch, English-Lithuanian and English-English) with extensive translation of the entries.

The dictionary will include the most important vocabulary in the field of Public Health

- audio and/or video cassettes;
- Electronic-based materials (CD-ROM, web sites), dictionary (English-Polish, English-Dutch, English-Lithuanian and English-English);
- assessment tests (self-assessment for self-directed learning and assessment tests used by both teachers and learners. It is worth noting that the dictionary which will be developed, will be the first public health dictionary of this format covering the following areas:

- Epidemiology & Biostatistics
- Health Policy
- Health Management
- Health Promotion & Health Protection
- Health Ethics & Law
- Health Economics & Finances
- Environmental Health & Occupational Health

How can medical library staff become involved in decreasing language barriers?

Such a project is a challenge for medical library specialists who can participate in the multidisciplinary project team, be a part of the study on language needs analysis, seek online resources which can facilitate content language teaching, be involved in glossary development and terminology lists, and take part in the assessment.

Approach

The approach to learning a specialist English language for Public Health purposes is firstly to integrate content and language teaching; it is action-oriented, viewing language users and learners as social agents who contribute to the development of the final products through their participation in the project. It means that the social needs with respect to the professional language are determined with the involvement of the professionals, who help to formulate the learning objectives themselves. The project assumes also a multidisciplinary, theory driven perspective. English teaching resources developed in the course of the project such as specialized teaching texts and glossaries can be used by medical library professionals and users, by accessing English for Public Health in the Electronic Learning Environment, a self-study on-line course, accessing vocabulary lists and taking advantage of the developed resources in courses organized for medical librarians.

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Improving English Language Performance

Innovative aspects of the project

In the course of the project a study program will be developed based on the principle of *integrating content and language teaching*. This idea is reflected in the fact that the developed curricula and learning material are based on Public Health specialist subjects presented in the English language learning format.

The program reflects the needs of European Public Health students, teachers and professionals and medical library specialists. The multiple stakeholder perspective allows the identification of the differences in needs and therefore adapting the supply of the specialist English language training to these needs.

The objective of the project which results in the development of a specialist English language course matched with needs analysis, will ensure that the quality of the education and training structures will be improved. Using the tools for the needs assessment the respondents are asked to point out the most effective and most adequate methods of learning and structures which facilitate learning (e.g. web-based or manual-based texts, dictionaries, glossaries etc.).

Language needs of information specialists

The notion of needs is complex, extending beyond a simple examination of how the target language will be used in some target language context. Therefore there are three categories of needs which have to be taken into account during foreign language needs assessment:

1. target needs;
2. current needs;
3. future, hypothetical needs.

The qualitative focus group study was carried out to find out what are the language needs of medical library specialists. Some of the results were as follows:

- *Current language needs* were: specialised terminology (health discipline and information science), ability to read texts, indexing documents, basic communication, communication with other library professionals, ability to use specialised terms in the right context. They expressed also the obstacles to fulfil current needs such as the lack of specialised courses for librarians, learning materials, specific dictionaries easy to use. In addition other problems were difficult terminology, too low general English proficiency level, nobody to talk to and lack of time.
- The *future needs* were connected with: the ability to present in public, communication with native speakers, scientific communication, understanding content literature, acquiring information, continuous education, educating users.

Finally, a preferred way of improving language skills was an interactive course, e-learning, talking with a native speaker, going abroad for a scholarship, translating terms and using easily

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accessible and interesting internet resources. To meet this need, a special *learning environment* was created using special software which allowed learners to explore for themselves on different levels of comprehension educational material which was being developed to meet their learning needs and expectations.

Specialist English teaching program planners must acknowledge the foreign language needs expressed by students, staff and practitioners in their career context and therefore address suggestions on how language instruction might better match the actual language use requirements. Equally important were the opinions of the future employers and faculty members regarding their perceptions of the language needs. The notion of needs is complex extending beyond a simple examination of how the target language will be used in some target language context. That is why different tools and methods are used to obtain data from the future users.

Advantages of collaboration

There are tangible advantages of multidisciplinary multicultural collaboration of library professionals in the framework of the project. Firstly they become acquainted with PH terminology; secondly they become more effective in searching Public Health field resulting in better and professional information support for the library users and thirdly their professional performance and language proficiency is enhanced by the possibility of accessing the learning resources and participation in the project.

Conclusion

Participation in international projects improves language competencies of library professionals, therefore they should be an important and integral part of projects carried out by institutions. The interdisciplinarity of library specialists requires the development of various specialist discipline language competences. Finally it is worth noting that integrating content and language teaching, bringing together Public Health specialists, English language teachers and specialists, library and information professionals in the development of teaching and learning materials, contributes to the creation of a multi-purpose, dynamic, open, flexible, user-friendly and non-dogmatic learning and working environment.

To make better use of the developed tools it is foreseen that they will be accessible through the Jagiellonian University Medical Library resources.

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This paper was first given at the 10th EAHIL Conference in Cluj-Napoca,
11-15th September 2006. It subsequently won the Best Oral Presentation prize.

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For the last 20 years EAHIL conferences and workshops have been organized in various European countries, gathering participants from all over Europe and other countries. The European Association for Health Information & Libraries was established in August 1987, in Brighton (UK) - and coming anniversary will be celebrated in Kraków.



EAHIL WORKSHOP'07

Kraków, Poland

12th - 15th of September 2007

Registration starts on
March 1st, 2007



photo K.Drapa

Venue

Conference and Training Centre
of Jagiellonian University Medical College
Kraków, 15 Łazarza St.

info: www.bm.cm-uj.krakow.pl/eahil

Ten Reasons To Visit **KRAKÓW**

Main Market Square the second largest Medieval Square in Europe, one of the most colorful and joy spot on the Earth

Bugle Call the only musical signal in the world, which has been played live regularly every hour for six hundred years from the tower of St. Mary's Church

St. Mary's Altar the largest medieval (Gothic) altar in existence

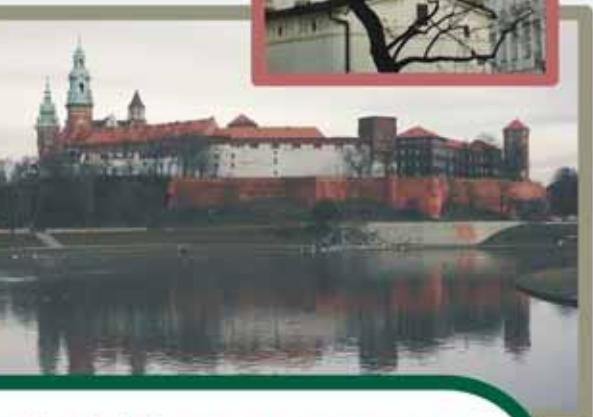
Wawel Cathedral and Sigismund Bell the largest Necropolis of Royalties and nation heroes in this part of Europe
the largest copper bell in Poland (rungs only in special occasions, its toll can be heard some 50 km away from the bell tower)



Jagiellonian Globe the oldest surviving globe in the history of cartography that depicts the Americas

Leonardo da Vinci Lady with an Ermine one of only three extant da Vinci oil paintings
the most famous and beautiful resident of Kraków

Kazimierz the most significant centre of Judaic Law in the 16th century Europe



Wieliczka the only mining site in the world functioning continuously since the Middle Ages

Cloth Hall one of the city's most recognizable icons
the oldest commercial clothe hall in Europe, still in operation

Churches and Convents the biggest grouping of churches in the city centre in all of Europe



Social Programme

12 September 2007 (Wednesday)

Welcome Reception at the Collegium Maius

Open Air reception at the courtyard of the Collegium Maius
the oldest preserved building of the university.

