

# Journal of EAHIL

**Theme Issue**

**Virtual libraries,  
virtual librarians: what's next**

**Health Information without Frontiers  
13<sup>th</sup> European Conference of Medical  
and Health Libraries  
4-6 July 2012, Brussels, Belgium**

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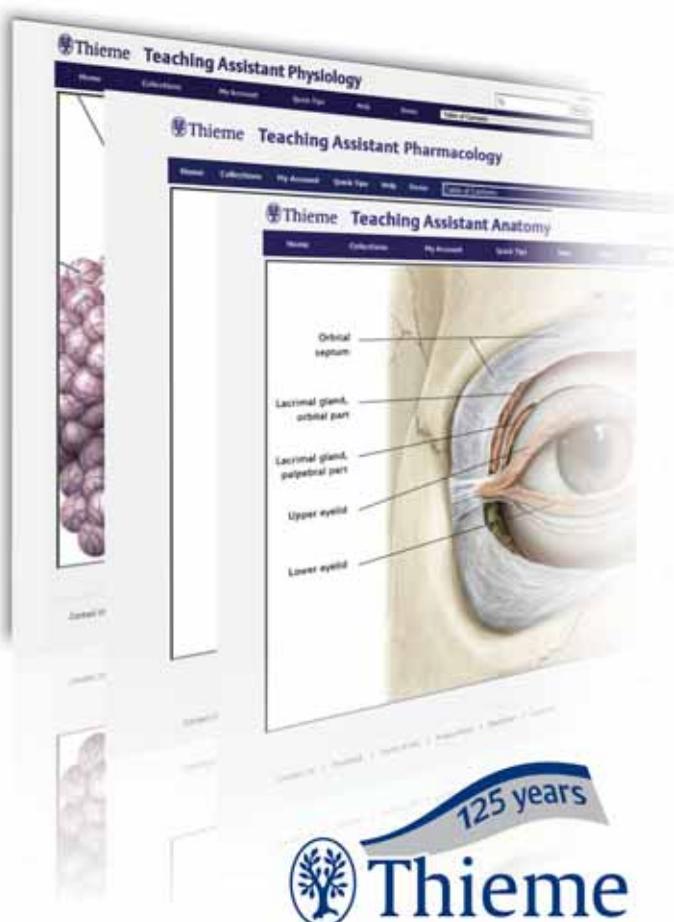
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# Journal of the European Association for Health Information and Libraries

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## Editorial

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**Sally Wood-Lamont**  
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Hello Everyone,

Another memorable year closes with this issue and 2012 will be marked with the 25<sup>th</sup> anniversary of EAHIL when the 13<sup>th</sup> European Conference of Medical and Health Libraries returns to its place of origin in Brussels, Belgium. The Editorial Board of JEAHIL is working on how better to celebrate the 25<sup>th</sup> Anniversary in the pages of the Journal, and welcome ideas, suggestions etc. from any EAHIL members. Please contact me at swood@umfcluj.ro

This issue's theme is *Virtual libraries: virtual librarians – what's next?* The first one is about the Andalusian Public Health System Virtual Library by Laura Muñoz-Gonzalez and Veronica Juan-Quilis. The second is an interview of Nancy Roderer, Director of the Welch Medical Library by Oliver Obst and the final from Suzanne Bakker, our Past President, which discusses the closing of the Welch Medical Library to patrons, both articles touching on a very relevant subject. We also have Oliver's column, this time entitled *Humour and clowns in the library*, as always guaranteed to make you sit up and think!

As we have had some changes on the *Journal of EAHIL* Editorial Board I thought I would again introduce you to all the members who work hard to attract articles and also do a lot of personal work to make the Journal not only attractive but an essential tool of EAHIL. A new member has just joined the group, Petra Wallgren Björk from Sweden to take the place of Benoit Thirion. Welcome on board Petra! Benoit will continue to present his column though and we thank him for his continued work for us.

Sally Wood-Lamont, Romania (Chief Editor)
Federica Napolitani Cheyne, Italy (Assistant Editor)
Giovanna Miranda, Italy
Oliver Obst, Germany
Tuulevi Ovaska, Finland
Fiona Brown, Scotland
Linda Lisgarten, England
Petra Wallgren Björk, Sweden

The next year's themes and deadline dates for the *Journal of EAHIL* are listed below. The *Journal of EAHIL* Editorial Board chose the theme issues in Istanbul and I hope we shall have a good response from EAHIL members.

ISSUE 2012	THEME	DEADLINE
March	No theme: any subject	5 <sup>th</sup> February
June	Promoting and marketing library services	5 <sup>th</sup> May
September	13 <sup>th</sup> EAHIL Conference Proceedings	<b>25 July</b>
December	E-readers and libraries: competition or integration	5 <sup>th</sup> November

You will notice I have highlighted the deadline date for the September issue which is a week earlier. I shall be away from the 10<sup>th</sup> August for a month in London for the Paralympic Games dealing with the preparation of the Romanian team and also then acting as *Chef de Mission* for the team throughout the actual Paralympics from the 29 August to the 9<sup>th</sup> September. Therefore, I would appreciate everyone's assistance in getting the material from the 13<sup>th</sup> EAHIL Conference in time for me to prepare the September issue.

All that remains to say is very best wishes from all of us on the *JEAHIL* Board for a very Happy Christmas 2011!

## Is a Virtual Library cost effective?

**Laura Muñoz-Gonzalez, Veronica Juan-Quilis**

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### Abstract

*The Andalusian Public Health System Virtual Library (Biblioteca Virtual del Sistema Sanitario Público de Andalucía, BV-SSPA), was created in June 2006. In this paper an evaluation is made to see whether the investment made by the Andalusian Government has been worthwhile. The cost-effectiveness and efficiency of the project together with the management criteria are explored.*

*Key words:* library; cost-effectiveness; economies of scales; efficiency.

### Prologue

Next June in 2012, the Andalusian Public Health System Virtual Library (Biblioteca Virtual del Sistema Sanitario Público de Andalucía, BV-SSPA) will be six years old. Over this short period, we have followed the guidelines from the Andalusian Government and have experienced a completely new way of doing things in libraries.

Our objective was to create a Virtual Library for the whole Andalusian Health System with the tools the System gave us. Andalusia is a territory with a population of more than eight million people, almost 95,000 health professionals, 41 traditional hospital libraries with their own budgets, journals and services. We had the Government's support in terms of creating a knowledge management strategy and a consolidate budget. During this time we have been immersed in central electronic resource subscriptions, creating new services such as interlibrary loans, the institutional repository, the science production studies, taking part in congresses and organizing others; we have not had time to take a breath.

And now, we are bound by economic restrictions which has obliged us to stop and reflect, to think about our past and what is more important, our future. It is time to evaluate our work and think of new opportunities and challenges to try to change this small library world. Nowadays librarians have to view libraries as companies, and become used to manage profitability, licensing agreements, visibility, economics of scale, budget restrictions. Now is the time to take advantage of this opportunity to stop, assess and evaluate the past and prepare for the future.

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### Introduction

The BV-SSPA is an Andalusian Government strategic action line determined in the key process *Guarantee the Knowledge Exchange into the Health System* which was established by the Strategy IV, Knowledge Management, in the II Quality Plan (2005-2008):

The purposes of this strategic action line were defined in this document:

- to allow health professionals to identify, find and obtain the necessary document resources for their task development;
- to help citizens to find non-biased, comprehensible and established information so they could participate in an active way in decisions which could affect their health;
- to coordinate the Andalusian Public Health libraries with the aim of sustaining an institutional network for the expansion of the Virtual Library services to every health professional;
- to establish strategic alliances with organizations for the performance of its objectives;
- to promote the Andalusian Public Health System Knowledge Management.

Andalusia is a region with more than 8 million inhabitants, with 95,000 health professionals in the following institutions, 41 hospitals (13 big hospitals with more than 500 beds; 18 medium and 10 small), 1,500 Primary Healthcare centres and other research or training centres. With that panorama the Andalusian

Government aimed to create a Centre for Information and Scientific Documentation, that is, the BV-SSPA, which coordinated all of the health sciences' documentation centres. And did we accomplish what we set out to do? Yes we did!

### Methods

The advantage we had was the institutional support which gave us our own budget and management independence. A preliminary study was absolutely necessary to know exactly the actual state of journal subscriptions and it was found that a collection of 5,267 printed journals had been subscribed by hospitals. There were 2,967 journals which had been subscribed by two or more hospitals, and were repeated into the system. That is, more than 55% of this collection had been bought repeatedly by different libraries for their own use.

The consequences of these individual subscriptions were:

- professionals who worked for these hospitals had different resources available depending on their working centres. They all worked for the Health System but the resources and services that they had at their disposal were not the same and this was really drastic for small hospitals whose funds for serial purchase were really small;
- this was even worse for professionals who worked for Primary Healthcare centres where there were no subscriptions;
- the resources which were subscribed and services such as interlibrary loans, were not, in most cases, remotely accessible. Health professionals could access and do their research only at their working centres and during their working hours.

What we firstly pursued was the rationalization of the collection to avoid duplication. First of all the evaluation of the collection was necessary, comparing it to the subscriptions that the hospitals really had and deciding if the subscription was relevant for every resource.

We started our collection in 2006 with 975 electronic journals. Our concern was to cover assistance needs, which had been previously detected through the user studies, following quality criteria. Once the BV-SSPA subscribed the electronic resources for the whole system, the centres did not renew their individual subscriptions for the same titles. This collection was progressively enlarged during these 5 years, including other subjects such as pharmacy, stem cells and genetics:

- subscribed titles in 2007: 975;
- subscribed titles in 2008: 2.404;
- subscribed titles in 2009: 2.431.

In the following years due to economic restrictions, no new subscriptions were made. However, some important services such as: document supply service, scientific production studies, institutional repository, E-learning, were developed. At this stage no centre was allowed to subscribe to any electronic resources. The licenses were signed for the whole system: hospital, research and Primary Care Health Centres. The same information and services had to be accessible to all professionals. Instant access to journals was also a requirement in order to avoid embargo and home access to resources was also provided.

### Results

At present the BV-SSPA has the biggest electronic health science resource collection in Spain. Thanks to its commitment to quality and user service in order to detect and determine needs, its electronic collection has reached 2,431 subscribed titles from the most prestigious national and international editors, covering not only assistance needs but also research and learning for healthcare, management, health economics, stem cells, pharmacy and nursing areas. 69.02% of these journals have impact factors and 91.10% of them are in the first or second quartile in Health Sciences.

Now the analysis regarding cost-effectiveness, profitability, economies of scale and efficiency is necessary.

#### Cost-effectiveness

The BV-SSPA is saving in 2010 more than 30% of the cost of individual subscriptions that hospitals would have had if the Virtual Library had not been created (*Figure 1*).

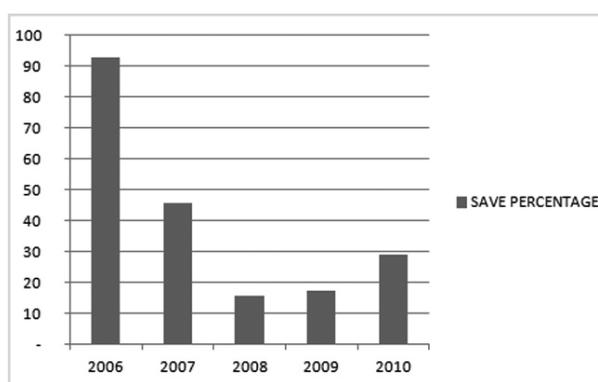
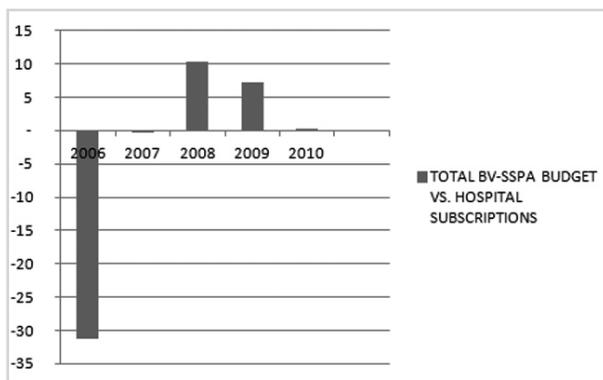


Fig. 1. The BV-SSPA saving percentage.

