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FOR HEALTH INFORMATION AND LIBRARIES

pathways to new roles

KRAKOW WORKSHOP

POLAND 2007

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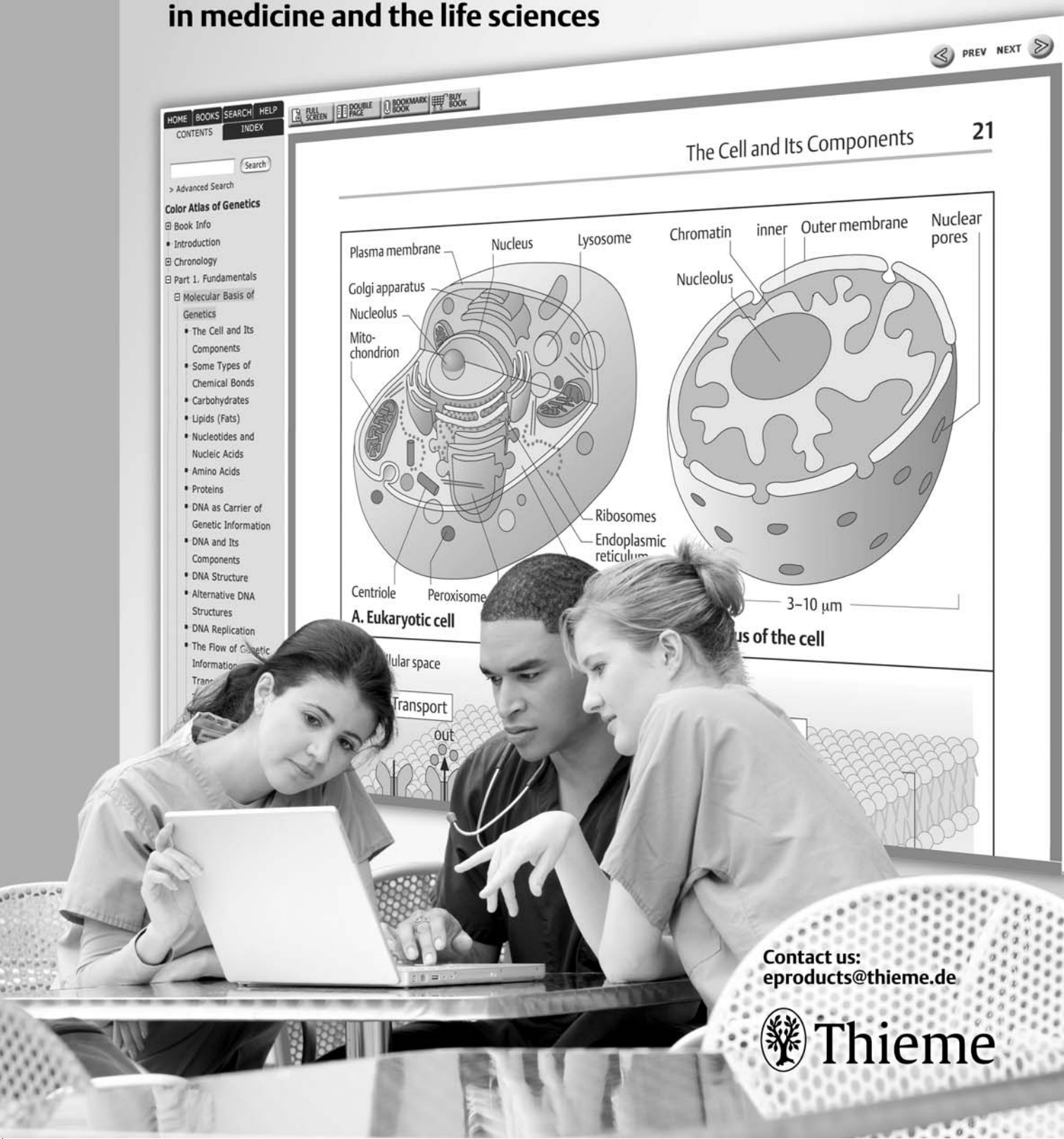

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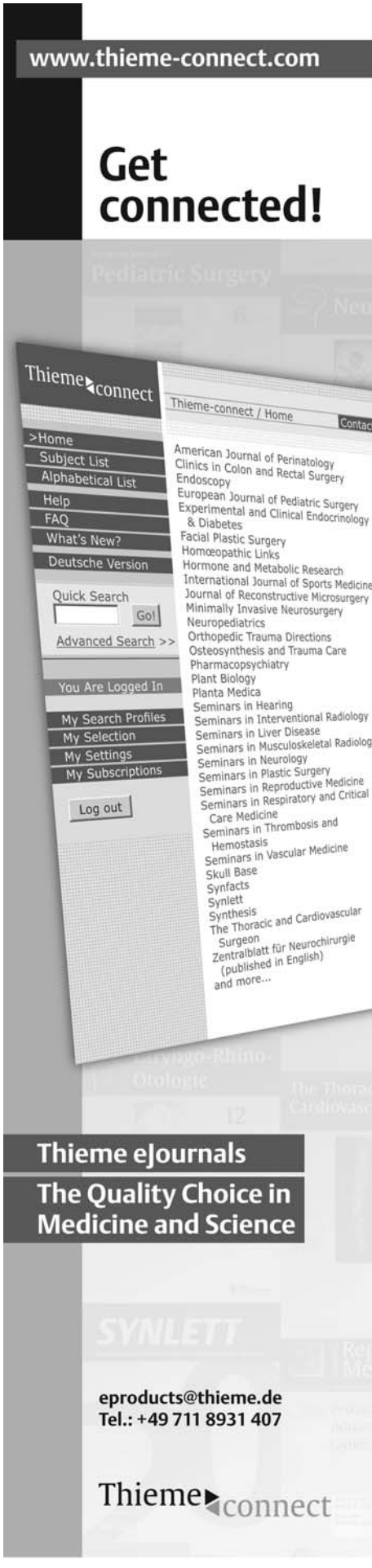


News from our Association
Sally Wood-Lamont

Hello Everyone

It was really nice to see so many of you in Krakow. Wasn't it an excellent workshop, very well organized and in such a beautiful setting? Krakow is a wonderful city – old entwines with the new in the vibrant Market Square, (Rynek) the centre of the Old Town, which is the largest medieval square in Europe. History mingles with the modern wherever you walk on the cobbled streets, overlooked by the magnificent Wawel, the Royal Castle and Cathedral. The conference centre was an ideal hub for the interesting scientific programme and the social programme was enjoyed greatly by all participants.The Krakow *Echo* surpassed itself by publishing ten pages in three days and my thanks go the *Echo* team consisting of Susan Fairlamb, Aileen Wood and myself and also to the members of the LOC, who assisted much in the photocopying. Congratulations to Anna, Barbara and all the members of the Krakow LOC!

This issue of the JEAHIL is dedicated to the Krakow workshop, including all the EAHIL Board, Council and General Assembly reports, highlights of the meeting there, plus articles and abstracts from the Best Presentations and Posters award winners. In addition, Federica Napolitani et al. have contributed an article on *Blended Teaching*, which fits very well with the theme of the Krakow workshop. However, we are still in 2007 and still celebrating the EAHIL 20th anniversary celebrations and to finish, I am pleased to present two final articles which comprise 20 years of the infrastructure of EAHIL from well-known names: Eve-Marie Lacroix and Suzanne Bakker.

The Editorial Board held its annual meeting in Krakow – the full report follows – and we now have decided the themes for the four issues in 2008:

ISSUE	THEME	DEADLINE
February	Medical Terminologies: Access to Knowledge	**15th January 2008**
May	Medical Libraries: Scenarios for the Future	**15th April 2008**
August	11th European Conference of Medical and Health Libraries	**15th July 2008**
November	Open Access: Today and Tomorrow	**15th October 2008**

Finally, as this is the last issue of the year I would like to wish you all a very Happy Christmas.

Sally Wood-Lamont
Editor-in-Chief
swood@umfcluj.ro

News from our Association

Letter from the President

Dear Colleagues,

It was a pleasure to meet so many of you at the workshop in Krakow; the number of registered persons amounted to 400 (including all exhibitors, one-day visitors, course attendants and assistants to the local organizers). The excellent organization by Anna Uryga and Barbara Niedzwiedzka and their team tackled all possible problems that could arise with this exceptional high number of participants of a workshop. The programme was full, diverse and interesting, even including some parallel sessions in order to accomodate the invited and the accepted papers. Not surprising that one of the subjects of informal talks was about the similarities and differences between workshops and conferences. The theme of the workshop *The Education, Training and Continuing Development of the Health Library & Information Workforce* justified this broad programming. The Council meeting was also dedicated to discussions on related subjects. The focus was on how and what EAHIL could do to support our professional development.

With regard to workshops and conferences: would EAHIL be large enough to organize a conference every year? Maybe we are large enough, but the character of our association and the practice orientation of our profession, does not suit large conferences every year.

With the total membership of EAHIL being over 1200 now, it means that the majority of our members did not participate in the discussions in Krakow and therefore we need to continue our discussion and debate at all levels throughout the next year, the Board, the Council, Special Interest Groups and EAHIL Discussion Lists. Professional development is an important issue and can be found on the agenda of many groups in society; even patient associations are working on the professionalization of their associations.

A new taskforce was created to develop further plans for EAHIL on the professional register. Chaired by Helena Bouzkova and with the participation of Ioana Robu, Françoise Pasleau, Maurella della Seta and me, this taskforce will create a pilot on “how to start registration”, very practical, low profile and simple. We should be able to present “something” during the Helsinki conference and plan to present a mature plan in Dublin 2009. So be prepared to have this item on the agenda of the General Assembly in 2010. More than 3 years from now seems far away in the future, but..., the elections for President (2009-2010) and Board (2009-2012) will take place in Spring 2007. Nominations for candidates are requested and invited. What will be professional development, knowledge, competences and skills for the health library and information workforce? That question will seek an answer over the coming years. Please contribute to the discussion, on every level in all professional organizations.

Suzanne Bakker
s.bakker@nki.nl

Journal of EAHIL Editorial Board Meeting
Held 14th September 2007,
at the EAHIL Krakow Workshop Conference Centre, Poland

Present: Sally Wood-Lamont (Chief Editor), Giovanna Miranda, Benoit Thirion, Tuulevi Ovaska, Velta Poznaka, Federica Napolitani, Linda Lisgarten, Oliver Obst.

Sally Wood-Lamont opened the meeting with introductions and welcomed two new members (Linda and Oliver) to the Editorial Board. Members were pleased to note that the financial position of the journal remained healthy, with continued interest from advertisers and of course the most welcome support of our sponsors. The recent special issue marking the 20th anniversary of EAHIL had been very well received. Extra sponsorship had enabled it to include an increased number of colour pages and to print an increased number of copies. It was also sewn rather than stapled.

The Editorial Board decided that in order to further improve the quality of *JEAHIL*, it would be very useful to have a more detailed set of **Instructions to Authors**, as well as **Guidelines for Editorial Board Members**. It was agreed to start work on producing these as soon as possible, and to review the situation in a year's time with a view to further improving the quality and content of *JEAHIL* as we move towards implementing full peer-review. Sally, Federica and Linda also agreed to work on the layout and possibly a new cover design for 2008. Sally reported that she hoped that a *JEAHIL* Editorial Board listserv discussion list would soon be set up, to facilitate the exchange of ideas.

The Editorial Board went on to discuss and decide the "themes" to be featured in the journal during the forthcoming year. Linda reported that PHING (and most likely the other Special Interest Groups) would welcome the opportunity to have a regular slot in the journal, to aid communication and publicity. Sally agreed that all SIGs could have a regular space.

Closing the meeting, Sally thanked all members for their enthusiastic contributions which she felt sure would help to ensure *JEAHIL* continuing to go from strength to strength..

Linda Lisgarten
lindalisgarten@hotmail.co.uk

News from our Association

EAHIL Executive Board Meeting, Krakow, Poland

As usual, the Executive Board held its second meeting of the year immediately before the current EAHIL workshop or conference. On this occasion the agenda was unusually short, and three Board members, Manuela Colombi, Meila Kretavicine, Enrica Veronesi, were unable to attend because of conflicting commitments. The full minutes of the meeting will shortly be available on the web site, and this report is intended merely to be only a summary of some of the important points covered.

Conferences:

- **Lisbon 2010:** Perhaps the most headline-grabbing piece of news arising from the meeting is that our 2010 conference will be held in Lisbon;
- **Helsinki 2008:** The call for papers for next year's conference will open on September 24th. It will use an abstract submission and management system developed for EAHIL by the University of Oslo, and the system has been developed so that it can easily be recycled for use with future workshops and conferences.

Membership:

There was also some good news about the continuing growth of EAHIL membership since the subscription was abolished. There are now over 1200 members, and there are also signs that this huge expansion is being sustained. Only 100 members have failed to review for 2007, and it seems that most of these have changed email address and have therefore not received reminder notices. Wherever they can be traced, all of the 100 will be contacted and reminded by one of their national Councillors.

In the event, the largest part of the meeting was devoted to consideration of how well our web systems had worked over the past year, and what is likely to be needed in the future if EAHIL is to continue its development as a web-based rather than a paper-based organisation. During the next few months an effort will be made to update the web site contents and to add links to relevant conferences and to our sponsors. Some other significant changes:

From 2008 onwards, the renewal screen will include a Join *EAHIL-L* tick-box:

- a new-format EAHIL membership card is available for downloading - just log into your membership record;
- all issues of the EAHIL *Newsletter* and *Journal* from 1987-2007 are now available on the web site;
- minutes from the latest General Assembly and from the Council and Board meetings will be available on the web site.

Elections:

- the first EAHIL polls to use online voting ran without problems and with a high level of voting;
- voting in the 2008 Presidential and Board elections will also be online and will take place over a one month period beginning May 15th. Nominations will open in January, when the forms will be published in the *Journal* and be available online;
- Council elections will take place in the autumn, and the number of council places for each country will be calculated on the level of membership on September 1st, 2008.

EAHIL Registry:

Work on developing proposals for an EAHIL certification and/or registration will be taken forward by a new working group. It will be chaired by Helena Bouzkova and will include Ioana Robu, Maurella della Seta, Suzanne Bakker and Françoise Pasleau.

Housekeeping:

The Treasurer reported that EAHIL's financial situation was strong and that we seem to be heading for a positive financial result for 2007. The President reported that the Secretariat has been moved to our accountants; this will eliminate duplication of effort and save money. Oliver Obst and Gunes Gussun have volunteered to act as auditors for the new Secretariat's work.

Tony McSeán
tmcsean@hollar.co.uk

News from our Association

Michelle Wake

EAHIL Council: Aiding Professional Development

To aid EAHIL's strategic plan, and to look at how EAHIL can aid health information professionals in their career development, breakout sessions were held at the 2007 Council meeting in Krakow. Following on from the main business of the Agenda, Council members were divided into five small groups, to discuss career paths. Each group concentrated on a theme, for example informatics and data-mining. These themes and the reports from each group, which were debated by the whole Council, are detailed below.

1. Patient Education and Consumer Health

A small and enthusiastic group had a lively discussion on this topic. These were the first questions that were posed: "Are these the right words? Should we talk about patients? Consumers? And Health? Instead of citizens, lay people, well-being and wellness. What do you think?" The outcome was:

- we think that EAHIL must be involved in the area of health information for the citizens of Europe;
- we must work with others who are also prioritising this information, such as EU citizen portals and public libraries;
- we need training so that we know which consumer databases to use, and how we can learn to best communicate this information to different customers.

Empowering people in their health is a key theme from the World Health Organization and central to public health.

Sue Thomas and Paivi Pekkarinen, UK and Finland

2. Health Informatics and Data-mining

Our small group discussed the area of health informatics and what EAHIL should do in relation to providing continuing professional development support. For ease we broke the subject down into the traditional three areas of: Data, Information and Knowledge. We then addressed what we felt was needed in each area. Overall, our group felt that the world was changing and this presented some overarching concerns which could be addressed in future meetings. Users wanted information delivered to the desktop and the new technologies made this easier to achieve; there was also discussion about the role of information professionals if information resources could be linked directly to the patient record and the need for keyword searching with the new technologies of data mining and the "Google" phenomenon. The group recommended that :

- EAHIL continue to offer education courses on basic statistical methods and the new search engines;
- consider an introductory course on data mining possibly for Helsinki;
- a Health Informatics special interest group be set up to monitor developments in this fast changing field;
- finally a toolbox of useful definitions should be added to the EAHIL website for the use of all members.

Bruce Madge, UK

3. Bibliographic Management, including Institutional Repositories and Open Access Publishing

Facilitated by Arne Jakobsson, the group reviewed the position of institutional repositories and open access in their own institutions and the challenges faced. Similar experiences were reported by all. There is much confusion over what constitutes open access amongst researchers, for example the misunderstanding that it is attempting to replace peer review. Information professionals need to be able to educate researchers about the benefits of open access and / or encourage deposit in institutional repositories. From the discussions it was concluded that EAHIL had an important role to:

- educate its members in this area;
- inform members of decisions made by funders, Governments and other organizations;
- educate members on how to promote open access and institutional repositories, especially with managers.

The group thought it would be useful to have a course dedicated to this subject at EAHIL 2008 in Finland, given by an expert from SHERPA (http://www.sherpa.ac.uk/index.html) or SPARC (http://www.arl.org/sparc/).