13 September 2007 (Thursday)

- I - Walking Tour of Kraków
- II - The Traces of Jewish Culture
- III - Nowa Huta Tour

14 September 2007 (Friday)

Gala Dinner in the Wieliczka Salt Mine

Relish the unforgettable atmosphere of an alluring subterranean chamber, situated 135 meters underground, where the dinner, adorned with music, will take place.

Welcome to Kraków

photo by Małgorzata Marcjan

Third UK Clinical Librarian Conference

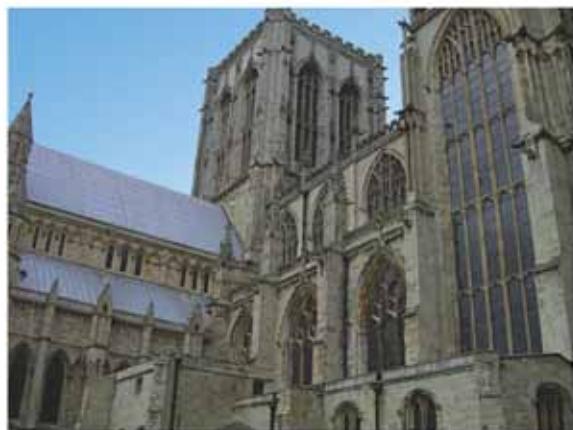
York, England, June 11-12 2007

Sarah Sutton

What Now, Where Next? Current practice & future developments in Clinical Librarianship.

Third UK Clinical Librarian Conference, York, England, June 11-12 2007

The Third UK Clinical Librarian Conference will be taking place in June this year in the historic city of York in the North of England. This Conference is an excellent opportunity for any health librarian interested in supporting clinicians to access the best evidence-based health information and to find out about and discuss the latest trends. Previous conferences have been held in Leicester and London and have attracted speakers and attendees from the USA, Australia and the Netherlands. Presentations by librarians and clinicians as well as an exhibition of evidence-based information suppliers will also form part of the Conference. The winners of the *Evidence in Practice* award will present their award winning project. This is awarded where the work of the librarian has supported a change in patient care by the clinician.



The Conference is being held in St. William's College, a Medieval building next to the glorious York Minster. York itself is a fantastic destination and we have purposely left the evenings clear and chosen a Monday and Tuesday Conference so that delegates can arrive early and spend the weekend and evenings seeing the many sights and enjoying the legendary Northern hospitality. If you are unsure which sights to see, one of the Conference organisers has special responsibility for social information - contact Sarah Sutton at sas27@le.ac.uk or on +44(0)116 2523290. Similarly we have kept the price down by not

including accommodation to make it easier for you to make your own arrangements and fit in as much local visiting as you can.

This is the Conference website:

<http://www.uhl-library.nhs.uk/clinlibconf2007.htm>

This is the programme for the Conference - we hope to see you there:

Third UK Clinical Librarian Conference

York, England, June 11-12 2007

DAY ONE 11th June 2007

| | |
|-------|--|
| 9.00 | Registration and Coffee |
| 10.40 | Welcome |
| | Chair. Pip Divall , Clinical Librarian UHL |
| 10.50 | Keynote Speaker Ffion Davies : Head of Emergency Medicine, University Hospitals Leicester <i>The Role of the Clinical Librarian in the Emergency Department.</i> |
| | Steve Sharp : Information Specialist, NLH Specialist Library for ENT and Audiology - <i>Quality Versus Currency in a Current Awareness Service - An Insight from a NLH Specialist Library</i> |
| 11.40 | Coffee |
| 12.00 | Parallel sessions - Choose one of three |
| | Catherine Voutier : Information and Research Officer, Monash Institute of Health Services Research, Australia <i>Health Technology Assessment in Australasia</i> |
| | Su Golder : Information Officer CRD <i>Debunking News Stories: How Hitting The Headlines Works</i> |
| | Veronica Delafosse : Librarian, Caulfield General Medical Centre, Australia <i>The Visible Librarian; EBP for Occupational Therapists in Rehabilitation and Aged Care Settings</i> |
| 12.30 | Demonstration by Clinical Evidence |
| 1.00 | Lunch, posters and sponsor displays |
| 2.00 | Chair. Andrew Booth : Director of Information Resources & Reader in Evidence-Based Information Practice, School of Health and Related Research, University of Sheffield. |
| | Jacqueline Verschueren : Clinical Librarian Mr Osama Makhzoum : Staff Grade Jasbir Mann : Ophthalmic Nurse Specialist, Walsgrave Hospital <i>When the Evidence Base is Low is the Clinical Librarian Compromised</i> |
| | Heleen Dyserinck : Clinical librarian at the Academic Medical Center, Amsterdam. <i>Clinical Librarianship in the Netherlands</i> |
| 3.00 | The Cochrane Library |
| 3.30 | Coffee |
| 4.00 | Workshops: Choose one of three |
| | Janette Camosso-Stefinovic : University of Leicester <i>Translating Search Strategies - How to Get the Best from a Myriad of Sources</i> |
| | Anne Parkhill : Freelance Librarian, Aptly Information Design, Australia <i>The Reflective Clinical Librarian: Evaluating the Most Effective Ways of Spending our Searching Time</i> |
| | Heather Gardner : Project Librarian, Derby Hospitals <i>Current Awareness Using RSS Feeds and Developing a Primary Care Current Awareness Database</i> |

Third UK Clinical Librarian Conference

York, England, June 11-12 2007

Sarah Sutton

DAY TWO 12th June 2007

| | |
|--------------|---|
| 9.00 am | Registration and coffee |
| 9.45 | Chair. Sarah Sutton : Clinical Librarian UHL |
| | Keynote Speaker: Claire Honeybourne : National Core Content Manager East Midlands Strategic Health Authority NCC <i>The Future of the Clinical Librarian - and What National Developments Will Affect it?</i> |
| | Presentation of 2 nd Evidence in Practice Award sponsored by NLH and BMJ |
| | Klara Brunnhuber and Jane McHugh : BMJ Knowledge <i>Overcoming Barriers to Doctor's Use of EBM.</i> |
| 11.00 | Coffee |
| 11.30 | Andrew Booth : Director of Information Resources & Reader in Evidence Based Information Practice, School of Health and Related Research, University of Sheffield <i>Mirror, Mirror on The Ward - Training the New CL and Continuing Professional Development for those in Post</i> |
| | Lisa Anderson and Eileen Hume <i>Scanning the Horizon - CL Involvement in a Business Intelligence Unit</i> |
| | Linda Dobrzanska : Research Facilitator, Bradford & Airedale Teaching PCT and Caroline Storer : Health Evidence Support Specialist, Bradford and Airedale NHS Libraries <i>A New Initiative to Provide a Forum to Deliver Evidence Based Information to Primary Care Clinicians</i> |
| 12.30 | Demonstration by Ovid. |
| 1.00 | Lunch, posters and sponsor displays |
| 2.00 | Chair. Claire Honeybourne : National Core Content Manager East Midlands Strategic Health Authority |
| | Sarah Lewis : Clinical Librarian, Ravenswood House/Royal South Hants Hospital Nia Wyn Roberts : Librarian, Old Rd Campus Library, University of Oxford <i>Developing Peer Support</i> |
| | Debra Thornton : Clinical Librarian, Lancashire Teaching Hospitals NHS Foundation Trust James Allen : Assistant Librarian, Stockport NHS Foundation Trust <i>A Journal Club for Clinical Librarians.</i> |
| | Brenda Goddard : Library and Knowledge Services Manager Helen Williams : Electronic Services Librarian <i>Operating Outside Library Walls - Embedding the Principles of Clinical Librarianship into Everyday Practice</i> |
| 2.50 | Workshops - choose one of three |
| | Ruth Foxlee : Trials Search Coordinator Cochrane Wounds Group, until recently Librarian at Herston Medical Library, Australia <i>Sorry What Was Your Question?: The Reality of Providing a Literature Search Service to a Clinical Team</i> |
| | Sara Clarke : Clinical Information Support Librarian, The Friends of the Children of Great Ormond Street Library <i>Using the Latest Software for Training Clinicians to Search the Literature</i> |
| 3.45 to 4.00 | Jo Hunter : Clinical Outreach Librarian, John Radcliffe Hospital <i>Embedding an Outreach Service Within a Trust</i> |
| | Conference summary and farewell Coffee |

