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OF THE EUROPEAN ASSOCIATION
FOR HEALTH INFORMATION AND LIBRARIES

Theme Issue: Evidence-Based Medicine

Diagnostic test results		100 cases	
		YES	NO
	Positive	75 (a)	Ø (b)
	Negative	10 (c)	15 (d)
		Sensitivity = $\frac{a}{a+c}$ 88%	Specificity = $\frac{d}{b+d}$ 100%

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Editorial

Hello Everyone

This issue's theme is Evidence-Based medicine. Two very well known names in this field, Andrew Booth and Tom Jefferson, very kindly agreed to submit articles while Christine Goodair from Drugscope has written a short article on *Evidence-Based Approaches in Addiction*. Finally to round up the theme issue nicely, the article *The Ullevaal Model for Evidence-Based Practice* in Nursing was submitted by Hilde Stromme and two of her colleagues in Ullevaal University Hospital.

When you receive this journal issue it will be only a month away to the 10th EAHIL Conference. The Local Organising Committee (LOC) will be working up to the very last minute to make sure that the conference is successful. At the present moment there are around 270 participants and 34 countries attending and we fully expect these numbers to climb.

There is one new feature in this conference which we have introduced. There will be **four** categories of badges namely a) Participants; b) First-Timers at an EAHIL conference; c) Exhibitors; d) Local Organising Committee. There will also be an evening reception for First-Timers on Tuesday 12th September. The reason we have introduced these features is to ask those experienced in conference/workshop participation to welcome and encourage the participants who are coming for the first time. I am sure you will all help to give a particularly warm welcome to those concerned.

There are altogether 19 exhibitors now coming to the conference and please note that on Wednesday afternoon 16.30 - 18.30 and Thursday morning 11.30-12.30 there will be exhibitors' sessions. These short presentations will allow you all to see what is new in the medical library world and will take place in the parallel session rooms. A timetable will be on display in the exhibitors' hall and around the conference hall.

The EAHIL General Assembly has been scheduled just before the Closing Ceremony of the 10th EAHIL Conference in order to make sure that the quorum will be fulfilled for the voting in of the new legislation proposed by our President Arne Jakobsson (See *Letter from the President*). At the same time the results of the postal ballot for the new EAHIL President and the new EAHIL Board members will be revealed for your approval. I do hope all of you will make a special effort to come to this very important meeting.

I am really looking forward to meeting you all in Cluj and hope that you will all be able to appreciate not only the professional aspects of this conference but also reap the benefits of the cultural social programme we have arranged for you. Most of all I hope it will be a time to renew and to make new friendships.

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

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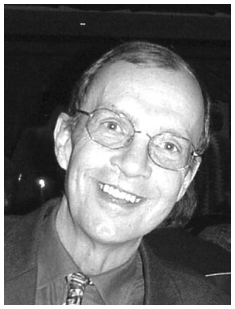

Council elections Autumn 2006
The EAHIL councillors play an important role in EAHIL. The Council forms an advisory group for the Board, reviewing recommendations with regard to policy and collaborating to implement the programme of work. The Council comments on reports from the Board, the draft budget and the financial reports which are to be presented to a General Assembly. It is the responsibility of the Board that the Council is kept informed and has the opportunity to comment upon any committees and bodies.

Council members act as a link between the members in their country/region and the Association
The role of the councillors has increased since EAHIL membership for European members became free of charge from 2006. The councillors play an important role in recruiting new members. EAHIL is only interested in recruiting professionally active medical librarians, healthcare librarians, information officers working in a medical and health science library so it is important that all new applications are checked for validity by an EAHIL Council member from the applicant's region of Europe to ensure that bogus applicants do not get added to our database. It is the task of the councillors to recommend approval or rejection of applications from their country/region.

Number of Council members from each country/region
The number of EAHIL members has increased from 400 to over 800 and hopefully will continue to increase. According to the old statutes, one Council delegate was elected for each member state of the Council of Europe (or group of states, in accordance with the Rules of Procedure) with at least five voting members and one additional delegate for each state for each further block of twenty five (25) voting members. With the increasing number of EAHIL members, the numbers of councillors would explode to an unmanageable number under this system. To reduce the number of councillors for each country, the EAHIL Board proposes that the General Assembly changes paragraph 10.5.2 in the statutes so that each country can elect a maximum of three Council delegates only.

OLD VERSION
10.5.2 One additional delegate for each state for each further block of twenty five (25) voting members.

PROPOSED NEW VERSION
10.5.2 One additional delegate for each state for each further block of twenty five (25) voting members up to a maximum of three delegates per country.

Council election procedures
The Council election procedures will be discussed and decided at the Council meeting in Cluj Tuesday the 12th of September 9.00-12.00. The Council elections will take place autumn 2006.

Proposed changes in the EAHIL statutes as a result of membership being free of charge
The EAHIL Board proposes some changes in the statutes as a result of EAHIL membership now being free of charge for European members. The proposed changes are not dramatic, but it is

important that our statutes reflect our present situation. The proposal has been drafted by Tony McSean for the Board.

The proposed changes in the statutes will be presented at the Council Meeting and then at the General Assembly at the EAHIL conference in Cluj, Friday 15th September 15.30-16.30.

Approving new members
The councillors from an applicant's region of Europe are responsible for checking the new application for validity and for proposing that the application be accepted or rejected. This should be reflected in the statutes.

OLD VERSION
4.3 Applications for admission to membership are to be approved by the Board, with a possible appeal first to the President and ultimately to the General Assembly.

PROPOSED NEW VERSION
4.3 Applications for admission to membership are to be recommended by a Council member for the country or region concerned and to be approved by the Board, with the possibility of appeal first to the President and ultimately to the General Assembly.

Renewing membership
Previously all members renewed their membership by paying the annual subscription. Today membership for European members is free of charge. EAHIL is only interested in having active members and it is normal for some members to leave the medical field. It is important that we have procedures for renewing membership.

OLD VERSION
5.3 Members must pay the appropriate subscription, referred to in section 8.5.2 below, without unreasonable delay. In the event of non-payment of subscriptions the Board may, after a reasonable period of grace has elapsed, suspend a member from all rights and privileges.

PROPOSED NEW VERSION
5.3a Members with free membership must periodically reassert their desire to remain in membership when asked by the Board to do so. If a member does not so express the wish to remain a member, the Board may, after a reasonable period of grace has elapsed, remove him or her from the membership list and suspend him or her from all rights and privileges.

5.3b All other members must pay the appropriate subscription, referred to in section 8.5.2 below, without unreasonable delay. In the event of non-payment of subscriptions the Board may, after a reasonable period of grace has elapsed, suspend a member from all rights and privileges.

Termination of membership
OLD VERSION
6.1.2. On termination by the Board for non-payment of subscriptions, after a reasonable period of grace has elapsed.

PROPOSED NEW VERSION
6.1.2 On termination by the Board for non-payment of subscriptions, after a reasonable period of grace has elapsed, or for non-renewal of membership, after a reasonable period of grace has elapsed following a request from the Board to indicate that the member wished to remain in membership.

The General Assembly
OLD VERSION
8.4 Any person is permitted to attend the General Assembly of the Association as an observer. Such persons are allowed to speak from the floor on any issue but non-voting members and those not in current membership of the Association are not permitted to vote.

PROPOSED NEW VERSION
8.4 Any person is permitted to attend the General Assembly of the Association as an observer. Such persons are allowed to speak from the floor on any issue if asked by the President or his/her substitute but non-voting members and those not in current membership of the Association are not permitted to vote.

OLD VERSION
8.5.2 Receive, discuss and vote upon the biannual budget and the annual membership subscription.

PROPOSED NEW VERSION
8.5.2 Receive, discuss and vote upon the budget and the annual membership subscription.

The Board
Conducting postal ballots is expensive and inefficient. The Board wishes to open up the possibility of introducing secure online ballots in the future.

OLD VERSION
9.2 The Board is composed of the President, the immediate past-President and five other directly elected officers. Only voting members resident in one of the member states of the Council of Europe may be elected to the Board. Elections are by postal ballot of the entire voting membership of the Association.

PROPOSED NEW VERSION
9.2 The Board is composed of the President, the immediate past-President and five other directly elected officers. Only voting members resident in one of the member states of the Council of Europe may be elected to the Board. Elections are by postal or secure online ballot for the entire voting membership of the Association.

OLD VERSION
9.8 At least four countries must be represented on the Board. No more than two Board members shall be resident in any country, this to be applied on the day on which the electoral ballot closes.

News from our Association
Arne Jakobsson

PROPOSED NEW VERSION
9.8 The Board must include members of at least four different nationalities. No more than two Board members shall be resident in any single country, applicable on the day on which the electoral ballot closes.

The Council
OLD VERSION
10.11 No member of the Council may be paid by the Association for their work as officers, but the Board may authorise payment to members for other work on behalf of the Association should the Board consider this appropriate and to the benefit of the Association.

PROPOSED NEW VERSION
10.11 No member of the Council may be paid by the Association for their work as officers, but the Board may authorise payment to members for other work on behalf of the Association should the Board consider this appropriate and to the benefit of the Association. No member of the Council may vote on any matter relating to their own remuneration.

Finances
The Association shall derive its finances from:
PROPOSED NEW 11.1 .1
11.1 A per capita levy fixed by the Board and agreed by the organisers on registration fees paid by those attending EAHIL conferences, workshops and other events
Old 1.1.1 becomes 1.1.2 Members' subscriptions.
Old 1.1.2 becomes 1.1.3 Income from services such as the sale of publications.
Old 1.1.3 becomes 1.1.4 Gifts, grants, legacies and other resources, subject to approval by the Board.

OLD VERSION
11.2 The Board shall submit a biannual draft budget to the Council for comment and to the General Assembly for approval.

PROPOSED NEW VERSION
1.2 The Board shall submit a draft budget to the Council for comment and to the General Assembly for approval.

I hope you all have a lovely summer and I hope to see you all in Cluj in September!

Arne Jakobsson
EAHIL President
p.a.jakobsson@ub.uio.no

News from our Colleagues
News from the MLA

Introducing Becky Lyon
MLA President Jean Shipman has appointed Ms. Becky Lyon to complete my term as MLA representative to EAHIL. Many of you know Becky, as she has attended and given presentations at EAHIL meetings in Cologne and Santander. Becky is currently Deputy Associate Director of Library Operations at the National Library of Medicine. In her position as Deputy Director, her major focus areas are, consumer health, outreach, international, space planning and management, post graduate training of health science librarians, and emergency preparedness. Prior to this position, she coordinated NLM's National Network of Libraries of Medicine, serving as the focal point for the Regional Medical Libraries. For the past 18 months she has also served as Acting Associate Director for Library Operations.

She regularly attends international library meetings, such as IFLA, CRICS, and EAHIL. Becky will attend the 10th EAHIL Conference in Cluj-Napoca in September and will be a plenary speaker. She looks forward to attending another excellent EAHIL Conference and hopes to meet many of you during that week.

MLA New Recruitment Video
MLA has just made available a new recruitment video. Entitled "Join the Health Care Team: Become a Medical Librarian" this 11 minute video describes the exciting career of medical librarian in many different contexts. Medical librarians describe their roles, the challenges they see and the rewards of their chosen career. The video is available on MLANET.org in both a large and small file; both require Windows Media Player. It is generic enough to be used in many venues - take a look!

***Medspeak* Brochures Available**
Also available for download from MLANET.org are three disease-specific versions of its *Deciphering Medspeak* brochure. The brochures focus on breast cancer, diabetes, and heart disease, are available in pdf format. Each brochure features a list of Rx riddles or abbreviations as well as a glossary of *medspeak* terms and MLA-recommended Websites related to each disease.