Michelle Wake, UK

4. Evidence Based Practice and Clinical Librarianship

Ten people from Norway, the Netherlands, Latvia, Slovenia, Lithuania, Russia, Ireland and Sweden discussed in which ways EAHIL can strengthen our profession in relation to Evidence Based Practice and Clinical Librarianship. We agreed that it is not easy to get into the clinical setting, to become part of a clinical team, or a research team. We need to hear about good examples at EAHIL meetings. In some countries there is an interest in acquiring skills to become clinical librarians. We need to be able to show that the librarian adds value to its hospital in terms of reduced costs, saved time and better quality care for the patients. Despite all our efforts the library and the hospitals/institutions still operate in separate systems. We need to publish more in medical and nursing journals. The group agreed that EAHIL courses are helpful and in some countries diplomas and certificates are of great importance. We are looking forward to an EAHIL accreditation programme in the future. A European Masters degree in LIS would be a good platform for an EAHIL accreditation programme.

Eva Alopaeus, Gothenburg, Sweden

5. Intellectual Property Rights, Copyright and Electronic Document Delivery

Libraries and librarians need to know about copyright law. It would actually be useful to have a lawyer on staff in the library! It is a problem that there are different countries so it may be difficult to arrange EAHIL courses that cover all the different copyright laws. There is, however, an EU Directive that influences all copyright laws in EU countries. How can EAHIL help members learn more about copyright?

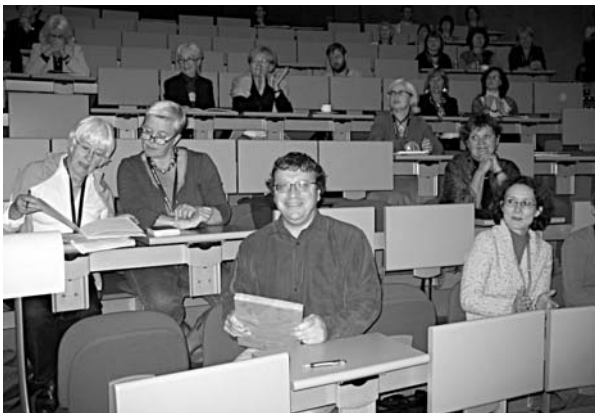
- courses;
- invited speakers at conferences;
- by seeking discussions with publishers;
- a themed issue of the *JEAHIL*.

A comment on courses: “I would like a course where they tell me what IS allowed, not just everything that is NOT allowed”.

Hilde Stromme, Norway

News from our Association

Tony McSeán



EAHIL General Assembly
Krakow September 15th, 2007

1. Quorum
The Secretary reported that although the attendance exceeded 80, some were non-members so the meeting remained inquorate and therefore no business could be transacted.

2. Minutes
The minutes of the Cluj general assembly were *accepted* as a correct record. There were no matters arising

3. President's report
The President summarised her report. In particular she gave an account of the Secretariat's move from the NVB (Dutch Library Association) to the Association's accountants, which would save unnecessary duplication of work. She also reported that the Board has appointed Oliver Obst and Gusson Gunes as auditors to oversee the financial work of the new secretariat.

4. Treasurer's report
In the absence of the Treasurer, the President introduced her report (tabled). EAHIL's financial situation remains healthy, and from a financial point of view the abolition of the annual subscription has been a success. A new sponsorship from EBSCO will make it possible for EAHIL to provide two additional scholarships for future conferences and workshops.

5. Editor's report
Delivered by the President on behalf of *JEAHIL*'s Editor, the report showed a continued expansion of the *Journal*'s scale and ambition. Members met an expression of thanks to the Editor with loud and prolonged applause.

[At this point in the meeting, the Secretary indicated that a stream of latecomers to the Assembly meant that the meeting was now quorate and competent to conduct substantive business. The President asked the Assembly whether any member wished to raise any points arising from matters already dealt with, for discussion and decision. No points were raised.]

6. Any Other Business
(a) Web infrastructure
The Past President reported on the workings of the virtual infrastructure on which EAHIL now depends. His announcement that there were now over 1200 members thanks to the online members database and the abolition of subscriptions was met with applause. He thanked

councillors for their work on reviewing applications for membership and on encouraging colleagues to join. After a trebling of membership in a single year, there were only 100 members who had not renewed their subscription for 2007. For the 2008 renewals, there will be a tick box enabling automatic sign-up to the EAHIL-L list.

An online system for accepting and managing abstracts has been developed with the aim of providing a system that may easily be used by successive conferences and workshops over a number of years. It will be implemented in time for use by the Helsinki programme committee for their Call For Papers on September 24th. It will link to the membership database for personal details and online help will be available. In response to a question from the floor, it was confirmed that the new system would permit authors to modify abstracts after initial submission, and will also allow reopening for a further revision period after programme committees have given their verdicts.

(b) Online elections
The Past President announced that in January 2008 nomination forms for Presidential and Board elections would be published online and on paper. The electronic poll would be open for a month from May 15th. Council elections will take place in the autumn, and the number of councillors per country will be determined by the membership figures on September 30th.

(c) The President reported that the 2010 conference will be in Lisbon.

(d) The President summarised the Council's discussion of the acquisition of CINAHL by EBSCO and its decision to restrict access to the EbscoHost platform. On behalf of EAHIL she will write to EBSCO informing them of the widespread disquiet among the membership, asking them to reconsider their decision, and asking for a meeting to discuss the matter further.

(e) The President announced that a new working group has been formed to produce a set of proposals for an EAHIL Registry. It will be chaired by Board member Helena Bouzkova and will include Ioana Robu, Mauriella della Seta, Suzanne Bakker and Françoise Pasleau.

There was no further business and the Assembly closed at 11.35am.

Tony McSeán
tmcsean@hollar.co.uk

11th EAHIL Conference, Helsinki, Finland
Scholarships
Deadline: January 15th 2008

The EAHIL Executive Board is pleased to announce 6 scholarships for the EAHIL Conference in Helsinki 23-28 June 2008. The scholarships have a value of 500 euros and can be used to pay the registration fee, accommodation and/or flights. Two of these scholarships will be sponsored by EBSCO; the other four are sponsored by EAHIL.

Applicants must apply to:

Suzanne Bakker
EAHIL President
Central Cancer Library
The Netherlands Cancer Institute
Plesmanlaan 121
NL-1066 CX Amsterdam
The Netherlands.
Tel: +31 20 512 2597 Fax: +31 20 512 2599
e-mail: EAHIL@nic.surfnet.nl

Please remember to state in one or two paragraphs the reason why you require this scholarship and how it would benefit you and your library.

News from our Association
Pharmaceutical Information Group

All Change at Krakow!

The PHING business meeting, held during the excellent Krakow Workshop, proved to leave its attendees with mixed emotions. It was on a sad note that we said goodbye to Linda Lisgarten as Co-Chair. To this post she brought great experience, enthusiasm and commitment. Her friendliness and sociability always shone through at PHING and other Special Interest Group events, and in true style we raised numerous glasses at the end of our meeting in Krakow. However, perhaps we should not say goodbye, but *Au revoir* – I'm sure all of us who know Linda will want to keep in contact and Linda will be maintaining her links with EAHIL as a member of the Editorial Board of the Journal. In saying goodbye to Linda as Chair we said welcome to Neroli Harris, who replaces Michelle Wake as Secretary. Neroli is Electronic Services Librarian at The School of Pharmacy, University of London and has many years experience in the health information field. Michelle's nomination as new Co-Chair was accepted.

As well as the change in officers, the Group is looking to make other changes. Changes that will build on our earlier achievements improve what we provide to our members and also encourage new members to become involved. The Group is open to anyone with an interest in drug information, whatever sector they are from, and to highlight this the Group is looking to change its name to something more encompassing, for example the Pharmaceutical and Biomedical Group. However, before altering our name, we would like the opinion of our members, so please do let us have your ideas. The same goes for services – what would you like PHING to do for you?

Membership of PHING is **FREE to all members of EAHIL**. To join PHING all you need to do is go to the EAHIL Membership database at http://www.eahil.uio.no/, select **User info** from the left hand side of the page, then select **User info** from the top of the page and mark **Pharmaceutical Information Group**.

We have plans to expand our web pages (http://www.eahil.net/pharmaceutical_information_group.htm) and to collaborate with suppliers and other groups of medical and health information professionals. Keep an eye in the *Journal* for our regular column, but also on the EAHIL email lists.

Michelle Wake (PHING Co-Chair)
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Giovanna F. Miranda (PHING Co-Chair)
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Neroli Harris (PHING Secretary)
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News from our Association

Päivi Pekkarinen
Sue Thomas

Public Health Special Interest Group (PHISIG)
Meeting report from EAHIL Krakow Workshop

Hot news off the press! Public Health Email Discussion List goes live at EAHIL-PubH@nic.surfnet.nl The administrators of the list are Paivi Pekkarinen, Co-ordinator of the Group and Sue Thomas, Secretary, with assistance from the EAHIL Chair, Suzanne Bakker. We will be working on this in the next few weeks.

Meeting Report Krakow

At the Public Health Special Interest Group business meeting we agreed the mission for the group as approved by the EAHIL Board:

- to be a forum for information professionals in public health libraries and information centres and all those in public health organisations in Europe.

We also agreed that the group's mission and objectives should be regularly reviewed to make sure that they are up-to-date, and that this should be done at the business meeting at either the EAHIL workshop or conference.

The reports of our meetings at the EAHIL Conference in Cluj Napoca, Romania, circulated to members were accepted. If you have not received these reports please contact: Sue Thomas Secretary at Susan.Thomas@wales.gsi.gov.uk

Our main discussion was in two areas:

- promoting the group to attract new members;
- planning the public health session at the EAHIL Helsinki Conference.

It was agreed that we should work on our web pages being supported by EAHIL to do this. The Web would be similar to the EAHIL home page

About us	**Who is involved**	**Join Here**	**Discussion List**
Contact us	**Best Practice**	**Links**	**What's on**

It was also agreed that we needed to have a regular slot in the *EAHIL Journal* on Public Health. And this is the first one!

To do this we agreed that we would feature information on the activities of Public Health by country – see the entry for Public Health in Poland below. And watch this space to see which country appears in the next issue.

For the Helsinki Conference we thought that we needed to have as a minimum a two-hour workshop session to cover themes including:

- public health needs global health information;
- the information needs of the public health professional;
- engaging citizens in their health;
- working in partnership with others.

We will also be considering inviting key presentations from colleagues at the European Union and World Health Organization to this public health workshop.

We also discussed the work of the European Commission Health Information Unit specifically on e-health. Artur Furtado from the Commission also offered us a challenge; to apply for funds to develop our work as part of the European Commission Public Health Programme in January or February 2008. So we are ready to respond! If you were not at the Conference and want to find out more about the EU Public Health Portal go to http://healtheuropa.eu.

And finally we encourage all new members of EAHIL to join the Public Health Special Interest Group - remember to tick the relevant box on your membership application form. We look forward to working with you in the future.

Country Report - Public Health in Krakow Poland

The Institute of Public Health Jagiellonian University Medical College, Krakow has a small but very good and specialised library. While the main users of the library are the faculty and students of the Institute, it is also, as the first library of public health, used by the wider public in Poland.

The Information Studies Department teaches information competencies to health and medical students, nurses, as well as being involved in research. They participate in EU funded research and other projects – currently they are in MIGHEALTH NET – information about migrants' health, health literacy, and health impact assessment.

You can link to the Institute via http://www.izp.cm-uj.krakow.pl

If you want to make a contribution about public health for the next issue of the *EAHIL Journal* please send your news and updates to Sue Thomas, Secretary at Susan.Thomas@wales.gsi.gov.uk by the 1st January 2008.

Päivi Pekkarinen
The Group Coordinator
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Sue Thomas
The Group Secretary
Susan.Thomas@wales.gsi.gov.uk

20TH ANNIVERSARY OF EAHIL

Eve-Marie Lacroix

MLA- EAHIL: 20 years of collaboration

It is a pleasure for me to summarize the history of close cooperation between the Medical Library Association (MLA) and EAHIL for these last twenty years. As the MLA Representative to EAHIL for four years, I saw first hand the benefits of international cooperation, and enjoyed the personal interaction and relationships I made as well.

MLA has always been open to members from any country of the world and formed associations with other national organizations. MLA members traveled to international congresses and national meetings as well, sharing their experiences and bringing back what they had learned. It was only in 1978, however, that MLA signed its first truly bilateral agreement, crafted with the fairly new Canadian Health Libraries Association (CHLA/ABSC). (1)This set the stage for future partnerships that would emphasize mutual agreement between equal partners. I was interested to read that the need for a meeting of health librarians in Europe became obvious at the successful First European Conference of Medical Libraries in Brussels held in October, 1996. Lois Ann Colaianni from the National Library of Medicine, herself a former President of MLA (1979-80), attended and spoke at that meeting. EAHIL was officially created in 1987, and elections and the first meeting followed in 1988. (2) In 1989, the MLA Board responded to an invitation from Marc Walckiers, the first EAHIL President, to establish a formal representative to the European Association and appointed Susan Crawford. (3) For the record, there have been 6 representatives:

Susan Crawford	1989-1992
Ursula Hausen	1992-1995
Donna Flake	1995-2001
Eve-Marie Lacroix	2002-2006
Becky Lyon	2006-2007
Bruce Madge	2007-2010

MLA approved the bilateral agreement between MLA and EAHIL in 1992. The agreement includes provisions to 1) Exchange publications; 2) cooperate in arranging visits by foreign librarians; and 3) provide benefits to official delegates attending MLA and EAHIL meetings. In 2000, the bilateral agreement was amended to allow members of EAHIL to attend MLA meetings and events at MLA member rates, and likewise for MLA members attending meetings and events of EAHIL. MLA assists its members who wish to be EAHIL members by collecting EAHIL membership dues with the MLA dues and forwarding funds to EAHIL.

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Throughout the years of the bilateral agreement, the MLA and EAHIL representatives have worked to share information by attending meetings and congresses, and writing reports and articles to share with colleagues. Since 2000, the MLA representative shares current news through a regular column in the EAHIL journal entitled "From MLA". News of EAHIL is published occasionally in the International News column of the MLA News. There are also many MLA and EAHIL members who do belong to both organizations, and participate by serving on boards and committees, gaining a broad knowledge of the programs and issues of both. Credentialing, sister library partnerships, ethics, online access and publishing, as well as international cooperation itself are just a few examples of the issues of shared interest and discussion resulting in a useful exchange of information.

MLA's recent look at its international programs through the MLA Board's Global Initiatives Task Force included both the MLA representative to EAHIL and another EAHIL member, bringing experience from both sides to focus on issues of interest to both parties. MLA's current strategic plan states in part that "MLA will actively serve every person working in health care and provide health information to the public through a global network of members and partners who share expertise and resources. The Association will: … work to develop international connections that support access to quality information for improved health for all." (4) One of EAHIL's stated aims is "To raise standards of provision and practice in health care and medical research libraries." (5) Certainly the continuing close MLA-EAHIL relationship will help both organizations to reach their goals.

Congratulations on this 20 year Anniversary, EAHIL!

Eve-Marie Lacroix
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20TH ANNIVERSARY OF EAHIL

Suzanne Bakker

EAHIL 20 years: a Look Behind the Scenes

As I mentioned in my contribution to the August issue on my memories of EAHIL I have been a member to EAHIL from 1988 onwards, so almost from the start. Those of us who have been involved in founding the association will remember Marc Walckiers as the dedicated, enthusiastic and visionary leader. The first President, the first Executive Board members, the organizers of the events, all of them have contributed to the "growing up" of our Association. Marc's EAHIL baby was nurtured and loved by many and was able to mature in these 20 years. But there is more to raising a child than feeding and loving; not least is baby-sitting and educating the cultural and practical aspects of life, introduction to law and order, training in administration and coordination. Not so many of our members today will know that Marc Walckiers was lucky enough to find a "baby-sitter" for his EAHIL baby. He arranged for financial support to start the organization with a paid, part-time staff member acting as the EAHIL secretary, namely Roselyne Hoet. She took care of all the administrative work for the first 10 years of EAHIL: membership administration, sending out letters and organizing all mailings (in two languages), running the editorial work for the EAHIL newsletter, filing all material and keeping in touch with all members. The first generations of EAHIL Presidents, Secretaries and Treasurers relied on the work of Roselyne. Roselyne had a small office in Brussels, where Board meetings would take place and where election committees would meet for counting of the votes. The job was done without many personal contacts over the year except for the annual EAHIL meetings, Conferences and Workshops, which gave the opportunity for Roselyne and EAHIL members to meet. In 1998 Roselyne retired and though she was happy to be able to spend more time with her family, it was with regret that she saw us (Arne, Rudolph and me) carrying all the boxes from her office into a van. The Secretariat was moved from Brussels to Amsterdam.

Before moving the Secretariat there had been some bidding around: Amsterdam and Utrecht were both able to offer services through their respective conference bureaus to run the Secretariat. Finally the Amsterdam offer was accepted, and I volunteered to be the liaison between EAHIL and this office. What had been somehow self-evident over the years of Roselyne running the Secretariat, turned out to be more complicated than I had ever thought. Administrative procedures of running courses and Conferences (the expertise of our first bureau, the ICP office, specialized in post-academic courses in medicine and health care) is completely different from running an association. Many mutual misunderstandings had to be resolved! Due to the fact that the workforce of the ICP office had a rather high turnover, it was decided to accept the bid from the NVB office in Utrecht to run our Secretariat. The NVB, the Dutch Association for Librarians, Archivists and Documentalists, would understand our organization. At that time EAHIL was a small Association (approx. 500 members) compared to the thousands of members of NVB (public, academic, special librarians of all kinds, including the law librarians, the online user groups and the biomedical information group). For several years NVB has provided secretarial and administrative services to EAHIL. In 2005 we had a closer look at the administrative procedures. It is amazing how much paper work has to be done for proper invoicing and collecting money! The EAHIL membership, EUR 50 for personal members, was paid by:

- direct bank transfers;
- bank cheques, issued by subscription agents, members' institutions, or by banks from personal accounts (these cheques must be registered, forwarded to our bank and after deduction of bank charges, the money is finally transfered to our accounts usually a time lag of 2-3 months between the issue of a cheque and the actual receipt of the money in our accounts;
- credit card forms (which means forwarding by fax to the credit card company, receipt of authorization code and 2-3 weeks later the receipt of the total money of several card payments on the EAHIL account); for our colleagues in the USA, MLA headquarters kindly accepts and forwards payment for EAHIL membership, sending out a bank cheque twice a year to EAHIL.