10TH EAHIL CONFERENCE ORAL PRESENTATION WINNERS

Strategic Contacts for Curricular Integration

Strategic Contacts for Curricular Integration of Information Skills

Introduction

We are grateful for this opportunity to share our local experience with you, and we hope that this can lead to a useful exchange of ideas and solutions to the issue of embedding information skills training in coursework and exams. Our ambition, which we guess is shared by most people here, is to have good awareness in our academic colleagues and students of what information skills are, to have them articulated in discussions about learning outcomes and coursework assignments, and to have the training and support embedded in the curriculum so that, as students progress through their degree, they acquire in an appropriately cumulative fashion the complex skills that equip them to practise evidence-based care and continuous professional development. We have not yet achieved this ambition, and we probably will never be content, but we have seen a number of developments that make us believe we are working in the right direction at least some of the time.



Background

The University is organised into three Colleges: Medicine and Veterinary Medicine, Science and Engineering, and Humanities and Social Sciences. The Library mirrors this structure and has liaison librarians for each college. We are liaison librarians, and our roles are largely a combination of collection management, service management, representation of College requirements, reference work, and, of course, information skills training and support. We will focus on work with the College of Medicine and Veterinary Medicine (MVM), but we do also work closely with our liaison colleagues in other

Colleges, and have liaison roles in other Colleges, too.

In the MVM user community, there are approximately 5550 students, staff and clinicians, and three liaison librarians, so our librarian to user ratio is low. Looking just at students (including undergraduate and research or taught postgraduate), of which there are 2968, our librarian to student ratio is 1:989. We are already aware that the coming semester will see an increase in the number of students, as in previous years. So, we really do not have time to see every student. Nor do the students generally have time to come to training sessions outside their demanding academic timetables.

Opportunities for developing strategic contacts

We have looked back over our work and have identified the more successful paths that we followed. We have grouped these paths into categories of opportunity for a strategic approach: times of change; key groups or individuals; involvement in work external to the library proper; and external drivers. We seem always to have more to do and less time in which to do it, and we

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see a focus on these opportunities as the best strategy for future planning. We shall illustrate each with a concrete example that we perceive as signals of successful integration.

Times of change

Changes to curricula

Doors tend to open at times of change, and a new curriculum, or a new course or single module, will be an opportunity to get a foot in the door. The illustrative example we have chosen here is the change, several years ago, toward more self-directed learning in the undergraduate veterinary medicine course. The library was not aware of the change until an overwhelming number of individual students began asking for help to find journal articles in the library, and to use CAB Abstracts. The veterinary librarian at the time approached the Board of Studies and asked for two things: a place for a library representative on the Board of Studies so that library services could be planned proactively rather than reactively, and timetabled information skills sessions to equip the students with the skills for self-directed learning. Both were granted by the Board of Studies, and have been the basis for further positive developments.

Staff changes

Changes to academic staff can include either new members of staff arriving at the College or existing staff changing their roles. Staff new to the College might not yet be involved in leading or organising teaching programmes, but it is worth letting them know what information skills training is available in order to plant a seed which may come to fruition later.

An example which has provided an opportunity for us was when an existing member of staff became the head of a new teaching organisation with a new biomedical sciences degree course. In other biomedical science courses, skills training has not occurred until the third or fourth year which, we feel, is too late. Our academic colleague requested that information skills training for these students began in year one, emulating what is done for the medical students.

Key groups and individuals

Boards of Studies

We ask participants at most training sessions to complete evaluation forms, allowing us to gather feedback. A few years ago the first year veterinary students gave feedback saying that the second term was too late for introduction to database searching and requested that some introductory training be given in first term and built upon in second term. We were able to take this feedback to the Board of Studies with the result that timetabled information skills training was increased and introduced earlier in the curriculum.

Teaching organisations

Our teaching organisations are the groups that design and implement curricula. We have found it productive to build close links with the Medical (MTO) and Veterinary (VTO) Teaching Organisations. Information skills training for the undergraduate medical students is delivered via

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Strategic Contacts for Curricular Integration

the Evidence Based Medicine (EBM), theme of which Marshall is the Deputy Leader. The VTO discussed EBM teaching with the MTO and invited Marshall to speak on information skills and how they are linked to EBM teaching at a meeting of the Veterinary Educational Forum, which is aimed at lecturers in veterinary medicine. The beneficial outcome was that this forum gave us an opportunity to raise awareness in our academic and clinical colleagues of what information skills are and what learning outcomes we aim to achieve.

Learning Technologists

The College's Learning Technology team has been instrumental in enabling our online information skills tutorials which the students can access at anytime from anywhere via their Virtual Learning Environments. These tutorials act as supplements to face-to-face training.

Academic champions

We do not wish to claim that librarians are the only people interested in information skills competence in our students. We have academic colleagues who have been willing to let us use their practices as exemplars while promoting information skills. For example, we have one academic colleague who has his students peer review a published journal article as though they were editors reviewing a submitted paper. This uses high level information skills, such as critical appraisal, but the key thing for us is that this is the application of information skills in the context of a discipline. The feedback from the students on this assignment is that they find it really difficult, but it does make them feel like real scientists. When we have discussed coursework examples like this with other academics, they have invariably been interested in tried and tested techniques adaptable for their own use.

Involvement in work external to the Library

It can be hard to justify doing work that can be considered to be external to the library, but in our experience this has been a successful way of advocating information skills.

Study skills programme

We volunteered to facilitate in a new programme of study skills support, although the programme was limited, at first, to time management, coping with stress and learning styles. As the programme developed, information skills were recognised and articulated as a component of the larger programme of study skills support, and we believe that our involvement facilitated this.

Problem Based Learning facilitation

We also act as facilitators for Problem Based Learning (PBL) groups. We are aware of a study that has shown that where librarians act as facilitators of PBL groups there is no significant improvement in the information skills of the students.¹ However, we are looking at librarian involvement in PBL in a different way. The authors of the PBL scenarios are asked to include a specific study skill which the students should practice that week, and these are often information skills. This has given us a platform to discuss the students' development and application of information (as well as other) skills with students, scenario authors and other facilitators.