Global Initiatives Update
The MLA Board has established a *Librarians Without Borders Task Force*, to work from 2006-2008 to implement the recommendations of Global Initiatives Task Force. The group is composed of seven people including a representative of the International Cooperation Section. The chair is Marcus Banks and includes among others EAHIL member Tony McSeán. Priorities for the group include:

- Developing criteria for a new MLA Award for Excellence in International Service through which either an individual(s) or an organization could be honored for significant and broad contributions to improvement in international health information provision. This award will be given beginning May 2007.
- Assisting in designing a new *Librarians Without Borders* website on MLANET that aggregates all MLA international policy, programs, newsletters, and activities in one place.
- Suggesting sustainable collaborations with groups that have worldwide health improvement and health literacy as goals.
- Suggesting a mechanism to provide information assistance for persons responding to epidemics and natural and man-made disasters anywhere in the world and training in the field of information retrieval to people anywhere in the world.

Eve-Marie Lacroix
MLA Representative to EAHIL
lacroixe@mail.nlm.nih.gov

THEME ISSUE: Evidence-Based Medicine

Bufala Spotting: How to Make Evidence-Based Medicine Work for You

Bufala Spotting: How to Make Evidence-Based Medicine Work for You

Introduction

During the year busy librarians and healthcare workers have little time for reading or reflecting, a fact conflicting with the need to keep up to date with what is going on in medicine and to track the avalanche of paper, sound and electronic inputs we receive. The obvious starting point is a topic of interest. We also need to select something which has some kind of credibility, either scientific or ethical or both (some tell me there is no difference between the two).

So how can we reconcile the contrasting requirements of selecting up to date good, reliable knowledge from a huge offer and very limited reading time?

Some time ago I published a book called *Attenti alle Bufale* (*Beware of red herrings*, in Italian). In Italian slang *bufale* are red herrings but in real life *bufale* are female water buffaloes. Their milk is the basic ingredient of the famous mozzarella cheese (mozzarella di bufala). Apart from the obvious reasons for writing a book (very poor returns on my time and getting my name banned from every library in the Italian republic given the risqué humour of some of the jokes in the text) my motive was to publish a series of basic quick instruments based on my experience as an Evidence-Based Medicine (EBM) warrior. These instruments in turn had two functions. First I wanted to help folk who realise that a very high percentage of what we read or hear is a *bufala*, to spot the *bufale* and chuck them where they belong, thereby limiting the intellectual damage. Secondly I wanted to try to make EBM relevant to busy healthcare workers who have little time (www.attentiallebufale.it).

I called the chapter presenting the instruments "*Bufala* spotting" and structured it in the following manner. For each type of communication (lecture, editorial, research paper etc) I described a quick version of the instrument, designed to be applied in two minutes. Next I described a longer and more detailed version for folk who have more time (a lot more time in some cases). I then explained the rationale for my approach. Next to each section I placed a number of *bufala* heads to signify the danger of being taken for a *bufala* ride: four *bufala* heads mean extreme danger, one *bufala* head means low danger.

Finally I issued some basic health warnings so that readers did not take the content as absolute gospel and approached the issue with what I think is the right mentality:

- everything and anything we read or hear in biomedical sciences has to be approached critically. This is the fastest and most reliable universal instrument. *Trust but verify*, as Ronald Reagan used to say. A critical mentality is developed and nurtured, it does not grow overnight;

- all quick instruments work, but you only have my word for it. True, I have read thousands of papers, reviews, editorials etc critically but it is still only one man's experience. I have no references to offer for the quick instruments, but some of the elaborate ones have been validated and are beginning to make an impact on the quality of published science;

- if you do not want to bother typing in all the URLs of the full instruments, visit www.attentiallebufale.it, where you have quick drill-through links to the various links.

- finally if you do not like what I am about to propose, develop your own instruments. If you do, try it. Either way, let us know what you think.

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Kassirer JP. On the take. How medicine's complicity with big business can endanger your health. New York: Oxford University Press 2005.

Assessing research papers

Quick instrument

If the topic interests you, go to the bottom of the Introduction section. If you cannot find a clearly defined objective, bin the study. Think twice about reading the journal again. If the study has a clear objective go to a results table, add up a column at random and match the results with the total. If they do not match, bin the paper. Remember that if you are adding percentages, the total may be slightly over or under 100%, because of rounding. If you have a little more time read the study backwards starting with the Discussion. If the bits do not fit logically, bin the study. Alternatively match the content of the abstract (the shop window of the paper) with its content. Again bin the study if they do not fit. Crazy? Some wag found errors and discrepancies in a 68% sample of studies.

Full instrument

There are some very useful full instruments to help in this case. The CONSORT statement is perhaps the most famous (http://www.consort-statement.org/Statement/revisedstatement.htm). CONSORT

was developed to make reporting of randomised trials clearer, but it is a useful checklist to guide you through the intricacies of trials. There is also a separate statement covering cluster-randomised trials.

For cohorts and case-control studies use the Newcastle-Ottawa scale or NOS (http://www.ohri.ca/programs/clinical_epidemiology/oxford.htm). The NOS takes a while to get used to but it is a good, relatively quick instrument to use.

To assess the quality of diagnostic studies try using the QUADAS instrument:
http://www.biomedcentral.com/1471-2288/3/25

The rules for their reporting are addressed in the STARD instrument (http://www.consort-statement.org/Initiatives/newstard.htm)

Rationale

Research papers should be written according to IMRAD (Introduction, Methods, Results and Discussion). They should accurately reflect what the authors intended doing, what really did happen and what they found. However, the majority of research papers one reads while undertaking a systematic review are unreliable for a variety of reasons, regardless of who wrote them or where they were published. The quick instrument is the fastest way of spotting *bufale* lurking between the folds of the paper. Also beware of perfectly written immaculate papers, especially those reporting large trials. It is likely that these have had the input of one or more ghost authors, in other words that they are marketing instruments of one kind or another. This apparently conflicting advice (bin what is badly written and beware of what is written too well) demonstrates how difficult it is to spot these *bufale* sometimes. The golden rule is beware at all times. If something appears too good or too bad to be true, it probably is.

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Wells GA, Shea B, O'Connell D et al. The Newcastle-Ottawa Scale (NOS) for assessing the quality of non randomised studies in meta-analyses. http://www.ohri.ca/programs/clinical_epidemiology/nosgen.doc. (NOTE: this was the original URL, now apparently superseded by the one in the text)

THEME ISSUE: Evidence-Based Medicine

Tom Jefferson

Whiting P, Utjes AWS, Dinnes J, Reitsma JB, Bossuyt PMM, Leijnen J. Development and validation of methods for assessing the quality of diagnostic accuracy studies. Health Technology Assessment 2004; 8:59-65.

Assessing systematic reviews

Quick instrument

Just because systematic reviews are popular it does not mean that you can take their content as gospel. Reviews follow the same IMRAD structure as research papers, so the same rules apply. However, the methods section should have a clear description of the rules for identifying, including, assessing and synthetising evidence from the studies in the review. If these are unclear or do not match the objectives of the review, bin the review. Often long and complicated search strategies are referred to in full format on the website of the journal. That's fine, but just make sure they are there. Bin anything with humorous inclusion criteria for instance restricting inclusion to studies with a threshold denominator. What a nonsense!

Full instrument

QUOROM is an instrument developed (and widely accepted) for the structuring and presentation of systematic reviews. http://www.consort-statement.org/Evidence/evidence.html#quorom. Using it takes time, especially if you are unfamiliar with systematic reviews. Alternatively you can read any review from the Cochrane Library. The format is standardised but turgid.

Rationale

Beware: popularity of a topic or method always attracts quacks. Systematic reviews are very popular, so some of them are of dubious quality. To give you an idea of the attraction reviews exert, bear in mind that my work has been cleverly plagiarised twice in three years by people who are trying to make a name for themselves in the field. Industry has also started using reviews for marketing purposes. Take a good hard look at the sponsors and the conflicts of interest of the authors. Meta-analysis has evolved in a self-standing discipline. If there is no statistician in the author line-up or in the acknowledgments, bin the review. Reviews may be very complicated studies, sometimes exerting great influence on decision-makers. Bin anything which does not provide a clear and reproducible audit trail of methods.

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Assessing editorials

Quick instrument

Bin any editorial quoting single studies without putting the results into context.

Bin any editorial without a declaration of conflicts of interest.

Beware of editorials that do not quote systematic reviews (usually identifiable from the title) and quote single studies. Possible exceptions are disciplines in which systematic reviews are few (epidemiology of disease) or are based on softer grounds (bioethics).

Beware of editorials with catchy titles.

Never change your clinical decision-making process on the basis of an editorial.

Full instrument
Alas, there is no such thing, but if you are struck by the content of the editorial, take time to research the topic. Go through the references systematically, pick one at random and check whether its content or spirit is fairly reported by the author(s) of the editorial. If not, try writing to the author(s) and challenging his or her views. You will soon make up your mind as to whether you are being manipulated or not.

Rationale
Editorials can be very misleading. They are usually written by well-known people and can influence readers (this is the main reason for writing one). The danger lies in the fact that very often editorials are forms of synthesis of evidence, without a methods chapter. So although a powerful message is often delivered, you do not know how that message was arrived at (see box). In addition, as the authors are active in the relevant field it is virtually impossible for them not to have some conflict of interest or other. These conflicts may not be necessarily of a financial nature. Finally, remember that the results of single studies cannot be interpreted without reference to other similar studies and by putting the evidence in context.

Bibliography
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Assessing a guideline
Quick instrument
Beware of guidelines prepared by single scientific societies or groups. Bin guidelines with no methods chapter, conflict of interest statement and are not drafted by a multidisciplinary group.

Full instrument
AGREE (appraisal of guidelines research and evaluation) is a complex but *bufala*-unfriendly instrument (www.agreecollaboration.org/instrument/). It is made up of six specific domains reflecting key aspects of a guideline (scope and purpose, stakeholder involvement, rigour of development, clarity and presentation, applicability to real-world situations and independence of the editorial group that developed the guideline).

Rationale
Guidelines are a flourishing industry. Everyone writes them, but few will withstand the rigours of the quick instrument and even fewer of AGREE. Clinical guidelines are supposed to apply to real world situations, so the idea that they can be written by members of a single discipline is ridiculous. Bear in mind that even the best guideline has a heavy qualitative component and manipulations are still possible.

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Assessing a website
Quick instrument
If your selected website presents data (e.g. on the incidence of the disease or condition in question), look for a background and methods sections which should tell you how the data are gathered, who

funded the site and any conflicts of interest. If you cannot find one, look for another site. If you have more time and you want to have a go at finding out who is behind the website go to http://www.register.it/ (or http://allwhois.com) and type in the URL of the site you are interested in. If you try and register with the same URL you will be told that it is not possible but you may be able to find out who registered the URL. If it is a government department this should be clearly indicated, but private concerns may use internet agencies as go-betweens. Some sites have quality certification like the HON Code awarded by the Health on the Net Foundation (http://www.hon.ch/). However this is a self-awarded label with rather disappointing minimum requirements (a signature and a list of information provided with a date). If the site is quoting data from elsewhere it is worth carrying out one more level of checks, by looking at one of the references at random. One more pointer is the presence of a Digital Object Identifier (DOI) next to each item. This suggest that the webmaster is planning to update the information and make it traceable in the future. It suggests accountability, which is good.

Full instrument
If you are able to identify and access the source of data apply the relevant *Bufala* spotting short and full instruments.

Rationale
Websites are really no different from journals. If scientific information is presented, the same rules apply. Tread warily, as a lot of websites carry covert publicity for commercial products or "experts' views". The evidence basis for either may be non-existent.