You cannot imagine how much there is to decipher from all these papers to obtain a proper registration of the fee payment (who was this payment actually for?) in the membership database, and to maintain a financial overview that will satisfy the auditor. Arne Jakobsson and Tony McSeán calculated that of the EUR 50 of the membership fee, more than half had to be spent on administration and bank costs. The conclusion of the Board was: EAHIL is collecting fees to run a Secretariat instead of to run the Association! The decision to become virtual and waive the membership fee for European members was financially driven and technologically materialized. Thanks to the vision of Arne, new web technology and the skills of Morten, the programmer and staff member of the medical library in Oslo, the EAHIL web database was launched two years ago. EAHIL has changed its membership model, even more radically than the publishers switching to open access. Thanks to the coordination of banking systems in Europe, by SWIFT/IBAN and BIC numbers, transfer of money is a lot easier these days. EAHIL is using Internetbanking, the Treasurer has nowadays direct control of EAHIL finances. For distribution of the Journal, up-to-date address labels can be produced whenever the journal is ready. Our members can use the web database to look up names and contact details: there is no more need to produce membership lists. In 20 years a lot has changed, regarding running an association, in many more ways that Roselyne could not have dreamed of.

Over the last 10 years the EAHIL Secretariat has been run by many people; some names have become known to our members. Many have worked behind the scenes and their names are only known to me as Supervisor of the Secretariat and to past-Presidents and treasurers. Without the assistance of all these hidden people the EAHIL Board would not have been able to run the Association. Thanks to all of them, with a special thanks to Roselyne, of course.

Thanks also to the phone, faxes, e-mail and Internet, it was possible for members to have direct contact with the Secretariat. In the time of Roselyne we relied heavily on the phone (and fax); e-mail had not been invented yet! Over the last years e-mail has taken over and many will have seen the name of Eva Evers appearing on messages from the Secretariat. At present, EAHIL's financial administration is organised by the staff of the Leyte & Regoort office (Nicole Regoort and Gerben van den Bosch) and correspondence goes through the EAHIL@nic.surfnet.nl mailing list (shared by the Supervisor, Treasurer, Nicole and Gerben). Mostly it is the "anonymous" EAHIL-user that sends the messages out to the members. These messages are generated by the web database, but originate from the Board and/or Council members taking action.

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FEATURE ARTICLE

Federica Napolitani, Vincenzo Rafti,
Alberto Quagliata, Rita Pacchierini

Could Blended Teaching Be the Successful Way of Educating in a Multi-tasking, Multi-media and Multi-faceted Society? A Positive Experience at the Italian National Institute of Health

Abstract

The paper will present an innovative successful teaching experience recently carried out at the Italian National Institute of Health (Istituto Superiore di Sanità, ISS), together with the Department of Educational Sciences of the University of Rome. A course on *Models and Instruments of Communication* was organized using, for the first time, a blended methodology based on combining or blending of multiple teaching styles (i.e. classroom and e-learning). The course was aimed at internal managerial staff, and was highly structured. The mixing of e-learning and traditional forms of teaching can, as in this case, be successful both for teachers and learners alike, provided that they are highly motivated and that the course is properly organized. Blended teaching could be, according to the authors, the ideal way of educating and training of any workforce and in particular of the health library and information workforce, in a multi-tasking and multi-media society.

Key words: education, distance; libraries; teaching.

Introduction

Each single company, organization, institution or library needs to take great care in the continuing education of its employees so as to both foster cultural progress and improvement in results. Illuminated managerial leadership use continuing education as a key to achieving its growth objectives through the use of the most appropriate and modern teaching technologies available.
This is particularly true and becomes essential for the employees of public health care, for biomedical researchers and for the health library and information workforce whose mission is strictly related to the dissemination of core scientific research within the community (1-3).
Undoubtedly, in the past decades health libraries have been strongly affected by the huge developments in information and communication technologies, which have led to the creation of new services and functionalities, innovative methods of linking resources, integrated spaces for information retrieval and powerful database systems. Health libraries are also quickly adjusting their role to the new user's information needs, which are changing in line with the developments of information services (4). All these to better serve the user's community and fulfill their developing information need.

To be better understood, this rapidly changing scenario should be considered as a whole: the culture is changing with the many consequences that this implies (5). Therefore the strongest effort is needed not only in keeping the health workforce (including health librarians) constantly updated, but most of all in providing them with the right tools, methods and skills to manage knowledge towards a long-life, self-directed learning. It is right within this context that the blended teaching experience carried out at the Italian National Institute of Health (ISS) should be regarded as a successful experiment and a good, flexible example of teaching: an easy pathway to new roles.

The ISS blended teaching course

Course structure

ISS has recently organized, together with the Department of Educational Sciences of the University of Rome, a course on *Models and Instruments of Communication* using, for the first time, a blended methodology based on combining or "blending" of multiple teaching styles: classroom and e-learning. The course was aimed at internal managerial staff and was highly structured:

- **the first three days** were face-to-face devoted mainly to familiarize, introduce, and discuss about communication models; in this first phase teachers played a major role, although interactive experiences such as relationship tests, fun quizzes, metaphorical experiences, etc. were also used to maximise learning;
- **the following four weeks** were dedicated to sharing information through an *ad hoc* Internet-based platform. The aim was to get acquainted with the use of three online communication tools: chat, forum and wiki. Within a predefined time schedule, each group had to develop a project work;
- **the last three days** were dedicated to sharing the information acquired during the previous phases and for each group to present its project through a PowerPoint presentation.

As shown in *Figure 1* this blended teaching experience was more appreciated than other ISS courses taken in the same year (2006).

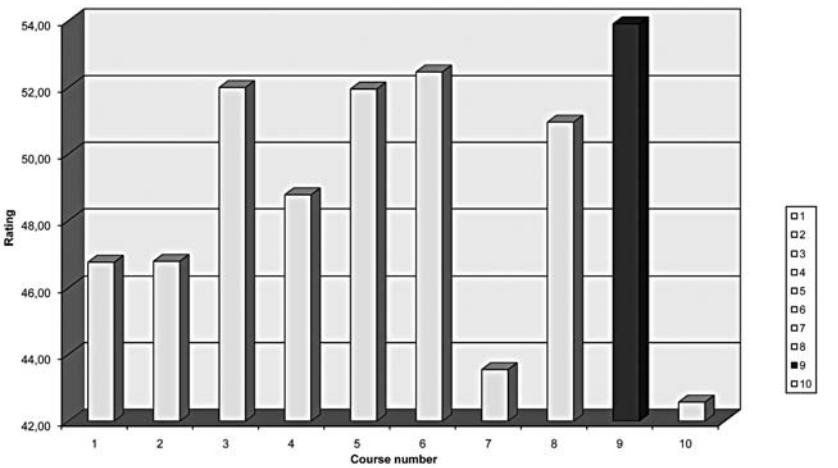

Figure 1. ISS course evaluation (the blended teaching course is reported as n. 9).

At the end of the course, each participant was given a detailed assessment which included an evaluation on the numbers and quality of his/her connections to online resources. A list of performance descriptors used for evaluating course participants is reported in *Table I*.

Table I. Performance descriptors used for assessing course participants. Each descriptor was evaluated as: *average, satisfactory, good, very good.*

A. GROUP ASSESSMENT	B. INDIVIDUAL ASSESSMENT
Forum	**Forum**
Pertinence with PW subject	Pertinence with PW subject
Negotiational skills	Negotiational skills
Number of threads initiated by the group	Number of threads individually initiated
Number of answers to tutor's initiated threads	Number of personal answers to tutor's initiated threads
Chat	**Chat**
Number of chats	Number of chats
Usefulness to the PW	Usefulness to the PW
Wiki	**Wiki**
Integration of pages	Participation
Communication skills (language and editing)	Integration in the wiki community
Use of resources	Communication skills (language and editing)
Originality of retrieved material	**PW**
Usefulness to the PW	Individual contents analysis
PW	Individual contribution to PW design and originality
Contents	**C. PRESENTATION ASSESSMENT**
Design and originality (creativity)	Accuracy and clarity of presentation
	Communication efficacy
	Quality of presentation

PW: project work

The keys to success

One of the main innovations of this blended teaching experience is the use of personalized online tools: chat, wiki and forum. These allow the learners to acquire knowledge, to test their ability, and most of all to create and maintain a relationship with the other members of the community, which is reputed to play a crucial role for a proficuous work and professional environment (6):

- **the chat** is a tool for instant messaging between participants who are connected online simultaneously (synchronous). Its main characteristic is the rapidity of the exchange of information. Its aim is to create an "edutainment" environment (*educative plus entertainment*) which strengthens the relationship and facilitates both the brainstorming and the personal creative ability;
- **the forum** does not require that all participants are online at the same time (asynchronous). It helps the reasoning, permits the exchange of articulate suggestions and comments, the building and improving of negotiational skills. It helps reflecting on the topic of discussion and builds up the communication "thread". It also creates a historical archive, preserving all the reasoning which led to a certain conclusion;
- **the wiki** is an online tool for shared and collaborative writing. Each member writes on the platform using a different colour, so that the written personal contribution of the single member group does not disappear in the whole. It helps cooperative learning, socialization of the comprehension experience and a progressive construction of the knowledge. User-generated content is becoming a subject of great interest. Revolutionary and easy to use softwares are being released on the market attracting millions of players for audience-created features (7).

Another innovation of blended teaching – and in general of all methods of teaching to adults – is the role of the *teacher* which is very dissimilar to the traditional one. In problem-based learning (PBL), for instance, he is generally referred to as *facilitator*: a skillful person who assists the group during the whole learning process, facilitating collaboration, synergy, dynamics, dialogues and decisions. He facilitates learning which is "promoted when learners are engaged in solving real-world problems (…) when existing knowledge is activated as a foundation for new knowledge" (8). His relationship with learners is no longer vertical or hierarchical but horizontal, a sort of communication between peers, or between professionals who share mutual respect, trust and understanding. The center of the teaching is no longer the teacher but the professional community of learners who become the main actors of the learning process.

The innovation is also in the way learners and teachers communicate and exchange information. The distant learning plays a central role in blended teaching both on the cognitive and on the relationship aspect. However, while e-learning often results in an impersonal and cold method of learning – sitting alone in front of a video and not in a classroom with your colleagues can easily create a negative sense of depressing isolation – the use of some online tools, such as the chat, wiki and forum used in the ISS course, can deeply facilitate personal communication, the expression of more intimate feelings, the openness towards emotions (through the use of emoticons for instance), the understanding of the individual differences of other group members, the empathy for the other's trouble and the sociability.

That is why when organizing a blended teaching course particular attention should be devoted to the right learning environment. At the ISS, the Moodle platform was reputed to be perfectly suitable for the learner's needs.

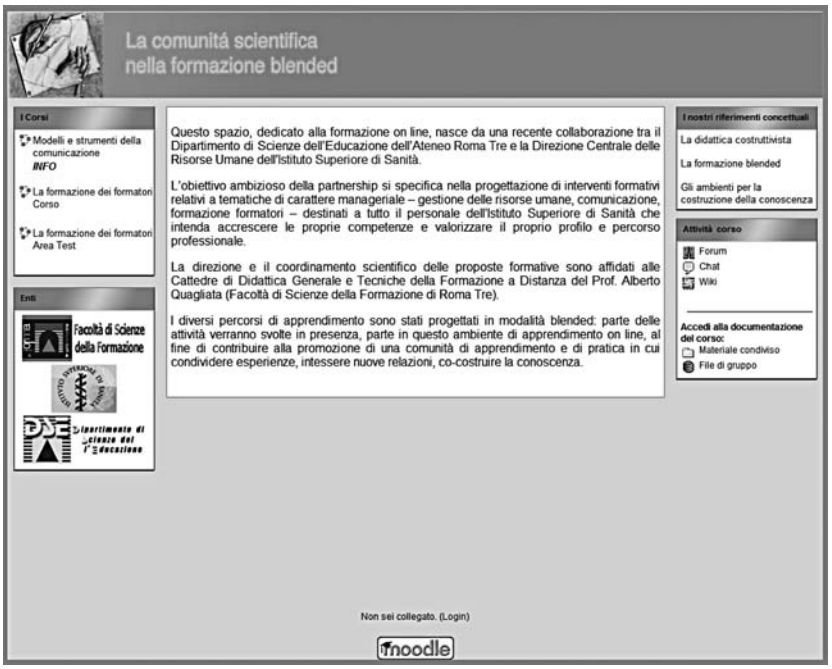

Figure 2. Homepage of the online Moodle platform used for the ISS blended teaching course.

Moodle is an open source software (http://moodle.org/), which helps educators create effective online learning communities. It is one of the most popular software packages for producing internet-based courses, because of its great flexibility which allows personalization of the platform to meet individual needs. It strongly supports a social constructionist framework of education.

Blended teaching: building interactions between people, systems and expertise

It is not difficult to understand why blended teaching is becoming increasingly popular among the different methodologies of adult teaching offered by companies, associations, academies, libraries or institutions. First of all, it helps building up good working relationships which mainly depend on good communication. Today, in job interviews for manager's positions, candidates are often required to possess good relational management skills more than good management control. The ability to relate is considered more important than the ability to *take control over*. This is evident also in the development of Cybernetics (from the Greek word *Κυβερνήτης* meaning steersman, governor, pilot): a science which studies the communication and control processes in the animal and the machine. Founded by Norbert Wiener in the Fifties (9) it initially interpreted the meaning of *governing* as pure control for expanding it, later on, to embrace the understanding of the so called *relationship intelligence*.

We all live in a far more complex society than we would have imagined a few years ago. To survive and understand this complexity, traditional teaching methods where students are faced with pre-packed problems to solve are no longer adequate and useful. Even in PBL where problems are the core of the teaching method, they are indeed just a tool to help them "learning to learn" (PBL is not about problem solving). Accepting the concept of complexity means to be able to manage a plurality of systems, information, resources, platforms, methods. Acquiring knowledge means to be able to produce a unique interaction between people, systems, expertise. In other words, reaching multiple goals with the awareness that the whole process can never be *fully controlled* but simply *governed*.

Blended teaching can also help in understanding one's own limits, thinking and identity. The presumption of knowing the solution to a problem before consulting with the other group members

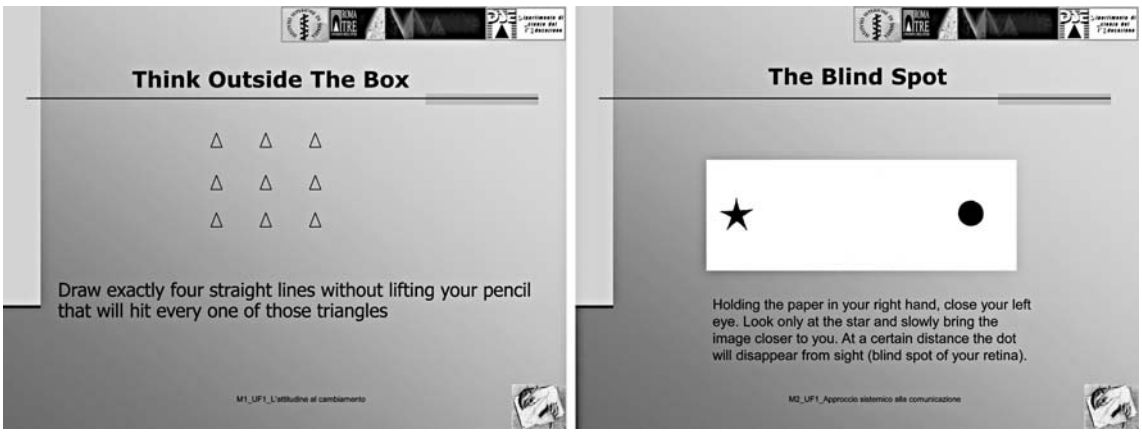

Figure 3. An example of quizzes distributed among course participants, with the aim of fostering an attitude towards change.

often leads to wrong decisions. On the contrary, listening is as important as questioning one's own convictions. A good tip is to include at the beginning of the course a session with practical tests and visual experiences, such as the analysis of optical illusion images which are often deceptive or misleading and can be perceived in different individual ways. The aim is to make people understand that at times what you see and believe is just wrong, or else that a problem's solution might be there but you are simply not in the correct position (attitude) to see it. Quizzes like those shown in *Figure 3* can also be used to teach people to act (and take decisions) outside the traditional schemes (attitude towards change).

Conclusions

Blended teaching will by no means entirely replace other more consolidated and traditional forms of teaching. In a way, it integrates them all by focusing on the concept that sustained continuing education is the key to each individual's development. How? By teaching the importance of interacting and relating; of apprehending in a complex but collaborative environment; of accepting serenely whatever is unchangeable while struggling bravely to change what it is actually possible to change; of using at work those online tools that the new generations are already experiencing in their everyday life.

