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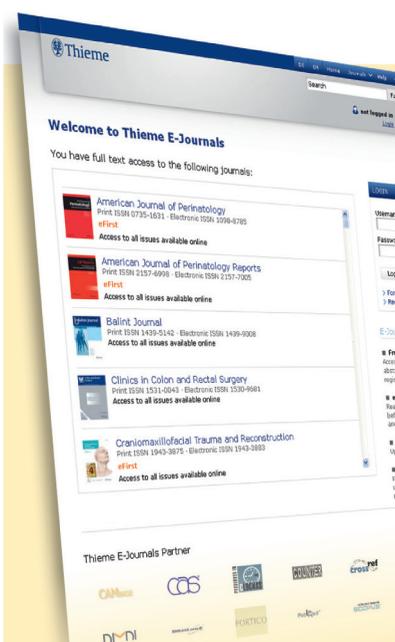
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I am very grateful to Maria-Inti Metzendorf of the Heinrich-Heine-University, Düsseldorf, Germany for having accepted to be a Guest editor of this thematic section of *JEAHIL*. I hope you will all read with interest the Preface she wrote to present such a delicate theme: “Embracing failures”. I also thank Elinor Harriss, Tom Roper and Gerhard Bissels for responding to the Editor’s invitation and contributing with their excellent papers which I am sure you will find useful and inspiring to you all.

This issue of *JEAHIL* deals with a topic that has become quite popular at the moment, on which numerous books have been published and which concerns both our professional and private spheres. How many times in our career have been faced by a failure! The question is: have we managed to turn it into a successes? Indeed, failures can, and should, be turned into success.

The etymology of the word should make us think and perhaps each of us can hazard a personal interpretation. Failing comes from the Latin “*fallere*” which means “to deceive”. And perhaps it is precisely the discovery of this “deception” and its revelation as a failure that allows us to adjust the shot, to move forward, to grow and, finally, to reach our goals.

In a time of great transformation and uncertainties in librarians' work activities, being ready to face failures is essential to survive.

If in the following months, perhaps thinking about the subject, you will feel inspired to write about this topic, I will be delighted to hear from you.

In the Letter from the President, Maurella Della Seta tells us about the annual Workshop of the Italian Association of Information Specialists working in the Pharmaceutical Industry and in Medical Research Institutes (GIDIF-RBM), which, this year, focused on Communication. A letter full of interesting information! Carol Lefebvre gives us lots of news on the recently concluded MLA Conference in Chicago and Dianne Babski on a series of important news at NLM. Letizia Sampaolo is, as usual, a mine of information, links, news and events and finally more news about Basel in the central pages of this issue.

JEAHIL Editorial Board will soon meet in Basel for its annual meeting, on the occasion of the EAHIL 2019 Workshop. As always, we will discuss how to improve this journal, which topics to consider in future issues. If you wish to see special themes on these pages, please let us know, we will be happy to take them into consideration.

Meet you in Basel
Federica

MONOGRAPHIC SECTION

Embracing failure

Edited by

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Embracing failure

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Talking about failure is difficult. In preparation for this issue, I asked medical librarians and information professionals within my network if they were willing to contribute to this issue on “Embracing failure”. Some of them politely replied that they were thrilled about the topic, but that they thought they had nothing substantial to contribute as “I believe I have never failed in anything I did in a professional context”. Reading this kind of replies, I wondered if they could be true and thought of three possible explanations:

1. they have not identified that something was a failure;
2. they have forgotten about their moments of failure;
3. they have difficulties admitting that something they were involved in failed.

Most people in my network have accumulated between ten to twenty or even more years of professional practice. I have difficulties believing that within this time span they have not made any mistakes. I certainly have, because you simply can't make an omelette without breaking eggs.

So why did we plan an issue themed “Embracing failure”? Failure is defined as a “lack of success”, or as the Dutch designer Erik Kessels puts it “everything from flop to disaster and all points in between”. I am glad that our community seems increasingly interested in opening up and talking about making mistakes in our professional context. Colleagues who are willing to share their experiences enable the whole community to learn and improve their professional practice.

I am thankful to our two colleagues from England, Elinor Harris and Tom Roper, who organised the first workshop in our community called “Talking about professional failure: what can we learn from each other?” at last year's EAHIL Conference in Cardiff. Not only was it courageous of them to offer a session on this obviously challenging matter, but they also prepared it in an excellent way by undertaking a literature review. In their contribution to this issue, they have summarised the available literature and the workshop's outcomes. I am sure you will find reading their article as enlightening as I have.