This calculation is reached by taking into account only the subscriptions the BV-SSPA have initiated during these years and compared with those that the hospitals would have made if the BV-SSPA did not exist. But as is indicated in a previous paragraph, our Virtual Library is managed as a business with its own budget. In addition, to subscriptions it also includes other items such as:

- salaries;
- staff education;
- rent;
- external services;
- miscellaneous costs;
- hardware, software and other investments.

What is surprising is the fact that the BV-SSPA is still cost-effective even though all these services are included, as its cost does not exceed the hospitals' subscriptions cost. These two amounts are not comparable as the hospital's data for the apportionment of salaries, premises, energy, etc. are not at our disposal.



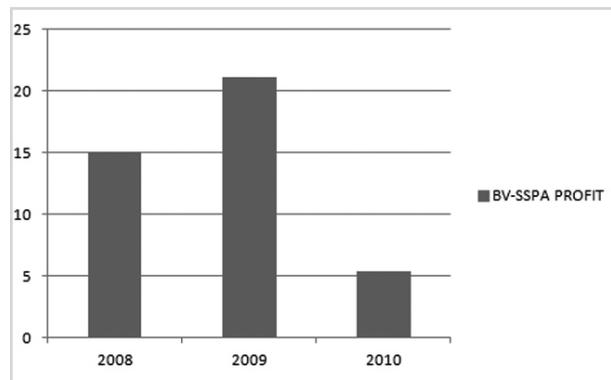
**Fig. 2.** The BV-SSPA total budget vs. Hospital subscriptions cost.

The hospital subscriptions cost would be 0.21% greater than the total BV-SSPA budget, in 2010.

### Profit

One more step is necessary to analyze this regarding the business viewpoint: its benefit. For this purpose we have an obvious difficulty: the income of the BV-SSPA comes from the Public Treasury, and it is calculated to cover just its expenses. But we have the data of the users' discharges and giving them an estimated value of five euros, we have the following results:

The BV-SSPA has had a hypothetical gross profit of 15% in 2008, 21% in 2009 and 5.4% in 2010. How many companies would be able to declare this nowadays?



**Fig. 3.** BV-SSPA hypothetical gross profit.

### Economies of scale

Central purchasing has meant for the Andalusian health professionals, the democracy of information resource access. Before BV-SSPA, only the staff from big hospitals had access to this kind of information, but now it is accessible to everyone:

- all kind of hospitals (including small ones);
- primary health care centres;
- learning centres;
- research centres.

Near 95,000 health professionals can access this Virtual Library in 2010. Comparing this to previous hospital costs, the BV-SSPA's are lower and more resources for many more users are available.

### Efficiency

There are other items which are not valuable and have a great impact on the services offered by the BV-SSPA. In addition to the central purchasing we created some services (with the same economical resources) which have increased annually:

- remote access to all the library resources independent of the user's location. The installation of this system in February 2008 was a success in terms of usage as it meant an increase of 147% of the BV-SSPA usage in 2008;
- the Document Supply Service was definitively implemented in 2009, focusing all the article orders from and for the Andalusian Public Health System, fulfilling the recommendations of the International Federation of Library Associations (IFLA);

- the Institutional Repository called HypatiaSalud which contains the whole intellectual, scientific production generated by the Andalusian Public Health Professionals as a result of their healthcare, research or managing activity;
- the creation of Impactia: an application developed by the BV-SSPA to study the Andalusian Health System Scientific Production;
- the visibility of the Andalusian Health System reached thanks to the BV-SSPA, through the numerous events in which it participates and organizes such as the 2<sup>nd</sup>. European National Digital Libraries of Health Conferences and the National Conference of Health Science Information and Documentation held in Cadiz in 2010 including its profile in social media where it can be contacted by citizens and health professionals all over the world.

### Conclusions

This has been a project which came into being thanks to the perfect machinery composed by an institutional and professional commitment (from health professionals, librarians and managers). The Institutional Guidelines and the fact that there was a specific budget destined for the Virtual Library of

Health, makes it clear that it is a strategy of the Andalusian Government which has turned it into a National Reference Centre.

Finally we can now demonstrate the productivity of this investment:

- the BV-SSPA is cost-effective;
- its usage produces a hypothetical demonstrated profit;
- its negotiating strength results in economics of scale;
- its efficiency is evident.

These figures are important for our sponsor, but the principal fact is that we have changed the rules of the market; the BV-SSPA is so strong and has such an external visibility that our negotiations with suppliers have a strong basis to initiate discussions. Like many other libraries we have suffered from budget restrictions but our work over the last years gives us enough experience to know that we can be powerful due to our number of users, the government support in terms of being the only electronic resource intermediary for the system, the services we offer and our visibility. The path we have tread will make the future easier.

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### References

1. Junta de Andalucía. Consejería de Salud. II Plan de Calidad del Sistema Sanitario Público de Andalucía, 2005-2008.
2. Juan-Quilis, V. Impacto económico de la Biblioteca Virtual del Sistema Sanitario Público de Andalucía 2004-2009. [Informe técnico] Unpublished.

## The closing of the Welch Library building: interview with the Director, Nancy Roderer

Nancy K. Roderer<sup>1</sup>, Alonzo Lamont<sup>2</sup>, Blair Anton<sup>3</sup>, Oliver Obst<sup>4</sup>

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### Abstract

*Recently, the Welch Library made it into the news, because of their bold move to close their doors on December 31st. The reactions among patrons and librarians have been mixed. The Journal of EAHIL interviewed Nancy Roderer, Director of the Welch Medical Library, to learn more about the reasons behind the changes and share this information with libraries facing similar changes.*

*Key words:* medical library, library future, informationists.

The William H. Welch Medical Library serves the information needs of faculty, students & staff of the Johns Hopkins Medical Institutions, comprised of the Schools of Medicine, Nursing, and Public Health and the Johns Hopkins Hospital and its affiliates, working with those units to advance research, teaching, and patient care. Notably, the number of library users in this research and clinically intensive setting includes more faculty than students. The overall budget of the library is about 8 million US Dollars (personnel costs 42%, collection costs 38%, and physical plant operations 12%) and is provided mainly by the three Schools and the Hospital. The Welch Library has about 50 staff members and is located in Baltimore, MD, USA (1).

Recently, the Welch Library made it into the news, because of their bold move closing their doors as of December 31st. The reactions among patrons and librarians have been mixed. A professor and a five decade user of the library wrote a piece in the Hopkins Medicine Magazine about what has been gained and what has been lost in the name of the progress (2, 3). The *Journal of EAHIL* interviewed Nancy Roderer, Director of the Welch Medical Library, to learn more about the reasons behind the changes and share this information with libraries facing similar changes.

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**Q:** Please tell us about the major changes coming to the Welch Medical Library.

**Nancy:** I'm happy to do that but first I should mention that many things are staying the same. The tradition of Welch serving people wherever they are with the emphasis on online services and librarians continues. But you ask what is changing, and the biggest change is that we are closing the building to the public as of the end of this year.

**Q:** What you would say specifically brought these changes about?

**Nancy:** The library does an ongoing review of services to make sure that they are as cost effective as possible, and with these reviews there have been many changes in the library over the decades. What we have seen for some years is very large increases in the availability and use of online materials and more use of our informationist (embedded librarian) services. At the same time, use of the physical building and circulation of print materials have gone down. A kind of tipping point came last year. Here are some numbers that capture what was happening: on an



**Fig. 1.** Nancy Roderer.

average day, there were 104 people walking through the doors of the physical library, there were 40 people checking out books and there were 35,000 articles downloaded. These data certainly support putting our emphasis on delivery of online materials and support of online use.

**Q:** Do you really feel the changes will make the library better?

**Nancy:** Yes. The costs that we save by closing the doors of the library can be redirected to collections and services to make them even better. Online check-out and delivery of materials makes these services better, allowing books and reserve materials to come to the user rather than the user having to come to them. In addition, our Informationists\* work with their departments on site, holding office hours, attending meetings, and giving classes. (\*See explanation at end of article)

**Q:** I think most patrons would like that aspect of the library coming to them. When did you first think of closing the physical library?

**Nancy:** We did a long range planning study in 2001-2002 that involved talking with users and envisioning what services should be like when the bulk of what was needed could be provided electronically. We selected 2012 as that year, and began to work towards it. That first study and a later action plan can be found under <http://www.welch.jhu.edu/about/management.html>.

**Q:** What has been the most difficult aspect of these changes coming about?

**Nancy:** Well, the answer to that question changes over time. As I said before, we have been in the process of thinking about this and planning for it for the last ten years. But as we come close to the closing of the physical library doors, I think what I am most struck by is the complexity of the library and the things that we need to review to make sure that everything will be in order as of January 1st. So we are very focused on having as smooth a transition as we can for all of our users and that requires a lot of project planning and scheduling and synchronization of events.

**Q:** Please provide an example why the complexity of the closing is higher than thought?

**Nancy:** Libraries have many detailed procedures, and we have had to review all of them for possible changes. One example is that spouses/significant others of faculty can have library privileges, but getting them previously required coming physically to the library. It will now require filling out a form on our web site.

**Q:** The closing is such a huge event. What have been some of the reactions you received?

**Nancy:** Most reactions have been neutral or positive. More have been in the neutral category because if you have been using the library online, it doesn't make very much difference to you. This is not to say there haven't been some concerns and some anxiety on the part of people who have used the physical library. Understandably, there is also some nostalgia about the end of the era of the physical library building.

**Q:** You have closed a number of branches over the last seven years, and ending services in the Welch building as the last step in that process. Will Welch continue serving patrons at other physical service points?

**Nancy:** After the closing, there will be five locations where students can access reserve materials and pick up and drop off print books that they have requested. (Faculty and staff have the books delivered to and picked up from their offices, but students do not have offices.) In our original planning study we talked about digital resource use and Informationist services, but thought that we might have small library areas around campus – we called them “touchdown suites”. Over

time, it became clearer that we did not really need those to work with the faculty and the students.

**Q:** Most people access the library online and electronically. Students' habits are changing in terms of their study habits and their social habits and they want to combine the two.

**Nancy:** Yes, the study habits of students have most definitely changed, and many are attracted to the new "perks" now available with studying in some places. They like to incorporate e-mail, snacking, and more social interaction along with their library experience. "Quiet time" is almost an equal partner with social media. The design of the Welch Library (we have one large study room, a computer room and many study carrels that can only accommodate 1-2 students) does not afford users the opportunity to gather in groups. They tend to opt for the coffee houses and other study spaces around campus that offer more environmental stimulation.

As an example, during a fire drill last week, I had the opportunity to talk to a nursing student who had been studying in the building, and I told her about the library closing. She expressed concern first, and so I began to tell her about the other study spaces that were available on campus. Once she was informed that she could still have a place to study, she was fine. I understand the anxiety when her accustomed place for studying is closing. Students in the Schools of Nursing and Public Health have excellent study space in the buildings where their classrooms are, and the MD students in the School of Medicine also have excellent study space in the new Armstrong building.

Also, I remember the evolution of the telephone. Do you remember when telephones were attached to the wall and when the headset was attached to the body and pre cell phones? There have been considerable changes in that arena with some anxiety at each stage, but what has resulted is a much more effective instrument.

**Q:** Yes, I remember very specifically thinking when I first saw cell phones that I wanted my phone attached to something. In conversations with people at Hopkins, what are their concerns, or is there some greater circumstance that they foresee happening?



**Fig. 2.** Welch Medical Library.

**Nancy:** Well, they often start with "Where will people study?" That is a common question. I think the next one that gets asked is "What will happen to the staff?" There have been rumours that if the library is ending public services from the building, the staff will be without jobs. But that is not the case, since there is still much work to be done. The third question I get is: "What will happen to the building?" It would be nice to know the long term answer to that, but we don't yet.