By creating an appropriate learning environment, blended teaching perfectly matches the culture of today's young professionals who are happily multi-tasking and already perfectly used to browsing within multiple resources, simply because they have been brought up in what could be defined as an "expand-command society".

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The EAHIL Workshop 2007, Krakow

Pip Divall, Sarah Sutton

Pharm-Assist: Using Personal Digital Assistants (PDAs) to Assist in Pharmacy Decisions

Introduction

University Hospitals Leicester continued its award winning(1) work on Personal Digital Assistants (PDAs)(2) in the clinical setting by running a cohort study on the use of PDAs by Pharmacists on medical wards.

PDAs are hand-held computers that originally were designed as personal organizers. The basic features of a PDA are an address book, notepad, clock, calculator and e-mail. A 2006 systematic review(3) of surveys of PDA use by health professionals, internationally concluded that younger physicians and residents are more likely to use a PDA. They are typically used for administrative and organisational tasks, but do have the potential to be used for clinical decision making, drug information and recording patient information. The reviewers highlighted an "urgent need to evaluate the effectiveness and efficiency of specific tasks using handheld technology".

The Clinical Librarian (CL) team at University Hospitals Leicester (UHL) have led previous studies on the use of PDAs by doctors.(2) In this study the CL team joined with the Pharmacists of the Medicine and A&E Directorate of UHL.

Aim

To investigate the question: does having a PDA loaded with relevant information resources influence the number of interventions made by a pharmacist during ward rounds?

Primary outcome:

Change in frequency of pharmacist interventions on the wards to alter or amend drug charts for patients, before and after the availability of a PDA with appropriate reference material.

Secondary outcomes:

- reported time taken to use PDA in relation to primary outcome;
- reasons for the interventions;
- reported ease of use of PDA as a reference tool on the wards.

This presentation will outline the methods used in this study and describe our initial findings.

Methods
The study was a before and after evaluation to assess the impact of a PDA based clinical reference tool, *Dr Companion*,(4) compared to usual practice.

The participants were 11 pharmacists working in general medical wards at UHL.
The number of participants was determined by the number of PDAs available and pharmacist response. In order to detect a minimum clinically significant difference of 20% in the number of interventions made, a power calculation revealed a minimum of 33 participants was required. As this was not possible with the limited resources, the study results can only be descriptive, with the study considered as a pilot and an opportunity to explore the practicalities of conducting such a study in a workplace setting.

Dr Companion is a suite of substantially UK Evidence Based and authorised pharmacological information, which works from one "plug and play" Secure Digital Card. The same card can be used in a Pocket PC, Palm, Desk Top or Lap Top and some smart phones.

The usual practice for a pharmacist in the cohort would be to carry paper copies of authorised pharmacological information (usually the *British National Formulary* (BNF)), consult with Web based information later in their office or to consult colleagues. In addition, some pharmacists already had their own PDA with US pharmacological information on the device.

Data on the number and type of interventions made by pharmacists in the ward setting over a period of one month was collected between April 2007 and June 2007. Following the introduction of the PDAs and *Dr Companion*, between June and August 2007, the same data was collected for a further month. The before-and-after questionnaires were designed in close consultation with the pharmacy team to enable bench marking with other research taking place in the department.

The questionnaires allowed multiple-choice, time recording and free-text responses. The data collected was descriptive, self-reported use of pharmacological information to support ward work. Informal discussions with participants supplemented the information gathering.

Results
It was hoped that second phase of this study would have been completed in August 2007, in time for presenting to the EAHIL conference, but after the submission deadline for this paper to the conference organisers. The results for the primary outcome measure, i.e. changes in use of reference materials after the introduction of a PDA, cannot therefore be reported here but will be published and disseminated as soon as they are available. Initial results for the following are as follows:

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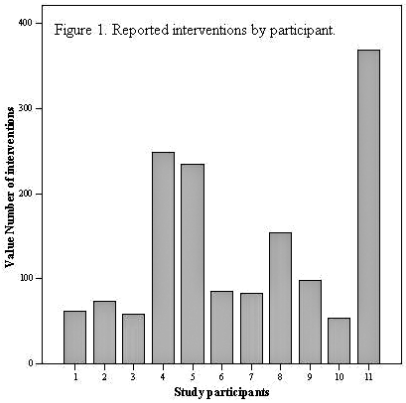

Figure 1.
Reported interventions by participant.

Primary outcome
Frequency of intervention

In the initial data collection period the number of interventions reported by the eleven pharmacists participating was 1536. Figure 1 shows the frequency distribution of this data.

The data is not normally distributed, with a median number of interventions reported of 85 (IQR = 172).

Reviewing the initial data by purpose of intervention shows that safety and efficacy are the two most often cited reasons for intervention.

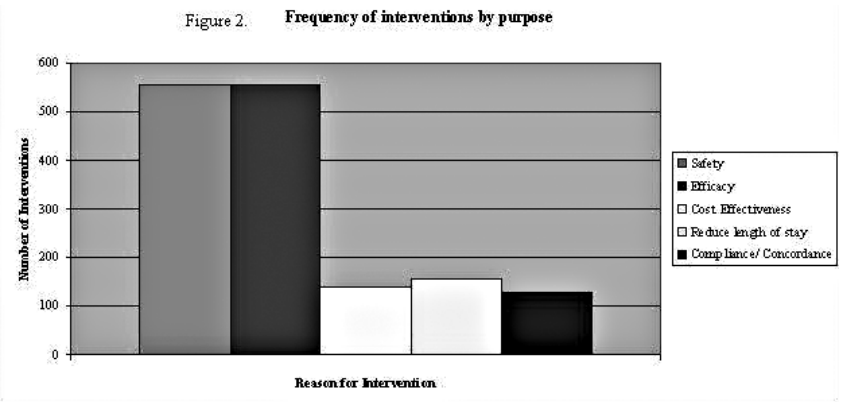

Figure 2. Reason for intervention.

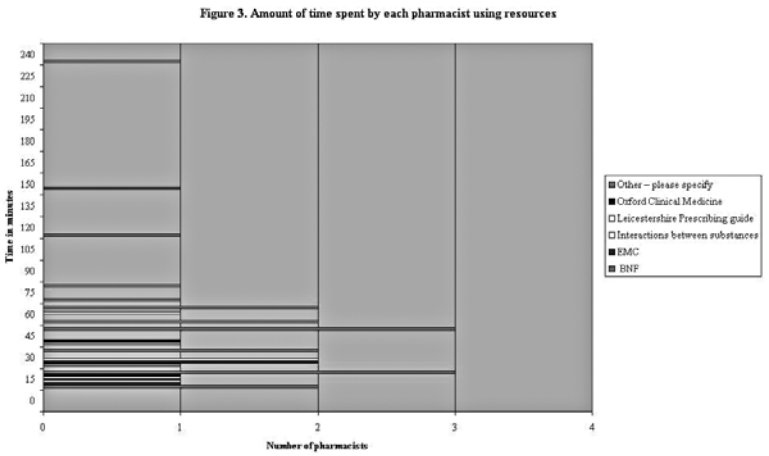

Figure 3. Amount of time spent by each Pharmacist using resources.

Secondary outcomes

- *Time spent consulting reference sources*

Figure 3 shows results for the initial data collection phase of the study which illustrates the number of minutes per month spent in total by the 11 pharmacists in reviewing key resources to aid their practice.

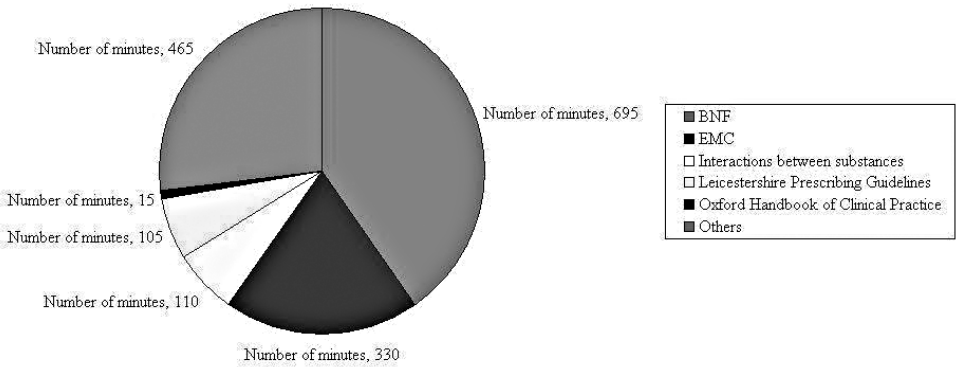

Figure 4. Amount of time spent by Pharmacists using resources.

Figure 4 shows that the *British National Formulary* (BNF) is the most frequently used resource, although a breakdown of the results by individual pharmacist as shown in Figure 3 illustrates that there is some variability between practitioners in this.

In addition to the data collected on ward rounds, the pharmacists were asked to list the resources they used in other settings to support their practice. This is shown in Figure 5. The data is evenly spread between pharmacy department resources, discussion with colleagues, contacting Medicines Information and other sources which are listed in Table I.

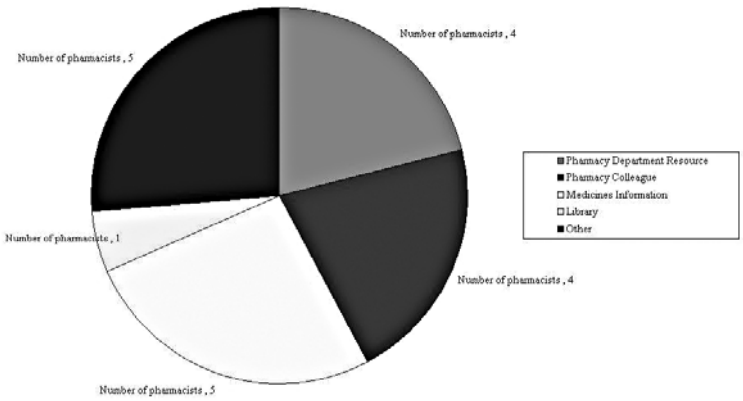

Figure 5. Information sources used by Pharmacists to support practice.

Of the "other" sources used by the pharmacists the most popular was the UHL Document Management System, which includes clinical guidelines for the Trust.

Source	Time spent on accessing this resource in minutes
ADIS Insight	5
Dosettes	5
Drug Company	15
IDIS Search	10
In House Dispensing Tablet Booklet	40
Internet	5
IV Monographs	15
JAC computer system	10
Mansley Guidelines	10
Medical Company	5
Medicines Org	5
Micro Approval List	10
Microbiology	5
Micromedex	40
Mobile Micromedex	10
MTIMI Full Search	5
National Electronic Library of Medicine	5
Nova	10
Palliative Care Formulae	15
Palliative Care Website	20
PPI Guidelines	5
Renal Handbook	5
RPSGB	10
UHL Document Management System	65
UHL Guidelines	10
UK Medicines Information	5

Table I. "Other" sources of information used by pharmacists.

The pharmacists were also asked about the frequency of their wider information finding activity, which showed that information was being looked up on a daily basis by most pharmacists but that they were not using health textbooks, databases or pre-appraised summaries very frequently. This is shown in Figure 6.

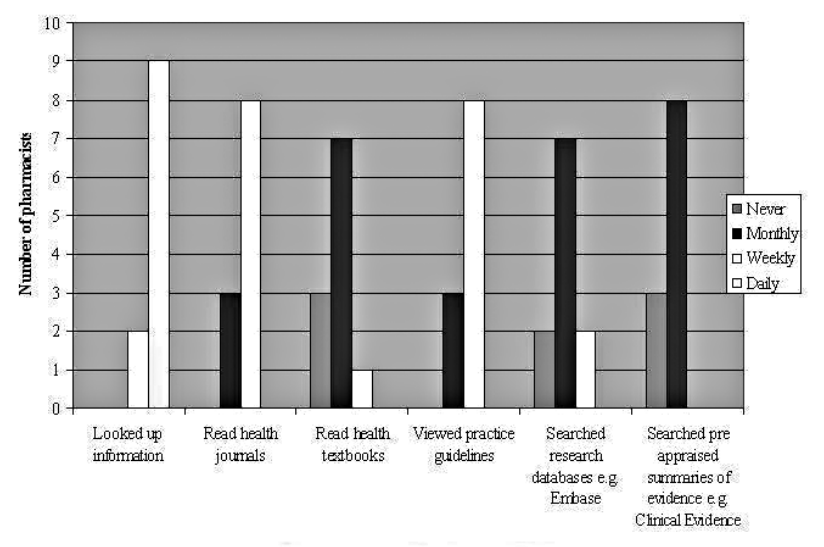

Figure 6. Pharmacists' information finding activities

Discussion

The study was limited by the small number of participants. As the Chief Pharmacist was keen to audit current practice, it was imperative for pharmacy staff to participate, however the response rate was limited by the pharmacists' workload and availability to participate. The initial start date for the study was postponed when it was decided to wait for the latest edition of the *BNF* to be added to the *Dr Companion* chip to enable its effective and legal use on the wards. This delay made the full publication of this study's results in this paper not possible.

Preliminary findings for the second phase of the study show a preference for paper or PC based reference materials. This could be for a number of reasons:

- habit;
- new format takes time to get used to;
- actually have good access to paper and PC – so do not need PDA;
- PDA BNF format same as Web one – tricky to use;
- PDA does not have resources the Pharmacists want on it yet – Trust based information such as IV and drug policies.

Some pharmacists in the trial felt that the PDA resources might have been more helpful for junior pharmacists who need to refer to sources more often.

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Conclusions

Pharmacists make a large number of interventions each using a variety of different resources. While the main results have yet to be reported as the study is not complete, it is possible to conclude that pharmacists make use of a number of different resources that had not previously been taken into account. If these are all available in a PDA format, this may reduce the amount of time taken looking up information, while increasing the number of interventions made. Initial findings from the second phase indicate that the pharmacists in the study group preferred using the print *BNF* and pre-existing PC/online based resources.

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Acknowledgement

Our thanks go to Linda Ward who was instrumental in setting up and running this project. Without her assistance and advice the project would not have been the success it was.

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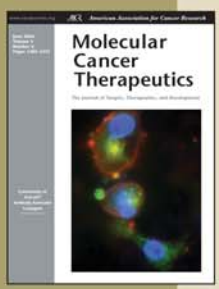

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The Members of the Local Organizing Committee and the International Program Committee are doing their very best to make the conference and your stay in Helsinki an enjoyable and inspirational experience.

We wish you most heartily welcome to Helsinki!

Merja Jauhiainen, Chair of the Local Organizing Committee
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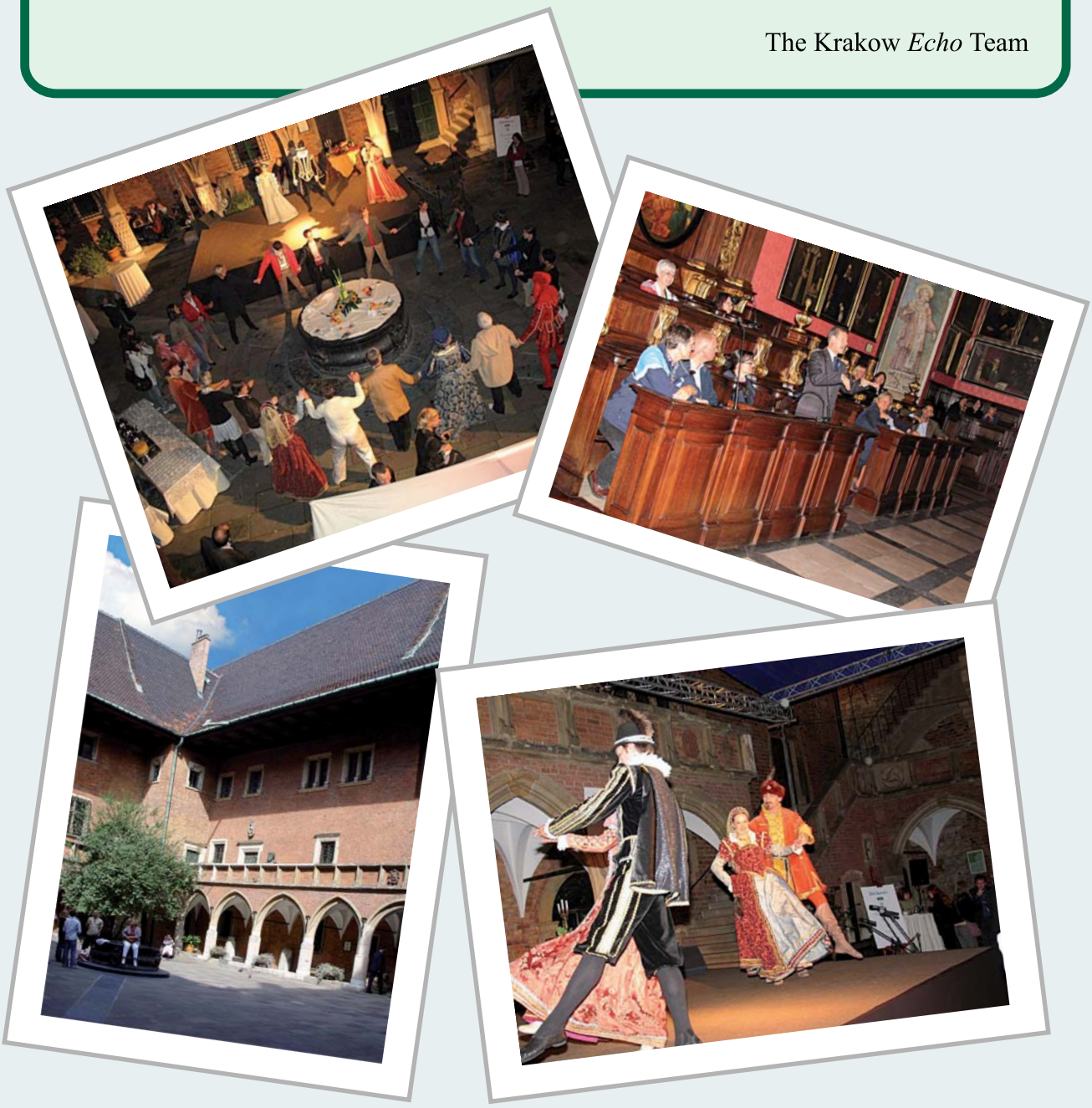
HIGHLIGHTS OF THE KRAKOW WORKSHOP

The Welcome Reception was held in the beautiful courtyard of the Jagiellonska University Collegium Maius and Collegium Medicum and with Polish vodka in hand, the delegates listened to the welcome speeches. This ended with the 15th century clock's exquisite figures marching to an extract of 15th century court music and finishing with an instrumental version of *Gaudeamus*, after which the audience were entertained by a professional troupe of dancers and musicians attired in mediaeval dress. A nice touch towards the end of the evening was when the dancers invited the audience to participate. An excellent buffet meal provided further opportunities to network and renew acquaintances. Another highlight was the fascinating tour of the building and museum with wonderful artefacts, from the first astronomical instruments in existence, portraits and busts of the scientists including Copernicus (its most famous student), to an Academy Oscar awarded to Andrzej Wajda in 1999 for Lifetime Achievement in Film Directing .