Assessing a lecture 
Quick instrument
Listen carefully to what is said. After the lecture do a random check on some the evidence presented to sustain a view. Honest lecturers should represent evidence fairly only giving their opinion at the end (very much like an original paper). If you think the lecturer is twisting the evidence to suit his or her purpose, challenge him or her. Either way be wary of the lecturer in future. Beware of amateurs who clearly have not rehearsed their presentations or who use their position and prestige to ram home a message. Here too, beware of immaculate presentations, especially if they have lots of special effects (sound, music, film clips, logos etc). Big pharma has taken to providing speakers at "key" conferences with ready-made presentations. Quality is very high. The message is commercial.

Full instrument
Use the same technique as assessing a website.

Rationale
Although not as powerful as a website or the written word in a high circulation journal the personal touch of a lecture is likely to stay with you for a long time if not for life.

Assessing an advert 
Quick instrument
Relax. The message here is so obviously commercial, that the dangers are greatly reduced. If you have a little bit of time look at the references cited to support the ad. Laugh at anything that reports as a source "data on file" or publication in the Journal of the Medical Association of Tierra del Fuego.

Full instrument
Do not waste time on these. I cut them out of my journals, if the page make-up of the journal allows me to do so without ruining it.

Rationale
If adverts were useless why would industry spend trillions on them? On the other hand, the message here is hardly subtle, so they carry less *bufala* potential than the rest.

Assessing a letter to a journal 
Quick instrument
If a letter presents original data, keep it in mind but beware as you will not have visibility of methods. If the letter offers an alternative view of a paper or an editorial you may also wish to read it. If there is no declaration of conflicts of interest, bin it. Regard all letters as opinions until proven otherwise.

Full instrument
If you are able to identify and access the source of data, apply the relevant *Bufala* spotting short and full instruments.

Rationale
Letters contain opinions, often supporting or criticising a piece in the journal.
At times letters may indicate the existence of a study or of data which have been suppressed (publication bias). Writing to the author will soon clarify the issue.

Assessing an economic evaluation 
Quick instrument
Look at who is funding the evaluation. If there is no mention, or it is industry or a foundation you have never heard of before, bin the study. If there is no declaration of conflicts of interest, bin the study. If the evaluation is published on a professional health economics journal (this definition does not include those with a high prevalence of industry publications), read it carefully. Beware of anything with "pharmacoeconomics" in the title. Almost certainly it is a marketing study.

Full instrument
The BMJ EVEREST checklist is still the best instrument available, although it could do with updating (http://bmj.bmjjournals.com/cgi/content/full/313/7052/275).

Rationale
Once the cutting edge of welfare economics, economic evaluation has become a marketing tool for industry and is sometimes used by governments to support dodgy decisions. There are three main areas that need careful checking in an evaluation. The first is the impact of the disease in question. In a *bufala* evaluation this is exaggerated to provide a "case for intervention". The second are the estimates of effectiveness (i.e. real world impact) of the intervention(s) to deal with the problem. *Bufala* researchers sometimes pretend that efficacy (which invariably yields higher estimates) and effectiveness are the same thing. The third are the methods used to estimate the impact of the intervention. The oldest trick in the book is to pretend that average costs are the same as marginal ones. For example, that if you prevent a few cases of disease X by intervening you accrue a 100%

saving as hospital beds will not be filled and their operating costs will be saved. In reality the beds will be filled by cases of something else and the saving will be slight, if any.

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Assessing a journal 

This a really difficult one, because there is no internationally accepted definition of what a good journal is - apart from the BMJ of course.

Here is a collection of good journal indicators with an accompanying brief rationale where necessary:

1. Inclusion in library lists - as subscription costs rocket you only go for the best
2. Indexing (NLM, ISI) - basking in reflected prestige of the indexing body
3. Citations - your colleagues will cite what they read and like
4. Not throwaway - a study has shown that throwaway journals present lower quality information (but written a lot better)
5. Not publishing single drug company-sponsored supplements - bias galore
6. Indexes of scrutiny - more authors, but also more editors - more scrutiny, better quality
7. Indexes of competition - higher number of submissions with space limits mean a more desirable journal
8. Proportion of articles doomed by their design - rise in RCTs (considered the most reliable study design) as a proportion of all submissions
9. Use of structure and instruction - CONSORT etc. - a structured presentation minimises risk of low quality biased research being published and aids clarity
10. Editorial evaluation and research - the editors take an interest in their journals and are willing to learn more about them
11. Number of errors and corrections published
12. Long waiting times for publication - few resources, possibly little interest
13. Quality of editors and peer reviewers
14. Cost per article to the readers (cost of subscription divided by number of articles of interest in a year)
15. Presence of post publication peer review - index of openness

Rationale

Few of these indicators have an empirical basis. Some, as the numbers of mistakes are intuitive. For others as the impact factor (which has become Gospel, despite its purely quantitative nature) there is no evidence of their effectiveness in distinguishing "good" from "bad" journals. The quotes are necessary because as we have seen no one knows what good or bad mean. The only real evidence points against reliance on throwaway journals or those which publish single-sponsor supplements.
Use these indicators if you wish, or develop your own. But be ready to change your mind if and when we have more evidence.

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Walter G, Bloch S, Hunt G, Fisher K. Counting on citations: a flawed way to measure quality. MJA 2003; 178:280-1.

Box - forms of synthesis of evidence. The table presents various types of communications which often contain synthesis of evidence from research findings. From the editorial to the time-honoured descriptive review to the rapid review which is greatly favoured by those engaged in technology assessment who are pressed for time. Of interest is the variant of the descriptive review in which experts and stakeholders are called to give evidence to the drafting committee. These types of reviews sometimes have a political slant. Their *bufala* potential is highest when no methods or critical assessment or evidence are reported, when all studies contributing evidence are treated as equal and a strong message designed to influence readers is given. Also beware of reading out of date reviews in fast-moving fields.

Type of communication	Methods	Study quality assessment	Bias minimisation	Updating
Editorial	-	-	-	-
Descriptive	-	-	-	-
Descriptive with a committee	±	-	±	±
Systematic reviews (rapid)	+	+	±	-
Systematic reviews	+	+	+	-
Cochrane reviews	+	+	+	+

Key: - never present; ± sometimes present; + always present.

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Lorenzo Consenti, Luca DeFiore, Giorgio DeFiore, Alessio Malta, Studio Rosa Pantone and Livio Stoica.

Tom Jefferson
Cochrane Vaccines Field,
00061 Anguillara Sabazia,
Rome, Italy
Toj1@aol.com

10th EAHIL CONFERENCE
CLUJ-NAPOCA, ROMANIA

CLUJ-NAPOCA
COLEGIUL ACADEMICUM, STR. KOGNALICEANU 3-5

EAHIL BOARD MEETING

Monday 11 September 2006
9 am - 5pm

SCHUMAN ROOM
2ND FLOOR
Faculty of European Studies
Str. Emil de Martonne 1

EAHIL COUNCIL MEETING

Tuesday 12 September 2006
9.00 - 12.00

The Library of the Faculty of European Studies
Str. Emil de Martonne 1

All meetings are in the conference area
- a courtyard separates the two buildings -
Colegiul Academic and the Faculty of European Studies.

EAHIL SPECIAL INTEREST GROUPS (SIGS) MEETINGS
Tuesday 14.30 - 16.30

Veterinary SIG Meeting	14.30	Schuman Room 2nd Floor, Faculty of European Studies
PHING Meeting	14.30	Club Room, Colegiul Academicum
Nordic Association Meeting	14.30	The Library of the Faculty of European Studies, Str. Emil de Martonne 1
WHO SIG Meeting	14.30	Jean Monnet Room, 1st Floor, Faculty of European Studies

EUROPE AS AN OPEN BOOK

10th EAHIL Conference Cluj-Napoca, Romania 11- 16 September 2006 EMPOWERMENT SESSIONS

For the first time an EAHIL conference will feature two Empowerment sessions in addition to parallel sessions. This idea was formed by Eva Alopaeus (Sweden) and Patricia Flor (Norway) as an opportunity for participants to discuss, in depth, certain topics in an interactive environment.

What is an empowerment session?
The purpose of an empowerment session is to give an overview for participants with different levels of experience with the topic in question. An empowerment session can be in the form of a continuing education course, a lecture, or a mixture of these presentation forms. It will be practical rather than theoretical in nature. There will be altogether 6 empowerment sessions on different subjects, relevant and current for all medical librarians. The facilitators are all well known names in EAHIL with excellent experience in their chosen subjects.

Empowerment Session 1: Thursday September 14 10.30 - 11.30 am

Session A
Establishing an Institutional Repository: A Step by Step Approach
Arne Jakobsson, University of Oslo Library. Library of Medicine and Health Sciences.

Libraries are today engaged in the creation and dissemination of knowledge. Our role has changed from a manager of scholarly products to that of a participant in the scholarly communication process. By setting up, promoting and managing institutional repositories, libraries have created a stable location where scientific information produced by the institute can be preserved and disseminated. The institutional repositories are OAI-compliant. OAI-PMH (Open Archives Initiative - Protocol for Metadata Harvesting) defines a mechanism for data providers to expose their

metadata. Service Providers use metadata harvested via the OAI-PMH as a basis for building value-added services. The challenge in setting up an institutional repository is not a technological issue (although the problems of long-term preservation are very far from being solved), but consists of managerial, organizational and cultural issues. This session will focus on the managerial, organizational and cultural issues. In addition to the step by step approach, DUO – the e-print repository for the University of Oslo and NORA (Norwegian Open Research Archives) a national gateway for institutional repositories in Norway will be presented.

Session B
Use of Weblogs by Libraries and Librarians
Oliver Obst, Zweigbibliothek Medizin, Universitäts- und Landesbiblioth, MÜNSTER, Germany

To be well informed and always up to date, you have to read blogs and subscribe to RSS feeds in these days - especially if you are an information specialist. This session will empower you to start a weblog by your own. You will learn about the many ways weblogs could be used. We will take a tour through a number of sucessful weblogs of libraries and librarians and look at the differences. Weblogs can be used for your personal thoughts or as a library homepage - there are endless and exciting possibilities to integrate this tool into your daily life. We will discuss the benefits of "blogging" - e.g. marketing, customer relationship, reputation, visibility, community building.

Session C
Accreditation and Professional Development
Suzanne Bakker (Netherlands) and Helen Bouzkova, (Czech Republic)

Many parties might be involved (and could be called “stakeholders”) in the accreditation process of medical information professionals. EAHIL has noted a growing interest (both national and on a European level) and probably a need for professional accreditation in general, and also in the field of medical information professionals. EAHIL aims to organize the accreditation structure for medical librarians and information professionals in the medical, health, pharmaceutical and veterinary field (see also McSeán & Salmi, JEAHIL 2005;1(2):14-15). In this respect the Bologna harmonizing project of education and the CERTIdoc initiative are important to establish the framework.

Criteria for accreditation must be set and acknowledged by stakeholders: e.g., we all would like to see our employers appreciate our level of skills and knowledge and to show this in suitable job descriptions and payment. Health insurance companies must be convinced of the impact on the quality of patient care of information services, and governments as well should be aware of the need of these services for the quality of medical education and practice.