**Q:** What will happen to the physical interior of the building? What kind of changes, or is there a new design in place?

**Nancy:** We have a number of conceptual designs for the building, but we have not settled on one yet. We do know that the Institute of the History of Medicine and its library will stay in place, probably forever, and that the West Reading Room with its wonderful paintings will stay in place and will be an even better venue for events. In the short run, the building will be used to house all the library staff. We can't fit all library staff into the building now, but we will be able to after January.

In the long run, a promising plan for the building is to make it a center for graduate medical education, for the PhD programs in the School of Medicine that are currently growing out of the buildings behind the library. A second proposal is to make the building an orientation and history center for the campus, something that it does not have now.

To summarize, the library exists to support the information needs of its users, and that will not change. The way in which we do that will change, and it changes in much the same way as everything around us changes: as communication changes, as education changes, as networking changes. All of those things have been affected by technology over a number of years, and will continue to change. The library is just the same. What we know from our patrons is that they put an enormous importance on getting the information they need, and an enormous importance on getting it quickly and conveniently. So we are always working to get them the information they need more quickly and more conveniently, and this is another step in that direction. It is a journey we have made with our users. As they have adopted new technologies, so have we. We have tried to stay a step or two ahead of them. It is a journey that will continue.

**Q:** Other people have mentioned before that the closing is a very bold move and other libraries are undergoing changes in terms of downsizing, but yet I get the sense from you that you are very confident about the library's future?

**Nancy:** Yes, I am. The circumstances that make it the right thing for our particular library and this particular point are quiet compelling. I should note that that doesn't mean that it is the right thing for other libraries, but it is the right thing for us, I believe.

The interview was put together from the 2<sup>nd</sup> edition of the Welch Library Podcast (Interviewer: Alonzo Lamont, Communication Specialist of the Welch Library) (4) and a written interview in November 2011 (Interviewer: Oliver Obst).

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## References

1. <http://www.welch.jhu.edu/about/management.html>
2. <http://www.thedigitalshift.com/2011/10/research/major-medical-library-closing-its-doors-to-patrons-and-moving-to-digital-model>
3. [http://www.hopkinsmedicine.org/news/publications/hopkins\\_medicine\\_magazine/fall\\_2010/lost\\_in\\_the\\_stacks\\_no\\_more](http://www.hopkinsmedicine.org/news/publications/hopkins_medicine_magazine/fall_2010/lost_in_the_stacks_no_more)
4. <http://blogs.welch.jhmi.edu/post/Welch-Library-Future-and-Podcast-with-Nancy-Roderer.aspx>

### **\*What are Informationists?**

*Informationists are approximately the same thing as a kind of embedded librarians. At Welch, we use the name Informationist in medicine because it was proposed by Florance and Davidoff as an extension of clinical librarians (The informationist: a new health profession. Ann Intern Med. 2000 Jun 20;132(12):996-8.) The Welch Informationist Service delivery model comprises customized information services that strengthen the scholarly efforts of clinical, research and education departments, centers and institutes of the Johns Hopkins Medical community. This model of embedded librarianship depends on the establishment of relationships between the informationist and the faculty and staff of an assigned group. Building these relationships is an informal, organic process that begins with an initial contact and grows through ongoing rapport, interaction and collaboration. Welch Library offers information services to all user groups. Services to interested groups are implemented according to their needs, fully maintained with appropriate levels of staffing and resources, and assessed regularly. Informationists emphasize their work in the context of their users, delivering information services wherever our patrons are, whether in their office space, on a medical unit or in a laboratory. Informationists hold regularly scheduled office hours, and participate in departmental activities and committees. Informationists join users in formal and informal partnerships to work on a variety of complex, in-depth projects (both funded and non-funded) that can span for days, weeks or months.*

## Virtual libraries, virtual librarians – what is next?

**Suzanne Bakker**

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### Abstract

*This article presents an argument against the misinterpretation of the consequences of the recent Welch Medical Library closure to patron access and responds to the increasingly asked question regarding the future of medical librarians and libraries. The author draws on her own experience and research into information behavior to substantiate her argument. In conclusion her answer to the article title: Virtual libraries: virtual librarians - what's next? is that practical and moral support from the library to the busy health care practitioner contributes to the latter's well-being and better performance both as a person and as a professional.*

*Key words:* medical librarians, information services/trends, information seeking behavior.

### Prologue

According to the rumours circulating, there is a lot of discussion regarding the closure of the Welch Medical Library. Not surprising, as we had the same comments in the Netherlands on the statement of the authorities supervising and accrediting postgraduate medical education, saying that:

*The general requirement that the training facility must have a library is replaced by the statement that the necessary information should be available 24 hours a day, which means including night shifts when on duty. It is up to the discretion of the facility providing the training in which format the information is provided and available (1).*

My colleagues in the Netherlands are concerned about the future of hospital libraries. In the past it was felt that thanks to the requirements as stipulated by the committee on the accreditation of postgraduate training programmes that the library was “safe”; the library was in the category of “must have” and that the library collection and services were mandatory. However, with the above statement, it is easy enough to conclude: there is no longer a need or necessity to have a library, or in other words: the hospital can do without!

With budget constraints and “everything free on the Internet”, and the verb “googling” being synonymous with “search & retrieval”, managements are inclined to believe that libraries are 19<sup>th</sup> century relics, that somehow survived into the 20<sup>th</sup> century but should not be tolerated to exist any further in modern, 21<sup>st</sup> century times. And last but not least: an easy target to bring the cost saving and reduction of expenditure and of course a bonus for “good management” (2).

And yes, we all are aware of the common belief that the only thing librarians ever had to do was to stamp the books out and dust the shelves! From both sides, by management and librarians, it is a Pavlovian reaction on presumptions and prejudicial images of librarians, crude caricatures of staff serving and mediating in information sources.

Before we join these voices and draw conclusions it is wise to focus on the facts. On the website of Welch Medical Library it says:

*Our people will still be here to serve patrons, and we consider that to be the most important element. We're excited about this new stage because we intend to provide even better resources and service.*

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*In moving forward our vision is really quite simple: how can we serve you best? The Welch library building will be closing to patron access.*

That is all: CLOSING TO PATRON ACCESS, the physical library, library premises are from now on “closed to patrons”. No longer open shelves, no longer chairs and tables in the reading area, no longer staff on duty at the entrance, waiting ... I cannot repeat it often and clearly enough: the PHYSICAL library is CLOSED to PATRON ACCESS. This means: the library collection is still there, the books and bound volumes of journals on hundreds of miles of shelves in closed stacks, are all still there and librarians have access, not for dusting and stamping, but to access, copy, scan and deliver the information stored in the material, retrieved by smart searching by librarians, using even fancier systems, the digital catalogues, thesauri, and indexes. Instead of patrons browsing in cards and books or scanning book titles on spines... nowadays, it is the **librarians providing** them the requested documents and information in a **timely** matter and in a **convenient** format for further usage.

So the answer to the question (theme) of this journal issue: **Virtual libraries: virtual librarians - what's next?** can be answered by: **Real services by real people!!**

Reading onwards on the Welch library website and to related sites seeking for explanations on the decision regarding the library, we arrive at the blog (3) and the referral to the Davidoff and Florence paper (4) in the interview with Stella Seal, Associate Director of the Welch Services Center, in which she states referring to the work of the informationist as: “it’s like figuring out a puzzle, it’s detective work”. With end-user access to systems like PubMed (until two decades ago it was the monopoly of the intermediary to search Medline systems, due to the intricate search languages and the high costs of connection time and the number of characters downloaded) there is less need for the intermediary role. Instead, new roles were identified for the clinical medical librarian: *instructing team members in the use of the medical literature*” and assisting “*team members to identify and retrieve relevant information through computer workstations located in the hospital*” (5). Today, almost 15 years later, computers, networks

and databases are the most common tools to everybody (like paper-pen-and-pencil when I was young), instruction on using these tools is no longer a necessity: now it must be on **how-to** use these tools and providing this service in the **most efficient** and **effective** way (6-9).

In the years of the late 90s we saw a fast growing use of online systems, not the least due to the public accessibility over the internet of Medline, from now on called PubMed (10). It is easy enough to conclude that now that the systems are there, access is free and everybody is online 24-7 including mobile devices, the end-users can do it all on their own. But research shows that there are more barriers to access the literature than systems and networks (11-16).

Twose et al. found that: *Time and competing responsibilities often constrain the retrieval and use of resources for evidence-based decision making and an informationist or power-user model may be more appropriate than training all practitioners to integrate searching into their workflow* (12).

The research on information behaviour of general practitioners by Verhoeven showed: ... *that family physicians used colleagues most often as information sources, followed by journals and books. This outcome corresponded with results in other professions* (16). Cullen noticed the heavy reliance by general practitioners on the advice of specialists, their knowledge and experience being a well appreciated source of information (15). For the nursing profession Bertulis found even stronger support for the preference of consulting colleagues instead of the literature or other information sources (14). On the other hand McKnight et al. related the preferences of nurses in their information behaviour to be related to the kind of work and work processes they are involved in. They conclude: *A major implication of this study for librarians is that immediate professional reference service, including quality and quantity filtering, may be more useful to on-duty nurses than do-it-yourself searching and traditional document delivery are* (11).

The study of McKibbin is an indication to the quality librarians bring into the search process: *Librarians had equivalent recall to, and better precision than, experienced end-users* (13). Which means that taking

into account the time constraints of clinical practitioners, there is less waste of time using the librarians' searches, due to the better precision (meaning less irrelevant references retrieved).

Is it a typical characteristic for healthcare workers to appreciate the personal encounter when seeking information and advice? I am inclined to believe it is part of human nature. On the other hand it is known that in most cases physicians seek support for their clinical decisions, to take away uncertainties instead of creating themselves a new task of critical reading. The extra workload is a barrier in addition to the time constraints. In addition to the barrier to actually read and use the information, comes the reliability and objectivity of the evaluation of the retrieved information. Not all members of the clinical team give the same rating for the usefulness and impact of the literature on clinical decision making. In a project evaluating the impact of clinical librarian's services it was found that junior doctors report less impact on patient care than senior staff in the same cases and using the same literature search results (17). This difference could be explained by senior staff taking into account the impact on similar cases in the future. Therefore, it is difficult to measure the direct and measurable impact of literature searching on individual clinical cases and outcome.

Information behaviour is as complex as any other human behaviour. Changing behaviour and changing practice is not a one-person issue but depends on group culture and personal relations. The services of the "closed" Welch medical library seem to actually focus on these other aspects of information infrastructure and support: not so much the technology, the resources or the self-service efficiency. Reading the blog, we find:

*However, a couple of the items you mentioned (loudly and clearly) are issues that we can control. Specifically, you want a better interaction with us. In order that in whatever context you utilize the Welch Library, in whatever way you might need the Welch Library - maybe you'll see that a little more human touch comes right along with it (18).*

It is all about needs, services and (human) interactions. It is like EAHIL: being virtual, the personal interactions at the meetings are the best and most effective part of the association.

Returning to the question in the title: we may conclude that the "next" will be: services, services and services... Services provided, services consumed, services agreed upon (service level agreements). In this respect it should be noticed that plain financial figures should not be taken for granted; the information services cannot be provided as a *one-fits-all* solution. Information to be effective must be tailor-made and match personal flavours and preferences. When studying the information needs of different user groups in the healthcare sector, it is amazing how much these groups differ in needs, habits, preferences and practice. The Welch library will now put the interaction with the user on top, the highest priority in their services.

For all medical librarians and all medical library services it is no longer sufficient to promote the collection, the products and services. In planning the library for the future we must start with the question: "**What** do patrons, students, patients, society and management expect from the library; **why are there** these expectations and in **what** context and **how will we (medical librarians) live up to that.**" When answering these questions in further detail, we will arrive at new job descriptions, new library education and training programmes. In addition, there will be an endless series of problems to solve for our users, thanks to fast developing and overwhelming new technology, and the many new features this brings to implement. And the ultimate goal will be to answer the question: ***What is the meaning of it all?***

In fact it means: a better world, with better knowledge and understanding, better cooperation and [not least] better health and better care for all. I am convinced that practical *and* moral support from the library to the busy health care practitioner contributes to the latter's well-being and better performance both as a person *and* as a professional. We are lucky to be medical librarians; we like our users and they like us (19).