The Krakow *Echo* Team



GALA DINNER

Coaches left from the Conference Centre or Novotel for a 20 km drive to Folwark Zalesie Country House. Local entertainers in national costume opened the evening by showing the gentlemen how to bow and the ladies the correct way to courtesy - Polish style. Everyone then joined in a song: gents singing *kuku* and ladies *aaah*. The meal began with a tomato and mozzarella salad and soup. Between courses there was further entertainment, so before the main meal the conference participants were encouraged to dance in pairs in the courtyard round a blazing bonfire. A selection of cakes, fruit and other sweetmeats, brought the meal to a close.

As EAHIL was celebrating its 20th birthday – each delegate received an engraved glass to take home (careful packing permitted). For the first time at an EAHIL conference a magnificent firework display rounded off the evening. Delegates then had an opportunity to wear off the meal as the music started up and the dancing began. It is understood that the last delegates did not get back to their hotels until 2am!

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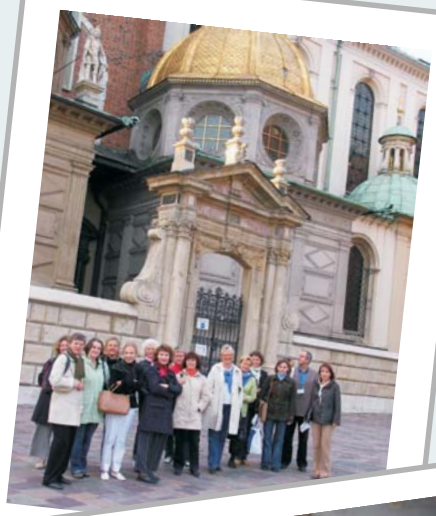

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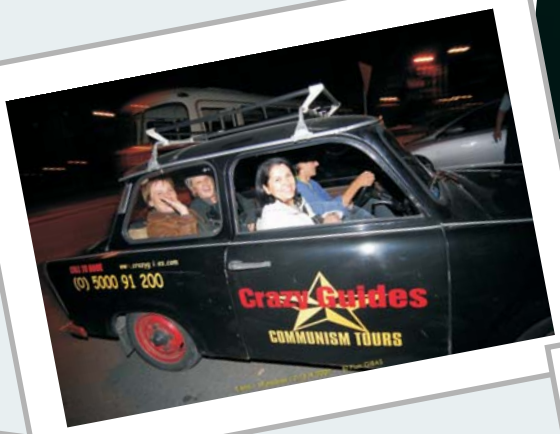
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Empowerment Session, Krakow Workshop
One for All and All for One:
The Role of Professional Librarian Associations

The focus of this session on Medical Library Associations was attended by about 30 delegates. Peter Morgan, UK and Elisabeth Husem, Norway had accepted the request of the EAHIL President to organise this session. Peter gave three examples of relevant associations in the UK, describing their very different aims, scopes and organisation. Elisabeth spoke about the strong relationships of the Norwegian Library Association, Section for Medicine and Health (SMH) with EAHIL. In 1994 SMH initiated a close cooperation with the Nordic and Baltic libraries. Nowadays this also includes libraries in St. Petersburg and in the North-West Russia region. This has resulted in Continuing Education Courses (CEC), study visits and participation in conferences and workshops. These activities have resulted in closer contacts with EAHIL.

With these broad examples Peter asked the audience to think of:

- What is in it for me as a person?
- What can I contribute and achieve?
- How can EAHIL support this?

One of the participants asked: “what is my contribution to my Association?” Tony McSeán explained: “Joining a professional association isn't a normal purchase decision, like joining the local gym, but should be an integral part of being a professional person. Some of the benefits are obvious - information; best practice; continuing education opportunities; networking across generations, sectors and countries; conferences in nice places; CV reinforcement; a chance to develop and practice committee skills etc. However, this is only part of it. By collective action we can maintain and improve both our own individual positions, in society and in the places where we work and deliver better outcomes to our users and their patients and so on”.

The participants emphasized the important role EAHIL played and also gave examples of the establishment of national medical library associations, however stating that some countries still lack a national association. The discussion continued towards the format of conferences versus workshops: conferences every year or a smaller meeting every two years? Some emphasised on the importance of smaller and interactive workshops. It was also stated that it was easier for some countries to organize a smaller event than a big conference.

There was also a question how to determine professional development and educational needs. It was obvious that participants attending the EAHIL conferences and workshops strongly appreciated the CEC's in assisting their professional development. One of the conclusions of the session was that EAHIL has a role “to scan the horizon for professional development within all associations”.

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A Visit to Auschwitz

The journey to the concentration camp took just over an hour and during that time a harrowing film was shown of the history and events that occurred at Auschwitz. It was originally a Polish Barracks, but taken over during the war and turned into a prison for political prisoners (mainly Poles) then extended to other groups, to become part of the *Final Solution.* Auschwitz consisted of three different camps – Auschwitz 1 (political prisoners, intellectual and those perceived to be a threat); Auschwitz-Birkenau II – death camp and Auschwitz Monowitz – factory (slave labour to support the war effort). Electrified fencing surrounded the three camps with gun towers making escape almost impossible.

Auschwitz 1 – Many people will be familiar with the mocking words over the gate into *Arbiter macht frei* (*work makes free*). On either side of the main thoroughfare are the Blocks; these would house 800-900 people (three to a bunk and three tiers high). Prisoners were condemned in Block 11 and others held as punishment in inhuman conditions. The first experiment using zyklon gas was tested in Block 11. Between April 1943 - May 1944, Block 10 was used to carry out sterilisation experiments on prisoners. Many died during the experiments; others were put to death so that autopsies could be carried out. Those who survived were left with permanent injuries. Between Blocks 10 and 11 was the Death Wall. In reprisal for uprisings and resistance, often, whole families would be executed as a punishment. Examples of records, photographs, maps and other details that have been preserved were on show: human hair cut off after death and used to make materials to support the Nazi war effort (clothes, ropes, matting); 42,000 pairs of shoes; prosthetics; spectacles; suitcases of the people who believed they were in a transit camp; the chilling reminder of what Auschwitz represented – the remaining evidence of the zyklon B cylinders used in the gas chambers. Although the Germans were meticulous in recording details of those who survived in Auschwitz, they did not bother with the people sent straight to the gas chambers. For those people, the time of arrival until death was just five hours.

Auschwitz-Birkenau II – Located 3 km away. The railway lines showed where the trains brought people on their final journey. A number of the wooden block buildings still remain – sleeping quarters, toilets (communal hole-in-the-grounds) and the machine-gun towers. This was an extermination camp, where at least 1.1 million Jews, 75,000 Poles, and some 19,000 Roma (Gypsies) were killed.

The exact number of people murdered in Auschwitz will never be known; the names of those who worked in the factories and other places at the three camps were recorded. The number or names of people sent direct to the gas chambers on arrival was never counted.

However, today Auschwitz is a "tourist" attraction though entrance is free. Many of the EAHIL participants found the trip and the exhibits shocking, forcing everyone to face the horrific, but actual facts of an atrocity committed only 65 years ago, that never should be forgotten.

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Information Literacy in Academic Curricula.
A Case Study of Integration at the Biomedical Faculties of K.U. Leuven University

In memoriam Pedro Parcerías, my dearest friend († 27 July 2007)

This is the abridged version of my paper presented at the EAHIL Workshop: full version available at http://www.bm.cm-uj.krakow.pl /eahil/proceedings/oral/Schallier.pdf or http://dlist.sir.arizona.edu/2033/

Abstract
In the past, library instruction at the biomedical faculties of K.U. Leuven was limited to guided tours and short instruction sessions, organized on an individual and unsystematic basis. This changed in 2006, when we were asked by the Faculty of Medicine to reconsider part of the medical curriculum in the light of integrating information literacy in it. As a result, the biomedical library was given the responsibility of teaching information literacy in the beginning of the curriculum of medical students, while academic staff took care of the rest. The new curriculum of the Faculty of Medicine was put into practice in October 2006. It was soon followed by similar projects in all other biomedical faculties of our university.

Introduction and background
Libraries have no longer the monopoly in providing information. A growing quantity of information is available on the internet, outside libraries. Powerful search engines make us find information in the big internet "data soup". Moreover, the web is becoming a social environment, since we all produce, publish, share and tag information. It is clear that this has great implications for libraries. The library's traditional role of collecting information seems to be moving towards a role of **giving access** to information and **training users** to find and manage it.

Information literacy and why it matters
This kind of training is what we usually understand by "information literacy". International standards like the one developed by ANZIIL (http://www.anziil.org) give us a more precise idea of the different aspects of information literacy: the information literate person:

1. recognises the need for information and determines the nature and extent of the information needed;
2. finds needed information effectively and efficiently;
3. critically evaluates information and the information seeking process;
4. manages information collected or generated;

5. applies prior and new information to construct new concepts or create new understanding;
6. uses information with understanding and acknowledges cultural, ethical, economic, legal, and social issues surrounding the use of information.

Information skills are needed "in order to succeed in a knowledge-based society"(1). Studies(2, 3), show that university students usually do not have enough information skills (even if they are convinced that they do have). In health sciences, information skills deserve special attention because of their prominent presence in three of five steps in the methodology of evidence-based practice (EBP), formulated in(4):

1. translation of uncertainty to an answerable question (= the definition of the information need);
2. systematic retrieval of best evidence available (= the ability to translate this need in a search strategy and the ability to retrieve relevant information);
3. critical appraisal of evidence for validity, clinical relevance, and applicability (= the appraisal of the relevance, reliability and quality of information);
4. application of results in practice;
5. evaluation of performance.

A direct relation has also been made clear between health literacy and public well being: improving the public health literacy is crucial in the pursuit of preventive health and appropriate management of diseases(5, 6, 7).

Information literacy in the medical curriculum

Together with the academic staff of the Faculty of Medicine we agreed that a more systematic approach of information skills in the curriculum was necessary. We did this by integrating information skills in an explicit way and by determining minimal skills for each level. The importance of explicit integration in the curriculum can not be overestimated: it has a significant impact on its acceptance by students. It formalizes, as it were, the support and cooperation of academic administrators, faculty and librarians(8).

This allowed us to realize a *vertical integration* of information skills in the medical curriculum: the skills are worked on, through a continuous line called "scientific education", from the first until the last year of the curriculum.

But we were also concerned with the *horizontal integration*: information skills have to be made relevant to the needs of the students at each stage of the curriculum. Information skills should not only be taught in typical classes, like pre-clinical informatics, computer and information literacy, applied medical informatics and so on, but they should also be closely tied to as many other courses as possible(9).

This kind of integration does not necessarily imply a higher work load. During special information sessions we make academic staff aware that information skills can be worked on in

class on many occasions, simply by being explicit about scientific methodology and by training students on its use.

A final consideration we undertook was that the information skills training only will have an effect, if they are *formally evaluated*. This is confirmed by other experiences(10). In our institution we accomplished this by evaluating the library's modules through a pass/fail evaluation system.

A shared responsibility of academic and library staff

Training students' information skills is a shared responsibility of academic and library staff. Academic staff play a key role since they have the opportunity to integrate information skills in their courses. Librarians, on the other hand, can support the need for a systematic and progressive approach of information skills and are usually more familiar with the technical side of information.

Before this project, only two of our librarians working in public services had experience with training sessions. Together with the campus librarian, they formed a pool that was large enough for the needs at that time. The structural involvement in information skills' training (both organized for students and for academic staff) had an immediate effect on the organization of our library personnel. We had to prepare two more librarians for the organization of training sessions and we had to redefine priorities within their tasks.

Case study: information skills in the curriculum of medical students

In the new medical curriculum, information skills appeared for the first time in the second year, under "scientific education". The biomedical library is responsible for the following modules:

Module 1. Retrieval of scientific literature: theory (1 hour)
Objectives:

- the students are aware of the importance of reliable scientific information;
- the students are familiar with the variety of scientific information resources (e.g. reference works, manuals, journals, databases, internet);
- the students are familiar with the (electronic) information resources available in the biomedical library.

Content:

- introduction to the line scientific education: situation in the curriculum, general objectives, practical course;
- getting familiar with the biomedical library;
- overview of the various (electronic) scientific information resources: reference works, manuals, journals, databases, internet;
- getting familiar with PubMed;
- explanation about terms like keywords, MeSH, index, thesaurus etc.
- getting familiar with the Web of Science: journal impact factor, science citation index.

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Wouter Schallier

Method:
Lecture by the librarian.

Module 2. Retrieval of scientific literature: practice (2 hours)
Objectives:

- the students are able to select relevant information resources;
- the students are able to actively find literature via a computer search;
- the students are familiar with bibliographic databases (PubMed, Web of Science).

Content:

- exercises on information retrieval on a computer;
- retrieval of manuals and reference works;
- retrieval of references in PubMed;
- access to (full-text) articles;
- citation search in Web of Science;
- searching in Cochrane Library;
- searching and evaluation of internet resources.

Method:
The students work in pairs on the PC and do exercises on the retrieval of scientific literature. Librarians assist the students. The students finish their exercises at home and submit their solutions to the library. The library gives them feedback.

After these two modules the students are divided into small groups (6-8 students), under the direction of a tutor. The tutor works with them around a specific topic, depending on his own specialization, and integrates the following aspects of information skills into his courses:

- making correct references;
- structure and types of a scientific article;
- basics of scientific reviewing procedures;
- critical reading, making an abstract and discussion of a scientific article;
- principles of scientific methodology;
- presentation of one's abstract of a scientific article;
- principles and application of EBM;
- writing a scientific article.

Information literacy in other curricula
For the curriculum of Pharmaceutical Sciences a set of competencies was defined, of which one is information skills. These competencies are strongly connected to specific courses. In collaboration with the Faculty we drew up the information skills competency for the first two bachelor years and the master years will follow soon.

In the curriculum of Audiology and Logopaedics, information skills were introduced in the 3rd bachelor year. Several students complained that these modules came too early in the curriculum. We discovered that they only saw a link with their master thesis at the end of their curriculum and that they were not aware of the relationship with the other courses. This illustrates well how important is it to embed information skills both vertically and horizontally in the curriculum. This year we will therefore work on a better integration.

From 2007-2008 onwards the departments of Dentistry and Biomedical Sciences will also introduce information skills in their curricula.

Lessons learned and projects for the future

Thanks to the growing awareness of academic staff (and especially those involved in evidence-based medicine) that information literacy is a key issue in our society and particularly in health care, we managed to make an enormous progress in only two years.

From the many experiences we had, we are now able to confirm the following principles, which, in our opinion, seem to be crucial for a successful training of information skills:

1. information literacy should be integrated in an *explicit and systematic* way in the curriculum;
2. *minimal skills* should be determined for each level;
3. instruction in information literacy should be a continuous line starting in the first and ending in the last year (*vertical line*);
4. information literacy should be acquired in an active way in as many courses as possible (*horizontal line*);
5. instruction in information literacy is a *shared responsibility* of library and academic staff.

Of course our work is far from finished. From the feedback we received from our students, we learned that they generally appreciated the training a lot. Their remarks usually concern the need for immediate application in other courses. Indeed, in some cases the information skills training is not yet fully imbedded in the curriculum, and it will of course need some time to accomplish the vertical and horizontal lines in all biomedical curricula. The integration of information skills needs permanent care, and, therefore, the biomedical library is working on systematic support to academic staff in this respect. Another important step we took, is the recent acceptance of information skills as a competency in our doctoral schools. An optional course module is currently under development and will start in 2008. Furthermore, we plan to make a detailed comparison between the ANZIIL-standard and our biomedical curricula in order to cover the full spectrum of information literacy.