Next, our colleague from Switzerland, Gerhard Bissels, provides an article with outspoken insights into spotting a job in our field that you should rather not take on. I am impressed that he was willing to publicly share his and other colleagues learnings about assessing an available post. Especially younger librarians will appreciate these hard to otherwise find tips.

I am also grateful to the two anonymous authors who provide anecdotal evidence about mistakes they have made in their roles. I report their experiences at the end of this Preface (Annex 1 and 2).

I am also thankful to the English editor, who helped spotting some spelling and style mistakes before this issue was published.

Finally, in addition to reading the contributions we have compiled in this issue, I encourage you to browse through the references cited by Harris and Roper. They provide a dent to the literature on published failures within the library context.

In conclusion, I firmly believe that reflecting on and talking about professional mistakes is the first step to overcoming them, and I encourage you to embrace failure in the future. To this end, I am very much looking forward to chairing the “All hail the fail” session (together with Teresa Lee) at the EAHIL Workshop in Basel. See you there!

Annex 1. “Notting out humans”

After only three months of having started a new job in a research context, I was asked to support the search process of an extensive systematic review evaluating psychological therapies for obese adults. When I first started delving into the topic, I was confronted with a multitude of psychotherapeutic schools. From cognitive behavioral therapy, mindfulness-based stress reduction, Balint groups, third wave therapies, biofeedback, emotion-focused therapy, motivational counseling, to name just a few of the over 50 options available and practiced in the different health care systems around the world. I diligently checked the terms and synonyms describing psychological therapies in the MeSH thesaurus and was finally overwhelmed by the even more extensive listing and descriptions in the thesaurus from the American Psychological Association used to index abstracts in PsycINFO.

After more than one week spent identifying and selecting the appropriate terms and communicating back and forth with the team about their inclusion, I had developed an extensive index search strategy for MEDLINE. I was therefore quite happy, that at least for the study design component of the strategy I could rely on a published and validated search filter for RCTs. This widely used filter includes a renown line using double negation to safely NOT-out animal studies. It goes "animals/ not humans/" (in Ovid syntax) and this set is then used to be "notted out" from the main results. Only that I – probably exhausted by looking up all those terms on psychological therapies, carefully trying to catch all the variants out there – wrote down this line the other way: "humans/ not animals/". I did not notice my error, nor did the rest of research team, whom I had sent the search strategy for final comments. In their defense I should mention that they were not expert searchers but epidemiologists and clinicians.

It took me another three days to translate the search strategy to the syntax and descriptors used in six other databases. Then I ran it, downloaded the results and imported them into a reference management software to deduplicate the records. I sent the final search results to the team, over 8000. Half a year later, I asked them how they were doing. The contact author wrote back that she was just about to embark on maternity leave and had only managed to screen the first roughly 1000 hits. Her maternity leave lasted for over two years, as she ended up having several children in a row, and the project was never finalized.

Three years later, a different team wanted to make a new start on the topic and synthesize the evidence. The principal scientist had plans to apply for a research grant and asked me whether she could incorporate my original search strategies into the application. I consented. Only two days later, she contacted me as she had discovered an error in the strategy. And there it was. Three years ago, I had accidentally notted out the humans instead of the animals in my MEDLINE strategy. I was shocked,

thanked her and was very relieved about the fact that the initial project had not been finalised. Of course, I instantly started checking all the other search strategies I had developed until then, to see whether I had made this mistake in other occasions. Fortunately, this was not the case.

What I learned from this experience is that it is very easy to make errors, especially if you are distracted by other aspects of the task. Even if we are professionals, we are still professional humans, and humans make mistakes. It showed me how important it is to have my search strategies peer reviewed by another medical librarian. A colleague can look at the strategy with a fresh eye, see the forest despite the trees, and notice inconsistencies. This advisable practice helps avoiding important errors, such as wrong usage of operators, omission of search lines, spelling mistakes and erroneous combinations of search blocks. Or in my case, accidentally changing the order while typing the search filter into the search platform. Ever since then, I store most search filters which I use on a regular basis in my database accounts, so I can add them with a click. Error free. Therefore, I would like to recommend the implementation of search strategy peer review to any library providing a systematic review service. For this purpose, the guideline cited below proves a useful resource.