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College projects

By giving time to support projects within academic departments, we think that we have been able to integrate ourselves a little, with the results that librarians are not seen as entirely *alien* to the academic process, and that we have more opportunities to act as advocates. The projects might be research-based, or to do with teaching or administration. The example we would like to give here is the development of a new, online, personal development plan that is to be used by the students to record their personal/professional development aims and to track their achievements. We believe that our early willingness to participate led to the explicit inclusion of information skills within the online portfolio.

Educational discourse

An engagement in the theory and practice of education has also led to tangible outcomes: Marshall completed a certificate in university teaching on the local programme designed for all new lecturing staff. One of the certificate examiners of her portfolio was sufficiently impressed by how librarians can support the learning experience of students, and by arguments that information skills should be explicitly included in coursework guidance and assessment. He therefore asked Marshall to contribute a module and assignment on evidence-based practice for an MSc course in medical education, a module that he sees as underpinning the work of future modules and the dissertation.

External drivers

Governing bodies

Governing bodies of the professions are recognising the importance of post qualification education and *lifelong learning*. The Royal College of Veterinary Surgeons' (RCVS) *Guide to professional conduct* details guiding principles, one of which is to "maintain and continue to develop your professional knowledge and skills".² The Veterinary School has developed a Personal Development Portfolio for students which they can use after graduation to provide evidence to potential employers of their transferable skills. This was presented to the first tranche of students at their introductory information skills session and highlighted information skills as a lifelong skill.

Funding bodies

Funding bodies are also becoming more aware of the value of information skills and are increasingly requesting that the PhD studentships which they fund should have a formal skills training element. In the UK research funding bodies have produced a *Joint Statement of the Research Councils'/AHRB'S Skills Training Requirements for Research Students*.³ As well as training in laboratory methods, statistics and thesis writing skills, this statement includes a requirement to be able to *identify and access appropriate bibliographical resources, archives, and other sources of relevant information*. One of the outcomes from this statement is that one of the Professors in the Veterinary School who manages an interdisciplinary group, has requested that the library staff participate in the group's induction day for new researchers.

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Strategic Contacts for Curricular Integration

Examples from other schools/colleges

Examples from other schools and colleges can be another external driver. Earlier, we mentioned a VTO Educational Forum at which we spoke about EBM and information skills. This meeting was attended by Directors of Teaching from other Veterinary Schools, one of whom was interested in the information skills competencies outline and asked to be given a copy of these to discuss with his librarian. We had already been in discussions with the librarian, but the interest of the Director of Teaching has allowed us to build on this existing relationship. In addition, although we were the external example in this case, we hope to be able to learn from their experience of information skills training and collaborate on best practice.

Concerns

We have discussed our positive experiences of curricular integration of information skills. However, we do not wish to give an impression that every attempt of ours has led to success, nor that we have no underlying concerns.

Importance of skills?

We do not wish to be complacent about information skills. We could ask “Do they really matter?”, however, we begin from a position of assuming that information skills are relevant, and that their curricular integration leads to better acquisition and application of such skills.

Over-commitment

We have previously mentioned the ratio of students to library staff and there are times when we have trouble meeting a request for a training session. Typically, these are the one-off “just-in-case” sessions timetabled for the very start of a course. Ironically, as information skills become more embedded into some courses, other course organisers hear about this and ask us to give “just-in-case” sessions for their courses. Our idea is that an increase in demand can be managed by having planned integration of information skills training at appropriate times during the semester. This can be accompanied by computer-aided learning (CAL) programmes in the virtual learning environments (VLEs) which act as refreshers for the timetables training. Also, we can cultivate more academic champions so that librarians are not the only ones supporting the students to gain these skills.

Clinical years

Students in the later, clinical years, are difficult to reach; they are never all together, are very busy and are often taught by clinical tutors who are rarely met in the course of their work. In Medicine, the new EBM theme leader is a surgeon and we hope this contact will assist us in developing valuable advocacy in the clinical context.

Balance between being keen and pestering

It is heartening to find academic and clinical staff who are supportive of information skills and it can be tempting to focus attention on such staff. We have to maintain a balance between campaigning and being seen as an annoying colleague who is always pestering academic staff about the library! We want the academics to be happy to see us!

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Where now/next?

As we become more pressed for time and resources, we plan to focus our efforts on further integrating skills training using some of the avenues we have described here because they have proved the more successful routes. However, we are sure we will continue to indulge in completely untargeted and inefficient *informal networking* such as going to school functions, or participating in journal clubs. This sort of participation allows us to begin to integrate ourselves as colleagues, even though the library is an entirely separate management unit.

One area we would like to make more progress in is the measuring of the effectiveness of the training we contribute. How do we know the skills have been applied in coursework? Are they part of assessment criteria? Is the skills training included in the end-of-course-evaluation student questionnaire?

We would like to continue to develop, in collaboration with our teaching organisations, the information skills competencies list that informs the learning outcomes we aim for in each session.

We would also like to learn from other international colleagues. We know that the strategies we describe here are not always transferable to the other Colleges and subject areas within our own University, so how do we know they will work at other institutions? We would like to conduct a survey, with the aim of putting together a more generalised list of strategies. Please contact us if you are interested in taking part in a pilot survey.

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**This paper was first given at the 10th EAHIL Conference in Cluj-Napoca,
11-15th September 2006. It subsequently won the Best Oral Presentation (under 40) prize.**

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- ³ Joint Statement of Skills Training Requirements of Research Postgraduates. The UK grad programme. 2001 [cited 2006 October 15] Available from: URL: www.grad.ac.uk/jss/

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Take a Look!



Take a Look! (collected during Oct-Dec 2006)

The goal of this new 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>)

1. Rosati KC. - **The decline of print. Ten years of print serial use in a small academic medical library**
The Acquisitions Librarian, 2006, Volume: 18 Issue: 35/36

Abstract:

<https://www.haworthpress.com/store/ArticleAbstract.asp?sid=RUJPUGMX552P9N4JQWLEK6LSMQG888UF&ID=52066>

2. Schlotzhauer N. - **Building a collection in international disaster psychology. A Review and Bibliography**

Behavioral & Social Sciences Librarian 2006, Volume: 24 Issue: 2

Abstract:

<https://www.haworthpress.com/store/ArticleAbstract.asp?sid=RUJPUGMX552P9N4JQWLEK6LSMQG888UF&ID=75919>

3. Womack KR. - **Conformity for conformity's sake? The choice of a classification system and a subject heading system in academic health sciences libraries**

Cataloging & Classification Quarterly 2006 Volume: 42 Issue: 1

Abstract:

<https://www.haworthpress.com/store/ArticleAbstract.asp?sid=RUJPUGMX552P9N4JQWLEK6LSMQG888UF&ID=70640>

4. Zhang L *et al.* - Reporting of the role of the expert searcher in Cochrane Reviews

Evidence-Based Library and Information Practice 2006 Vol. 1, No. 4

Free full text: <http://ejournals.library.ualberta.ca/index.php/EBLIP/article/view/57>

5. Ahmed TT *et al.* - **Automated customer service at the National Library of Medicine**

First Monday, volume 11, number 11 (November 2006)