## References

1. Besluit van 11 mei 2009 houdende de algemene eisen voor de opleiding, registratie en herregistratie van de medisch specialist en voor de erkenning als opleider, plaatsvervangend opleider en opleidingsinrichting (Kaderbesluit CCMS), (2009).
2. Lotje: ["Interim manager got EUR 65.000 a month; outsourcing the library isn't a bad idea" / Information professionals in healthcare.]  
[http://www.nvb-online.nl/fileadmin/bestanden/BMI\\_afbeeldingen/Algemeen/2011/Lotje\\_3\\_A3.pdf](http://www.nvb-online.nl/fileadmin/bestanden/BMI_afbeeldingen/Algemeen/2011/Lotje_3_A3.pdf)
3. <http://blogs.welch.jhmi.edu/post/Stella-Seal-Reflects-on-Welch-Past-Present.aspx>
4. Davidoff F, Florance V. The informationist: a new health profession? *Ann Intern Med.* 2000;132:996-8. PMID: 10858185
5. Turman LU, Koste JL, Horne AS, Hoffman CE. A new role for the clinical librarian as educator. *Med Ref Serv Q.* 1997;16:15-23. PMID: 10168342
6. Brookman A, Lovell A, Henwood F, Lehmann J. 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. *Health Info Libr J.* 2006;23 Suppl 1:10-21. PMID: 17206992
7. Gunning JE, Fierberg J, Goodchild E, Marshall JR. Use of an information retrieval service in an obstetrics/gynecology residency program. *J Med Educ.* 1980;55:120-3. PMID: 6986469
8. Palmer J. Yet more evidence ... promoting effectiveness. *Health Libr Rev.* 1996;13:172-4. DOI: 10.1046/j.1365-2532.1989.1330172.x
9. Palmer J, Hepworth JB. Yet more evidence ... effective health library and information services -- the role of research. *Health Libr Rev.* 1995;12:314-8. DOI: 10.1046/j.1365-2532.1995.1240314.x
10. Pritchard SJ, Weightman AL. MEDLINE in the UK: pioneering the past, present and future. *Health Info Libr J.* 2005;22 Suppl 1:38-44. PMID: 16109026
11. McKnight M. The information seeking of on-duty critical care nurses: evidence from participant observation and in-context interviews. *J Med Libr Assoc.* 2006;94:145-51. PMID: 16636706
12. Twose C, Swartz P, Bunker E, Roderer NK, Oliver KB. Public health practitioners' information access and use patterns in the Maryland (USA) public health departments of Anne Arundel and Wicomico Counties. *Health Info Libr J.* 2008;25:13-22. PMID: 18251908
13. McKibbon KA, Haynes RB, Dilks CJ, Ramsden MF, Ryan NC, Baker L, et al. How good are clinical MEDLINE searches? A comparative study of clinical end-user and librarian searches. *Comput Biomed Res.* 1990;23:583-93.
14. Bertulis R. Barriers to accessing evidence-based information. *Nurs Stand.* 2008;22:35-9. PMID: 18543722
15. Cullen R. The medical specialist: information gateway or gatekeeper for the family practitioner. *Bull Med Libr Assoc.* 1997;85:348-55. PMID: 9431423
16. Verhoeven AAH, Boerma EJ, Meyboom-de Jong B. Use of information sources by family physicians: a literature survey. *Bull Med Libr Assoc.* 1995;83:85-90. PMID: 7703946
17. Büller HR, Dyserinck HC, Vreeken J, Bakker S. [Manual or tour operator: who guides the clinician in literature searches?] Handleiding of touroperator: wie gidst de clinicus bij het literatuuronderzoek? *Ned Tijdschr Geneeskd.* 1992;136:797-800. PMID: 1574152
18. <http://blogs.welch.jhmi.edu/post/Results-of-Library-Quality-Survey-A-Message-For-Patrons.aspx>
19. Bakker S. Tell me why you stay in medical librarianship? *Biomedities.* 2000(50):14-21. [http://www.nvb-online.nl/fileadmin/bestanden/BMI\\_tekstdocumenten/BIOMEDITATIES/B50.pdf](http://www.nvb-online.nl/fileadmin/bestanden/BMI_tekstdocumenten/BIOMEDITATIES/B50.pdf)

### Letter from the President



**Peter Morgan**

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Dear Colleagues,

As I write this the news media are dominated by reports and discussions on the state of the economy in European countries, both within the Eurozone and outside it. There is little doubt that the crisis is immensely far-reaching and threatens the very existence of major financial institutions, not just in the weaker nations, and that even if politicians and economists together can find ways of avoiding complete catastrophe in the short term, the damage tonational and international economies is likely to be with us for many years to come. In these circumstances it takes no great skill in foretelling the future to know that our library and information services are likely to face further prolonged periods of reduced funding. This in turn will present us with yet more challenges in justifying what we do and in learning how to sustain our services on reduced resources. The danger is that retrenchment leads to stagnation and withdrawal of services, stifling innovation and development at a time in our history when the pace of scientific, technological, and social change is accelerating and generating ever higher levels of expectation. In these circumstances it seems highly likely that the search for better ways of securing value for money will lead to renewed interest in what Open Access has to offer. For many librarians OA is closely identified with concerns about subscription prices for scholarly journals - the "journals crisis". Proponents have argued that each of the two complementary strands of OA may provide a solution. "Gold OA", or OA journals with a business model that relies on article-processing charges levied on authors as the main source of income, has been seen as a way of providing less costly alternatives to conventional journals; and "green OA", when versions of papers published in conventional journals are also deposited into OA repositories, has been seen as a way of enabling researchers to gain free access to papers and thus allow libraries to avoid subscribing to such a wide range of titles as might otherwise have been required. These are attractive arguments, especially in times of financial constraint. But while each of them may have a degree of validity, we should remember that from the outset OA has been driven by a rather set of objectives. There are several differing accounts of its origins, with various individuals and organisations claiming a role in launching and codifying the movement; but the core principle has consistently been the belief that the results of research - and especially publicly-funded research - should be freely accessible and available for re-use. (That last condition, unfortunately, is all too often overlooked: free access to research materials is not Open Access if the copyright or licence holder imposes restrictions that obstruct free re-use.)

So we should be wary of seizing on OA as a solution to library funding problems. Indeed, there is some evidence that Gold OA, in particular, may actually create additional library costs in some circumstances. For example, even if OA journals could be used as direct replacements for conventional subscription-based journals (and that will remain a very big "if" as long as researchers remain convinced that their research ratings and career prospects are heavily dependent on having their papers published in established high-profile, high impact-factor journals), the savings from cancelled subscriptions might well be swallowed up in paying the article-processing charges levied by OA journal publishers. Cost-modelling studies done in the UK by JISC have even suggested that in a hypothetical world in which OA journals had entirely replaced conventional subscription journals, the largest research-intensive universities

might incur greater costs than in the existing publishing environment because of the volume of research papers published by their staff (1). The economics of green OA self-archiving are also far from straightforward. While the cost of depositing in a subject repository may be met by the research funder (as happens for example with a high proportion of the papers deposited into UK PubMed Central, where the publisher is reimbursed by the funder for depositing papers on behalf of the author), self-archiving in an institutional repository presents a different picture: many researchers are reluctant to undertake this task themselves, and libraries are increasingly finding it necessary to designate repository staff - at a cost - who can provide a mediated deposit service for reluctant authors.

The message seems clear: there are very good reasons for librarians to support and advocate OA, but to do so primarily as a means of achieving savings in library budgets is misguided and in any case not guaranteed to deliver the required results. At the same time interest in the principles and applications of "openness" is broadening far beyond the confines of Open Access. We now find a wide variety of "Open" beliefs and causes: in my own professional activities I have recently encountered concepts such as Open Data, Open Source, Open Standards, Open Bibliography, Open Knowledge, Open Society ... the list seems endless ... each focussing on its own specific set of values and aspirations, but all adhering to the same general belief that free access to re-usable information is a moral entitlement and an essential prerequisite for progress in both scholarship and society at large.

I saw many of these values and their advocates in evidence at the fourth annual Science Online meeting (#solo11), a two-day event held at the British Library in London in September 2011. There is a complementary US meeting held each year in Durham, North Carolina, while the London meeting has a distinctly European flavour. The London meeting is billed as "an event dedicated to exploring the ways in which the Web has transformed scientific research and communication" (2). Like the 2010 meeting, this provided a fascinating and rewarding chance to observe how scientists are responding to a new and rapidly evolving research environment by using the Web to find collaborators, invite peer group comment and criticism, share ideas and results, and so improve public awareness and understanding of science. Much of the discussion - a mixture of formal presentations, breakout groups, and training sessions - was accompanied and enhanced by a constant background exchange of comment through live blogging and tweeting. One participant observed that this was in marked contrast to a European chemistry conference he had recently attended, where there were few laptops or other portable devices in evidence - a reminder that the participants in Science Online were essentially the converted preaching to one another, and were still far from typical of the research community in general. This highlighted one recurrent theme of the meeting, "incentivisation". The participating scientists, while convinced that they were helping to drive scientific innovation in new, exciting and rewarding directions, were also frustrated and even angered that these new research activities attracted little formal recognition or reward from those who assessed research quality and awarded funding. In the same way that researchers, as noted above, cling to publishing papers in the traditional high-impact subscription-based journals because they believe this improves their chances of recognition and reward, so they cannot yet see sufficient reason to adopt new methods of research communication such as blogging because the benefits are difficult to identify: the "feelgood" factor that comes from sharing research activities in a spirit of openness is insufficient reward. Yet it may be that the growing public interest in science - in environmental issues, in stem cell research, in genomics, and so on - will persuade politicians that there are votes to be gained by supporting those researchers who appear most willing to engage in open, public scientific activity. This would in turn put pressure on public-sector research funders to revise the criteria by which they assess, support, and reward research, and bring practitioners of online science into the mainstream of scientific research activity.

My enjoyment of the Science Online event was tempered by one regret, that there were so few librarians present. While it was undoubtedly true that the programme focussed on researchers as the main group of participants, so that for me as a librarian there was a sense of eavesdropping on a very interesting conversation, the event organisers did identify science communicators and data curators as part of their target audience. If for the moment we put aside traditional professional labels and think instead in terms of how our role must adapt in response to the changing world of research, it is surely not difficult to see that we too should be participating fully in the evolving process of scientific communication. If you have an opportunity to attend meetings of this sort, where from time to time you can mix with researchers rather than your own professional colleagues, I can strongly recommend the experience as an excellent way of broadening your horizons and your understanding of people who use your services.

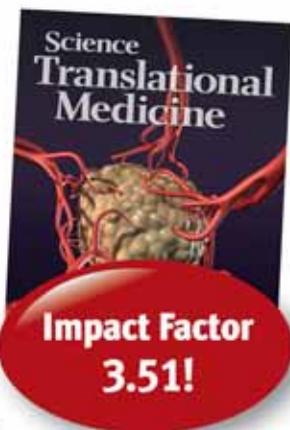
1. Swan A: Modelling scholarly communication options: costs and benefits for universities. Report to the JISC, February 2010 [cited November 2011]. Available from: [http://ic-repository.jisc.ac.uk/442/2/Modelling\\_scholarly\\_communication\\_report\\_final1.pdf](http://ic-repository.jisc.ac.uk/442/2/Modelling_scholarly_communication_report_final1.pdf)
2. Science Online London [cited November 2011]. <http://www.scienceonlinelondon.org/>

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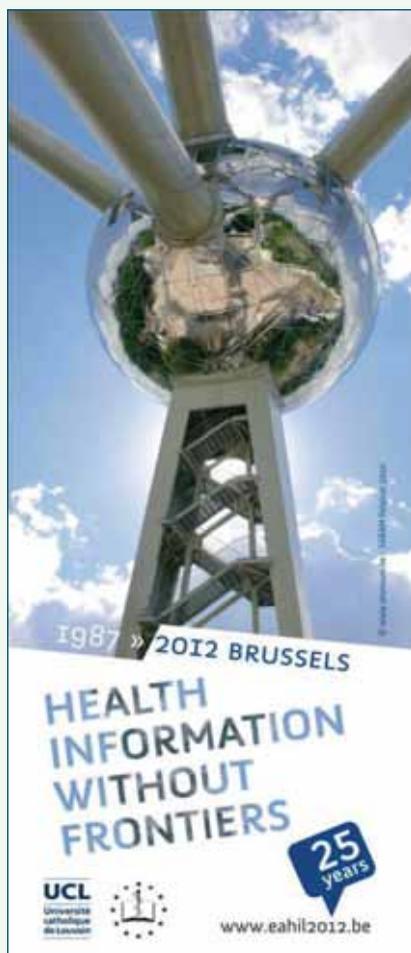


ScienceOnline.org

# EAHIL 25th Anniversary Conference 2-6 July 2012, Brussels - Belgium

The European Association for Health Information and Libraries (EAHIL) and the organising institution, l'Université catholique de Louvain (UCL) and its Library for Health Sciences, are proud to announce their 25th anniversary conference, to take place from July 2 to July 6, 2012, in Brussels (Belgium).