Reference

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Annex 2. Don't build your policy on the sandy land

Beginning a new job is an exhilarating and nerve-wracking experience. In my case the situation was intensified by the fact that I hadn't only switched jobs, I'd gone from a university setting to an international organization, from a specialised role within a library of about 300 staff members to being a solo librarian in an institution of 300 people total. I'd traded one country, nay, one continent, for another. It would have been an understatement to say that I felt the pressure to succeed.

The internal pressure was just as strong, if not stronger, than any external pressure put on me by my supervisor or the administration. Among my first duties was the launch of the institution's new open access policy. While much of the work of drafting the policy had been completed by my predecessor, promulgating it and devising the workflows and tools to support the new policy fell to me.

As is usual for me, and I'm sure nearly all librarians, when faced with an unfamiliar task, I began furiously researching and compiling information. I scrutinised the open access policies of other institutions; I read their related FAQs; I assembled a huge file of reading material to prepare for the discussion with senior scientists. I did all my homework. The meeting went off without a hitch and everyone endorsed the open access policy. There were smiles all around. In the course of this discussion it had also become evident to me that the institution's views and practices around copyright were muddled, to say the least. My first instinct should have been to stop, to reassess, to clarify and to further communicate. After all, how can constructing even more complex workflows and policies and procedures on shaky ground ever be a fix for the lack of a firm foundation? Instead, feeling the pressure to perform, to take action, to prove my value, I went forward with the open access policy despite the nagging voice that said I should've been focusing on laying the groundwork.

Implementing a new policy and expecting immediate full compliance is, of course, unrealistic. I knew it would be an uphill climb. Having said that, I underestimated the inertia and confusion that resulted from entrenched practices that had downplayed issues of copyright and institutional licensing standards. I found that my colleagues, while welcoming the open access policy in and of itself, were less welcoming when it came to figuring out the attendant paperwork that came with trying to put that policy into practice. I felt the strain of implementing a new policy while simultaneously trying to improve the groundwork on which it should have been built in the first place. Looking back it's fair to say that the open access policy has been a mixed failure, the upside being that it's also been a mixed success. It has brought to the surface the many inconsistencies in our practices around scientific publishing, especially when it comes to handling publisher copyright agreements. This has largely been an opportunity to do the cleaning up that was overdue. At the same time the general support for open access and the creation of a central open access fund have fuelled the steady rise of the institution's proportion of open access articles since the policy implementation.

With the benefit of hindsight would I have done things differently? Yes, certainly. If I were advising myself of four years ago, this is what I would recommend:

1. Stand confident in your view that underlying policies need to be clear and well understood before implementing related ones on top of them.
2. When implementing new policies and procedures, make sure to think through the minutiae of process. The devil really is in the details.
3. Resist the urge to act on deadlines that appear arbitrary. At the very least, try to understand what timelines are negotiable vs. non-negotiable.
4. When faced with a new task in a new institution, take a step back and appreciate the context. Don't just bury your head in research and think that gaining subject expertise is going to be enough.
5. You have been hired because your colleagues trust that you will bring value to the institution. Take your time to understand how best to do this.



Talking about professional failure: what can we learn from each other?

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Abstract

This article presents a brief overview of the literature about professional failure, impostor syndrome, perfectionism, burnout, and resilience, literature which also informed a workshop at the EAHIL Conference held in Cardiff, UK, on 12 July 2018. The workshop brought together 20 participants from across Europe who ranged in age and in career experiences. It aimed to enable participants to feel comfortable talking about and sharing their experiences of professional failure for medical or health librarians and information professionals, and drawing out solutions to those failures. This article shares the outcomes of the workshop, and includes suggestions for ways to manage professional failure.

Key words: *burnout, professional; occupational stress; resilience, psychological; education.*

Background

Crawford defines “failure as an initiative or process that was either terminated before its planned ending date or that failed to achieve its stated goals” (1). “Professional failure” is a subject which has been observed to be discussed implicitly at conferences for medical or clinical librarians, yet has never been the subject of a conference workshop, to the best of the authors’ knowledge. As Brown and Ramsey write, “Failure plays a key part in our professional and personal development, but traditionally many of us have been inclined to sweep our failures under the rug” (2).

Two outreach and clinical librarians from UK hospital trusts gave a workshop at the EAHIL Conference held in Cardiff, UK, on 12 July 2018 specifically aiming to enable delegates to talk about this subject in order to contribute to their “professional and personal development”. The workshop drew on the literature about failure in libraries, the interpersonal skills (confidence, resilience, persistence) for dealing with the emotional side of life at work, and the literature around impostor syndrome, to share experiences.