Empowerment Session 2: Friday September 15
11.30 - 12.30 am

Session A
A User-Friendly Approach to Becoming an Evidence-Based Practitioner
Anne Brice, Acting Head of Service, National Library for Health, England

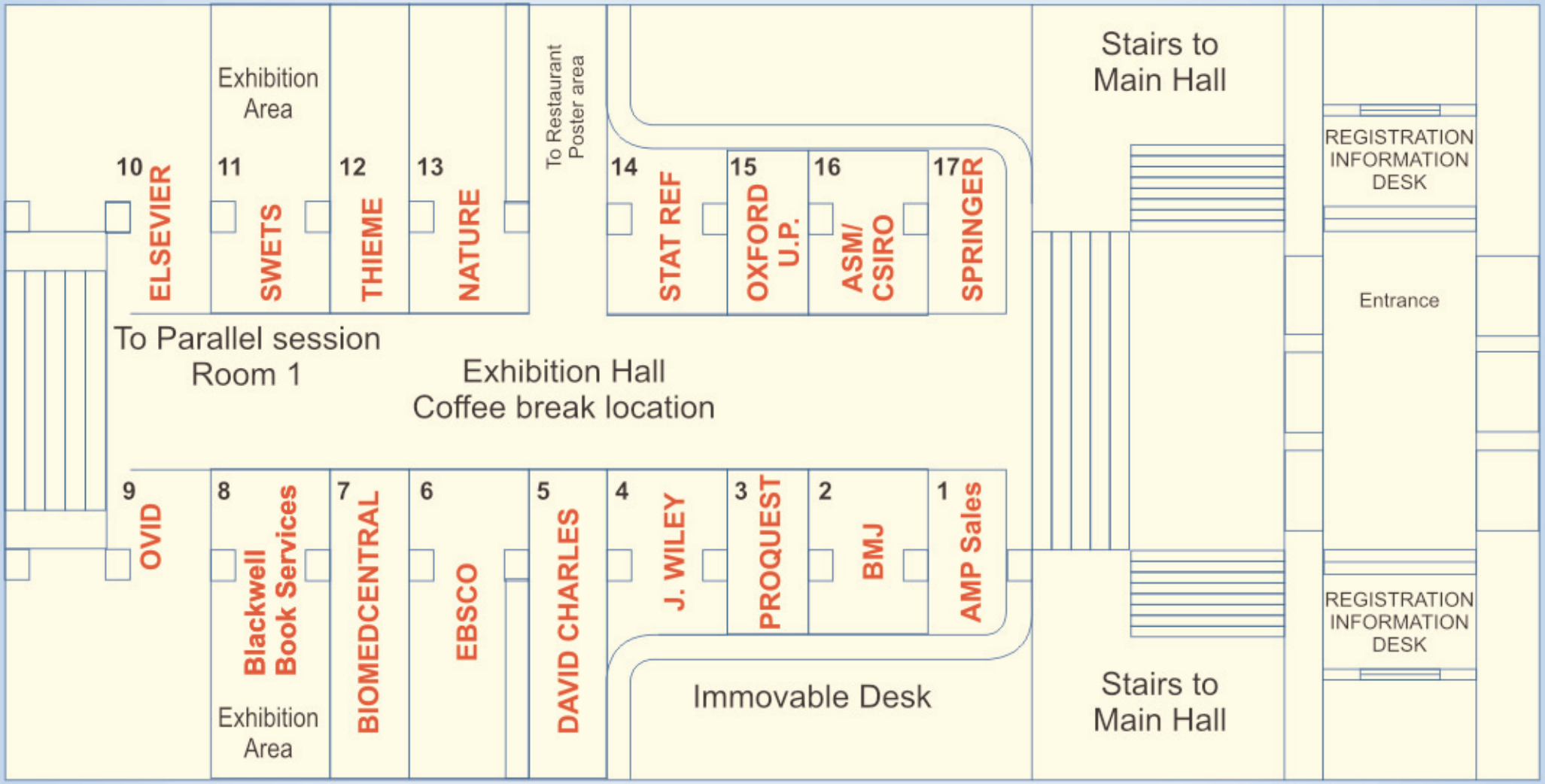
What does Evidence-Based practice mean? Are we doing it already? How can we use some simple tools and techniques to improve our use of research? These and other questions will be covered in this brief introduction to Evidence-Based practice, drawing on examples taken from practical experience. Evidence-Based practice involves applying the results from research to our day-to-day practice as information staff, in order to improve the service we provide our users. This topic should be of interest to all information professionals, whether new or established, and working in all areas and the session will focus on providing some simple techniques that anyone can apply. The session will also include some interaction from the audience to prevent boredom and encourage collaboration!

Session B
The Hunt for the Perfect Interface in a Googlified World
Lars Iselid, Librarian at the Umeå university Library, Sweden.

Search engines as search tools are common everyday tools among library users today, at least in the industrial world. Google especially, whose remarkable success has made the verb *googling* a common buzzword, has set the standard for searching. Its clean-cut interface and search solutions have today a great impact on people's information seeking behaviour. What should libraries think about when building or buying interfaces in today's googlified world? How should libraries reach a perfect interface for their patrons? Is a perfect interface a possibility or just a utopian dream? Why have libraries in the digital world left the power of the interfaces to Google and other vendors, which they did not do earlier in the printed world?

Session C
An Introduction to Consumer Health Informatics and New Methods of Delivering Information to Patients
Bruce Madge, Sub Librarian, British Medical Association and Professor Alan Gillies, Professor of Information Management, University of Central Lancashire.

This empowerment session will introduce delegates to the principles of consumer health informatics and some of the more useful websites that make information accessible to patients. We will also look at some new technologies that will help patients access relevant and useful information about their own conditions and treatments.


Exhibition Area
To Restaurant Poster area
Stairs to Main Hall
REGISTRATION INFORMATION DESK
10 ELSEVIER
11 SWETS
12 THIEME
13 NATURE
14 STAT REF
15 OXFORD U.P.
16 ASM/ CSIRO
17 SPRINGER
Entrance
To Parallel session Room 1
Exhibition Hall
Coffee break location
9 OVID
8 Blackwell Book Services
7 BIOMEDCENTRAL
6 EBSCO
5 DAVID CHARLES
4 J. WILEY
3 PROQUEST
2 BMJ
1 AMP Sales
REGISTRATION INFORMATION DESK
Exhibition Area
Immovable Desk
Stairs to Main Hall

EXHIBITORS' PRESENTATIONS

Exhibitors' session 1

Wednesday, September 13, 16.30 – 18.00

Room/Time	Name of Exhibitor	Title
Conference Hall 16.30 – 17.10	**NATURE PUBLISHING**	**Peter Ashman**: Come and discover the *Nature Clinical Practice* series
Club Room 16.30 – 17.10	**SWETS INFO SERVICES**	**Dirk Lens**: Meet the challenges in the e-world!
Jean Monnet Room 16.30 – 17.10	**American Society of Microbiology CSIRO Publishing**	**Stephen Smith:** Introducing the American Society of Microbiology and CSIRO Publishing
Schuman Room 16.30 – 17.10	**BLACKWELL'S BOOK SERVICES**	**Rowland Shuttleworth:** Blackwell Collection Manager Blackwell's Online Selection and Acquisition Tool
Conference Hall 17.10 – 17.50	**BIOMED CENTRAL**	**Eleanor Lee**: BioMed Central, an information provider with a different approach
Club Room 17.10 – 17.55	**Compact Software International S.A.**	**Jose Garcia Sicilia**: C17, a family of products for managing Virtual Libraries
Jean Monnet Room 17.10 – 18.00	**ELSEVIER**	**H. Larsson** - MD Consult: Clinical Knowledge System & **M Margaritis**:The Power of EMBASE and MEDLINE
Schuman Room 17.10 – 17.40	**OXFORD UNIVERSITY PRESS**	Hannah Dernie**: New Challenges, New Thinking, Oxford Journals Online**

Exhibitors' session 2
Thursday, September 14, 11.30 – 12.30

Room/Time	Name of Exhibitor	Title
Conference Hall 11.30 – 12.10	**OVID**	**Mark Schregardus**: Clinical Decision Support and ClinicalResource@Ovid
Club Room 11.30 – 12.00	**STAT!REF**	**Dean Serra**: STAT!Ref - A collection of electronic resources for the healthcare professional
Jean Monnet Room 11.30 – 12.00	**EBSCO**	**Cary Bruce**: EBSCOs Integrated Services for Medical Libraries
Schuman Room 11.30 – 12.00	**SPRINGER**	**Frans Lettenstrom & Alessandro Gallo**: The NEW SpringerLink - all ejournals, ebooks and digital encyclopedia from Springer.
Conference Hall 12.10 – 12.30	**BMJ Publishing Group**	**Pauline Dilworth**: What's new from the BMJ Publishing Group'
Club Room 12.00 – 12.30	**PROQUEST**	**Gareth Williams**: Integrating ebooks and evidence-based medicine resources in the healthcare library
Jean Monnet Room 12.00 – 12.30	**John Wiley & Sons Ltd**	**Brett Thomas**: Evidence Based Medicine through Wiley InterScience
Schuman Room 12.00 – 12.30	**SAGE PUBLICATIONS**	**Jan Rylewicz**: SAGE new e-packages and journals' growth

POSTER PRESENTATIONS

1. **F. Kriz (Czech Republic)**: Electronic resources management in national medical library Prague: opportunities, tools, practices.
2. **H. Markulin (Croatia)**: Evidence-based answering service: A Croatian experience.
3. **D. Zdenkova (Czech Republic)**: One short paragraph of a medical information open book - Czech Republic and its Pilsner region.
4. **S. Pizzarelli, F. Napolitani (Italy)**: Google Book search: an in-depth, innovative discovery tool for printed books.
5. **M. R. Bateni (Iran)**: The study of ideas of Esfahan University of Medical Sciences, research project executers in 2004.
6. **F. Bolkunova (Uzbekistan)**: The priorities of the medical library.
7. **L. Maixnerova, L. Curinova, S. Krysl (Czech Republic)**: Historical book collections processing in the National Medical Library of the Czech Republic.
8. **P. Saraiva, E. Clamote (Portugal)**: 191 Years of the Lisbon Faculty of Medicine Library.
9. **N. Trzan-Herman, D. Poljansek (Slovenia)**: Medicinal history in Lavicka library-collection in Slovenia.
10. **M. Vugrin, R. Wood (USA)**: Opening Pandora's Box: Redux. An Exercise in Inventorying Special Collections.
11. **V. Scutaru, C. Bonciu (Romania)**: How Internet is used for searching medical information at the Medical University Library of Iasi.
12. **C. Bonciu, V. Scutaru (Romania)**: Resource acquisition in the health sciences library. Combining traditional and modern methods.
13. **C. Ferri, G. Loffredo, P. Gradito, A. I. Bozzano (Italy)**: Knock, knock… knocking on our users' door… Information policy at Istituto Zooprofilattico Sperimentale delle regioni Lazio e Toscana: A case study.
14. **M. Meira (Portugal)**: When the Library is not a priority at a biomedical research institute: defining a strategic plan in a period of change.
15. **M. Sieradzka-Fleituch, L. Stalmach, A. Uryga (Poland)**: Harmony of contrasts - distant library on the desk.
16. **R. Coravu, A. Rapeanu, C. Dovinca (Romania)**: Central University Library "Carol I" of Bucharest - a paradigm shift.
17. **I. LeBis, S. Devaux, O. Grimaud, G. Lewison, M. Gatineau, N. Roberts, A. Clarke (France)**: Assessing European public health research though a bibliometric analysis: methods used for the SPHERE project.
18. **A. Simova, L. Maixnerova (Czech Republic)**: The online Czech Translation of MeSH.
19. **I. Aciu, D. Marineanu, G. Pirjol, S. Wood-Lamont (Romania)**: Medical libraries and librarians in Romania. An overview.
20. **S. Goldbolt (UK)**: Building partnerships in health information. New strategies and new horizons.
21. **J. van Meel, S. Janssen, L. Lohstroh, M. Emmerzaal (Netherlands)**: Plan, do, act, CHECK: our user satisfaction survey.
22. **K. Wockats (Sweden)**: Library and arts for young patients at Sahlgrenska University Hospital, Göteborg, Sweden.