EAHIL was founded in 1987, and organised its first meeting also in Brussels. The UCL is honoured to be elected as the venue of this anniversary meeting.



## Scientific programme

The International Programme Committee presents a scientific program with the following activities: one and a half day of continuing education, oral presentations of contributed papers, state-of-the art lectures by invited speakers, poster presentations, workshops, and panel and round tables sessions. The preliminary schedule is available on the Conference website  
<http://www.eahil2012.be>

## Call for papers, posters and Continuing Education Courses

The International Programme Committee invites all interested persons to submit papers or posters or propose continuing education courses for the EAHIL Brussels Conference. People interested to present at the meeting are referred to the guidelines for authors.  
<http://www.eahil2012.be>

The central theme of the conference is "Health information without frontiers". The conference wishes to explore more specifically the following topics:

- Library development
- Library management incl. economics
- Evidence-based library and information practice
- EBM support
- Health informatics
- New roles of health librarians
- Digital libraries
- Free communications (other interesting things)

- Information literacy/user instruction
- Information needs of health professionals (nursing, rehabilitation specialists, speech therapists, etc.)

Acceptance/rejection will be notified to the submitting author by December 31, 2011. In case of acceptance, the authors are requested to confirm their presence at the meeting by January 16, 2012, and prepare a text for the Congress' proceedings by April 30, 2012.

## **International Programme Committee**

### **Chair**

- Pr. Dr. Henri Verhaaren (University Ghent, Faculty of Medicine, Ghent, Belgium)

### **Members**

- Stefan Darmoni (Rouen University Hospital, France)
- Ghislaine Declève, chair of the Local Organising Committee (Université catholique de Louvain, Belgium)
- Raf Dekeyser (Katholiek Universiteit Leuven, Belgium)
- Maurella Della Seta (Istituto Superiore di Sanità, Settore Documentazione (SIDBAE), Roma, Italy)
- Patricia Flor (Telemark University College, Porsgrunn, Norway)
- Lotta Haglund (Karolinska Institutet University Library, Stockholm, Sweden)
- Oliver Obst (University and Regional Library, Branche library Medicine, Münster, Germany)
- Tuulevi Ovaska (University of Eastern Finland Library, Kuopio University Hospital Medical Library, Kuopio, Finland)
- Françoise Pasleau (Université de Liège, Bibliothèque des Sciences de la Vie, Sart-Tilman (Liège I), Belgium)
- Jarmila Potomkova (Palacky University Olomouc Medical Library, Olomouc, Czech Republic)
- Paula Saraiva (Faculdade de Medicina de Lisboa, Portugal)
- Guus Van den Brekel (University Medical Center Groningen, Central Medical Library, AN Groningen, The Netherlands)

### **Contact Information**

- **Scientific questions:** Chair of the International Programme Committee, Dr Henri Verhaaren (henri.verhaaren@ugent.be)
- **Organisational issues:** Chair of the Organising Committee, Ghislaine Declève (ghislaine.decleve@uclouvain.be)

### **Université catholique de Louvain, Brussels campus**

The meeting's sessions will be held at the second UCL campus, located in Brussels itself. The campus is home to the medical faculty and its University Hospital. Endowed with an astonishing architecture, UCL/Brussels houses a sculpture garden, a medicinal plant garden, an old farm and a mill. Highly urban yet village-like, the site is widely appreciated by residents and visitors.

At 7 km away from Brussels National Airport, and a quarter of an hour away from the Grand Place by metro, UCL/Brussels is truly located at the heart of Europe.



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### 2012 Conference Schedule's pinpoints:

- Tuesday July 3, 2012: First timers' event at UCL Medicinal Plants Garden
- Old timers' event in typical Brussels cafés
- Wednesday July 4, 2012: Welcome reception in a fascinating Brussels place
- Thursday July 5, 2012: A unique opportunity to spend the afternoon debating special interest points or visiting Brussels libraries
- Friday July 6, 2012: Gala Dinner at Aula Magna in Louvain-la-Neuve



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[Collected during August - November 16, 2011]



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

**Free full text**

1. Beck J. **NISO Z39.96 The Journal Article Tag Suite (JATS): what happened to the NLM DTDs?** JEP Journal of Electronic Publishing 2011 [cited 2011 September 16];14(1)  
*In creating PubMed Central (PMC) [1], the National Center for Biotechnology Information (NCBI) at the National Library of Medicine (NLM) needed a common format, with a single Document Type Definition (DTD), for all content in PMC. The first version of the NLM DTD was made available to the public in early 2003, and it quickly became the de facto standard for tagging journal articles in XML even outside the NLM. As usage grew, users and potential users started asking about formalizing the article models as a standard with the National Information Standards Organization (NISO). Work on the NISO standard began in late 2009, and the Journal Article Tag Suite was released as a Draft Standard for Trial Use as NISO Z39.96 in March 2011.*  
Available from: <http://dx.doi.org/10.3998/3336451.0014.106>
2. Iyer H, Bungo L. **An examination of semantic relationships between professionally assigned metadata and user-generated tags for popular literature in complementary and alternative medicine** Information Research 2011 [cited 2011 September 16]; 16(3)  
*Introduction. This paper examines the semantic relationship between user tags and the assigned subject headings of popular literature in the domain of complementary and alternative medicine. Method. Forty books in the domain were drawn from the LibraryThing database. These were qualitatively analysed for the semantic matches between user tags and subject headings. An adapted form of the Unified Medical Language System, Current Relations in the Semantic Network served as a framework for analysis. Analysis. User tags were compared with subject headings for terminological matches on a book by book basis. The tags were grouped into tag categories, and tag categories were mapped on to the subject headings. Those that were not related to the subject headings were analysed for patterns. Results. Less than 1% of tags matched terminologically. Results indicated 46% semantic matches and 54% non-matches. Frequently occurring patterns among non-matches were personal, genre or form, location, time period and belief systems. Of the semantic matches, frequently occurring relationships were physical, functional, and conceptual relationships. Conclusions. The tag categories provide information beyond that of the subject headings; they describe, evaluate, and may assist*

readers in choosing materials. This study contributes towards an understanding of the dominant relationship types in this domain and this can feed into developing ontologies and knowledge structures.  
Available from: <http://informationr.net/ir/16-3/paper482.html>

3. Fourie I, Claasen-Veldsman R. **Exploration of the needs of South African oncology nurses for current awareness services available through the Internet**  
Information Research 2011 [cited 2011 September 16];16(3)  
*Introduction. Reports on an exploratory study on the information needs of a small group of South African oncology nurses. Method. Individual questionnaires, focus group interviews, and semi-structured interviews were used for data collection from a convenience sample of nursing staff, an oncologist and an oncology social worker. Analysis. A qualitative analysis was done; recorded interviews were analysed to identify main themes. Results. Tasks are perceived as not information intensive with limited opportunities for decision-making regarding patient care. Although emotion, stress and underlying anxiety feature strongly in daily tasks, these are not linked to information needs. Limited interest in current awareness services is influenced by working conditions, lack of access to information resources, lack of computer skills and experience in using the Internet, lack of motivation to use current awareness services, expectations and support from management, and the impact of specific tasks and responsibilities. Conclusions. Task-based information seeking models, context (organizational and health care cultures), motivation for personal development, and the impact of social organization in health care work and emotion and anxiety require further exploration. Suggestions for the development of a model of information behaviour and further theoretical grounding are offered.*  
Available from: <http://informationr.net/ir/16-3/paper484.html>
4. Hickner A *et al.* **Development and testing of a literature search protocol for evidence based nursing: an applied student learning experience**  
Evidence Based Library and Information Practice 2011 [cited 2011 September 16];6(3)  
*Objective – The study aimed to develop a search protocol and evaluate reviewers’ satisfaction with an evidence-based practice (EBP) review by embedding a library science student in the process. Methods – The student was embedded in one of four review teams overseen by a professional organization for oncology nurses (ONS). A literature search protocol was developed by the student following discussion and feedback from the review team. Organization staff provided process feedback. Reviewers from both case and control groups completed a questionnaire to assess satisfaction with the literature search phases of the review process. Results – A protocol was developed and refined for use by future review teams. The collaboration and the resulting search protocol were beneficial for both the student and the review team members. The questionnaire results did not yield statistically significant differences regarding satisfaction with the search process between case and control groups. Conclusions – Evidence-based reviewers’ satisfaction with the literature searching process depends on multiple factors and it was not clear that embedding an LIS specialist in the review team improved satisfaction with the process. Future research with more respondents may elucidate specific factors that may impact reviewers’ assessment.*  
Available from: <http://ejournals.library.ualberta.ca/index.php/EBLIP/article/view/10095>
5. Adams R. **Building a user blog with evidence: the health information skills academic library blog**  
Evidence Based Library and Information Practice 2011 [cited 2011 September 16];6(3)  
*The College of Health and Social Care within the University of Salford is supported by a team of Academic Support Librarians who deliver training, support and advice to staff and student users of library resources and services. The team continually seeks ways to educate, inform and assist users. In 2010, staff began a blog to provide a new support format, with the aim of building a repository of training and information. This article sets a year of blog experience in the context of a literature review and content analysis.*  
Available from: <http://ejournals.library.ualberta.ca/index.php/EBLIP/article/view/10891/8953>
6. Baykoucheva S. **Comparison of the contributions of CAPLUS and MEDLINE to the performance of SciFinder in retrieving the drug literature**  
Issues in Science and Technology Librarianship Summer 2011 [cited 2011 September 8];(66)  
*SciFinder (SF) is a platform that provides access to two large databases, the Chemical Abstracts database (CAPLUS) and MEDLINE. This article analyzes and compares the individual and combined contributions of these two databases to the performance of SF in retrieving the drug literature. Test searches in which the*

names of two individual drugs (lisinopril and lovastatin) and a group of drugs (SSRI antidepressants) were used as keywords retrieved document sets that were analyzed for total and annual literature output, document types, journal coverage, and language of publication. While the total literature output from CAPLUS was larger than the output from MEDLINE (which was attributed to the presence of patents), MEDLINE performed significantly better than CAPLUS in retrieving the non-patent literature. The overlap of documents between CAPLUS and MEDLINE was found to be only 20-24%, depending on the name of the drug used to perform the searches. This article analyzes the strengths and the weaknesses of CAPLUS and MEDLINE and shows how these two databases, when searched together in SF, complement each other in covering the drug literature. In addition to the extended coverage of the literature, SF provides sophisticated (but easy-to-use) refining and analytical tools not available on some other platforms.