The preceding literature review on professional failure in library contexts

Seven databases (Web of Science, PubMed, MEDLINE, Embase, British Nursing Index, CINAHL, and LISA: Library and Information Science Abstracts) were searched from inception to May 2018 to retrieve papers from the library and information, medical, and nursing literature using the keywords “professional failure”, or “failure in libraries”; “imposter syndrome”; “perfectionism”; “burnout”; “stress”; and “resilience”. After deduplication, 88 papers remained on the topic of professional, library, librarian, or librarianship failures, from a broad range of countries including South Africa, China, the US, and Croatia, which suggests a global phenomenon.

Several papers argue that we need to talk about our failures in order to learn from them. For example, Crawford asserts that “we can learn more from failure than from success”. He writes that the library staff who are “willing to float and try new things, and who are secure enough as professionals to step back and say, ‘Maybe we made a mistake’ ” are the ones who can learn from library users in order to make

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improvements. He advocates that librarians promote and publish papers about these failures to let others learn and benefit (1). Brown and Ramsey write about librarians sharing failures on Twitter using the hashtag #libraryfail (2). Another example of this aspiration to talk about and learn from failures is Garza's description of FailCamp. This is designed to encourage panel participants to talk about their failed projects in order to "address outstanding problems", and "to prepare for future initiatives" at an institution. The motto of FailCamp is "Imagine, Fail, Learn, Grow" (3).

A variety of failures in libraries are addressed in the literature, including failures of library catalogues which are not easy to use, and so library users fail "to find known items they were seeking" (4). Authors address their personal experiences of failure in their roles as library leaders (5, 6), including failing to implement strategic planning into library management (7). In short, there are examples in the literature about failure in every aspect of our profession. The literature offers some solutions to these failures, including talking and sharing these examples in order to learn from them (1-3). Moran suggests that library leaders need to change the behaviour of library staff in order to plan for and "implement change within the library" (8). Farkas wrote in 2010 that libraries in North America often fail when they "offer innovative new services". She recommends that staff are encouraged "to learn and play", and that managers "develop a risk-tolerant culture", giving "staff time to experiment with potential new initiatives" (9).

Lacey and Parlette-Stewart brought over 80 professionals together in 2017 at the Ontario Library Association Super Conference in Toronto, Ontario, to talk about their experiences of impostor syndrome – the persistent inability to believe that one's success is deserved or has been legitimately achieved as a result of one's own efforts or skills (10) – and how it relates to burnout and stress in the profession. They argue that librarianship and impostor syndrome are a good match, unfortunately, because "As a group, librarians set high goals for themselves, which, when overworked, are not easily achieved". This ultimately exacerbates the self-doubt and the sense that we may be impostors. Additional reasons given are: 1) right from the first moment of professionalism, "library school provides little guidance on how to tran-

sition to the workforce"; 2) "new librarians often experience the 'let me show you to your desk approach'" when starting a first professional post, without adequate "orientation or mentoring", which can lead to a demoralizing sense of "isolation and pressure to succeed"; 3) "lack of clarity in the scope of one's position". Lacey and Parlette-Stewart suggest solutions for impostor syndrome, including some affirmations to repeat to oneself to build self-confidence, or a Success Log to note all "big and small" successes (10).

Perfectionism and "setting high goals" are also features of our profession (11, 12). Performance anxiety, or the fear of failure (13), are linked to burnout, as Lacey and Parlette-Stewart describe as leading "to poorer work outcomes in satisfaction and performance" (11). The causes for burnout occurring in the library environment are numerous: bullying, workplace abuse, and low morale (14); "rapidly changing jobs, increasing workloads due to budget cuts, and frequent interactions with patrons" (15); "role ambiguity, role overload" (16); the "emotional labor in library work" (17); as well as stress, "poor working conditions", "low pay, constant interruptions, and a lack of job recognition" (18).

Solutions provided in the literature for burnout and stress, once the signs of these are recognised (18), include stress management (19), "Mindful Librarianship" (20, 21), as well as the importance of recognising the "emotional labor" involved in library work, and conducting more research on this topic (17). One paper suggests that "ongoing communication" can help, along with "job sharing, recognition of a good performance/ service/ idea, mentoring, and continuing education" (18).