23. P. Parodi, M. Della Seta, M. C. Calicchia (Italy): A model of public health information in Europe: the avian influenza.
24. A. Fassina, G. Bertin, M. Consuma (Italy): Electronic information resources: impact on physicians and healthcare professionals using CME curricula.
25. A. Drdulova (Czech Republic): Education of the user of public information services provided by the specialised library of the NCON.
26. M. Hopeakoski-Nurminen, A. Uusitalo, P. Helminen, T. Oker-Blom (Findland): Assurance of the quality of user education in Viikki Science Library.
27. M. Hopeakoski-Nurminen, T. Oker-Blom (Findland): Student feedback on teaching information retrieval.
28. L. Puia, I. Aciu, S. Wood-Lamont, I. Robu (Romania): User education: from induction tours to university curriculum. Case presentation.
29. B. Mauer-Gorska (Poland): Health promotion as the activity of public and school libraries.
30. D. Pieri, R. Sato, P. Mazzon, L. Meggiorn (Italy): In the fog? Use the library blog!
31. A. Miguel Alonso (Spain): Development of biosanitary knowledge in 19thc Spain through theses in the Complutense University Madrid.
32. R. Iivonen, A. Uusitalo, M. Hopeakoski-Nurminen (Finland): Pharmaceutical and veterinary information services in Viikki Science Library.
33. C. Fraga Medin, C.B. Canales, S.H. Villegas (Spain): SciELO-Spain: Open Access to Scientific Information.
34. M. Mingorance Ballesteros, J. M. Recalde Manrique, G. Cutillas Cuenca, A. Gomez Acevedo (Spain): The role of a document management system in the Andalusian Centre on Drug Information.

Scientific Programme Awards

There will be four prizes given at the 10th EAHIL conference:

Best Oral Presentation overall
Best Oral Presentation from a participant under 40 years old

Best Poster overall
Best Poster from a first-timer at an EAHIL Conference

The prizes will be as follows:

A trophy and 300 euros for each of the oral presentation awards

A trophy and 200 euros for each of the poster presentation awards

MEET THE CEC TRAINERS (3)

Title of Course: **The Changing Role of the Medical Information Specialist**
Duration: **Full Day Course - Lunch Included**
Lecturers:

Ronald van Dieën
Ingressus BV, 3000 CH Rotterdam
rvandieen@ingressus.nl

Hans Ket
VU University Medical Center, Amsterdam
h.ket@ubvu.vu.nl

Biographies

Ronald van Dieën completed Library School in 1988. Since then he has worked as the head of several medical and psychiatric libraries. Co-founder of the Central Catalogue of Hospital Libraries in the Netherlands and is former chair of the Dutch Medical Library Association (NVB/BMI). In 1998 he became general manager of EBSCO the Netherlands. Since 2001 he has worked as a medical library consultant for Ingressus. He is stimulated and motivated by sharing ideas, experiences and knowledge with other library professionals.

Hans Ket (1964) has had a varied career starting with Library School in 1985, working as a librarian for an aircraft factory, art school, Dutch Medical Association, University of Utrecht's psychological test department and nursing school library. In between all of these he trained as a nurse. Since 2003 he has been a clinical librarian at the Vrije Universiteit Medical Center (VUmc) in Amsterdam. As a CL he is actively involved in supporting and delivering information sevices for clinical practice, medical education and health & clinical research, especially in the fields of allied health, nursing, medical psychology, gynecology, pediatrics and ophthalmology. He is a keen, although fairly recent, attender of EAHIL and HTAi conferences and workshops. On a national level he is active in promoting clinical librarianship and giving presentations to fellow librarians. He is very interested in finding out about the experiences in the information field from librarians as well as medical professionals. He enjoys giving instructions, courses and classes of all sorts to various groups in the medical and the library field.

Course description

Medical librarians have to start selling themselves. The library and its staff are under pressure from hospital management: decreasing budgets, bad image and the general opinion that everything can be found on the Internet for free. Library staff themselves highly influence the impression and opinion of users and management about the library. Increasing demands from users and management within institutions on one hand, and a fast changing information world on the other hand, demand rapid action and innovative approaches from librarians. A business like model and the fast increase of electronic resources are catalysts for the changing role of the medical information specialist. Clinical librarianship in different forms and shapes is rapidly evolving. Based on theoretical and practical experiences of both presenters we present library models which will be able to handle these new demands. Various techniques, approaches and most important the concept of clinical librarianship will be clarified, discussed and evaluated.

Objectives and learning outcome

At the end of the workshop the delegates will be aware of their changing role and have received tools to stand up and fulfil their new role.
We are going to work with you on all major aspects of the changed medical information services. We will mix theory with lots of practical examples ('cases') and discussion with you. The addressed issues include:

- Teaching
- Searching
- Customer relations
- Marketing, communication and public relations
- Professional standards
- Medical knowledge
- Self-esteem and attitude
- Customer groups
- Library products
- Training
- Evidence Based... and critical appraisal
- Networking and cooperation
- Collection management
- Management models and taxonomies;
- Back office versus Front office;
- Practical Clinical librarianship.

Please join our workshop and share your ideas, experiences and fears with us!

Title of Course: **From Medline to Cochrane: Essentials of Evidence-Based Medicine for Medical Librarians**

Duration: **Full Day Course - Lunch Included**

Lecturer: **Jarmila Potomkova**

Medical Library Director, Palacky University, Olomouc, Czech Republic.
potomkov@tunw.upol.cz

Biography

Jarmila has worked as an information specialist in the field of agricultural research for 20 years. In 1994 she took the post as medical library director at Palacky University in Olomouc. She acquired most of her information technology skills through participation in the 5-year-project Learning Resource Centers in CEE countries sponsored by the American International Health Alliance focused on information technology in medicine and healthcare including evidence-based medicine. She has taken an active part in all EAHIL conferences and workshops since 1999. Her main field of interest is information retrieval, the role of librarians in EBM and teaching information skills.

Course description

This course is suited for beginners to demonstrate the practical role of medical librarians in the process of evidence-based medicine.

Module 1: Basic Introduction to Evidence-Based Medicine
(definition, history, pros-cons, steps in EBM process, „the well-built clinical question").
- Presentation,

Module 2: EBM Resources: Where to Search?
(recommended resources online demonstration, document types, hierarchy of evidence, availability).
- Presentation,
- Interactive Searching.

Module 3: Finding the Best Evidence: How to Search?
(Sample MEDLINE Search via PubMed, application of limits, MeSH terms, LinkOut option. Narrative vs. Systematic reviews).
- Presentation,
- Interactive Searching.

Module 4: Cochrane Collaboration: Activities and Products.
(Cochrane Library sample searches, typical features of Cochrane systematic reviews).
- Presentation,
- Interactive Searching via Ovid Gateway.

Module 5: Tips for Assessing the Value of Medical Literature.
(Bibliometric tools – SCI, journal IF, Critical Appraisal Skills Programme – CASP International, quality criteria for medical websites).
- Presentation,
- Online Searchiing.

THEME ISSUE: Evidence-Based Medicine
Evidence-Based Approaches in Addictions

Evidence-Based Approaches in Addictions

DrugScope's library collection of over 107,000 items on substance use is multidisciplinary and dynamic. Its unique collection spanning over 40 years provides an historical, research and contemporary overview of substance use issues. Over the past few years staff have observed that the terms "Evidence-Based practice" and "Evidence-Based approaches" are appearing in the addictions field, and it has become a subject that users have enquired about. Policy makers are also using these terms and the Society for the Study of Addiction's 2005 Annual Symposium addressed the question *If we did have an Evidence-Based policy and practice, what would they look like?*.

Whilst we have always included Evidence-Based material in our collection, this growing interest has led us to add articles and books examining the theory of evidence and its applicability in the workplace. *Preventing harmful substance use: the Evidence base for policy and practice* edited by T Stockwell, P J Gruenewald, J W Toumbourou and W Loxley is a comprehensive summary of the best available scientific evidence for the prevention of harm from substance use, but also considers how research findings can be used effectively. Two papers from Canada *Strengthening Evidence-Based addictions programs: a policy discussion paper*. B Reimer and Improving *research transfer in the addictions field: a perspective from Canada*. B Reimer, E Sawka D James explore the terms "best practice," "Evidence-Based practice" and "research transfer" within the addictions field and discuss, with examples from Canada, how to enhance the research-to-practice exchange in the addictions field, while maintaining a balance with the demands and complexities of program delivery and policy development.

Evidence-Based guidelines for the pharmacological management of substance misuse, addiction and co-morbidity: recommendations from the British Association for Psychopharmacology by A R Linford -Hughes, S Welch and D J Nutt provide a comprehensive review of the evidence following explicit criteria. However it is stated that there is a dearth of high quality research from which evidence based guidelines can be drawn, but this is offset by a wealth of clinical experience. M P McGovern *et al.* in *A survey of clinical practices and readiness to adopt Evidence-Based practices: dissemination research in an addiction treatment system*, found that clinicians in New Hampshire are more motivated to adopt some Evidence-Based practices (12-step facilitation, cognitive behavioral therapy, motivational interviewing, relapse prevention therapy) than others (contingency management, behavioural couples therapy, pharmacotherapies). Integrating science-based practices into clinical care is explored in *The gap between research and practice in substance abuse treatment* by P Marinelli-Casey, C Domier and R Rawson with the authors commenting upon the various factors that have kept researchers and practitioners apart, and suggesting ways for research and practice to close the gap and incorporate policy makers.

On the more theoretical note Nick Frost examines in his article *A problematic relationship? Evidence and practice in the workplace* the emergence of the evidence led school of thought in social work and related professions offering a critique of the approach. For those coming across these approaches for the first time, a useful resource *Evidence-Based social work a guide for the perplexed* by T Newman *et al.* explains the approach and focuses on the application of the evidence base. The Australian publication *Systems, settings, people: workforce development*

challenges for the alcohol and other drugs field edited by A Roche and J McDonald, includes sections covering *Cochrane reviews, and Evidence-Based practice; Evidence-Based practice tools and techniques; and Evidence-Based practice from concepts to reality*. Between them these sections provide an overview of evidence based approaches whilst also raising the point that there is debate about the emphasis placed upon random controlled trails, and whether this emphasis is detrimental to other methods such as cohort or longitudinal studies.

Finally, for those librarians working in the filed of addictions an excellent article *Evidence-Based and best practice addiction treatment resources: a primer for librarians* by S Lacroix, introduces concepts such as Evidence-Based medicine and best practice within the addiction treatment and explores the librarian's or information specialist's role in the dissemination of this information.

Christine Goodair
Head of Website and Information Services.
DrugScope
christineg@drugscope.org.uk

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THEME ISSUE: Evidence-Based Medicine

Andrew Booth

Where's the Harm in EBLIP? Current Perspectives, Future Developments

Abstract

This article provides a critical overview of current developments in evidence based library and information practice, the new consensual term for what had previously been known as evidence based librarianship. A discussion of the rise of the paradigm and some current, practical examples of its use in day-to-day decision-making is followed by a hitherto unique consideration of the harm of ineffective practice. This critical overview concludes by examining the implications of this new way of working for future library management and practice.

Keywords

Evidence based library and information practice, trends, cost-effectiveness, ethics

What is Evidence Based Library and Information Practice?

The genesis of evidence based medicine and its subsequent variants, evidence based healthcare and evidence based practice, has placed skills in information retrieval in the ascendancy. Librarians are required to utilise specific searching techniques to satisfy the demands posed by focused practical questions. In contrast, information specialists demonstrate sensitive search strategies when supporting the conduct of systematic reviews, clinical guidelines and health technology assessments. This wider interest in information retrieval is reflected by articles in such journals as the *Lancet* and *Annals of Internal Medicine*. It has also stimulated recognition of the methodological contribution of information specialists through the formation of the Cochrane Collaboration's Information Retrieval Methods Group.