Free full text: http://www.firstmonday.org/issues/issue11_11/ahmed/index.html

6. Eschenfelder Kristin R *et al.* - **Examining the role of Web site information in facilitating different citizen-government relationships: A case study of state Chronic Wasting Disease Web sites**

Government Information Quarterly Volume 24, Issue 1, (January 2007) Pages 64-88

Abstract: <http://dx.doi.org/10.1016/j.giq.2006.05.002>

7. Gauld R. - **Public sector information system project failures: Lessons from a New Zealand hospital organization**

Government Information Quarterly Volume 24, Issue 1, (January 2007) Pages 102-114

Abstract: <http://dx.doi.org/10.1016/j.giq.2006.02.010>

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8. Rhine L. - **The Impact of Information Technology on Health Information Access in Sub-Saharan Africa: the divide within the divide**
Information Development 2006 22: 242-251
Abstract: <http://idv.sagepub.com/cgi/content/abstract/22/4/242>
9. Thelwall M *et al.* - **Automated Web issue analysis: A nurse prescribing case study**
Information Processing & Management Volume 42, Issue 6, December 2006, Pages 1471-1483
Abstract: <http://dx.doi.org/10.1016/j.ipm.2006.03.011>
10. Sanz-Casado E *et al.* - **Bibliometric mapping of scientific research on prion diseases, 1973-2002**
Information Processing & Management Volume 43, Issue 1, January 2007, Pages 273-284
Abstract: <http://dx.doi.org/10.1016/j.ipm.2006.03.027>
11. Harris RM *et al.* - **Searching for health information in rural Canada. Where do residents look for health information and what do they do when they find it?**
Information Research, 2006, 12(1) paper 274
Free Full Text: <http://informationr.net/ir/12-1/paper274.html>
12. Wilbur WJ. - **Spelling correction in the PubMed search engine**
Information Retrieval Volume 9, Number 5 / November, 2006
Abstract:
<http://www.springerlink.com/content/x2g8024632282w11/?p=a72c8c3bd6ea44c8b16d1bf9905ad042&pi=1>
13. Boukacem-Zeghmouri C *et al.* - **Analysis of the downward trend in document supply in pharmacology: a case study from INIST in France (part 1)**
Interlending & Document Supply Year: 2006 Volume: 34 Issue: 4 Pages: 177 - 185
Abstract:
<http://www.emeraldinsight.com/Insight/viewContentItem.do?contentType=Article&contentId=1581811>
14. Fingerman S. - **Web of Science and Scopus: Current Features and Capabilities**
Issues in Science & Technology Librarianship Number 48 Fall 2006
Free full text: <http://www.istl.org/06-fall/electronic2.html>
15. Kuruppu PU *et al.* - **Understanding the Information Needs of Academic Scholars in Agricultural and Biological Sciences**
The Journal of Academic Librarianship Volume 32, Issue 6, November 2006, Pages 609-623
Abstract: <http://dx.doi.org/10.1016/j.acalib.2006.08.001>
16. Kostoff RN *et al.* - **Brief Communication Adjacency and proximity searching in the Science Citation Index and Google**
Journal of Information Science, Vol. 32, No. 6, 581-587 (2006)
Abstract: <http://jis.sagepub.com/cgi/content/abstract/32/6/581>

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17. Marshall LA *et al.* - **Health information: does quality count for the consumer?**
Journal of Librarianship and Information Science 2006, Vol. 38, No. 3, 141-156
Abstract: <http://lis.sagepub.com/cgi/content/abstract/38/3/141>
18. Sambunjak D. - **Press releases and email notices increase local and global visibility of a small medical journal**
Learned Publishing, Volume 19, Number 4, October 2006, pages 267-271
Abstract: <http://alpsp.publisher.ingentaconnect.com/content/alpsp/lp/2006/00000019/00000004/art00005>
19. Schroter S. **Financial support at the time of paper acceptance: a survey of three medical journals**
Learned Publishing, Volume 19, Number 4, October 2006, pages 291-297
Abstract: <http://alpsp.publisher.ingentaconnect.com/content/alpsp/lp/2006/00000019/00000004/art00008>
20. Puliselic L. - **Is it enough to change the language? A case study of Croatian biomedical journals**
Learned Publishing, Volume 19, Number 4, October 2006, pages 299-306
Abstract: <http://alpsp.publisher.ingentaconnect.com/content/alpsp/lp/2006/00000019/00000004/art00009>
21. Hey T *et al.* - **e-Science and its implications for the library community**
Library Hi Tech year: 2006 Volume: 24 Issue: 4 Pages: 515 - 528
Abstract: <http://www.emeraldinsight.com/Insight/viewContentItem.do?contentType=Article&contentId=1583887>
22. Shuling W. - **Investigation and analysis of current use of electronic resources in university libraries**
Library Management Year: 2007 Volume: 28 Issue: 1/2 Pages: 72 - 88
Abstract: <http://www.emeraldinsight.com/Insight/viewContentItem.do?contentType=Article&contentId=1585540>
23. Saxton ML. - **Meta-Analysis in Library and Information Science: Method, History, and Recommendations for Reporting Research**
Library Trends - Volume 55, Number 1, Summer 2006, pages 158-170
Abstract: http://muse.jhu.edu/journals/library_trends/v055/55.1saxton.html
24. McKibbon Ann. - **Systematic Reviews and Librarians**
Library Trends - Volume 55, Number 1, Summer 2006, pages 202-215
Abstract: http://muse.jhu.edu/journals/library_trends/v055/55.1mckibbon.html
25. Nwagwu WE. - **Bibliometric analysis of quantity and quality of Nigeria's biomedical literature**
LIBRES Library and Information Science Research Electronic Journal - Volume 16, Issue 2, September 2006
Free Full Text: <http://libres.curtin.edu.au/libres16n2/Nwagwu.pdf>

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26. Clanton CC. - **Evaluating a Chat Reference Service at the University of South Alabama's Baugh Biomedical Library**
Public Services Quarterly Volume: 2 Issue: 2/3 Pub Date: 7/20/2006
Abstract:
<https://www.haworthpress.com/store/ArticleAbstract.asp?sid=FJDHFBA907MQ8HG2X88U3AED1WU9ANQ6&ID=82967>
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RUSQ Reference & User Services Quarterly Volume 45, Number 3 [last issue, no year mentioned]
Abstract:
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Scientometrics Volume 69, Number 2 / November, 2006
Abstract:
<http://www.springerlink.com/content/511131nh4h220111/?p=baebb491cd6e4992a55d2f7a37e4c22a&pi=0>
29. Nwagwu W. - **A bibliometric analysis of productivity patterns of biomedical authors of Nigeria during 1967-2002**
Scientometrics Volume 69, Number 2 / November, 2006
Abstract:
<http://www.springerlink.com/content/m1qw1g5288590382/?p=baebb491cd6e4992a55d2f7a37e4e4c22a&pi=3>
30. Don P *et al.* - **Publication lag in biomedical journals varies due to the periodical's publishing model**
Scientometrics Volume 69, Number 2 / November, 2006
Abstract:
<http://www.springerlink.com/content/dj17p25k41353l0v/?p=baebb491cd6e4992a55d2f7a37e4c22a&pi=4>

Acknowledgement:

I am very grateful to *Informed Librarian Online* for giving me the idea and the first data to start this new section of JEAHIL