Resilience is an attribute or skill that can help with all of these issues, with the health warning that resilience itself can lead to burnout, if it leads to more work when individuals are reluctant to say no, uncomfortable with "expressing dissatisfaction with their work and advocating for themselves" (22).

The 2018 workshop at the EAHIL Conference in Cardiff

Twenty delegates from countries across Europe gathered for the 90-minute workshop titled "Talking about professional failure: what can we learn from each other?". It opened with a note about the Chatham House Rule, which asks that the partici-

pants “use the information received”, whilst ensuring that they do not identify individuals (23), for example when making notes, tweeting, or otherwise reporting back about the session. The facilitators presented personal moments of professional failure to introduce the topic, with examples of failing to respond to clinicians’ information needs in a timely manner, and an unsustainable project which could not continue once it had ended. After a description of the literature review, delegates were given 5x3 cards on which to write a sentence about failure. These were sorted and thematically analysed during the session, with the results presented after the first 30 minutes. The delegates were seated in four groups, and were asked to discuss their instances of failure in 15 minutes, before they were mixed up to sit in three groups to discuss solutions for these moments of professional failure. The literature on the key topics was presented briefly, before the participants were asked to talk about the skills and personal attributes which they believe are required to overcome these failures. Mentimeter (24) was used at the end of the workshop to quickly collect feedback.

Findings from participants

3x5 cards: What does failure mean to you?

An analysis of the 20 responses to what failure means, written on 5x3 cards, revealed seven cards providing examples of moments of professional failure. These covered making mistakes in search strategies, a library collection move, users unable to access resources, failing to support users, breaking a 3D printer, not getting permission to use a photo for a staff magazine. The remaining 13 cards provided definitions and thoughts about the meaning of the term. One card suggested that failure means “overpromising + underdelivering”. One person linked guilt to failure, going on to state that embarrassment “can prevent one from asking questions” which are necessary as “getting answers can help to solve the problems”. Two people wrote that “failure is in the eye of the beholder”, or “things we think are failure aren’t necessarily a failure”. Doing something means risking failure, as “if you don’t do anything, you cannot fail”. Others asked, “are errors failures?”, and “are errors fixable and failures not?”.

Two responses provided an alternative perspective on this issue: “Everything is fine. Nobody died.”;

“Nobody was dying, only figures everything is ok”. Failure was also viewed as being inevitable in professional life: “There is no way that you will never fail”. It was seen as potentially positive: “Failure is a sign that you have tried something outside your comfort zone”.

Others took the question more personally, referring to how failure can make them feel: “Failure is hugely personal, what I perceive as failure, you may see as just different”, or “When I’m not feeling confident failures seem to be devastating, when I feel more confident I am able to reflect + move forward”.

Finally, there was a thought-provoking response about gender on the last card: “How do men or women deal with [failures]? I think, each person [deals] [differently] with [failure]. Try to act to be resilient”. There is no literature about professional failure and gender, which suggests that this is an area for further research and discussion.

Task 1: Participants’ moments of professional failure

When asked to feed back to the wider group about their moments of professional failure, whether personal or failures of the library as a system, delegates gave examples of technical failures, intellectual property issues, failures during teaching sessions, moving a library, performing a literature search using only the topic field, and failures in user support. As reflected on the 5x3 cards, mood and confidence were reported as important factors in how people responded to those moments, depending on how much they cared, and how they recovered from a situation perceived as embarrassing. It also depended on personal perspective, as failure is “in the eye of the beholder”. According to participants, an event only becomes a failure if it was preventable, or if it was not responded to, or acted on. Failure is important for learning, as reflected in the literature, as well as learning how to manage others when they fail at a task. Failure depends on expectations, and whether you have control over a situation. Delegates talked about how failure can be inevitable, as well as the difference between making a mistake or an error which is fixable, and failing to respond when something goes wrong, leading to a worsening situation, an unfixable failure. They mentioned the danger of overpromising, and therefore managing the expectations of library service users and managers.

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How to find the right job or, at least, avoid the failure of choosing the wrong one

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Abstract

This paper aims to help medical librarians spot potential friction with a would-be employer. This is achieved by naming the most important aspects to focus on while choosing a new position, in order to avoid disappointment in a new role. It summarises anecdotal evidence based on personal experience.