We will certainly benefit from the results of a project the biomedical library is participating in. This project explores the possibilities to convert information skills in learning objects that can be

integrated in various courses in a flexible way. We also want to make more use of online tutorials in our training. These can be a solution for the rising student numbers (and the limited library's resources) and, especially, they will enable the library to concentrate on the hands-on sessions. The rest of the training will be done by self study and self assessment, which is not only more efficient but also more attractive for students than a talk and demonstration session in a big auditorium. Finally, we would like to measure the effectiveness of our classes: do our students' information skills really improve after the training?

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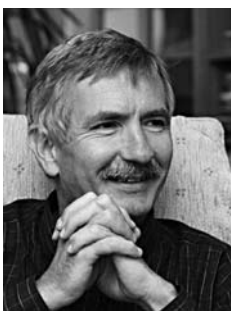
The EAHIL Workshop 2007, Krakow
Best Poster Presentation Overall



Teaching Evidence-Based Medicine to Undergraduate Medical Students: Information Specialists as Multi-Professional Team Members

Background

Evidence-based medicine (EBM) requires skills to find and critically appraise medical literature to obtain and apply the best evidence to clinical decision-making. In the past decades, many undergraduate medical curricula were criticized for not adequately preparing graduates to master the art of clinical and published evidence evaluation. There is an increasing trend worldwide to incorporate this sophisticated strategy into medical school curricula.

Aim

We present the preliminary results of the 2-year EU-supported project *Introduction of EBM Principles to Undergraduate Medical Curricula* run by Palacky University Faculty of Medicine & Dentistry (Olomouc, Czech Republic). The project is managed by a steering committee comprising medical teachers, a medical librarian, and an administrator. The main objectives of the project is to train undegraduate medical students in practical EBM skills to answer specific clinical questions, in addition to background textbook information, and verify roles of information specialists in re-engineering of medical curricula.

Methods

In the academic year 2006/2007, EBM concepts were being introduced selectively into preclinical and clinical courses of the General Medicine curricula. Medical library staff were integrated into the direct EBM teaching in terms of literature searching, location of EBM knowledge in multiple resources and basics of critical appraisal of the literature. The librarians worked in close cooperation with medical teachers to define information gaps in textbooks, in particular topics with clinical uncertainty, demonstrated online searching strategies across multiple resources and provided interactive group or one-to-one training.

Results

Pilot Scheme I – *Information retrieval intermezzo*

Medical microbiology courses taught to 3rd year undergraduate students, traditionally presented via lectures using powerpoint presentations, were adapted according to EBM principles. Medical teachers selected 2 topics,with some clinical uncertainty and controversy, to show that textbook data would not be always sufficient for up-to-date patient management.

Topic 1: Treatment of clostridial infection-caused gas gangrene with or without passive immunization?.

Topic 2: Is chemical prophylaxis against malaria efficient for travellers to endemic areas?

At the proper moment, the lecture was interrupted to give time to the librarian demonstrating online searches in 2 databases (PubMed, Micromedex) to show a wide selection of the current literature on the problem. The students were given handouts with the detailed description of the search strategy to support their active independent retrieval as part of self-study. The medical teacher then continued lecturing, added some comments on the results of the retrieval and emphasized the role of hierarchy of evidence in practical application of literature data.

Pilot Scheme II – *patient-oriented evidence that matters*
Until present, the core clerkship in pediatrics has been a 4-week teaching block for the 5th year students (3 groups of 20) in the hospital setting. It was designed to introduce students to a wide range of clinical problems in pediatrics, including history taking, physical examination, diagnostics, and management skills. The pediatric curriculum has been modified to comply with the fundamental principles of EBM and includes now the following new components:
Introductory formal lecture

- This covers main EBM issues given by a medical teacher and a librarian. Students learn the role of asking well-constructed clinical questions, importance of information retrieval using multiple resources followed by a thorough critical appraisal before implementation of the best evidence to an individual patient. For demonstration, we selected a hotly debated topic – otitis media management – to show the complexity of current research results documented in the literature dealing with pneumococcal vaccination to prevent recurrent otitis media;

Evidence-based assignment

- The students spend 4 weeks in the University Hospital Pediatric Department under guidance of their tutors. They are presented clinical cases; their main task is to elaborate an EBM case report. They are encouraged to pay individual visits to the library to get one-to-one training in search skills and/or perform critical appraisal of the literature with respect to their individual patient.

Group presentation of case reports followed by discussion and final assessment.

Discussion
Based on recent studies(1-7), the role of highly qualified librarians and information specialists in the process of teaching evidence-based medicine is undisputable. In accordance with other findings(6) our preliminary results have confirmed that medical librarians could act as equal members in a team of University teachers on the condition that they move beyond their routine library activities, in particular co-operate in selecting attractive clinical questions to perform sample searches; assist in finding research papers for teaching sessions; ensure that question formulation and finding quality evidence discussions are included in any teaching sessions; teach searching sessions to smaller groups and/or work one-on-one with students to offer extra searching help; are flexible in terms of dynamics of the group and different levels of students' searching experience. It has been proved practical to prepare illustrative and high quality handouts and other pre-course materials, both in printed or web-based format. The training is much more efficient if the students are well informed about the pre-requisites for the workshop. Many authors(1, 2, 4, 5) emphasized the significance of feedback and teaching skills evaluation. The results of our *Pilot Scheme I* were assessed by informal interviews, whilst *Pilot Scheme II* was subjected to standard teaching quality evaluation. The informal interviews with the students confirmed that the idea of "spicing" traditional microbiology lectures with demonstration of searching current literature online was very successful. The students considered that librarian

tutors were integrated well into the coursework. A recent systematic review(2) that compared the effects of standalone and clinically integrated teaching in EBM found that knowledge improved with both teaching methods, but the results of our evaluation of *Pilot Scheme II* clearly demonstrated students' preferences towards integrated teaching. Most of them declared that the pediatric clerkship was the first opportunity for them to feel like real doctors. Some students reported they needed more time for self-study than expected, which in fact was actually the only criticism of the newly modified pediatric curriculum.

Conclusions

Our first attempt to incorporate EBM principles into undergraduate curricula has proved to be a great success. The students trained in *Pilot Scheme I and II* were able to understand the necessity to search for current information to answer specific clinical questions, in addition to background information found in textbooks. Informal interviews as well as formal teaching quality assessment showed that both types of new educational models of teaching EBM were enthusiastically received by participants of microbiology courses and pediatric clerkship. Other clinical departments are now working on an introduction of EBM principles in close cooperation with medical librarians.

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Acknowledgements

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The EAHIL Workshop 2007, Krakow

Astrid Kilvik, Liv Inger Lamøy

"What did you learn in school today…?" Teaching Information Literacy and Measuring Learning Outcomes at Sør-Trøndelag University College, Trondheim

Background

As librarians at Sør-Trøndelag University College, we have had a close collaboration for years with academic staff at the postgraduate programme of oncology nursing. We give lectures in big auditoriums on different topics, e.g. evaluating quality on internet-sites. We also offer hands-on courses for smaller groups on using the library catalogue and a number of reference databases. Five learning goals for the library teaching have been formulated. These goals correspond with the faculty's own evaluation criteria for the student's final assignments. One of the learning goals is to make the student able to understand search strategy, including how to build a literature search, how to choose search terms and how to use thesauri, operators and truncation.

The other learning goals focus on the student's ability to:

- understand how to critically evaluate sources;
- understand which databases/sources that are relevant to their information needs;
- critically evaluate their search results;
- find full-text journal articles based on search results.

We have constantly discussed what the participants really learn from the library's lectures and courses and therefore our aim was to measure the learning outcomes of our teaching.

Method

Two studies were performed. The first was carried out in 2005. Here we divided a class of 17 students into two groups. None of the groups had attended the library's hands-on course on searching Medline and Cinahl. The first group was asked to perform some specific searches in these databases, while writing down search terms, results of their searching etc. At the same time the second group got the Medline/Cinahl-course. Later on the two groups changed roles. Then we compared the search process and results of the two groups. In the latest study we analyzed the final assignments of the same class of students. The investigation was performed in 2007, about six months after the class graduated. In our reading we focused on how the students' search techniques, use of sources and references etc appeared in their assignments.

Findings

The students managed to find, reasonably well, relevant search terms in both Norwegian and English. But we also observed that only a few of the students were using synonyms. Search language was a challenge to the students in our

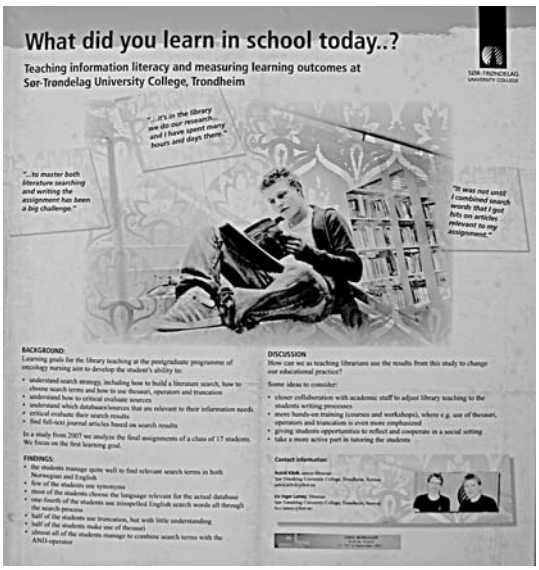
first study. In the 2007 study the situation had improved, and most of the students chose the language relevant for the actual database. However, there were still some difficulties with English spelling, and 25% of the students used misspelled English search words. These students continued to use the misspelled words all through the search-process without being corrected, the errors often leading to poor search results. Use of truncation is emphasized during the library teaching but only half of the students use truncation in their literature searches, and most of them used the technique wrongly or with little understanding. In library teaching the students are trained to use the databases' thesauri. Our investigation showed that 50% of the students then make use of this knowledge. The number probably should be higher, because all of the students search in databases where they would have benefited from using thesauri. Almost all of the students managed to combine search terms with the AND-operator. More advanced combining, e.g. search for synonyms with the OR-operator is rarely used.

Conclusion

Even if the students show in their assignments that they, to a certain extent, handle most of the elements in the learning goal, they are still making considerable errors in building search strategies and conducting literature searches. It seems difficult for the students to achieve full understanding of some of the elements, like use of thesauri, truncation and combined searches. Also it must be noted that misspelling in literature searches for the final assignments is not revealed and corrected. Therefore the learning goal was not fully achieved, and we see a potential for improvement in our teaching.

Discussion

How can we as teaching librarians use the results from the two studies to change our educational practice?



In general we believe that a deeper information competence can be achieved if library teaching becomes a fully integrated part of the education programme. More specifically:

- closer collaboration with academic staff to adjust library teaching to students writing processes;
- more hands-on training (courses and workshops), where e.g. use of thesauri, operators and truncation is even more emphasized;
- giving students opportunities to reflect and cooperate in a social setting;
- take a more active part in tutoring the students.

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News from our Colleagues
Bruce Madge

News from MLA

It was great pleasure to see everyone again in Krakow at what was a very enjoyable meeting. My report this time highlights some of the current issues at MLA.

MLA '08, Call for Participation

As I mentioned in Krakow, the Medical Library Association conference is in Chicago between May 16-21, 2008 and the theme is "Connections: Bridging the Gaps" see: http://www.mlanet.org/am/am2008/. The conference is about the future of health librarianship and the effect of emerging technologies. The call for papers is now out and your abstracts can be submitted via MLA's online abstract submission program at http://www.abstractsonline.com/submit/login.asp?aid=14&mid=2086. The deadline for abstracts is Monday, November 5, 2007, Midnight Central Time (CT). I would encourage all EAHIL members to attend a Medical Library Association conference once in their professional career as it is an excellent learning and social experience. Your American colleagues will make sure that you are made very welcome. It is also worth remembering that the Cunningham Fellowship exists to bring international librarians on visits to the US and this is timed to culminate with the Annual Meeting. Nominations for the 2009 Fellowships are being accepted until December 1, 2007. Details can be found at http://www.mlanet.org/awards/grants/cunningham.html.

Scholarly Publishing and Open Access Webcast

MLA regularly puts on webcasts of topics of interest and the latest one that you can register for is on *Scholarly Publishing and Open Access: Straight Talk* to be held Tuesday, November 20, 2007, 1:00 pm-3:00 pm, central time. Registration is available for both individuals and sites http://www.mlanet.org/education/distance_ed/scholarlypub/index.html?home_20071002.

October is National Medical Librarians Month!

MLA created National Medical Librarians Month to raise awareness of the important role of the health information professional. If you go to http://www.mlanet.org/resources/nml-month/index.html there are many resources that you might consider adapting for your own library.

MLA '08 Website and Blog Now Online

Continuing the social networking theme of MLA President Mark E. Funk's 2007-2008 year in office, there have been a number of blogs set up to both publicize events and to let members know what is going on at MLA. Event information is already being posted and other useful information will appear over the months leading up to the conference itself. It's always worth checking out for places to see and which restaurants and bars to sample! Continuing with the blog theme, Mark has

launched his presidential pages in a blog format, "Only Connect," that includes information about his presidential priorities and past activities and accomplishments. Comments welcome! There are also some great photographs of Mark's year so far including pictures of the IFLA conference. http://president.mlanet.org/mfunk.

Librarians Without BordersSM Task Force

The Librarians Without BordersSM Task Force now has a website at http://www.mlanet.org/resources/global/ which usefully has more information about the Elsevier grant for training librarians in developing countries as well as a list of world medical library associations. There will be more news on this developing initiative in Chicago as well as in these columns over the coming months.

T. Mark Hodges International Service Award

Nomination forms are now out for the T. Mark Hodges award which is open to any librarian but particularly those who are active in the international arena. I am sure that some of my EAHIL colleagues would be interested in this particular award as it is of particular relevance. The deadline for nominations is 1st November, 2007 http://www.mlanet.org/pdf/awards/hodges_intl_20070109.pdf

Bruce Madge
MLA representative to EAHIL
bruce.madge@uprightmri.co.uk

Applications are now being accepted through November 30, 2007,
for the 2009 Cunningham Memorial International Fellowship.
The deadline is 1 December 2007
The award is given annually to citizens or permanent residents from
countries outside the United States or Canada who have both an
undergraduate degree and a master's level library degree and are working
or preparing to work in a health sciences library in their countries.
The program provides a learning experience that may consist of a stay
in the United States at one or more medical libraries.
Based on a pilot program for the 2007 Cunningham Fellowship,
the format and duration of the 2009 program could vary from
two weeks up to a period of three months.
The Cunningham Fellowship was established in 1967 and named
in honor of Eileen Cunningham.
For more information, contact Lisa C. Fried, credentialing,
professional recognition, and career coordinator
at **312.419.9094 x28** or **mlapd2@mlahq.org**
Go to **www.mlanet.org/awards/grants/**
for links to a fact sheet and application.

INTERNET PAGE

Benoit Thirion

Take a Look!
(collected during July- August-September 2007)

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

Free full text

1. Catherine Ann Clark. - **Information Skills Survey: Its Application to a Medical Course Evidence Based Library and Information Practice**, Vol 2, No 3 (2007)
http://ejournals.library.ualberta.ca/index.php/EBLIP/article/view/51

2. Toni Price, Christine Urquhart. - **Using a Prompt Sheet to Improve the Reference Interview in a Health Telephone Helpline Service**
Evidence Based Library and Information Practice**,** Vol 2, No 3 (2007)
http://ejournals.library.ualberta.ca/index.php/EBLIP/article/view/269

3. Lorie Andrea Kloda. - **Use Google Scholar, Scopus and Web of Science for Comprehensive Citation Tracking**
Evidence Based Library and Information Practice, Vol 2, No 3 (2007)
http://ejournals.library.ualberta.ca/index.php/EBLIP/article/view/432

4. Suzanne Lewis. - **Questions Remain about Whether EBM Competencies Learned in Medical School are Retained in Residency**
Evidence Based Library and Information Practice, Vol 2, No 3 (2007)
http://ejournals.library.ualberta.ca/index.php/EBLIP/article/view/394

5. Li Zhang. - **Promoting Critical Thinking, and Information Instruction in a Biochemistry Course**
Issues in Science and Technology Librarianship Summer 2007
http://www.istl.org/07-summer/refereed.html

6. Barbara Kirsop, Leslie Chan and Subbiah Arunachalam. - **Access to Scientific Knowledge for Sustainable Development: Options for Developing Countries**
Ariadne Issue 52 July 2007
http://www.ariadne.ac.uk/issue52/kirsop-et-al/

7. Virginia Knight. - **The SPP Alerting Portlet: Delivering Personalised Updates**
Ariadne Issue 52 July 2007
http://www.ariadne.ac.uk/issue52/knight/

8. Carole L. Palmer, Melissa H. Cragin and P. Bryan Heidorn. - **Supporting Biological Information Work Research and Education for Digital Resources and Long-lived Data**
TCDL Bulletin Volume 3 Issue 2 Summer 2007
http://www.ieee-tcdl.org/Bulletin/v3n2/palmer/palmer.html

9. Santra, Namita . - **Academic Medical Librarians in Malaysia: What Roles Do They Play?**
Malaysian Journal of Library & Information Science Volume 12, No 1 Year 2007
http://ejum.fsktm.um.edu.my/ArticleInformation.aspx?ArticleID=517

10. Finn Årup Nielsen. - **Scientific citations in Wikipedia**
First Monday, volume 12, number 8 (August 2007)
http://firstmonday.org/issues/issue12_8/nielsen/index.html

11. Sharon Hadley, Kim Hacker. - **Embedding Information Literacy into staff development in an acute National Health Service (NHS) Trust**
Journal of Information Literacy, Vol 1, No 2 (2007)
http://ojs.lboro.ac.uk/ojs/index.php/JIL/article/view/AFP-V1-I2-2007-3