Notwithstanding such enhanced prestige, it would be regrettable if skills in information retrieval were seen as the *only* contribution of information science to evidence based practice. Library and information practice possesses many characteristics of an evidence based profession, not least the need to address the practical problems of day-to-day decision-making by reference to the research evidence[1]. Indeed it did not take long for library and information practitioners, variously located in Australia, the UK, Canada, the USA and Scandinavia, to arrive independently at the conclusion that our profession needs "to model what we teach"[2]. From the humble origins of a national conference in Sheffield, UK in September 2001 the evidence based information practice movement now contemplates its 4th International Conference to be held in North Carolina, USA in May 2007.

"Evidence based library and information practice" is fast becoming the preferred consensual term for the paradigm that started as "evidence based librarianship". In the only published volume to date Booth & Brice (2003) expressed their dislike for this earlier term citing its narrow library focus and its failure to engage with important constituencies such as information literacy and information systems[3]. They championed the alternative term "evidence based information practice" but this took time to gain momentum. Finally, discussions concerning a new open access journal served as a catalyst for agreement on the phrase "evidence based library and information practice". This was subsequently adopted by the International Programme Committee in Brisbane, Australia in October 2005 as a harmonized identity for future international conferences.

Booth consolidates thinking behind this new term in the following definition:

Evidence Based Library and Information Practice (EBLIP) seeks to improve library and information services and practice by bringing

together the best available evidence and insights derived from working experience, moderated by user needs and preferences. EBLIP involves asking answerable questions, finding, critically appraising and then utilising research evidence from relevant disciplines in daily practice. It thus attempts to integrate user-reported, practitioner-observed and research-derived evidence as an explicit basis for decision-making[4].

EBLIP in Practice

This focus on practical decision-making is important. Nothing could do this emerging paradigm more damage than to use it simply as an excuse for re-branding "library research". The research-practice gap is a well-observed phenomenon and requires more than a restated, and increasingly strident, imperative to "read more research"[5]. On the contrary it requires adoption and adaptation of a wide-range of tools and strategies that have been trialled within evidence-based practice more generally in a quest to arrive at a toolkit that "works for us", that is for library and information practitioners. Such tools include strategies for focusing information questions, filters for identifying higher quality evidence, checklists for reading certain types of library article, and summaries and digests of the findings from research studies.

A possible criticism of the EBLIP movement to date is that early adopters have tended to focus inordinately on the technicalities of the evidence based practice process itself. This resulted in an initial shortage of practical examples of EBLIP at work. Fortunately this deficiency has started to be addressed by papers presented at the 3rd International Conference in Brisbane. Many such presentations now feature in the first two issues of the *Evidence Based Library and Information Practice* open access journal (**http://ejournals.library.ualberta.ca/index.php/EBLIP**). One such example using the Setting-Perspective-Intervention-Comparison-Evaluation (SPICE) framework for question formulation charts the development of improvements to a Library Web site by following the evidence based practice process[6].

Another example, from Bond University in Australia, critically analyses three evidence based research projects[7]. The first investigated library opening hours and the feasibility of twenty-four hour opening, another researched questions about management of a collection of feature films on DVD and video while the third examined issues surrounding teaching of *EndNote* to undergraduate students. Hopefully the very practicality of these topics helps to illustrate that EBLIP is a meaningful model for all readers of this journal and not simply a fashionable bandwagon destined to roll on at the margins of health librarianship. Indeed one further feature of recent developments has been widespread interest in EBLIP from other library sectors suggesting that, rather than being a fad, it has an inherent appeal that can engage successfully with academic, public and special library sectors alike.

First do no harm

Although EBLIP has enjoyed an incremental rise in popularity it would be a mistake to adopt the evidence based practice model uncritically. In fact an interesting observation on migration of the model to education, social services, management and software engineering is that, while each embraces the generic model, all have identified a need to add or modify it with their own unique and distinctive contribution. For example, social services place much store on the perceptions, experiences and values of their clients and have done much to popularise a more user-centric model of evidence based practice. Arguably this is equally important for a profession like ours which has traditionally thought of itself as being well-attuned to the needs and values of its users. After all, unlike

medicine, where the basic physiologic mechanisms of a pharmaceutical agent are common across populations and cultures, our decisions are moderated by the values of our users. Thus a prestigious membership library may make a different decision about the installation of a security system from a busy undergraduate medical library, even though the evidence base for effectiveness is common to both.

Clearly the library and information practitioner has a primary duty to respect the needs and values of their user population. "First do no harm" need not only be the motto of the physician - this aspect of the Hippocratic Oath is equally appropriate to the healthcare librarian or information practitioner. Yet we must not let this become a rationalisation for inertia - the belief that "we have always done it this way because this is what our users want". Very often library policies and procedures **do** evolve from what the users want, **but are very strongly moderated by library staff and institutional preferences**. A parallel may be drawn with the midwifery profession which has done much to reconcile evidence based practice with client-centred care. For example midwives recognised that prenatal pubic shaving was primarily being conducted for the ease of the obstetrician rather than the safety or comfort of the mother and baby. Similarly the need for preoperative fasting was dictated more by a concern for the anaesthetist's shiny shoes than any potential risk to the patient from their own vomit. Here I offer a challenge - how many of your own library's policies and procedures are dictated by an in-depth evidence based knowledge of user beliefs and preferences?

A further category of harm

Another variant of harm is more subtle. It is embodied in the idea of what health economists describe as "opportunity cost". Put simply this takes the form - if I wasn't doing this what else could I be doing? With so little evidence available for many library and information practices there is a tendency for librarians to cling to established methods even where there is little or no justification for their continuance. The idea of the "opportunity cost' helps to loosen the librarian's grip on established library rituals by opening up the possibility that our time could be spent more effectively.

Let us, for a moment, think the unthinkable. Suppose all the time we spend in teaching information skills to clinicians is being wasted on an ineffective practice. Granted our information skills training is generally well-received - our initial post-course evaluations enjoy very positive ratings and they certainly induce a "feel good factor". However we have some cause to believe that the latter primarily may be a "halo effect" from the perception that librarian trainers are nice, helpful people. Does information skills training truly work? Put simply, we don't know. What seems likely is that, following initial training, the skills of those we train immediately start to deterioriate. What we would particularly like to know is "what is the half-life for our skills training?" - that is what is the time taken for the initial skills that a librarian has acquired to have deteriorated by half? It is very likely that a "use it or lose it" principle may apply. In fact at a roundtable discussion of information skills training at the 3rd International Evidence Based Librarianship Conference in Brisbane, an Australian colleague suggested how we might use a learning contract with those we train - unless you are able to promise that you will use what you have learnt over the next x months then I shall refuse to train you. Is this unethical or simply cost-effective evidence based practice?

As a profession that is accustomed to saying "yes" adopting such a hard-line stance jars uncomfortably. Indeed some may view such a position as "unprofessional". Yet let us, for a

moment, consider an analogy with the clinical world. For some time you have been holding consultations with a terminally ill patient. You know that there is no viable treatment that you can offer them. However you continue to follow a regular routine whereby you spend ten or fifteen minutes finding out how they are feeling and then you give them a useless tablet. This tablet has a brief placebo effect by which they feel good for a few minutes before succumbing once again to their symptoms. Should you waste your time on such an ineffective intervention?

Some may point to the fact that your intervention, as described above, is at least making the patient feel better if only for a few brief moments. Certainly, viewed in the context of the individual patient alone, there seems little harm in injecting them with a little hope. However, is it ethical to provide someone in this situation with a false and positively misleading impression? Suppose the time and resources that you were spending on this particular patient could be better spent on another patient, one with the potential truly to benefit. That is not to say that we should leave the terminally ill patient without any support - we might arrange for a lay carer to provide social support and for any palliative measures that do not divert resources too much from where they are needed.

Hopefully exploring the above scenario in detail helps us to realise the implications of "opportunity cost" as it relates to library and information practice. If we simply consider the needs of an individual library user in isolation then we have little hesitation in providing them with all the training they need even in the absence of evidence that they are reaping any benefit. Viewed societally, however, with many competing demands on time and resources, we might well choose to spend our time more usefully elsewhere. This need not necessarily mean that we leave the individual without any support - for example, a library assistant might well spend some time providing "lay" information support and "palliative" interventions from non-specific reference sources.

Of course all the above implies that we have identified a viable alternative that we could be providing instead. Unfortunately our scenario is further complicated by a widespread shortage of evidence for library and information practice. In offering, for example, to conduct a mediated literature search on behalf of another user we cannot even have the confidence that this will be more effective than that carried out by another health professional such as a drug information pharmacist[8]. Elsewhere I have highlighted that information retrieval too holds ethical issues[9]. Should not the librarian recognise "bibliographic futility" - the point at which further time and money spent on literature searching seems unlikely to yield further benefit? Again the analogy is with "medical futility" but with the "Do Not Resuscitate" (DNR) Order being replaced by a "Do Not Retrieve" instruction!

Decisions, decisions!

The above discussion may provide the unwanted impression that EBLIP heralds a "brave new world" of ethical dilemmas and conflicts where the needs of the many outweigh the needs of the few. In truth this misses the point. Such decisions have been in existence for many decades. For example, membership policies recognise that, in the absence of sufficient resources to cater for everyone, a library has a duty to meet the needs of a clearly targeted membership grouping. What is different about EBLIP is that the process makes such decisions systematic, explicit and reproducible. In the past a librarian has handled such decisions on an individual basis laying open the possibility of prejudice and bias in delivering services to particular individuals. In determining our services by what works rather

than by whom we are serving we open up the possibility of realigning or re-engineering our services on a completely new basis. The movement from where we are now to where we want to be will not be a pain-free gestation. First, we will need to put in place mechanisms alongside our existing services to provide data for ongoing monitoring and evaluation. This will contribute one source of evidence alongside findings from rigorous and relevant research. We will need to find time to read and interpret the findings from such research and to develop mechanisms for integrating these into our day-to-day practice. Again the concept of "opportunity cost" raises its head. How will our users and managers view our spending time to inform the development of new services when we could be using that same time to deliver existing services. We will need to work with service users and managers alike to identify core values for our services and to ensure that these reflect accurately the corporate objectives of our organisations. Finally, we shall need to collect evidence along the way to help us establish whether an evidence-based approach is, indeed, a *better* way and not simply a *different* way.

Conclusion

Evidence based library and information practice (EBLIP) offers the opportunity for a refreshingly new perspective on how we deliver our current services. By introducing a reflective and critically analytical approach whereby nothing is taken as a given, everything is up for review and we may even "make hamburgers of sacred cows", we have the potential to inject new impetus and new relevance into existing services. In its purest form EBLIP does not simply involve "tinkering around the margins" with our non-essential services. Instead it requires examining the very core of what we do and how we do it. Time will tell as to whether the EBLIP model proves a sustainable way forward for the continued and ongoing alignment of library and information services. In the meantime all of us, managers, users and service deliverers alike need to heed the Hippocratic injunction - first do no harm!

Andrew Booth
School of Health and
Related Research (ScHARR)
30 Regent Street
SHEFFIELD, S1 4DA
A.Booth@sheffield.ac.uk

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THEME ISSUE: Evidence-Based Medicine

The Ullevaal Model for Evidence-Based Practice in Nursing

The Ullevaal Model for Evidence-Based Practice in Nursing

Abstract: *This article describes the basic features of the Ullevaal Model for Evidence-Based practice in nursing. The main focus of the article is the Medical library's involvement in the project.*

Keywords:
Evidence-Based medicine, professional practice, Evidence-Based, libraries, librarians, nurses

Ullevaal University Hospital
Ullevaal University Hospital (UUS) is Norway's largest hospital with 45,000 inpatients and 311,000 outpatient consultations per year. The hospital has a staff of more than 8000. The hospital's Medical library has a staff of eight full time librarians and one library assistant.