An HTML version of this page is available at the URL:

http://www.chu-rouen.fr/documed/jeahil_take_a_look_dec_2006.html

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WEB 2.0

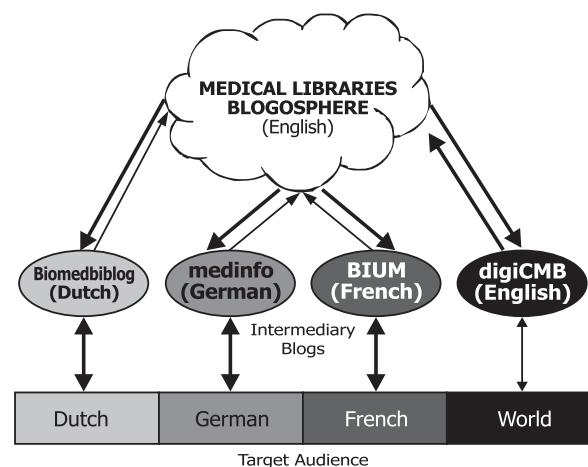
Social Software



Social Software

One of the more technophile and techno experienced bloggers in Europe is Guus van den Brekel, Coordinator of Electronic Services, Central Medical Library, University of Groningen, NL. Reading his blog [digiCMB](http://digicmb.blogspot.com/)¹ can be a quite breathtaking experience sometimes, as he takes you far ahead in the future of medical librarianship. His ideas, weblog mashups, and Web 2.0 tools are always invaluable helpful and inspiring. For example, the customisable toolbar², was detected by him and the news spread out to the blogosphere³ by a posting on digiCMB. If you want to start, (1) just set up an account for free, (2) change the toolbar according to your user needs, and (3) tell your clients where to download it. The success is overwhelming, since October 2005, 1.000 users have installed the library toolbar⁴. Guus' favourite topic and the major category on his blog too, is Second Life⁵, where he is building a complete medical library in virtual space. He also is the one who proposed at the Cluj Conference *that the organisation of EAHIL should start an official EAHIL blog and an open access repository of all publications, presentations, posters, proceedings of the EAHIL at one place for everyone to access*⁶. That is a

fascinating and actually important goal, since proceedings are online-only and the links might rot⁷ over time, resulting in an irretrievable loss of valuable information⁸. After his presentation in Cluj *Into the user environment now! How users have changed and how libraries can adjust*⁹, Guus learnt that EAHIL Conferences are indeed great places for networking and building communities. Not only did the audience pester the living daylights out of him with all their questions, but he was also invited afterwards to Iceland and Norway to share his knowledge with medical librarians abroad.



The language thing

Since 2004, the number of blogs related to medical librarianship has increased at an incredible rate. For the reader the challenge is

¹ <http://digicmb.blogspot.com/>

² <http://www.conduit.com/WizardSelection.aspx>

³ "Blogosphere is the collective term encompassing all blogs as a community or social network"
<http://en.wikipedia.org/wiki/Blogosphere>

⁴ <http://zbmed.ourtoolbar.com>

⁵ <http://secondlifelibrary.blogspot.com/>

⁶ <http://eahil2006.blogspot.com/>

⁷ http://en.wikipedia.org/wiki/Link_rot

⁸ "Conference Proceedings of EAHIL: Scattered with the wind?"

<http://euromedlib.blogspot.com/2006/11/conference-proceedings-of-eahil-gone.html>

⁹ http://www.eahilconfcluj.ro/documents/plenary_sesion3/vandenbrekel.doc

WEB 2.0

Oliver Obst

not to find information but to wade through it. For the blogger the challenge is a) to read the blog entries of anyone and to ensure that one can read their blog entries too (e.g. to become part of the international blogosphere); b) to effectively filter, post, and comment the stream of news. Actually, both require one to read and write in English, and blogs in English like digiCMB naturally have strong ties to the Blogosphere (Fig.). Unfortunately (or fortunately!) we're not the UK or USA, so language is a challenge in itself - Europe has many of them. Nevertheless we did some surveys and asked our blog readers if they would like to read their blog in English instead of German or Dutch.^{10,11} The answers brought us back into line quite soon. My readers literally rebelled and put their veto on this stupid idea. One of the kindest rebukes was that my English is disastrous and miles apart from worth reading. So, we have learnt that our main target group likes information, but not in a foreign language. People are accustomed to their mother tongue: the Germans love reading German, the Dutch love reading Dutch.¹² To be successful and to serve their information needs, we have to focus on our very readership, their habits and language. In this sense, blogs like Biomedbiblog, BIUM¹³, or Medinfo¹⁴ are important intermediaries. By routing (this includes finding, filtering,

translating and distributing) news from abroad, they act even as national clearinghouses.

Biomedical libraries blogs search

Some weeks later - and still thinking on the idea of a collaborative European medlib blog - Dymphie at Biomedbiblog constructed an ingenious search engine for all *Biomedical libraries blogs*¹⁵ with the help of Google's Custom Search tool¹⁶. With this, you are able to locate ten thousands of entries in a total of 53 medlib weblogs¹⁷ (when you read this, there might be more than 70 blogs).

Medlib's Planet Biblioblog

To make the European medlib blogs more accessible, I recently merged all entries of nine European blogs into one to create something like the "Medlib's Planet Biblioblog"¹⁸ using the service MySyndicaat¹⁹. Navigating to this Planet²⁰ will show you all posts of every European blogger embedded into a nice interface and add-on features. But that is not the end of the story. There are further options: let's say your library want to provide its customers with a news feed on health topics. You enter all interesting feeds into MySyndicaat, Reuters Health, table of contents for some journals, the science news of your

¹⁰ "Medinfo only in English? Medinfo-Beiträge nur noch auf Englisch?"
<http://medinfo.netbib.de/?p=1567>, <http://medinfo.netbib.de/?p=1637>

¹¹ "The language thing" <http://biomedbiblog.blogse.nl/log/inuit-het-nieuws/the-language-thing.html>

¹² Nowhere North (Sweden) and digiCMB are English blogs

¹³ <http://blog.bium.ch/>

¹⁴ <http://medinfo.netbib.de>

¹⁵ http://www.google.com/coop/cse?cx=007977683416375860883%3Anq1do42e_pc

¹⁶ <http://www.google.com/coop/manage/cse/create/1>

¹⁷ <http://biomedbiblog.blogse.nl/log/inuit-het-nieuws/update-medlib-search-engine.html>

¹⁸ <http://log.netbib.de/archives/2007/01/06/planet-biblioblog-gestartet/>

¹⁹ <http://www.mysyndicaat.com/>

²⁰ http://www.mysyndicaat.com/myfeed/blog/default/obsto_Euromedlib

WEB 2.0

Social Software

daily magazine, clinic news feeds, PubMed searches, (don't miss the library's own feed!), and you will get a really impressive blog of daily if not hourly changing health news. Then you can embed this blog's RSS feed (which MySyndicaat is providing) everywhere on your website. You can customise the resulting feed even further, according to the needs of your clients. Imagine working in the library of a Cancer Institute - probably there are not many people interested in news on diabetes or orthopaedics, so what should you do? MySyndicaat allows you to filter news by keywords. Just type in *oncology* or *cancer*, and the resulting blog or RSS feed will only show items which contain these words. So it is pretty easy to create a super blog (or feed) for skin cancer or hyperthyroidism, for example.