Available from: <http://www.istl.org/11-summer/refereed1.html>

### Abstracts only

1. Cothran T. **Google Scholar acceptance and use among graduate students: a quantitative study**  
Library & Information Science Research 2011 [cited 2011 October 24];33(4):293-301  
*Adding the external variables of satisfaction and loyalty to Fred Davis' technology acceptance model (TAM), this study examined the extent to which graduate students perceived Google Scholar to be a resource that is useful and easy to use. A survey of 1141 graduate students at the University of Minnesota asked questions exploring their perceptions of Google Scholar as part of their research process. Seventy-five percent of survey participants had used Google Scholar at least once before, and a statistical analysis of the responses found that perceived usefulness, loyalty, and, to a lesser extent, perceived ease of use, were positively and significantly related to the graduate students' intended use of the information resource. This research showed that TAM is an applicable model for predicting graduate student use of Google Scholar, which can help academic librarians seeking to understand graduate student acceptance of new information sources. Additionally, this study provides information about how librarians might best promote Google Scholar and other library resources to graduate students.*  
Available from: <http://www.sciencedirect.com/science/article/pii/S0740818811000594>
2. Klassen TW. **A citation study of public health Masters' theses**  
Collection Building 2011 [cited 2011 October 24];30(4):153-9  
*Purpose – The purpose of this paper is to devise methodologies and attain results that would allow the author to evaluate local collections that support public health users. Design/methodology/approach – The largest available source of data was local Masters' student theses. The methodology is a case study employing citation analysis of Masters' theses. Findings – The study provided a list of the journals most used by Masters' students in their theses to be compared to currently subscribed titles to evaluate local holdings. It confirmed that ISI journal rankings were not a useful tool for local collection building. Originality/value – The study provides a methodology for evaluating and improving the local journal collection and could be combined with further studies to create a core list of public health journals locally. It also provides guidance on types of resources to buy and confirmed the importance of journals to the collection. The study could be combined with similar studies at other institutions to create a broad-based core journal list.*  
Available from: <http://www.emeraldinsight.com/journals.htm?articleid=1955975&show=abstract>
3. Stokes P, Urquhart C. **Profiling information behaviour of nursing students: part 1: quantitative findings**  
Journal of Documentation 2011 [cited 2011 October 24];67(6):908-32  
*Purpose – The aim of this paper is to profile the information seeking behaviour of nursing students, according to learning style, personality and self-efficacy in information literacy. Such profiles should help students to reflect on their information seeking, and should help librarians in designing information literacy programmes that are targeted to student needs. Design/methodology/approach – A questionnaire using existing validated scales for learning styles, personality, and information literacy self-efficacy was developed. The information seeking portion was based on an information behaviour model with core processes (opening, orientation and consolidation) and corresponding micro-processes. The questionnaire was administered to nursing students (n=261, response rate 74 per cent, 194/261) at one UK university. Findings – Neither information literacy self-efficacy, nor learning style on their own appeared to change as students progressed. There is a significant association between learning style and self-efficacy. There appears to be some associations between*

personality and learning style, and between personality, learning style and preferred information seeking processes. Odds ratios analyses were used to help in preliminary development of profiles. Students with a higher degree of confidence about their information literacy are more likely to: think about their search; work out strategies; and build and adapt their searches. Deep learners take a broad, exploratory approach to searching and score highest for the openness personality trait; whilst strategic learners think about their search, adapt as they progress and score highest for conscientiousness and emotional stability. Surface learners do less planning. Additionally, personality traits (which are essentially stable over time) are positively or negatively associated with various aspects of information seeking. Research limitations/implications – The sample size limits the extent of statistical analyses and possible generalizations. The planned qualitative research may help in confirmation of the information seeking profiles. Originality/value – The research extends existing research evidence on the impact of personality and learning style on student information behaviour by including an information literacy scale and information seeking micro-processes.

Available from: <http://www.emeraldinsight.com/journals.htm?articleid=1955979&show=abstract>

4. Williams RB. **Citation systems in the biosciences: a history, classification and descriptive terminology** Journal of Documentation 2011 [cited 2011 October 24];67(6):995-1014

*Purpose* – Several bibliographical citation systems are in regular use in scholarly literature, associated with various intellectual disciplines. The aim of this paper is to document an analysis of their designs in the biosciences in order to construct a classification and to assess their comparative effectiveness for information transfer. *Design/methodology/approach* – A historical survey of communications between scholars, including the reasons why authors cite others' works, was completed. The development of citation systems, specifically the Harvard system and various numeric systems, was traced, following which a universal classification with a new descriptive terminology was constructed. *Findings* – Citation systems are defined herein as direct (with citation and reference together in the text) or indirect (with citation within the text, and reference outside the text). Direct systems may be described as implicit (the Linnaean style with abbreviated, undated, conceptual reference) or explicit (with full, dated, bibliographical reference). All indirect systems are explicit: the text citation (the reference) may be alphabetic, symbolic, numeric or alphanumeric and the reference (the referendum) may be a marginal note, footnote or end reference. A survey of citation systems in 101 bioscience journals is presented. Within indirect systems, most biomedical journals use a numeric system, but most veterinary, zoological and general biological journals use the Harvard system, which is considered herein to be the most effective for information transfer. *Originality/value* – No philosophical analysis of citation systems appears to have been carried out before. Based upon historical, conceptual and logical aspects, a robust universal classification with a new descriptive terminology is presented to facilitate the unambiguous discussion of the principles and designs of citation systems. The classification and terminology are applicable to citation systems in any discipline.

Available from: <http://www.emeraldinsight.com/journals.htm?articleid=1955988&show=abstract>

5. Chern Li Liew. **Help with health information on the web** Electronic Library 2011[cited 2011 October 17];29(5):621-36

*Purpose* – In recent years, there has been a proliferation of online resources that offer health information. However, there is no guarantee that all intended users will be able to use these resources effectively. This study seeks to investigate the types of help features that are available through existing internet-based health information resources that support the use of these resources. *Design/methodology/approach* – An investigation of 30 such resources was carried out with the objective of answering these questions. The paper intends to answer the following research questions: What types of help features are available in existing online health information resources? How can their formats and presentation styles be characterised based on existing interface design guidelines from the Human-Computer Interaction (HCI) community? Were there any differences in the manner in which different internet-based health information providers presented evidence-based information? *Findings* – The study discovered a range of help features being employed in these resources, ranging from step-by-step guides outlining the use of site features to the inclusion of links to resources that cater to user groups, who speak a language other than English. Further to this, the study also found that resources that were consumer-based and commercially-funded predominantly favoured the use of implicit help features to improve user access, whilst government-funded libraries were more likely to make use of explicit help features to aid users in the use of specific features. *Originality/value* – This study provides insightful information regarding current status and problems of the help features in existing online health information resources.

Available from: <http://www.emeraldinsight.com/journals.htm?articleid=1954605&show=abstract>

6. Shunbo Yuan. **Scholarly impact measurements of LIS open access journals: based on citations and links** *Electronic Library* 2011 [cited 2011 October 17];29(5):682-97  
*Purpose* – The main purpose of this paper is to measure the scholarly impact of LIS (Library and Information Science) open access journals (OA journals), most of which are not indexed by the Web of Science (WoS). In addition, the paper seeks to discuss measurement methods beyond citation analysis.  
*Design/methodology/approach* – The study selected 97 LIS OA journals as a sample and measured their scholarly impact on the basis of citations and links. The citation counts in WoS, coverage in LISA, Web links, WIFs and Page Rank of the journals are retrieved and calculated, and correlations between citation counts, links, pages, WIFs, and Page Rank are also analyzed. *Findings* – The results indicate that LIS OA journals have become a significant component of the scholarly communication system. The *Journal of the Medical Library Association* enjoys the highest citation counts in WoS. This journal, together with *D-Lib Magazine*, *Information Research*, *Ariadne*, *Cybermetrics*, and *First Monday* are the six most important LIS OA journals. With regard to coverage in LISA, *Bulletin des Bibliothèques de France (2151)* performs best. As a whole, the Page Rank is relatively high, mostly at 6, 7, or 8. The study finds that correlation between citation-based measurements and link-based measurements tends to be significant. *Originality/value* – This paper uses the web as a global resource to measure the impact of LIS OA journals by analyzing citation, coverage, web links and Page Rank. The focus of this study is the value of the web as a source of impact indices, rather different from the traditional research methods. It contributes to the scholarly impact measurements of OA journals. Available from: <http://www.emeraldinsight.com/journals.htm?articleid=1954591&show=abstract>
7. Sung-Shan Chang, Kuan-nien Chen. **University librarians respond to changes in higher education: example of a medical school** *New Library World* 2011 [cited 2011 October 14];112(9/10):425-45  
*Purpose* – The purpose of this paper is to discuss three recent changes in higher education – the addition of technology to every aspect of the curriculum, the increase in the availability of electronic resources, and the introduction of constructivist pedagogy. In light of these changes, the authors aim to explore what university libraries and librarians should reinforce in terms of their concepts and competency and adjust the ways that they serve students. *Design/methodology/approach* – The authors analyze the related literature and identified technology, electronic resources, and constructivist pedagogy that interact with the new curriculum of universities in a broader way than in the past. *Findings* – The three dimensions, separately and in combination, require considerable adjustments by librarians, teachers, students, and the school/university community in general. Collaboration among all members of staff, particularly between librarians and teachers, is essential. The emerging paradigm, still firmly based in constructivist principles, recognizes that there is a need for staff guidance of students though they are expected to become increasingly independent as they progress through the system. Meanwhile, two new core competencies have emerged for university librarians: information literacy and problem-based learning (PBL). *Originality/value* – The emergence of the two competencies has reminded librarians to learn, change and grow constantly to serve PBL students effectively. Available from: <http://www.emeraldinsight.com/journals.htm?issn=0307-4803&volume=112&issue=9&articleid=1954431&show=abstract>
8. McTavis J *et al.* **Searching for health: the topography of the first page** *Ethics and Information Technology* 2011 [cited 2011 September 16];3(3):227-40,  
*Members of the lay public are turning increasingly to the internet to answer health-related questions. Some authors suggest that the widespread availability of online health information has dislodged medical knowledge from its traditional institutional base and enabled a growing role for alternative or previously unrecognized health perspectives and 'lay health expertise'. Others have argued, however, that the organization of information retrieved from influential search engines, particularly Google, has merely intensified mainstream perspectives because of the growing consolidation of the internet with traditional, commercial media sources. In this paper we describe an analysis of 'first page' results retrieved through Google searches about several common health concerns, each of which has been the subject of controversy as a result of uncertain aetiology, diagnoses, outcomes and/or contested approaches to treatment. Our findings suggest that the online search tactics used by most lay health information seekers produce sources of information that, for the most part, reflect mainstream biomedical discourses, often linked to commercial interests, rather than a plurality of voices that offer a variety of perspectives and resources. We discuss the implications for health-interested internet searchers who fail to look beyond the "first page".* Available from: <http://www.springerlink.com/content/j438n6151430j865/>

9. Rindfleisch TC. **Semantic MEDLINE: An advanced information management application for biomedicine**

Information Services and Use 2011 [cited 2011 September 16];31(1-2):5-21

*To support more effective biomedical information management, Semantic MEDLINE integrates document retrieval, advanced natural language processing, automatic summarization and visualization into a single Web portal. The application is intended to help manage the results of PubMed searches by condensing core semantic content in the citations retrieved. Output is presented as a connected graph of semantic relations, with links to the original MEDLINE citations. The ability to connect salient information across documents helps users keep up with the research literature and discover connections which might otherwise go unnoticed. Semantic MEDLINE can make an impact on biomedicine by supporting scientific discovery and the timely translation of insights from basic research into advances in clinical practice and patient care. Semantic MEDLINE is illustrated here with recent research on the clock genes.*

Available from: <http://iospress.metapress.com/content/u2j7035q26h51421/?p=32a68b161da140a197a08aaba380334c&pi=2>