Evidence-Based practice in nursing at UUS
Evidence based practice (EBP) was established as a goal in the Strategy for Nursing Research at Ullevaal University Hospital in 1999. A pilot project was initiated in 2002 in the intensive care unit to develop evidence based protocols. In 2005 the hospital management extended the pilot to a hospital wide initiative. A resource group was established, and the group decided to name the project *The Ullevaal Model for Evidence-Based Practice in Nursing*. The aim of the project is to assure the quality of EBP protocols. The Ullevaal Model is a problem based approach to EBP. Fundamental components of the model are: 1) small groups of clinical nurses, 2) a masters or doctorally prepared group facilitator, 3) a systematic work process based on Sackett *et al*. (1). The model is based on the principle of ownership of practice. The integration of research findings in clinical practice is more successful when nurses are actively engaged in critical appraisal of research findings and development of protocols that are relevant for their own practice. A second principle is that EBP must be supported by line management. Group members are required to commit to attending courses in EBP held by the resource group. A librarian facilitates the literature searches. Although this method is time consuming we believe the process is just as important as the finished protocol. Participation in groups contributes to development of competence in critical appraisal of articles and EBP protocol development. The participating nurses will be able to facilitate implementation of protocols in their wards. So far clinical nurses have been eager to participate in EBP-groups, but nurse managers have expressed concern regarding time consumption.

Resource group
The resource group consists of five nurses with masters or PhD degrees and one medical librarian. The resource group has developed the guidelines for the Ullevaal Model and various materials to help the groups in their work (e.g. PICO-form for clinical questions, check lists for critical appraisal of different types of articles, forms for registration of evidence levels etc.)

The 5-step process of the Ullevaal Model
The process is inspired by Sackett *et al*. (1).

1. Asking questions with PICO-form
2. Systematic literature search facilitated by a librarian
3. Critical appraisal of the literature
4. Protocols/guidelines based on the evidence found and the nurses' clinical experience are written. A plan for implementation is developed.
5. The protocols/guidelines will be evaluated and updated every two years.

Prior to conducting a literature search, the groups identify the problem they wish to work with and formulate a clinical question. To help them in this process, a PICO-form is provided. PICO is an acronym that stands for P = Patient, I = Intervention, C = Comparison, O = Outcome. The form is also used to define study type and suitable terms for searching bibliographic databases.

All literature searches are facilitated by a librarian and the detailed search history is documented. The librarian's participation ensures retrieval of research literature that is relevant to the clinical question and that searches are documented correctly.

The Medical library's involvement

From the start the EBP initiative was led by Masters prepared nurses who recognized the central role of the library for the implementation of EBP. The Medical library was asked to participate in the start up course which launched the pilot project at the intensive care unit and a full day was spent on theory and practical literature searching in the library. Throughout the pilot the Medical library provided support to many EBP groups and strong relationships between librarians and nurses developed. When the pilot was extended to a hospital-wide initiative a librarian was appointed to the project resource group.

From the librarians' point of view it is only natural that they should be involved in EBP-projects, they have the knowledge and skills needed to perform step 2 in the EBP-process. But this is not always as obvious to the practitioners. The librarian was therefore very flattered and grateful when she was asked to be a member of the resource group and thus able to influence the decisions made.

Why was the library asked to play such an important role? The medical library at UUS is particularly known in the hospital for its library skills development program. For almost ten years the library has offered daily drop-in courses in different databases and reference management. In addition to the daily courses, tailored courses are offered for groups. Over the years many courses have been provided for nurses, and this has given the library a good reputation in addition to good personal contacts with the nursing staff. Another good reason could be that the librarians became interested in evidence based medicine at a very early stage. The library offered EBM courses as early as 1999, at a time when EBM was a relatively new concept for most Norwegian health professionals. This meant that the librarians are well prepared to meet the growing demand for library assistance as interest in EBM increases.

The librarian's participation in the resource group has provided an opportunity for the library to influence the guidelines for the Ullevaal Model. The idea that a librarian should facilitate ALL literature searches seemed a little radical when first suggested, but the rest of the resource group was very pleased with the suggestion. Their reaction was: "Can we really ask for that much?" The librarian's response was: "Of course!"

The librarian has also played a role in the development of the different materials the groups use in their work. All documents used in the project have been given a uniform appearance. The librarian is also responsible for making sure that all the materials are available on the hospital's intranet, and she was involved in designing a poster for presentation at a nursing conference.

Courses

The resource group has arranged two full day courses, each with about 90 participants. Two more courses of this kind are planned for the fall of 2006. The topics of these courses are: *Introduction to Evidence-Based practice, literature searching, critical appraisal*, and *The process from literature search to finished protocol*.

Of course it is impossible to teach (or learn) everything needed to know to do a proper EBP literature search in a short introduction at a course with 90 participants. The idea is just to give an overview of the principles: you need to start with a good question; you need to know the type of question to decide what databases to search; you need to convert your question into appropriate search terms, and you need to know

about different types of literature (study types, systematic reviews etc.).

In addition to this course the library offers literature searching courses to the individual groups. These are half or full day courses that go more deeply into these topics: What the library can offer, what librarians can do for you, introduction to EBP, asking questions with PICO, types of questions and choosing the right databases, picking search terms, different types of literature, and basic principles of literature searching (Boolean operators, truncation, controlled vocabularies etc.). The course culminates in a literature search relevant to the protocol the group is working on.

Literature searching

All users of the Medical library are welcome to come at any time and get help from a librarian to perform a literature search. In this project, however, it was decided that it would be most convenient for all parties that the groups booked time for the searches. Two librarians are responsible for facilitating the searches. To make sure that the groups could work undisturbed, and that other library users were not disturbed by the groups, a separate room was equipped with PCs. The nurses and the librarians sit together at one PC. One of the nurses does the typing, but all of them are involved in finding search terms and evaluating whether or not the hits produced are relevant. The librarian explains the use of the different databases. This way the searching becomes a training session, and at the same time it is a "real search" in the sense that the nurses retrieve the relevant literature needed to find evidence for their protocol.

All relevant databases are searched. The librarian collects the search histories from all the databases and writes a documentation of all the searches performed for each protocol.

Consequences for the library

This project is time consuming, and the library has had to reorganize its resources. One consequence of this is that tailored courses for other groups than the ones in the project can no longer be offered. The daily drop in courses are not affected, however. A very positive result is that the library's good reputation and its position within the organization has been strengthened. Many users have also been aware that the librarians' competence and involvement in the project is needed to assure good quality searches so that all relevant literature is retrieved.

The icing on the cake for the library was when one of the nurses in the resource group gave a presentation at a nursing conference and said that *The library's involvement is a success factor of the Ullevaal Model!*

Conclusion

This project is time consuming for everybody involved, but we believe that the development of hospital wide evidence based nursing protocols and the learning effects of the project are worth the effort.

If you can read Norwegian, you can find more information at **www.ulleval.no/medbib**.

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Hilde Stromme, hilde.stromme@medisin.uio.no
Inger Schou, inger.schou@ulleval.no
Karen Bjoro, karen.bjoro@ulleval.no
Ullevaal University Hospital, Oslo, Norway.

INTERNET PAGE

Benoit Thirion

Mental Health: MeSH terms, Indexed Journals, Guidelines & Directories

The PubMed subsets (http://www.nlm.nih.gov/bsd/pubmed_subsets.html) far from cover all the medical specialities. In a brief series, the Internet Page of JEAHIL will attempt to compensate for this deficiency by indicating MeSH terms (as well as journals and major web sites) concerning the different medical specialities.

1. MeSH terms & Their Scope Notes (unique or "parent" headings):

1. **Behavioral Symptoms**
   Observable manifestations of impaired psychological functioning.
2. **Community Mental Health Centers**
   Facilities which administer the delivery of psychologic and psychiatric services to people living in a neighborhood or community.
3. **Diagnostic And Statistical Manual of Mental Disorders**
   Categorical classification of MENTAL DISORDERS based on criteria sets with defining features. It is produced by the American Psychiatric Association. (DSM-IV, page xxii)
4. **Hospitals, Psychiatric**
   Special hospitals which provide care to the mentally ill patient.
5. **Mental Disorders**
   Psychiatric illness or diseases manifested by breakdowns in the adaptational process expressed primarily as abnormalities of thought, feeling, and behavior producing either distress or impairment of function.
6. **Mental Health**
   The state wherein the person is well adjusted
7. **Mental Health Services**
   Organized services to provide mental health care.
8. **Mentally Ill Persons**
   Persons with psychiatric illnesses or diseases, particularly psychotic and severe mood disorders.
9. **Psychiatric Department, Hospital**
   Hospital department responsible for the organization and administration of psychiatric services.
10. **Psychiatric Somatic Therapies**
    The biologic treatment of mental disorders (e.g., ELECTROCONVULSIVE THERAPY), in contrast with psychotherapy. (Stone, American Psychiatric Glossary, 1988, p159).
11. **Psychiatric Status Rating Scales**
    Standardized procedures utilizing rating scales or interview schedules carried out by health personnel for evaluating the degree of mental illness.
12. **Psychiatry**
    The medical science that deals with the origin, diagnosis, prevention, and treatment of mental disorders.
13. **Psychological Techniques**
    Methods used in the diagnosis and treatment of behavioral, personality, and mental disorders
14. **Psychology (*Subheading: px*)**
    Used with non-psychiatric diseases, techniques, and named groups for psychologic, psychiatric, psychosomatic, psychosocial, behavioral, and emotional aspects, and with psychiatric disease for psychologic aspects; used also with animal terms for animal behavior and psychology.
15. **Psychophysiologic Disorders**
    A group of disorders characterized by physical symptoms that are affected by emotional factors and involve a single organ system, usually under

INTERNET PAGE

Mental Health: MeSH terms, Indexed Journals, Guidelines & Directories

AUTONOMIC NERVOUS SYSTEM control. (American Psychiatric Glossary, 1988).

16. **Psychotherapy** A generic term for the treatment of mental illness or emotional disturbances primarily by verbal or nonverbal communication.
17. **Psychotropic Drugs**
A loosely defined grouping of drugs that have effects on psychological function. Here the psychotropic agents include the antidepressive agents, hallucinogens, and tranquilizing agents (including the antipsychotics and anti-anxiety agents).
18. **Schizophrenic Psychology**
Study of mental processes and behavior of schizophrenics.

2. Journals:

- From the **NLM Journal Subject Terms**: http://www.nlm.nih.gov/bsd/journals/subjects.html

  - See **Psychiatry** - includes Child Psychiatry, Hypnosis, Psychoanalysis, Psychosomatic Medicine, Sex Deviations, and Sex Therapy

- From **Biomed Central**, and non yet indexed in PubMed:

  - **Annals of General Psychiatry** **http://www.annals-general-psychiatry.com/** All content Open Access
  - **Behavioral and Brain Functions** **http://www.behavioralandbrainfunctions.com/** All content Open Access
  - **Clinical Practice and Epidemiology in Mental Health** **http://www.cpementalhealth.com/** All content Open Access

3. **Directories & Guidelines:**

- **Karolinska** (SE)
  - Mental Disorders
  http://www.mic.ki.se/Diseases/F03.html

- **MedlinePlus** (USA)
  - Mental Health and Behavior
  http://www.nlm.nih.gov/medlineplus/mentalhealthandbehavior.html

- **NGC National Guideline Clearinghouse** (USA)
  - Mental Disorders
  http://www.guideline.gov/browse/browsemode.aspx?node=2794&type=1&view=all

- **NHS National Library for Health** (UK)
  - Mental Health Specialist Library
  http://www.library.nhs.uk/mentalhealth/

- **Omni** (UK)
  - Psychiatry & Psychology
  http://omni.ac.uk/browse/subject-listing/WM100.html

An HTML version of this page is available at the URL:
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Benoit Thirion
Chief Librarian/Coordinator CISMeF Project
Benoit.Thirion@chu-rouen.fr
Benoit_Thirion@yahoo.fr

PUBLICATIONS AND NEW PRODUCTS

Giovanna F. Miranda

Dear Colleagues,

A paper stated that in the fight for survival, the librarian's fight back has begun. Many libraries are reinventing themselves physically to meet changing needs. An attractive library is a key marketing tool (T. Caldwell. Information World Review, June 2006, 199): flexible learning space, mix of quiet study, group work, ICT facilities, desk area slimmed down or disappeared. This interesting article gives also a selection of resources for planning new library spaces.