12. Suzanne Lewis. - **Critical Care Nurses on Duty: Information-Rich but Time-Poor**
Evidence Based Library and Information Practice, Vol 2, No 1 (2007)
http://ejournals.library.ualberta.ca/index.php/EBLIP/article/view/151

13. Marcy L. Brown. - **Interactive, Web-based Information Skills Tutorial Well Received by Graduate Students in Health and Social Care Research**
Evidence Based Library and Information Practice, Vol 2, No 1 (2007)
http://ejournals.library.ualberta.ca/index.php/EBLIP/article/view/142

14. John Loy. - **New Search Strategies Successfully Optimize Retrieval of Clinically Sound Treatment Studies in EMBASE**
Evidence Based Library and Information Practice, Vol 2, No 2 (2007)
http://ejournals.library.ualberta.ca/index.php/EBLIP/article/view/239

15. Michael Corkett. - **Struggling to Improve Our Understanding of Nursing Student Information Needs**
Evidence Based Library and Information Practice, Vol 2, No 2 (2007)
http://ejournals.library.ualberta.ca/index.php/EBLIP/article/view/225

16. Kyle Jensen, Chen Jinan, and Fiona Murray. - **A Simple Method to Improve Life Sciences Patent Searches Using the Cyberinfrastructure at the National Institutes of Health**
First Monday Volume 12, Number 6, 4 June 2007
http://www.firstmonday.org/issues/issue12_6/jensen/index.html

17. **Arti K. Rai. - Knowledge Commons: The Case of the Biopharmaceutical Industry**
First Monday Volume 12, Number 6 — 4 June 2007
http://www.firstmonday.org/issues/issue12_6/rai/index.html

18. Geertrui Van Overwalle, Esther van Zimmeren, Birgit Verbeure, and Gert Matthijs. - **Dealing with Patent Fragmentation in ICT and Genetics: Patent Pools and Clearing Houses**
First Monday Volume 12, Number 6, 4 June 2007
http://www.firstmonday.org/issues/issue12_6/vanoverwalle/index.html

Abstracts

1. Hajar Sotudeh, Abbas Horri. - **Tracking open access journals evolution: Some considerations in open access data collection validation**

INTERNET PAGE
Benoit Thirion

Journal of the American Society for Information Science and Technology 2007 Volume 58, Issue 11, Pages 1578 – 1585
http://www3.interscience.wiley.com/cgi-bin/abstract/114291382/ABSTRACT

2. Lisa M. Given *et al.* - **Inclusive interface design for seniors: Image-browsing for a health information context**
Journal of the American Society for Information Science and Technology Volume 58, Issue 11, Pages 1610 – 1617
http://www3.interscience.wiley.com/cgi-bin/abstract/114291380/ABSTRACT

3. Yazdan Mansourian, Andrew D. Madden. - **Perceptions of the web as a search tool amongst researchers in biological sciences**
New Library World Year: 2007 Volume: 108 Issue: 9/10 Page: 407 - 423
http://www.emeraldinsight.com/Insight/viewContentItem.do?contentType=Article&contentId=1628155

4. Robert A. Buchanan. - **Science Citation Index Expanded: The Effect of Journal Editorial Policies**
Journal of Academic Librarianship, Vol. 33, Iss. 5, 2007 Pages: 532-539
http://buchanan-science-direct.notlong.com

5. Ian Rowlands. - **Electronic journals and user behavior: A review of recent research**
Library & Information Science Research Volume 29, Issue 3, Pages: 307-450 (September 2007)
http://rowland-science-direct.notlong.com

6. Ahmad Khudair, David Bawden. - **Healthcare libraries in Saudi Arabia: analysis and recommendations**
Aslib Proceedings - 2007 Volume 59 Issue(s) 4/5 Pages: 328-341
http://www.emeraldinsight.com/Insight/viewContentItem.do?contentType=Article&contentId=1626448

7. Lyn Robinson. - **Impact of digital information resources in the toxicology literature**
Aslib Proceedings - 2007 Volume 59 Issue(s) 4/5 Pages: 342-351
http://www.emeraldinsight.com/Insight/viewContentItem.do?contentType=Article&contentId=1626449

8. Jutta Haider. - **Of the rich and the poor and other curious minds: on open access and "development"**
Aslib Proceedings - 2007 Volume 59 Issue(s) 4/5 Pages: 449-461
http://www.emeraldinsight.com/Insight/viewContentItem.do?contentType=Article&contentId=1626456

9. Peter Vinkler. - **Eminence of scientists in the light of the h-index and other scientometric indicators**
Journal of Information Science 2007 33: 481-491
http://jis.sagepub.com/cgi/content/abstract/33/4/481

10. Yen-Liang Chen, Li-Chen Cheng, and Yun-Ling Cheng. - **Using position, fonts and cited references to retrieve scientific documents**
Journal of Information Science 2007 33: 492-508
http://jis.sagepub.com/cgi/content/abstract/33/4/492

11. Félix de Moya-Anegón et al. - **Coverage analysis of Scopus: A journal metric approach**
Scientometrics Numéro Volume 73, Number 1 / octobre 2007 Pages: 53-78
http://www.scientometric-scopus.notlong.com

12. Christine J. Urquhart, Andrew M. Cox, Siân Spink. - **Collaboration on procurement of e-content between the National Health Service and higher education in the UK**
Interlending & Document Supply -Volume 35 Issue(s) 3 Pages: 164-170
http://www.emeraldinsight.com/Insight/viewContentItem.do?contentType=Article&contentId=1621980

13. Pascal Bador, Chérifa Boukacem-Zeghmouri, Thierry Lafouge, Hélène Prost, Joachim Schöpfel. - **The customers for document supply in pharmacology: a case study from INIST in France (Part 3)**
Interlending & Document Supply -Volume 35 Issue(s) 3 Pages: 138-144
http://www.emeraldinsight.com/Insight/viewContentItem.do?contentType=Article&contentId=1621976

14. Mindy M. Cooper. - **The Importance of Gathering Print and Electronic Journal Use Data: Getting a Clear Picture**
Serials Review Volume 33, Issue 3, September 2007, Pages: 172-174
http://serial-review-cooper.notlong.com (ScienceDirect)

15. Jenny Johannisson and Olof Sundin. - **Putting Discourse to Work: Information Practices and the Professional Project of Nurses**
The Library Quarterly Volume 77 April 2007 Number 2
http://www.journals.uchicago.edu/LQ/journal/issues/v77n2/770206/brief/770206.abstract.html

16. Karen Hunter, Scott Virkler, Rafael Sidi. - **Disruptive technologies: taking STM publishing into the next era**
Serials: The Journal for the Serials Community Volume 20, Number 1 / March 2007 Pages: 50 - 53
http://uksg.metapress.com/link.asp?id=78xnt12aycfkm9e7

17. Carole L. Palmer, Melissa H. Cragin and P. Bryan Heidorn. - **Supporting Biological Information Work: Research and Education for Digital Resources and Long-lived Data**
IEEE Technical Committee on Digital Libraries (TCCDL) Bulletin Volume 3 Issue 2 Summer 2007
http://www.ieee-tcdl.org/Bulletin/current/palmer/palmer.html

18. Iain D. Craig, Andrew M. Plume, Marie E. McVeigh, James Pringle, Mayur Amin. - **Do open access articles have greater citation impact?**
Journal of Informetrics Volume 1, Issue 3, July 2007, Pages: 239-248
http://dx.doi.org/10.1016/j.joi.2007.04.001 (ScienceDirect)

19. Anderson, Kent R.; Nugent, Jean. - **A medical journal's beta site: experimentation**
NEJM Learned Publishing, Volume 20, Number 3, July 2007, Pages: 187-190(4)
http://alpsp-nejm.notlong.com

An HTML version of this page is available at the URL:
http://www.chu-rouen.fr/documed/jeahil_take_a_look_september_2007.html

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WEB 2.0
Oliver Obst

Notes from the Blogosphere

Quite a lot has happened in the Medical Librarians Blogosphere since the last issue of this column - professionally as well as personally. Though there were hundreds of individual blogs from medical librarians, there were only a handful "official" ones, inaugurated by professional organizations to announce and discuss professional topics within the membership. The MLA comes with two official blogs which are worth watching. MLA president Mark Funk reports in his blog *Only Connect!* irregularly on his duties, travels, and experiences in the office.(1) Secondly, the MLA Task Force on Social Networking Software (SNSTF)(2), started a blog working on Web 2.0 software, suggested guidelines for MLA units or members wishing to collaborate via social software. SNSTF is discussing themes like *Is staying current even possible?* and *asking for your comments / nightmares / opinions on keeping up with 2.0 technology*.(3) For me it was a big relief to hear that even the most technophile and modern American librarians suffer from the rapid changes in our professional environment... The SNSTF did a survey of MLA members' use and attitude towards Web 2.0. About 500 responded, and many claimed that some important Web 2.0 sites or applications are being blocked at their hospital due to tight security rules and firewalls. The results are made public as a 19 page document full of charts.(4) The SNSTF concluded: "It is clear from the survey that new social networking technologies are important to MLA members, but only up to a point. While MLA members understand that these technologies may be important, they do not always see a personal or professional use in them (yet!)."(5)

Nearly unnoticed by the public, two blogs dedicated to medical library conferences were founded. They intend to provide information and news on the conferences, their organization, venues, social attractions, as well as topics and speakers way before they started. One could obtain a lot of insight and ideas long before (and after) the few days of the event itself. Take a look and be sure to leave some comments!

- 10th International Congress on Medical Librarianship, Brisbane, Australia 2009(6)
- 11th European Conference of Medical and Health Libraries, Helsinki, Finland 2008(7)

I'm afraid to have to change my preferences, as my favourite blogger, *The Krafty Librarian*,(8) who regularly provides me with important news, details, and thoughts, is leaving her job.(9) Even though it isn't yet clear whether the new job will permit her to keep on blogging, I'm still anxious that this valuable source of information could dry up and nobody would point me ever again to exciting news such as *Librarians can help decrease a hospital length of stay*(10) or *Are College Students Techno Idiots?*(11).

David Rothman is one of the most indefatigable bloggers around, and as a result his blog: davidrothman.net - *Exploring Medical Librarianship and Web Geekery* is the only one which is ranked in the top 10 healthcare blogs worldwide.(12) Congratulations! However, David recently suffered a spontaneous pneumothorax(13) and had to slow down blogging for some time. Now - back again at his job - he felt seriously pooped.(14) Nevertheless, his personal experience taught us much about thoracic surgery and NEJM

videos on chest-tube insertion(15) as well as the benefits of the generous use of anaesthesia and conscious sedation.

Viewing the medical librarian bloggership from a distance, one could get easily excited about their splendid variety. Each one expressing his or her own unique motivation and written in a personal and characteristic way. For example, Krafty is writing from the viewpoint of the essential day-to-day needs of a medical librarian; David collects all information sources one could imagine; Guus(16) tells us everything on Second Life, and I post everything that I think a German medical librarian ought to know.(17)

For example, the blog of *T.Scott*(18) is unique in a different way. The MLA board member and former Chief Editor of the *JMLA* writes very personally and vivaciously about his life, wife, grandchild, playing in a band, losing his hat - everything. When he writes about the profession, one really has to pay attention, because nobody is thinking so profoundly and thoughtfully as he does. A look at his two last blog entries may serve as proof: *Ethical boundaries for medical librarians*(19) or *Debating OA at the Charleston conference*(20) which contains many things such as “libraries will become more marginalized in higher education institutions, there are plenty of potential hazards along the way [to Open Access], or I don't want to hear anymore about what we need to do to make ourselves relevant so that our libraries can survive”. First it’s amazing and even embarrassing, but then ... I love the thought-provoking kind of T.Scott a lot. It’s absolutely essential to realise what really impresses us!

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What is the EAHIL Toolbar?

The Beta version of the new EAHIL Toolbar is now available at **http://eahil.ourtoolbar.com** I don't know where exactly I was when I thought about creating a EAHIL Toolbar, but it must have been somewhere in Krakow, while thinking about other EAHIL members and their hospitals, libraries and organizations, realizing we form a great community to use some community tools such as Toolbars or maybe even a social network tool like Ning or Facebook. It could even have been in bed, not being able to sleep after the great fireworks and the grand dinner at Folwark.(21) So, first, a toolbar right in your browser, so you have EAHIL always next to you.

Figure 1. EAHIL Toolbar.

Connect
Do you want to feel closer to EAHIL members and be able to make contact between EAHIL members easier? You now can access the EAHIL site with one click or go to the Membership login page directly.

Chat
Or do you want to start a CHAT session with other EAHIL TOOLBAR-users from within

your browser, no installation of chat-software involved?

Search

You could start searching right away in: *Medical Libraries Blogs, Cochrane Reviews, Google Scholar, Medical Dictionary (Merriam Webster), MerckManual, OAISTER, PUBMED, SUMSearch, Trip databases, Scirus, Wikipedia & Worldcat.*

Figure 2. Search option in EAHIL Toolbar.

Type your search term and choose your preferred search engine/database and go! You don't even need to type in a word, just mark a phrase in the website you're watching and this phrase is automatically transferred to the search box of the toolbar.

News

You can keep up with what is going on in Medical Librarianship via the News feeds. Hundreds of resources are scanned on a daily basis and offered to you in one simple overview. You can scan what the medical librarians are blogging about and of course the *European Medical Librarians Blog*(22) is included. You can actually see the news scrolling over your screen, being updated every hour.

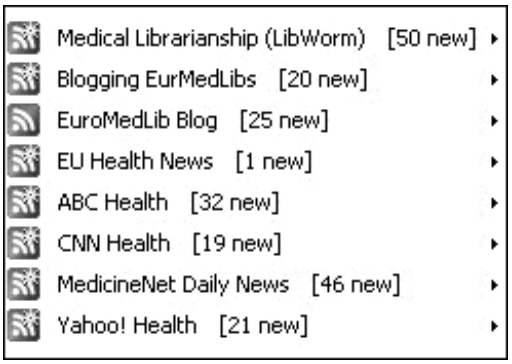

Figure 3. Resources available.

Links

The Toolbar contains all the links to content of the EAHIL official website and in one clear overview, including previous and future conference links, as well as access to the *JEAHIL* and the former *Newsletter*.

Figure 4. Links available.

Podcast

As a bonus you can listen to Medical Podcasts of *JAMA, NEJM* and *INfoPOEMS* via this toolbar.

Many things are possible and this is only a start. Is it a good start? Let me know. We will adjust the Toolbar according to the wishes of the community of EAHIL members and hope

to be discussing the functionality of the Toolbar in our future meetings. An extended manual will be available soon, but here are some useful details.

Worth knowing

Installation of the EAHIL Toolbar is possible for Internet Explorer and FireFox. Librarians should choose FireFox because of the wonderful options it offers to create library presence in the browser. Uninstallation is possible via Control Panel Add/Remove. The toolbar is safe, without a doubt. Don't let IT folks tell you otherwise. It can however use some of your Internet connection while refreshing the feeds and the News ticker. Make it (in)visible in your browser by View; Toolbars, (de)select. Use Toolbar Options (next to the EAHIL-logo) to adjust the components and settings that YOU want to use or to shrink/unshrink the toolbar. Have a look at http://Librarytoolbar.blogspot.com to see some extra info about how to do things with Toolbars including the Workshop *How to make a library toolbar*. Any questions and/or remarks about the EAHIL toolbar can be directed to the author:

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2. http://sns.mlanet.org/blog/
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4. http://www.mlanet.org/survey/snssurvey_public_charts.pdf
5. http://sns.mlanet.org/blog/2007/09/24/what-mla-members-told-us-about-social-networking/
6. http://icml2009.blogspot.com/
7. http://eahil2008.blogspot.com/
8. http://www.kraftylibrarian.com/
9. http://kraftylibrarian.com/2007/10/new-job.html
10. http://kraftylibrarian.com/2007/10/librarians-can-help-decrease-hospital.html
11. http://kraftylibrarian.com/2006/11/are-college-students-techno-idiots.html
12. http://edrugsearch.com/edsblog/google-reader-subscriber-totals-for-the-top-20-health-and-medical-blogs/
13. http://davidrothman.net/2007/09/14/this-blog-is-on-pause/
14. http://davidrothman.net/2007/10/16/pooped/
15. http://content.nejm.org/cgi/video/357/15/e15/
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20. http://tscott.typepad.com/tsp/2007/10/debating-oa-at-.html
21. http://www.youtube.com/watch?v=qOe2_WZJkcQ
22. http://euromedlib.blogspot.com/

BOOK REVIEWS

Aileen J. Wood

Book Reviews

Wood, M. S. ed. 2005. *Internet guide to cosmetic surgery for women*. New York, USA. Hawthorn Press. 206pp

A point in favour of this book is that the author is a librarian who had a serious discussion with a surgeon about undergoing some of the cosmetic procedures. The advent of the Internet enabled access to a lot of information, good and bad relating to cosmetic surgery. The book is intended to guide people to the quality sites. It should be noted that the tenet of this book has an American bias. This book is divided into 11 chapters. *Chapter 1 - Cosmetic plastic surgery – The basics* gives an overview of the subject matter. *Chapter 2 - The internet; where to begin*, concentrates on such things as the browsers, popular search engines (Google, Lycos, Yahoo) and authoritative sites e.g. Medline. *Chapter 3 - Selecting a cosmetic surgeon* lists the main organisations in the USA. Details relating the credentials may not apply to other countries.