10. Camlek V. **Healthcare mobile information flow**

Information Services and Use 2011 [cited 2011 September 16];31(1-2):23-30

*There are a variety of mobile technologies currently available that have increased the potential for healthcare practitioners to access clinical decision support resources delivered over an array of mobile devices as a component of clinical workflow. Mobile devices ranging from smartphones to iPads, to netbooks are frequently used by clinical practitioners to gain access to vital patient and operational data as a part of their daily regimen. The convergence of mobile technology, pent-up demand by practitioners, and increasingly "smart" devices is spiking the potential for widespread deployment. This paper looks at the market drivers from the perspective of the STM publisher. The conclusion is that of the various mobility options available, the most promising for the publishers is to increase their interest in converging traditional referential content with newer forms of electronic workflow tools that uses an interactive data layer to access patient workflow data from a variety of embedded Hospital Information Systems (HIS). The Thomson Reuters Clinical Xpert solutions are presented as examples of these evolving services. This opportunity should expand the publisher's legacy position within clinical decision support driven by the healthy forecast adoption rates for mobile e-Services among providers at the hospital and physician level. Given increasing regulatory mandates in the US along with likely improvements in Electronic Health Records (EHR), publishers along with new types of service providers from the Healthcare Ecosystem will likely be competing as they seek to expand their footprint by offering enhanced mobile clinical decision support data driven services in what is forecast to be a growing market opportunity.*

Available from: <http://iospress.metapress.com/content/k1851839034v4682/?p=32a68b161da140a197a08aaba380334c&pi=3>

11. Kuan-nien Chen *et al.* **Library use by medical students: a comparison of two curricula**

Journal of Librarianship and Information Science 2011 [cited 2011 September 2];43(3):176-84

*This study explored 1) whether there were any differences in the way medical students used library resources under problem-based learning (PBL) and scenario-based learning (SBL) curricula; and 2) what improvements the library could make to facilitate its use by medical students using the different curricula. Twenty medical students selected from two different medical universities in different countries were interviewed in depth. The study found that a) PBL and SBL students used the library significantly differently; b) SBL students presented a wider range of demands and behaviors in seeking information; c) more PBL students preferred using solely electronic resources to solve PBL problems; and d) more SBL students preferred using textbooks in their study and to solve the problems. It is concluded that the characteristics of the two learning approaches affect the medical students in their uses of library resources. The library staff must interact differently with students depending on the curriculum they are following. The study suggests several directions ('SHELTER') to the library and recommends it to provide service targeting students' needs after exploring the following three dimensions of the curriculum: students' perceptions of the library's collection related to the curriculum, course requirements for gathering information, and the librarian's role in the curriculum. When new reforms are initiated it is necessary for the library to undertake a comprehensive review and to gain understanding of the curriculum at the outset.*

Available from: <http://lis.sagepub.com/cgi/content/abstract/43/3/176?etoc>

### Humour and clowns in the library



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The Web enables access to the resources of a library for doctors and students from anywhere but the library. As a result, libraries are closing their doors (1). The weakening connection between librarians and users is currently the greatest challenge of our profession. Frequently, libraries try to strengthen the connection by promoting feel-good factors such as providing food and beverage, nice furniture, architecture and facilities, and a good atmosphere. Sound and positive relationships with users are not only built by harmonious environments in which students feel comfortable, but also by emotional competent librarians, who accompany students from enrolment to exam. The connection can be maintained and improved by various means such as joint task forces, focus groups, library instruction via working lunches (or coffee and cakes), walking around, be open-minded for conversations, be present in social networks, and not only supporting users at study related problems, but also in a holistic way. As a result, students will feel themselves valued - not just as a user or customer, but as human beings.

#### **Humour**

Humour is both, a catalyst and an indicator for healthy, lively, and enjoyable relationships. In the following I would like to show, that by integrating humour into the library, the connection between librarians and users could become not only light-hearted but also highly rewarding. There are many articles regarding the benefits of being humorous in library instruction courses, and even one which made it into PubMed (2). In 2006, Walker gave a good overview of the topic, (3) and Trefts & Blakeslee delighted the reader by their increasing efforts to become funnier (4). Here is their motivation for using comedy in the classroom:

“Most instruction librarians know that library instruction can often be boring to teach, and boring for students, but we also know the value of library instruction and its importance to our students. So what innovative approaches can we take to spice up our instruction and make the topic more appealing? The authors decided that using humor was the best approach.”

They learned about comedy, they became funnier, and incorporated it successfully into their library instruction. Many teachers will agree, that fun is as important for learning success as content: “If your students are not having fun, they will not keep going” (5).

#### **Clowns**

One excellent way of bringing humour to the library is the clown. In hospitals, “clinic clowns” or “doctor clowns” are well known for delivering “clown care”. As successors of Patch Adams they bring joy and laughter to small patients (but also to the elderly). Dr. Jerko (aka Bowen F. White) provides an insight on their work:

“The clown creates an environment for people that it is safe to laugh and have fun and [as a result] they drop their defences. We don’t educate students in ways that are playful. We tend to not honour this as a value for adults. When we’re valuing students more, then [...] we are paying attention in new ways with beginners’ minds, and see options and possibilities. To be playful, to game is a way to connect to people more fully, in a holistic approach. That’s make you feeling more fully alive, and a dull frontal presentation becomes a lively performance” (5).

The clown is capable of giving important impulses and acting as an icebreaker. Playing games is an important method for knowledge transfer in the educational process and can be used by anyone. Especially interesting is the absence of a hierarchy between the players:

“The mother is doing stuff the kids can’t quite do by themselves, but the mother isn’t thinking ‘Oh, the kid can’t do it.’ Instead, they’re playing a game together. And out of that game the kid gets exposed to stuff from which it can learn” (6).

The playful manner of the clown and his inborn neglect of any hierarchy makes him perfectly suitable for any educational purpose. In the library, he has the great advantage: he is definitely not a librarian. He stands outside the hierarchy of knowledge and saying “Ssshhhh...” He has a red nose, and with a magical smile he conjures the anxiety away, which prevents many students from connecting with librarians (7). Overall, the clown brings a new quality into the relationship between the user and the library.

### Library

Recently, at the Medical Library in Münster, Germany, a librarian dressed up as a clown and interacted with students (*Fig. 1 and 2*). He walked around, sat with the students and asked them which beautiful books they were reading and for what purpose. And what actually were they doing. Studying? He suggested that it looked more as if they were lazing around...



**Fig. 1.** Library clown at the Medical Library, Münster.



**Fig. 2.** Library clown interacting with students.

The library clown also handed the students sweets and roses, and some even returned his kindness with their own sweets. Within 1½ hours, the clown had had some 40 interactions, through which he obtained a detailed overview to what exactly the students were doing, if they were satisfied with the library, and last but not least about their sense of humour.

Usually clowns perform as duos, in which one acts as the “Auguste” or “Redface”, while the other is the “Joey” or “Whiteface” character. Redface has good intentions and is good-natured, but foolish (but he thinks he is highly knowledgeable). He is naïve, like a child and as curious as one. On the contrary, Whiteface is quite normal; he acts as the watchdog, and tries to prevent Redface from making mistakes (if he is not too angry with him) — similar to Stan Laurel and Oliver Hardy, who acted that scenario to perfection. The library clown, acting as Redface, had a nice play with the students, which behaved quite normal. This character is perfectly suited for the study of information needs and satisfaction rates, because Redface is not only interested in everything but he is also very much welcomed by anybody to be curious and ask “stupid” questions (8).

The clown not only examines needs or delivers a course, but he tells a story. His costume and his makeup is already a story in itself and tells much about him. People love that, they pay attention and memorize better, what he is telling – a perfect premise for successful connecting with customers. “People love to be told stories. They don’t necessarily have to be nice stories, but they must be memorable. Whether you’re babysitting kids or closing a big deal (or explaining PubMed limits!), telling a story that’ll stick with your audience is the key: a story is a soft shell that seals in the facts and livens up hard data” (9).

### Conclusion

Humour makes things easier in the workplace, as has been proven several times in libraries. Some may act as a clown even if they do not want to admit it (10). And yet the obvious idea of a clown, who acts as a catalyst for customer relationships, is quite new in the field of librarianship. Nevertheless, as shown above, the library clown can improve many areas such as marketing, needs assessment, contacts and customer relationships, and avoiding clichés. Because the clown is not afraid to fail, he helps us to be brave and overcome our anxiety. Like Mevlana Rumi said: “Start a huge, foolish project, like Noah... it makes absolutely no difference what people think of you”. To be a clown once in a while, prepares us to take risks, to be experimental and creative, and as such, to live more fully, and eventually make work more rewarding. And remember: “Everybody is a clown, but only a few have the courage to show it” (Charlie Rivel).

### References

1. Michael K. Major medical library closing its doors to patrons and moving to digital model. In: The Digital Shift. <http://www.thedigitalshift.com/2011/10/research/major-medical-library-closing-its-doors-to-patrons-and-moving-to-digital-model/>
2. Maggio LA et al. A case study: using social tagging to engage students in learning Medical Subject Headings. *J Med Libr Assoc.* 2009;97(2):77-83
3. Walker, BE. Using humor in library instruction. *Reference Services Review.* 2006;34(1):117-128 <http://www.emeraldinsight.com/journals.htm?articleid=1541939>
4. Trefts K, Blakeslee S. Did you hear the one about the Boolean operators? Incorporating comedy into library instruction. *Reference Services Review* 2000;28(4):369-378 <http://www.emeraldinsight.com/journals.htm?articleid=861638>
5. Bowen FW. Why normal isn't healthy: how to find heart, meaning, passion, and humour on the road most traveled. Center City: Hazelden and Bowen F. White (2000): Bowen White in El Salvador <http://www.youtube.com/watch?v=bCSiHQeKQWc>
6. Brooks R. *Flesh and machines: how robots will change us.* 2002. New York: Patheon
7. Mellon CA. Library anxiety: a grounded theory and its development. *College and Research Libraries.* 1986; 47(2):160-5
8. Obst, O. Was macht ein Clown in der Bibliothek? Aktuelles 4.3.2011 <http://www.uni-muenster.de/ZBMed/aktuelles/2989>
9. Torley: Life Lessons You Can Learn From The Joker. In: Stepcase Lifehack 31.7.2008 [<http://www.lifehack.org/articles/lifestyle/life-lessons-you-can-learn-from-the-joker.html>]

### Medical Library Association report for EAHIL



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#### **MLA report for EAHIL**

MLA 12: May 18th – 23rd Seattle, Washington, USA: Growing Opportunities; Changing our Game. Although May seems a long way off, time will fly and MLA 12 will be here with us. Held at the Washington Convention Center, details of the programme and accommodation will be up on the MLA website soon and I will be reporting on them as soon as they appear. Make a note in your diary and plan to attend this exciting educational event.

#### **A reminder: ICML/ICAHIS/ICLC Call for Papers and Posters**

May 3-8, 2013 are the dates for the federated international meeting, "One Health: Information in an Interdependent World", incorporating the 11th International Congress on Medical Librarianship (ICML), the 7th International Conference of Animal Health information Specialists (ICAHIS), and the 6th International Clinical Librarian Conference (ICLC) to be held in Boston, MA with the 2013 Annual Meeting and Exhibition of the Medical Library Association (MLA). Structured abstracts for contributed papers and submissions for posters may be submitted electronically beginning this month. The deadline for submissions is May 1, 2012. See: <http://www.mlanet.org/education/callcourses2013.html>

#### **New Blog from MLA President Jerry Perry**

2011–2012 MLA President Gerald (Jerry) Perry, AHIP, is blogging during his year as president at <http://jerryperry.tumblr.com/>. Read his latest posts and subscribe via RSS to read new posts as soon as they're published.

#### **MLA '11 Online Meeting Content Now Available**

The new, improved online meeting content library is open for meeting attendees and e-Conference registrants (individual or institution). Visit the MLA '11 website for the viewing schedule, registration options, and to log in.

#### **MLA eLearning Opportunity: Shifting Skills Webcast**

If you missed MLA's "Shifting Skills to Navigate the Changing Horizon: Finding Our Way in New Biomedical Research and Health Care Environments," you can now purchase the program through the MLANET Online Store.

If you missed MLA's "ABCs of E-books: Strategies for the Medical Library," you can now purchase the program on DVD through the MLANET Online Store.

MLA's Online Boot Camp for New Health Sciences Librarians is also available.