There is also a fight for survival in open access journals and independent drug bulletins. The Public Library of Science is increasing the charge for publishing (www.plos.org) and The Drug and Therapeutic Bulletin, distributed free by the NHS to doctors in England for 40 years, has had its funding stopped by the Department of Health (BMJ, 2006, 332, 1109).

Giovanna F. Miranda

JOURNAL ISSUES

Since May 2006, the following journal issue of Health Information and Libraries Journal has been received: Vol. 23, 2006, n. 2

Vol. 23 n. 2

M.J. Grant, A. J. Brettle. Developing and evaluating an interactive information skills tutorial. p. 79 - 86.
The objective of this study was to develop and evaluate a web-based interactive tutorial on OVID Medline and to determine whether the tutorial was acceptable to student.

S. E. Crudge, M. L. Hill. Electronic journal provision in a health-care library: insights from a consultation with NHS workers. p. 87 - 94.
This study aims to determine the current awareness journal titles required by the staff of Stockport National Health Service (NHS) Trust's library.

J. van Loo, N. Leonard. Fifteen hundred guidelines and growing: the UK database of clinical guidelines. p. 95 - 101.
The article outlines the maintenance and organisation of the Guidelines Finder database itself and looks at some lessons learnt from a local library offering a national service.

M. Honey, N. North, C. Gunn. Improving library services for graduate nurse students in New Zealand. p. 102 - 109.
The aim of this paper was to identify graduate student nurses' use of the library, and the library's response to findings.

L. Mailer. The UK's SMARTAL Project: St MARTin's College health students Access to Learning resources whilst on placement. p. 110 - 117.
The project aimed to replicate the Health and Education Northumbria Students Access to Learning resources (HENSAL) project and to look at patterns of use and access to learning resources for health students on placement.

S. L. Bryant, A. Gray. Demonstrating the positive impact of information support on patient care in primary care: a rapid literature review. p. 118 - 125.
The aim of this study was to review the literature on the positive impact of information services, or information resources, on patient care in primary care.

PUBLICATIONS AND NEW PRODUCTS
BOOKS REVIEW

H. Ragneskog, L. Gerdner. Competence in nursing informatics among nursing students and staff at a nursing institute in Sweden. p. 126 - 132.
The purpose of this study was to ascertain nursing students' and nursing educators' self-reported attitudes, skills and experiences using IT.

B. Cumbers, C. Urquhart, J. Durbin. Evaluation of the KA24 (Knowledge Access 24) service for health- and social-care staff in London and the south-east of England. Part 1: quantitative. p. 133 - 139.
The objective of this two-part paper was to identify the main transferable lessons learned from both the quantitative and qualitative evaluations of the Knowledge Access 24 (KA24) service of online databases and selected full-text journals for health and social care staff in London and the south-east of England. The quantitative evaluation analysed usage rates and user registration with the objective of measuring uptake by previously disadvantaged staff, and to inform the subsequent qualitative survey.

Brief communications p. 140.

BOOKS REVIEW

Biomedical Organizations. A worldwide guide to position documents. Ed. D. A. Stirling. The Haworth Information Press, Binghamton, N.Y. USA 2006. $34.95 soft, ISBN-13: 978-0-7890-2298-1; $49.95 hard ISBN-13: 978-0-7890-2297-4; pp. 302. This book review over 1000 medical related organizations worldwide representing a broad spectrum of medical services and practices.

Virtual Slavica. Digital Libraries, Digital Archives. Ed. M. Neubert. The Haworth Information Press, Binghamton, N.Y. USA 2006. $22.95 soft, ISBN-13: 978-0-7890-2686-6; $49.95 hard, ISBN-13: 978-0-7890-2685-9; pp. 250. This book presents information on converting Slavic manuscripts and books for presentation in the digital realm. It provide practical strategies for anyone looking for answer to problems within their own virtual information project

PAPERS REVIEW

Future Shock.
T. Caldwell. Information World Review, June 2006, 19

The Dragon awakes.
T. Caldwell. Information World Review, April 2006, 17

Dubious hit counts and cuckoo's eggs.
P. Jacsò. Online Information Review, 2006, 30 (2), 188

INFORMATION SOURCES... WEB BASED

Captain Copyright. This website was created to help to teach students about copyright. The materials written by educational experts and reviewed by an advisory panel of educators. The site and the materials on it will continue to evolve and grow with new Captain Copyright episodes and new lessons.
http://www.captaincopyright.ca/

Report on Orphan Works. The U.S. Copyright Office has completed its study of problems related to "orphan works"-copyrighted works whose owners may be impossible to identify and locate. The report is available for downloading.
http://www.copyright.gov/orphan/

Health-EU Portal. Is the official public health portal of the European Union with a wide

PUBLICATIONS AND NEW PRODUCTS

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range of information and data on health-related issues and activities at both European and international level. The main objective of this thematic Portal is to provide European citizens with easy access to comprehensive information on Public Health initiatives and programmes at EU level.
http://ec.europa.eu/health-eu/index_en.htm

NEW JOURNALS

PLos Clinical Trials was launched in May 2006. This journal provides a peer-reviewed venue for clinical trials results in all fields of medicine and public health. The journal aims to increase the breadth, depth, and transparency of clinical trials reporting.
http://clinicaltrials.plosjournals.org

NEWS FROM PUBLISHERS

PLos. The Public Library of Science is increasing its publishing charges. On July 1, 2006, PLoS has raised its fees for the first time, to reflect more closely the true cost of publication. For publication in PLoS Biology and PLoS Medicine the price is $2500; for the community journals PLoS Computational Biology, PLoS Genetics and PLoS Pathogens, it is $2000. These new rates take PLoS significantly closer to the goal of financially sustainable OA publishing. Until now the charge was $1500.
http://www.plos.org

The Drug and Therapeutic Bulletin distributed free by the NHS to doctors in England for 40 years, has had its funding stopped by the Department of Health. The editors argue that the journal could not continue on a subscription only basis.
M. Brettingham. BMJ, 2006, 332, 1109

The Qauero Project. The French president Chirac has announced the funding for the Quaero search engine. It is not a text-based search engine but is mainly meant for multimedia search. The search engine utilizes techniques for recognizing, transcribing, indexing, and automatic translation of audiovisual documents ant it will operate in several languages. There is also mention of automatic recognition and indexing of images. Quaero search engine aims to challenge Google for search superiority. Quaero is a Franco-German project.
http://www.elysee.fr

British Library and NLM. The British Library and the US Library of Congress have announced that they support the migration of electronic content to the NLM Document Type Definition standard, where practicable. The libraries hope that their advocacy of migration to this standard will help ensure long-term access to eJournal content. DTD standard (**http://dtd.nlm.nih.gov/**) defines the way in which electronic journal publications should be structured and creates a uniform, well defined and accessible information resource.
http://www.bl.uk

The **Springer eBook Collection** is now available for order **through EBSCO** Information Services. This collection, consisting of 12 Online Libraries, provides online access to more than 12,000 eBooks in 2006, with at least 3,000 newly-released scientific, technical and medical (STM) titles added each year.
http://www.ebsco.com

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http://www.ebsco.com

FORTHCOMING EVENTS

11-16 September 2006, Cluj-Napoca, Romania
10th European Conference of Medical and Health Libraries
For further information:
http://www.eahilconfcluj.ro/

17-22 September 2006, Alicante, Spain
10th European Conference on Research and Advanced Technology for Digital Libraries
For further information:
http://www.ecdl2006.org

3-6 October 2006, Manzanillo, Colima, Mexico
Metadata for Knowledge and Learning International Conference on Dublin Core and Metadata Applications
For further information:
http://dc2006.ucol.mx/

13-20 October 2006, Toronto, Canada
MEDNET 2006
11th World Congress on Internet in Medicine
For further information:
http://www.mednetcongress.org/

16-17 October 2006, London, UK
Internet Librarian International 2006
For further information: **http://www.internet-librarian.com/index.shtml**

October 17-19, 2006, Suzdal, Russia
Digital libraries: advanced methods and technologies, digital collections
The Eighth National Russian Research Conference.
For further information:
http://www.rcdl2006.uniyar.ac.ru/en/news.shtml

12-15 November, Lisbon, Portugal
Pharma-Bio-Med 2006
The international conference and exposition for Information Specialists and Managers
For further information:
http://www.pharma-bio-med.com

28-30 November, 2006, London UK
Online Information 2006
For further information:
http://www.online-information.co.uk/ol06/index.html

Giovanna F. Miranda
Giovanna.Miranda@sanofi-aventis.com

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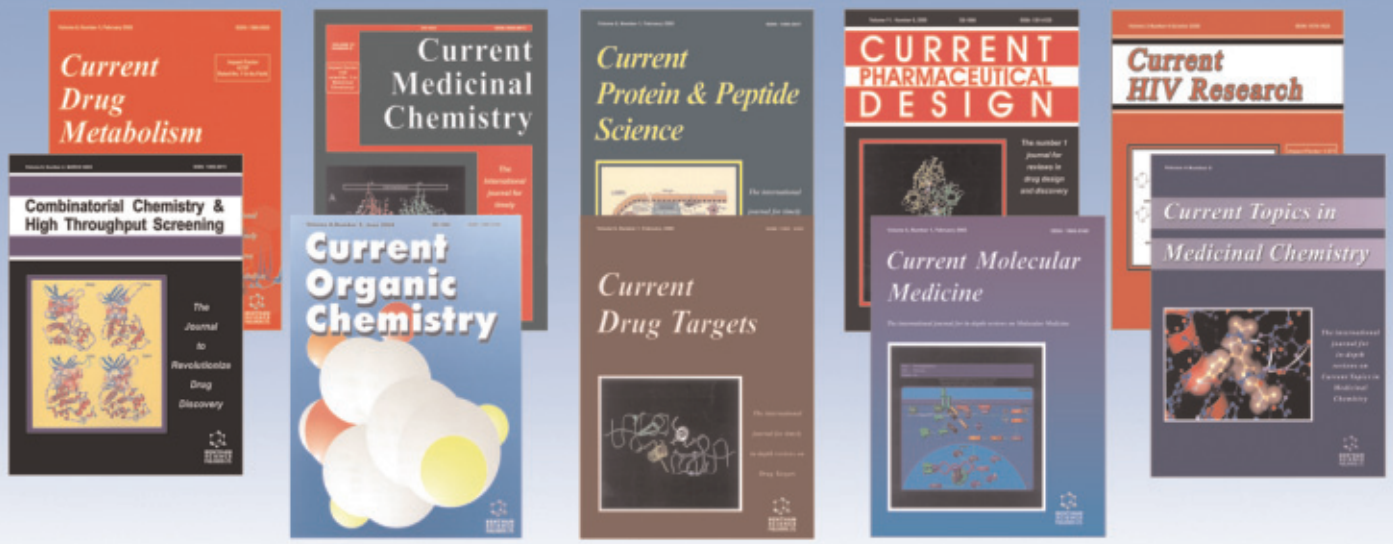

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