Each of the remaining chapters have a short introduction and a very brief overview of the subject area. *Chapter 4 - Basic / core sites on cosmetic surgery for women*; *Chapter 5 - Body contouring*; *Chapter 6 - Cosmetic surgery of the breast*; *Chapter 7 - Cosmetic surgery of the face, head and neck*; *Chapter 8 - Cosmetic surgery of the skin*; *Chapter 9 - Hair transplantation for women;* and *Chapter 10 - Cosmetic dentistry*. In each chapter, the subject matter is divided into alphabetical heading that list the main websites. In some instances technical/medical terms accompany many headings e.g. blepharoplasty (eyelid surgery). Other terms relating to the field of cosmetic surgery are explained. The final *Chapter 11 - International cosmetic associations* presents a very selective list of countries with their main organisations and website addresses. From an international perspective, with its strong American focus, I am not sure how useful the Internet information will be to other readers. A drawback to any book relying websites and URLs is the currency and accuracy of the information presented. Although cosmetic surgery, for personal and medical reasons, is a growth industry, this book struck me as being a typical product of the obsessed American culture for eternal youth.

Connor, E., 2004. Internet guide to travel health. New York, Hawthorn Information Press. 150pp

The aim of this book is to guide the reader to sites of information health that may be useful when travelling. Although there are some international references, as the author states "The emphasis is on English language travel information for North Americans, with some links from Australia, the United Kingdom and other European countries." Much of the *legal information* applies to American legislation, and is only useful if you are travelling in America, or an American citizen travelling aboard.

This book consists of 8 chapters. *Chapter 1 - Introduction* – gives the background to the book and details the importance of evaluating consumer health websites. *Chapter 2 - General travel health sites* mentions a number of sites. Although the URLs given are mostly American a few popular websites make the listing e.g. Lonely Planet; and credence is given to WHO and other authoritative site e.g. Department of Health (UK). *Chapter 3 - Pet travel planning* will be of interest to pet owners and those working in veterinary science. The emphasis in this chapter is on legal requirements e.g. certificates, immunisation, medications and travel insurance. *Chapter 4 - Specific issues and concerns*, is an alphabetical list of 'things that could go wrong' e.g. accidents, safety, disasters and death. Other factors such as children (or seniors or women) travelling alone, weather and disabilities are included. *Chapter 5 - Diseases, conditions and ailments* is another alphabetical listing under a range of subject heading covering air rage, allergies, dengue fever through to ear problems, phobias, mad cow disease and West Nile virus. Anyone of faint heart

digesting this information may decide not to travel. *Chapter 6 - Interactive tools*, this chapter concentrates on travel aspects e.g. air traffic control, driving test, traffic and weather reports. *Chapter 7 - Organisations* gives a very selective list of key national and international organisations like WHO, health departments and the Red Cross. *Chapter 8 - Full-text publications*; these sites allow the reader to download information as booklet, fact sheets, documents, reports or news bulletins. The currency and relevance of some data may be questionable, while other documents have been superseded. Although most of the *Glossary* describes medical/clinical terms, other words such as consulate and e-book are explained.

To quote from the author, "consumers of health information should be particular and sceptical about medical information or advice obtained through the Internet. The currency, accuracy and source of health-related information are very important factors to consider" (p3)

Dawes, T. A. ed. 2006. *Marketing and managing electronic reserves*. **New York, Hawthorn Information Press. 151p**

Marketing and managing electronic reserves is a collection of articles "that highlight the experiences from several types of academic libraries". In total fourteen papers are presented. These paper were simultaneously published in *Journal of Interlibrary Loan, Document Delivery & Electronic Reserve* Volume 16 Number 4 2006.

The Introduction explains that the book was commissioned to cover the challenges and implementation of electronic reserves. All the examples given are drawn from practical experiences in academic libraries:

- J. C. Benson. *A Model of a relational database to manage workflow for electronic reserves;*
- C. Cox, S. Elfstrand and J Patterson. *Implementing E-reserves using voyager: Anytime and anywhere;*
- H. Edwards. *Electronic reserves: Making it happen;*
- M. L. Dick & J. E. Ferguson. *Building a better course reserve systems;*
- T. Doan & K Ferry. *Providing one-stop shopping for the faculty's teaching needs;*
- J C Harbour. *Electronic reserves and course management software. A collaborative model for large institutions*;
- R. Gladstone & V. Kenausis. *Implementing electronic reserves using the blackboard content system;*
- J.Poe. *Marketing electronic reserves at a university library: start spreading the News;*
- D. L. Schrecker. *Marketing electronic reserves to the faculty;*
- C.K. Tuai. *Implementing process improvement into electronic reserves: A case study;*
- D. Warner. *Electronic reserve: A changed landscape;*
- B. Witte. *Electronic Reserves at Columbia University: A technical overview of Automation and integration.*

Areas discussed in the papers include interlibrary loans, document delivery, transfer from paper to electronic systems, improving workflows, streamlining request services and marketing the new services. A number of articles emphasise the importance of copyright compliance and the "Fair Use" factors. In the academic sector, it is imperative that libraries complement the work undertaken by the faculties that are developing their own web-based resources. Although all the examples given in this book are taken from American libraries, their experience may help others who are developing, managing or marketing electronic reserve systems.

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PUBLICATIONS AND NEW PRODUCTS

Giovanna F. Miranda

Dear Colleagues,

Four milestones of the information/documentation world under dispute.
Open Access: a new organization founded by the Association of American Publishers claims that Open Access publishing is "junk science" and will destroy the foundation of peer review (M. Chillingworth. *Information World Review*, 2007; Issue 238: 1).

Peer Review: usually works well for applied science. It is less valid when research is more ambitious and radical. Many or most major scientific advances were initially rejected by peer review (B. G. Charlton. *BMJ* 2007; 335:451).

The Impact Factors: according to Kuan-Ten Jeang of the National Institutes of Health, contribute to inaccurate perceptions of the quality of scientific articles (T. Caldwell. *Information World Review* 2007; Issue 237:1).

Authorship: The International Society for Medical Publication Professionals calls to recognize the role of medical writers and endorses use of contributorship model. Editors should ask authors to disclose whether they had writing assistance (R. Norris et al. *Current Medical Research and Opinion* 2007; 23:1837).

Giovanna F. Miranda

JOURNAL ISSUES

Since August 2007, the following journal issue of *Health Information and Libraries Journal* has been received: Vol. 24, 2007, n. 3

M.J. Grant. The role of reflection in the library and information sector: a systematic review. p. 155 - 166.
The objectives of this paper were to identify published examples of reflective practice, investigate the reported contribution of reflection by library and information workers and consider the implications of the above for those working in the LIS health sector.

T. Petrinic and C. Urquhart. The education and training needs of health librarians – the generalist versus specialist dilemma. p. 167 - 176.
The aim of the study was to examine whether and how librarians with a general background can transfer to roles demanding more expert knowledge in the health sector.

PUBLICATIONS AND NEW PRODUCTS
BOOKS REVIEW

F. M. Dowse and B. Sen. Community outreach library services in the UK: a case study of Wirral Hospital NHS Trust (WHNT). p. 177 - 187.
The study considers the information seeking behaviour and information needs of primary care staff, and service effectiveness in meeting those needs.

G. Ritchie, J. Glanville, C. Lefebvre. Do published search filters to identify diagnostic test accuracy studies perform adequately? p. 188 - 192.
The study assesses the performance of published search filters in finding diagnostic test accuracy studies.

S. W. Glover, J. Addison, C. Gleghorn, J. Bramwell. Journal usage in NHS hospitals: a comparison report of total usage at an acute NHS Trust and a specialist NHS Trust in the North West of England. p. 193 - 199.
This study supports the view that the local purchasing of journal titles is an important component of the overall journal-based information provision to NHS staff.

A. Abhijnhan, Z. Surcheva, J. Wright, C.E. Adams. Searching a biomedical bibliographic database from Bulgaria: the ABS database. p. 200 - 203.
The objective of the study was to investigate how many randomized controlled trials cited in the Bulgarian database (ABS) were found and correctly indexed in Medline.

D. Lorence and H. Park. Gender and online health information: a partitioned technology assessment. p. 204 - 209.
The goal of this report is to present whether and, if so, how socio-economic characteristics are differentially correlated with distribution patterns and diffusion trends in access to computers, internet and online health information.

R. F. Rada. Retractions, press releases and newspaper coverage. p. 210 - 215.
This paper explores how often newspapers cover the retraction of a medical journal article and whether newspaper coverage corresponds with the appearance of a press release about the retraction.

BOOKS REVIEW

Glut: Mastering information through the ages. Ed. A. Wright. Joseph Henry Press, Washington DC., 2007. $ 27.95; p. 296. This book describes the many ways how humans have collected, organized and shared information. A history of information processing, from the origins of writing to the emergence of libraries and finally the World Wide Web.

Prevention of cardiovascular disease: Pocket guidelines for assessment and management of cardiovascular risk. The World Health Organization has published a new book of pocket charts

that provides evidence-based guidance on how to reduce the incidence of first and recurrent clinical events due to coronary heart disease, cerebrovascular disease and peripheral vascular disease in two categories of people. The charts are available in six languages. Download the document at:
http://www.who.int/cardiovascular_diseases/guidelines/Pocket_GL_information/en/index.htm

Digital information and knowledge management. New opportunities for research libraries. Ed. S.H. Lee. The Haworth Information Press, Binghamton, N.Y. USA 2007. $50.00 soft, ISBN: 978-0-7890-3566-0; $65.00 hard ISBN: 978-0-7890-3565-3; p. 114. This book examines how academic librarians can use knowledge management to provide an increasing amount of electronic information to an expanding user base.

PAPERS REVIEW

Open access is branded "junk science" by US lobby
M. Chillingworth. *Information World Review* 2007; Issue 238:1

Peer usage versus peer review
B. G. Charlton. *BMJ* 2007; 335:451

Impact factors "flawed, misleading and unfair"
T. Caldwell. *Information World Review* 2007; Issue 237:1

International Society for Medical Publication Professionals (ISMPP) position statement: the role of the professional medical writer
R. Norris *et al*. *Current Medical Research and Opinion* 2007; 23 (8):1837

What would you tell me if I say grey literature? The New York Academy of Medicine Grey Literature Report.
Journal of Electronic Resources in Medical Libraries 2007; 4 (1/2):145

From zero to wiki: proposing and implementing a library wiki
Journal of Web Librarianship 2007; 1 (1):77

NEWS

CERTIDoc Italia. The September 25, 2007 the European consortium CERTIDoc has accredited **Certidoc Italia as certifying organisation in Italy**.
The main objective of the CERTIDoc project is to ensure consistency between all the mechanisms for certifying information-documentation professionals at the European level. The CERTIDoc project is relevant to all professionals in the information-documentation area. The European

consortium CERTIDoc now groups the CERTIDoc Italia in Italy together with the previous three certifying organisations ADBS in France, DGI in Germany, and SEDIC in Spain.
http://www.certidocitalia.splinder.com/

INFORMATION SOURCES... WEB BASED

Infoethics. Information ethics is a joint initiative of InfoResponse Associates and Oxford Business Intelligence in collaboration with the Chartered Institute of Library and Information Professionals (CILIP). Information ethics aim to capture details of the latest published work on information ethics, and to provide links to a wide range of ethics resources from across the globe.
http://www.infoethics.org.uk/CILIP/admin/index.htm

Medical Countermeasures provide a central source of information on US Department of Health and Human Services (HHS) initiatives regarding research, development, and acquisition of medical countermeasures for public health emergencies, both naturally occurring and intentional.
http://www.medicalcountermeasures.gov/

SHARe. The National Institutes of Health is launching one of the most extensive collections of genetic and clinical data ever made freely available to researchers worldwide. The Web-based dataset enables qualified researchers to access a wealth of data from large population-based studies, starting with the landmark Framingham Heart Study. It is accessed through dbGaP, or the database of Genotypes and Phenotypes.
http://view.ncbi.nlm.nih.gov/dbgap

NEWS FROM EDITORS

Scopus announced that it has launched a free bimonthly newsletter Research Trends reporting on research performance. Research Trends will provide insight into the state of science through thought-provoking articles based on bibliometric data.
www.researchtrends.com

Prous Science has been acquired by Thomson Corporation and is now part of the company's Thomson Scientific Division. The acquisition expands Thomson Scientific's Market-leading Portfolio of Chemistry and Drug Discovery Information Solutions.
http://scientific.thomson.com/press/2007/8411150/

Thieme Publishing Group is one of the first publishers to convert user statistics of its electronic book libraries according to the standards of the COUNTER (Counting Online Usage of Networked Electronic Resources) international initiative. The objective of the initiative is to make statistical comparisons.
http://www.thieme.de

FORTHCOMING EVENTS

Giovanna F. Miranda

FORTHCOMING EVENTS

11-14 November 2007, Athens, Greece
Pharma-Bio-Med 2007
For further information: **http://www.pharma-bio-med.com**

29-30 November 2007, Helsinki, Finland
The Challenge of the Electronic Environment to the Organization of Knowledge
Second International Seminar on Subject Access to Information.
The International Relations Group of the Finnish Research Library Association
For further information: **https://kampela.it.helsinki.fi/elomake/lomakkeet/6034/lomake.html**

2-4 December 2007, Prague, Czech Republic
EDM, The age of Reason
8th European Electronic Document Management Conference
Drug Information Association
For further information: **http://www.diahome.org**

4-6 December 2007, London UK
Online Information 2007
Applying Web 2.0: innovation, impact and implementation
For further information: **http://www.online-information.co.uk/conference**

5-7 December 2007, Tirrenia, Pisa (Italy)
Second DELOS Conference on Digital Libraries
For further information:
http://www.delos.info/index.php?option=com_content&task=view&id=606&Itemid=337

17-18 December 2007, Luxembourg
Digital libraries and technology-enhanced learning: Call 3 information days
European Commission – Directorate General Information Society and Media
For further information: **http://cordis.europa.eu/fp7/ict/telearn-digicult/call3-infodays_en.html**

3-5 March, 2008, Barcelona, Spain
The DIA 20th Euromeeting
Drug Information Association
For further information: **http://www.diahome.org**

31 March 2008 -2 April 2008, Ramallah, Palestine
International Conference on Libraries from Human Rights Perspective
For further information: **http://www.rchrs.ps**

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INSTRUCTIONS TO AUTHORS

JEAHIL is the official Journal of the European Association for Health Information and Libraries (EAHIL). It publishes original articles, reviews, theme issues and brief communications in the field of health information and libraries. It also publishes news from EAHIL and from other medical library associations, meeting reports, product reviews, opinion and discussion papers and news items. The aim of the European Association for Health Information and Libraries is to unite and motivate librarians and information officers working in medical and health science libraries in Europe. EAHIL encourages professional development, improves cooperation and enables exchanges of experience amongst its members.

Manuscript submission
Manuscripts should be submitted by the corresponding author electronically to the Chief Editor, Sally Wood-Lamont **swood@umfcluj.ro**, accompanied by a presentation letter. Articles presented for publication in *JEAHIL* must be original and will be submitted to qualified referees before publication. Authors of submitted papers must accept editing and reuse of published material by EAHIL including electronic publishing on the EAHIL website (**www.eahil.net/**). Reproduction of articles or part of them should be previously authorised.

Manuscript preparation
Manuscripts should be written in good English and as concisely as possible to allow a clear understanding of the text. They should be typed double-spaced and with wide margins - font size 12 points, Times New Roman.

The **title** should be followed by the complete **name** of the Authors, by their **affiliation** in English (town and country included) and the **e-mail address** of the corresponding author.

The **recommended length** for original articles is about 1000-2000 words (4-8 A4 pages) with no more than 20-25 references.

Original articles should be accompanied by an **abstract** of up to 120 words and should also include **key words**, up to a maximum number of five MeSH terms (**www.nlm.nih.gov/mesh/MBrowser.html**).

Avoid numbering in titles and subtitles; write titles in bold, subtitles in italics. Latin or foreign words should be in italics.

Abbreviations should be spelled out in full the first time they occur in the text, followed by the shortened term in parentheses.

All **references** in the text must be numbered in round brackets and listed at the end of the article. They should be written in Vancouver style according to *Uniform Requirements for Manuscript Submitted to Biomedical Journals* (**www.icmje.org/**).

For sample references refer to:
www.nlm.nih.gov/bsd/uniform_requirements.html

For abbreviations of periodicals refer to PubMed Journals Database (**www.pubmed.gov**).

Extended quotations and illustrations previously published, should be authorized for reproduction in *JEAHIL* by the Authors and previous Publisher.

Tables and figures
They should always be accompanied by a legend, and be understandable without reference to the text. Numbered in Arabic numerals they should be cited in the text in round brackets and be of appropriate size for reproduction.

Photos of authors
It is normal practice in *JEAHIL* to feature photos of authors. When submitting an article please include a photo of all authors in a JPEG, GIF or TIFF format. The size should be at least 850 x 1012 to allow good reproduction.

Presentation in electronic format
All manuscripts should be submitted together with an accompanying letter in electronic format. The text should be written in Word or RTF format. Figures and photos (in separate files) should be saved in JPEG, GIF or TIFF and have a resolution of at least 300 dpi.

These *Instructions to Authors* are in accordance with the *Uniform Requirements for Manuscripts Submitted to Biomedical Journals*, published by the International Committee of Medical Journal Editors (**www.icmje.org/**).

Whilst the Editorial Board endeavours to obtain items of interest, the facts and opinions expressed in those articles are the responsibility of the authors concerned. They do not necessarily reflect the policies and opinions of EAHIL.

COLOPHON

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