### MLA Publications

#### **Reminder: Call for Papers: JMLA Special Issue on Instruction in Health Sciences Libraries**

As the number of information resources increases, instructing users in the best way to find health-related information is becoming an even more essential role for health sciences librarians. At the same time, the challenges to delivering instruction in an era of search engines and mobile devices have been steadily growing. Recognizing both the importance of instruction and the challenges we face in teaching our users, MLA's current president, Gerald (Jerry) Perry, AHIP, has announced his intention to create an MLA Academy of Teaching Excellence (MATE). To support this initiative and to help create an evidence-based approach to improving instruction, the Journal of the Medical Library Association (JMLA) plans to devote the October 2012 issue to papers that focus on providing instruction to users of biomedical information.

This issue will include invited papers summarizing the current state of the field. The editorial team also encourages submissions of brief communications, case studies, and research papers from those with innovative approaches who are willing to share those innovations with their peers. To be considered for this issue, papers must be submitted by February 15, 2012. Further details on topics of interest, requirements for submission, and so on can be found on MLANET.

#### **Nominate Your Favorite Article: Help Celebrate JMLA's One Hundredth Birthday!**

2012 marks the one hundredth volume of the BMLA/JMLA. To mark this major milestone, JMLA will be publishing a special supplementary issue in October 2012, featuring reprints of important articles.

JMLA invites all MLA members and JMLA readers to submit nominations of important, seminal articles to appear in this special supplement. The definition of important is up to you; the paper could be highly cited, but it could also be an article that, while not frequently cited in the literature, was very influential at the time, captured an important trend in medical and health sciences librarianship, or marked the start of a change in health sciences libraries. Nominations of both recent and historical articles are welcome.

Send nominations to T. Scott Plutchak, or use the "Contribute" form on the 100 years of JMLA/BMLA blog. Nominations will be accepted through the end of April 2012.

#### **In addition...**

The October issue of the MLA News is now online.

The October 2011 of the Journal of the Medical Library Association is online at PubMed Central.

And don't forget to visit MLA's YouTube Channel at <http://www.youtube.com/user/MedLibrAssoc>

## Publications and new products

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**Giovanna F. Miranda**

Milan, Italy

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

Dear Colleagues,

Google and Microsoft are rolling out free tools that will enable researchers to analyse citation statistics, visualize research networks and track the hottest research fields. The systems could be attractive for scientists and institutions that are unable to pay for existing metrics platforms (D. Butler. *Nature*. 2011;476:18). Thanks to initiatives such as the HINARI and the open access movement, there has been progress in access to e-journals, but little progress in meeting the information needs of frontline healthcare providers and ordinary citizens in low resource settings (R. Smith, T. P. Koehlmoos, *BMJ* 2011;342:d4151).

**Giovanna F. Miranda**

### **Journal issues**

Since the Journal of September 2011, the following journal issue of *Health Information and Libraries Journal* has been received:

#### **Volume 28 Issue 3**

**Murphy J, Grant MJ. Key messages are essential tools in communicating your topic.** Editorial. p. 159-160.

**Harrison J. ‘Talking about my generation’: a state-of-the-art review of health information for men in the andropause.** p. 161-170.

The review considers the provision and use of information available for men in the andropause in the public domain, examining both NHS and condition specific sources. The use of electronic sources is specifically reviewed, including an online forum.

**Andretta S. Evaluating information literacy educators’ practices before and after the course facilitating information literacy education: from tutor to learner-centred.** p. 171-178.

The article gives an account of a study on the impact of facilitating information literacy education (FILE) on health librarians who have attended the course between 2007 and 2010.

**Chamberlain D, Brook R. Focus groups for allied health professionals and professions allied to technical services in the NHS – marketing opportunities, lessons learnt and recommendations.** p. 179-187.

This article aims to outline the processes involved in delivering focus groups, the results gained, and the actions taken in response to the results.

**Kim H, Park S-Y, Bozeman I. Online health information search and evaluation: observations and semi-structured interviews with college students and maternal health experts.** p. 188-199.

The article examines health information search and appraisal behaviors among young, heavy users of the Internet.

## Publications and new products

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**Ek S, Heinström J. Monitoring or avoiding health information – the relation to inner inclination and health status.** p. 200-209.

The objective of this study is to shed light on mechanisms through which personal characteristics (locus of control) and world views (sense of coherence) influence health information interest and health information seeking in relation to health status.

**Pienaar E, Grobler L, Busgeeth K, Eisinga A, Siegfried N. Developing a geographic search filter to identify randomized controlled trials in Africa: finding the optimal balance between sensitivity and precision.** p. 210-215.

The aim of this study is to test the sensitivity and precision of a filter to identify African randomized controlled trials (RCTs).

**Zainal H, Zainab AN. Biomedical and health sciences publication productivity from Malaysia.** p. 216-225.

The aim of this study is to examine Malaysian contributions in the field of biomedical and health sciences.

### Books review

**The Medical Library Association guide to managing health care libraries, 2<sup>nd</sup> Edition.** Eds. M. M. Bandy and R. F. Dudden. Neal-Schuman Publishers Inc., New York, 2011. ISBN: 9781555707347; \$99.95 Book and CD-ROM, 425 p.

This revised new edition focuses extensively on the management of the 21st-century health sciences library. It offers: information on concepts, such as information practice and knowledge services; guidance on managing both virtual and physical libraries; coverage of new areas such as knowledge services, electronic health record activities, and outreach to the organization. The book is complete with a CD-ROM with examples of management documents, forms, and live web links.

**Know it all, find it fast for academic libraries.** Ed. H. Dawson. Facet Publishing, London UK, 2011. ISBN: 978-1-85604-759-3; £49.95 paperback (£39.96 to CILIP members); 400 p.

A version developed specifically for information professionals working in academic libraries, this book will help librarians to tackle the questions most commonly asked by students, academics and researchers. A broad cross-disciplinary A-Z of themes including topics such as literature searching, plagiarism and using online resources. Each topic is split into four sections to guide your response: typical questions listing the common enquiries; considerations exploring the issues and challenges that might arise; where to look listing annotated resources in print and online; tips and pitfalls outlining useful suggestions and common problems.

### Papers review

**Computing giants launch free science metrics.**

Butler D. *Nature*. 2011;476:18.

**Provision of health information for all.**

Smith R, Koehlmoos TP. *BMJ*. 2011;342:d4151.

**Using online collaborative tools for groups to co-construct knowledge.**

Chu SKW, Kennedy DM. *Online Information Review*. 2011;35(4):581.

**The h-index, h-core citation rate and the bibliometric profile of the Web of Science database in three configurations.**

Jacsó P. *Online Information Review*. 2011;35(5):821.

**The h-index, h-core citation rate and the bibliometric profile of the Scopus database.**

Jacsó P. *Online Information Review*. 2011;35 (3):492.

**Supporting evidence-based medicine: a survey of US medical librarians.**

Li P, Wu L. Medical Reference Services Quarterly. 2011;30(4):365.

**Grey literature: its emerging importance.**

Pappas C, Williams I. Journal of Hospital Librarianship. 2011;11(3):228.

**New journals**

**Open Network Biology**, a new open access journal edited by Dr Eric Schadt. The journal aims to enhance the understanding of the complex interactions that underlie human disease by publishing articles relating to predictive, network-based models of living systems.

[www.opennetworkbiology.com](http://www.opennetworkbiology.com)

[www.biomedcentral.com](http://www.biomedcentral.com)

**News**

**Open Access 1.** The Netherlands Organisation for Scientific Research (NWO), the main Dutch science funding body, has launched a €1 million open access fund to help Dutch scientists establish new open access journals or convert existing journals to open access. This initiative is the fruit of a wider open access initiative that started in 2010 when the NWO committed €5 million to encourage open access development

[www.nwo.nl/nwohome.nsf/pages/NWOP\\_86AFST\\_Eng](http://www.nwo.nl/nwohome.nsf/pages/NWOP_86AFST_Eng)

**Open Access 2.** BioMedCentral recently launched Open Access Africa, a collection of initiatives designed to increase the output and visibility of scientific research published by African learning institutes. Kwame Nkrumah University of Science and Technology (KNUST), Ghana, is the first African Foundation Member to participate in BioMed Central's free Membership scheme.

[www.biomedcentral.com](http://www.biomedcentral.com)

**ICO.** The Information Commissioner's Office launched a research project to explore ways of getting information rights issues covered in primary and secondary education systems in the UK. The research project aims to ensure that young people are aware of the threats to their privacy and how to protect themselves, understanding the practical and legal safeguards that can help them. The project will also explore how young people can be encouraged to exploit the increasing availability of public information to their advantage.

<http://www.iwr.co.uk/stm-and-legal/3011098/ICO-calls-for-data-education-revolution>

<http://www.ico.gov.uk/news>

**Information sources... web based**

**Dietary Supplements.** The Dietary Supplements Labels Database offers information about label ingredients in more than 6,000 selected brands of dietary supplements. It enables users to compare label ingredients in different brands. Information is also provided on the "structure/function" claims made by manufacturers. Ingredients of dietary supplements in this database are linked to other National Library of Medicine databases such as MedlinePlus and PubMed. The Database can be searched by brand names, uses noted on product labels, specific active ingredients, and manufacturers.

<http://dietarysupplements.nlm.nih.gov/dietary/>

**Single publication h index.** A Web application developed by A. Thor (University of Leipzig, Germany) and L. Bornmann (ETH Zurich, Switzerland) to calculate the single publication h index (and further metrics) based on Google Scholar.

<http://labs.dbs.uni-leipzig.de/gsh/>

**Mendeley** is a free reference manager and academic social network. It automatically generate bibliographies; imports papers from other research software; finds relevant papers; access from anywhere online and iPhone app.

<http://www.mendeley.com>

### News from publishers

**Swets** has announced the completed purchase of Accucoms. The acquisition is part of Swets' strategic drive to create services that provide added value to libraries and publishers. Swets has acquired all shares from the previous shareholders. Accucoms will remain an independent entity under Swets' umbrella.

<http://www.swets.com/swets-acquires-accucoms>

**Oxford University Press** announces the delivery of mobile-optimized websites for its full range of journals websites, powered by the HighWire Press electronic publishing platform. All Oxford journals now have a mobile-optimized version of their full website that can be accessed via multiple mobile devices. Mobile-optimized websites for journals allow academics, students, and researchers to access the content they need from virtually anywhere via their smartphones. [www.oxfordjournals.org/mobile\\_faqs.html](http://www.oxfordjournals.org/mobile_faqs.html).

## Forthcoming events

**23-25 January 2012, Amsterdam, The Netherlands**

**Bobcatsss**

**Information in e-motion**

For further information: <http://www.bobcatsss2012.org/>

**1-2 February 2012, Antwerp, Belgium**

**"Ambassadors of the Book". Competences for heritage librarians**

For further information: <http://www.libereurope.eu>

**21-23 March 2012, Washington DC, USA**

**Computer in Library 2012**

**Creating Innovative Libraries**

For further information: <http://www.infotoday.com/cil2012/>

**26-28 March 2012, Glasgow, UK**

**UKSG's 35<sup>th</sup> Annual Conference**

For further information: <http://www.uksg.org/event/conference12/cfp>

**1-5 April 2012, Barcelona, Spain**

**ECIR 2012**

**34<sup>th</sup> European Conference on Information Retrieval**

For further information: <http://ecir2012.upf.edu>

**2-4 April 2012, Austin, Texas, USA**

**ER&L**

**Electronic Resources & Libraries**

For further information: <http://www.electroniclibrarian.com/>

**16-18 April 2012, London, UK**

**London Book Fair**

For further information: <http://www.londonbookfair.co.uk/>

**22-25 May 2012, Limerick, Ireland**

**QQML 2012**

**4<sup>th</sup> International Conference on Qualitative and Quantitative Methods in Libraries**

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

**Giovanna F. Miranda**

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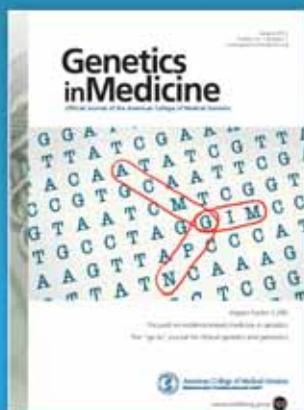
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