Manifesto 2.0

A really great source of inspiration over the last months has been Laura Cohen's Manifesto 2.0²¹. It consists of 17 affirmative sentences; some even argue that it is more like a credo. The statements range from general ones like "I will be willing to go where users are, both online and in physical spaces" to detailed ones "I will lobby for a catalogue that provides personalized, interactive features" to funny things like "I will not fear Google or related

services". Mostly are Web 2.0 oriented such as "I will encourage my library's administration to blog" or "I will enjoy the excitement and fun of positive change". Excitement and fun are two important words in Web 2.0; the interactivity in Web 2.0 is a lot of fun, and the richness and variety of social software is exciting (if not overwhelming). Not long after the Manifesto was published, the blogger community began their game of citing, interpreting, forwarding, and praising - as with every excellent idea in the blogosphere. The Danish blogger Soren Johannessen²² even produced a video with the Manifesto sentences mixed up with Burning Man²³ pictures and techno music - a really congenial work²⁴. At a recent workshop on social software at the Bavarian State Library, I presented this video to a perplexed audience. By the way, the 80 participants were able to interact with the speakers at the accompanying weblog²⁵, before and after, the one day workshop. In my opinion, social software should be sampled rather than taught, to get an idea of its power.

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²¹ http://liblogs.albany.edu/library20/2006/11/a_librarians_20_manifesto.html

²² <http://www.esbenfjord.dk/2006/11/bibliotekarernes-20-manifesto-20.html>

²³ <http://www.burningman.com/>

²⁴ <http://www.youtube.com/watch?v=ZblrRs3fkSU> (and if you are at YouTube, pay a visit to the promotion video of the Fulton County Public Library! <http://www.youtube.com/watch?v=YV1gJd96P94>)

²⁵ <http://socialsoftwarefobi.blogspot.com>

PUBLICATIONS AND NEW PRODUCTS

Giovanna F. Miranda



Dear Colleagues,

We are starting the New Year with many interesting articles and much information and news. *Health Information and Libraries Journal Supplement* has articles dedicated to the changing and evolving environment in the “information society” (J. Feather) opportunity for changes in the future roles of health librarians and the information professionals (G. Maclean), and the question *what do clinicians want from us?* (A. Brookman et al.). Good news regarding access to information. Two more open digital archives are available, one in UK, which is already accessible, the UK-PubMed Central and another underway: The Digital Repository Infrastructure Vision for European Research (DRIVER) funded by the European Commission. Moreover, there is an open access journal on Chinese Medicine!

Giovanna F. Miranda

JOURNAL ISSUES

Since the Journal of November 2006, the following journal issues of *Health Information and Libraries Journal* have been received: Vol. 23, 2006, n. 4 and Vol. 23, Suppl.1

Vol. 23 n. 4

A. Brettle, C. Hulme, P. Ormandy. The costs and effectiveness of information-skills training and mediated searching: quantitative results from the EMPIRIC project. p. 239 - 247.

This article is the first of two describing the EMPIRIC project and presents the quantitative data on the effectiveness and cost of mediated searching and information skill training.

A. Swinkels, J. Briddon, J. Hall. Two physiotherapists, one librarian and a systematic literature review: collaboration in action. p. 248 - 256.

The paper explores the processes of collaboration between a librarian and two academic physiotherapists working jointly on a systematic review on the topic of hydrotherapy and pain.

J.A. Burkell, D.L. Wolfe, P.J. Potter, J.W. Jutai. Information needs and information sources of individuals living with spinal cord injury. p. 257 - 265.

The goal of this study is to provide a description of the information-seeking practices of persons living with spinal cord injury.

I. Truccolo, K. Bianchet, F. Capello, W. Russell-Edu, L. Dal Maso, A. Colombatti, L. Ciolfi, U. Tirelli, P. De Paoli. A pilot project of a cancer patient library in Italy: results of a customer-satisfaction survey and its products. p. 266 - 274.

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JOURNAL ISSUES

The purpose of this paper is to determine the degree of satisfaction of users of the Cancer Information Point section of the Library for Patients at the National Cancer Institute of Aviano, Italy.

R. Cullen, S. Marshall. Genetic research and genetic information: a health information professional's perspective on the benefits and risks. p. 275 - 282.

The aim of this paper is to inform the health information community of the completion of the Human Genome Project and identification of the genes directly responsible for and contributing to the severity of specific diseases and disabilities in human in order to foster debate on key issues.

Brief communications p. 283.

Vol. 23 Suppl. 1

Editorial. J. Harrison, P. Prior. Opportunities for change: the future roles of the health library and information professional. p. 1 - 2.

J. Feather. The context of change: information professionals and the information professions in an information society. p. 3 - 9.

The information professional in the health sector has become a part of a multi-disciplinary care team which serves a patient. This paper analyzes the context of change of information professions.

A. Brookman, A. Lovell, F. Henwood, J. Lehmann. What do clinicians want from us? An evaluation of Brighton and Sussex University Hospitals NHS Trust clinical librarian service and its implications for developing future working patterns. p. 10 - 21.

The objective of this study is to evaluate the service of Clinical Librarian ad Brighton and Sussex Hospital and discuss the implication of the findings for the future development of Clinical Librarian role.

R. Bury, L. Martin, S. Roberts. Achieving change through mutual development: supported online learning and the evolving roles of health and information professionals. p. 22 - 31.

The aim of this case study is to provide a contextualized and multi-dimensional exploration of evolving roles of health and information professionals.

G. Maclean. Opportunity for change in the future roles for the health library and information professional: meeting the challenge in NHS Scotland. p. 32 - 38.

This article provides a reflective overview of some recent challenges within health library and information filed in Scotland.

PUBLICATIONS AND NEW PRODUCTS

Giovanna F. Miranda

I.A. Smith, V. Poznaka. Health check for Latvia: opportunities for information professionals in a new democracy. p. 39 - 46.

This paper outlines developments in medical information in Latvia and analyses the health information gap faced by professionals.

Brief communications p. 47.

BOOK REVIEWS

Training Library Patrons. Eds. D. R. Wegener. Chandos Publishing, Oxford, UK 2006. £ 39.95 paperback, ISBN 1-84334-157-3; £ 57.00 hardback ISBN 1-84334-168-9; pp. 160. This book takes a look at the five steps of the ADDIE model (Analysis, Design, Development, Implementation and Evaluation) for training library patrons.

Reference Librarianship. Notes from the trenches. Eds. C.R. Anderson and P. Sprenkle. The Haworth Information Press, Binghamton, N.Y. USA 2006. \$ 24.95 soft, ISBN-13: 978-0-7890-2948-5; \$ 49.95 hard ISBN-13: 978-0-7890-2947-8; pp. 288. This book is an educational and entertaining look at the real world of the reference desk work.

CILIP: The Chartered Institute of Library and Information Professionals Yearbook 2006-2007. K. Beecroft, compiler. Facet Publishing, London UK. 2006. £ 44.95 (£ 35.96 to CILIP Members). ISBN-13: 978-1-85604-591-9; p. 512 This book is a source of contacts for librarians and information professionals, and acts as a guide to organization.

PAPERS REVIEW

Medline supplements must list corporate ties.

J. Kaiser, Science, 2006, 314, 405

Measuring total reading of journal articles.

W. King *et al.* D-Lib Magazine, October 2006, 12 (10)
<http://www.dlib.org/dlib/october06/king/10king.html>

Getting the picture: Medical Images on the Web

A. Farrell. Medical Reference Services Quarterly, 2006, 25 (4) Winter, 47.

INFORMATION SOURCES... WEB BASED

UKPMC - Based on PubMed Central (PMC), the U.S. National Institutes of Health (NIH) free digital archive of biomedical and life sciences journal literature, UK PubMed Central (UKPMC)

PUBLICATIONS AND NEW PRODUCTS

INFORMATION SOURCES... WEB BASED

NEWS FROM EUROPE

provides a stable, permanent, and free-to-access online digital archive of full-text, peer-reviewed research publications. UKPMC is part of a network of PMC International (PMCI) repositories. PMCI is a collaborative effort between the US National Library of Medicine (NLM), the publishers whose journal content makes up the PMC archive, and organizations in other countries that share NLM's interest in archiving life sciences literature. UKPMC is fully searchable and will provide context-sensitive links to other online resources, such as gene and chemical compound databases.

<http://www.ukPMC.ac.uk/>

eTBLAST is a search engine for searching biomedical literature. The search engine lets you input an entire paragraph and returns MEDLINE abstracts that are similar to it. eTBLAST is freely accessible.

<http://invention.swmed.edu/etblast/index.shtml>

ABA. The Allen Brain Atlas (ABA) is an interactive, genome-wide image database of gene expression in the mouse brain. A combination of RNA *in situ* hybridization data, detailed Reference Atlases and informatics analysis tools are integrated to provide a searchable digital atlas of gene expression. ABA is freely accessible.

<http://www.brain-map.org/>

The Pathway Interaction Database. This database is a collaborative project between the US National Cancer Institute (NCI) and Nature Publishing Group (NPG). PID provide an authoritative peer-reviewed collection of information about biomolecular interaction that occur in human cellular signalling pathways. PID is freely available.

<http://pid.nci.nih.gov/>

The Functional Glycomics Gateway. This gateway represents a unique collaboration between the Consortium for Functional Glycomics (CFG) and Nature Publishing Group (NPG). It is designed to provide up-to-date information and resources for research aimed at elucidating the roles of glycan-protein interactions in cell surface biology. The Functional Glycomics Gateway is freely available.

<http://www.functionalglycomics.org/fg/>

NEWS FROM EUROPE

DRIVER The "Digital Repository Infrastructure Vision for European Research" (DRIVER) project is a joint collaboration between ten international partners with the intention to create a knowledge base of European research. The project is funded by the European Commission under the auspices of the "Research Infrastructure" unit. DRIVER will put a test-bed in place across Europe to assist the development of a knowledge infrastructure for the European Research Area.

PUBLICATIONS AND NEW PRODUCTS

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The project responds to the vision that any form of scientific-content resource, including scientific/technical reports, research articles, experimental or observational data, rich media and other digital objects should be freely accessible through simple Internet-based infrastructures. DRIVER will be helping countries to create networks of openly-accessible repositories for research information. The project will develop over the next 18 months, building upon existing institutional repositories and networks, from countries including the Netherlands, Germany, France, Belgium and the UK. <http://www.driver-repository.eu/>

NEWS FROM PUBLISHERS

Thieme Publishers announces that in 2007 the journal *Seminars in Reproductive Medicine* will increase its frequency from five to six issues per year. The increase is attributed to rapid developments in the field. www.thieme.com

BioMed Central announces that they will publish *Chinese Medicine*, the official journal of the International Society for Chinese Medicine. The journal is a peer-reviewed open access online journal and all articles will be listed in PubMed immediately upon acceptance.
www.biomedcentral.com

FORTHCOMING EVENTS

1-2 February, 2007, Reykjavik, Iceland
International Conference on Cataloguing
Back to Basics - and Flying into the Future
For further information: <http://www.congress.is/cataloguing2007/>

15-16 February, 2007, Brussels, Belgium
Scientific Publishing in the European Research Area.
Access, Dissemination and Preservation in the Digital Age
European Commission Conference
For further information: http://ec.europa.eu/research/science-society/page_en.cfm?id=3459

23-26 April, 2007, Ouarzazate, Morocco
First International Conference on Research Challenge in Information Science
For further information: <http://www.farcampus.com/rcis/index.php>

24-25 April, 2007, London, UK
3rd Annual Freedom of Information Conference and Workshop Series
For further information: <http://www.foiconference.co.uk/>

PUBLICATIONS AND NEW PRODUCTS

FORTHCOMING EVENTS

6-11 May 2007, Chapel Hill-Durham, NC, USA

4th International Evidence Based Library & Information Practice Conference

For further information: <http://www.ebli4.unc.edu>

18-23 May 2007, Philadelphia

Information Revolution! Change is in the air

<http://www.mlanet.org/am/am2007/index.html>

22-24 May 2007, Prague, Czech Republic

Inforum 2007

13th Annual Conference on Professional Information Resources

For further information: <http://www.inforum.cz/en/>

28 May-1 June, 2007, Ottawa, Ontario Canada

Capitalizing on Health Information

2007 Annual Meeting and Conference of the Canadian Health Libraries Association

For further information: <http://www.chla-absc.ca/2007/>

11-12 June 2007, York, England -

What Now, Where Next? Current practice & future developments in Clinical Librarianship

Third UK Clinical Librarian Conference

For further information: <http://www.uhl-library.nhs.uk/clinlibconf2007.htm>

21-27 June, 2007 Washington DC, USA

2007 ALA Annual Conference

For further information: <http://www.ala.org/>

12-15 September 2007, Krakow, Poland

**Pathways to new roles: The Education, Training and Continuing Development
of the Health Library & Information Workforce**

EAHIL Workshop 2007

For further information: <http://www.bm.cm-uj.krakow.pl/eahil/index.php>

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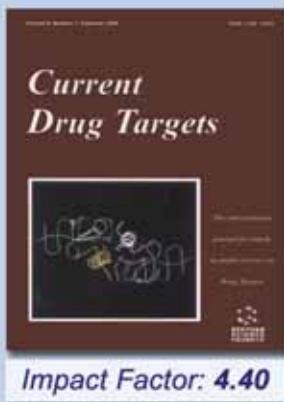
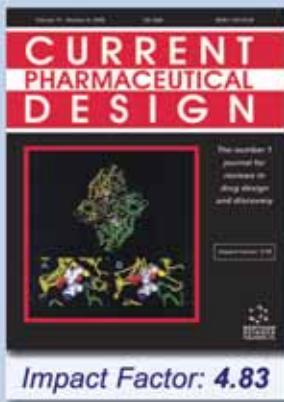
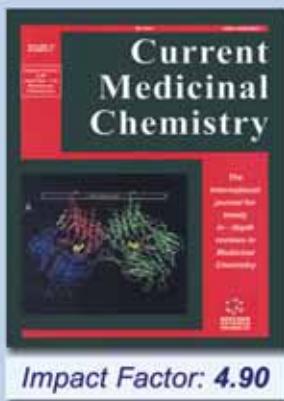
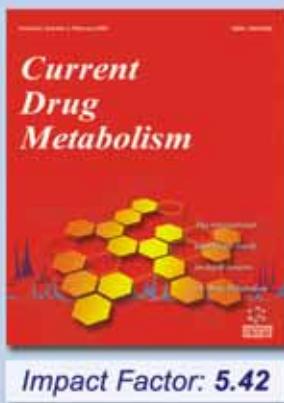
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