Key words: *libraries, medical/organization & administration; leadership; professional role; professional competence.*

Introduction

None of us would knowingly choose a post where we would become unhappy, or even frustrated. Yet it occurs far too often that we find ourselves trapped in a job that does not meet our expectations, and does not allow us to realise our potential. How did that happen, we wonder? Where did I go wrong?

We medical librarians are a pretty committed lot. Compare an EAHIL conference to any general librarians' congress, and you know what I mean: a medical librarians' event feels more like the gathering of a fraternity; there is a strong spirit of community, and a dedication to research and patient care. Yet the institutions that employ us, may have a rather different character – be they general universities, or healthcare trusts where libraries may come under general management, rather than the clinical side.

I have ended up in posts where the organisation's goals did not chime with mine. One institution was planning to launch a new library, and I was excited to get the opportunity to build up a library from scratch. However, it subsequently turned out they did not have the resources (actually, they had none), nor even the higher-level support they would have needed to install a new service unit. In the interview, all that had sounded very differently. In the end, I became more a fundraiser and campaigner, than a librarian – while the organisation's commit-

ment to the project remained, at best, lukewarm.

In my second experience, another employer was recruiting for a new subject liaison librarian and manager of the medical libraries, but once I had taken up the post it gradually turned out they had a rather different understanding of that role; more a 19th century one. Evidence Based Medicine (EBM) was not even on their radar, and they had just closed the main medical library (though failed to inform me of that step at the interview). I had years of very fundamental arguments, or even fights, and, actually, it was more the students that won them, through petitions and letters. The more successful the medical libraries became over time, building up collections and services from scratch, with new money and posts, the more uneasy other managers in the organisation seemed to become with that fast-moving and ever-growing medical library service.

So, why did I fall into these traps? With hindsight I could, and should, have noticed some issues with those employers before I even applied, or at least during and after the job interview. There were other things that I should have checked more thoroughly. Therefore, I have tried to compile a list of things to look out for when evaluating a potential employer. It is unlikely a post offered to you will be a perfect match, and I know sometimes we are just desperate for a job. Nevertheless, you can avoid disappointment if you carefully assess an institution that has

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offered you a post, and if you then decide rationally what compromises you can live with, and what standards you are not prepared to give up. You should have certain expectations of your working environment. After all, you spend so much of your time and energy there – it has to be worth it!

The organisation

Of course, you should gain a good overview of the organisation before you even apply. Generally, you would expect a library to reflect the overall standing of its central institution; but beware, there may be considerable differences. At universities where medicine is just one amongst many subjects, senior library management tends to be made up of people with a Humanities background, and may show very little understanding for the role and the way of working of a library service that aims to deliver services within an EBM framework. You run the risk of being crushed between the expectations of the medical faculty and university hospital, and the work ethics and processes of a Humanities environment. In hospitals or pharmaceutical firms, the library may have a difficult standing, too – though for different reasons.

I would carefully read the documents an organisation provides as part of the application pack, or that can be found on their website: their self-presentation, the job description and person specification, but also any relevant policies. Generally, Anglo-Saxon institutions place much greater emphasis on the existence, and the standard and currency, of such documents; elsewhere, e.g. in the German-speaking countries, you may search in vain even for basic policy documents, and there may only be a rudimentary job description, with some elements of a person specification rolled in.

Look for an overview of the level and kind of staffing in the part of the service where your post would be. Is the information specialists-to-users ratio within the usual brackets? If not you should at least ask questions about it in the interview – rather than end up with an unreasonable workload.

When reading the documents, ignore the usual statements of the obvious, but watch out carefully for any information regarding the history of the service (which may explain unexpected structures), and future development plans or options. Are there

hints of expansion plans, or downsizing, or any other kinds of restructuring? If so, add this to your list of questions to ask in the interview. If, on the other side, the application pack blurb about the library merely describes the status quo, but gives no indication of development, the library may be quite static, dull and inflexible, and you may be struggling to make any change happen.

A look at statistics can be informative: are they even accessible? Their mere availability could also be an indicator of excellence. How have both library staff counts, and student and academic/clinical staff numbers developed over the last five or ten years? If financial data is available (e.g. from the statistics page of the university's website), how has the library's budget developed? How does it compare to that of similar institutions? If this is a general university library, does the medical library service have a reasonable proportion of staff and funding in relation to the proportion of the university's students and academics (and, possibly, clinicians) it serves? In traditional universities especially on the continent, Medicine still tends to be neglected.

A glance over the organisational chart will add to your picture of the position of medical library services within the overall organisation. It may also bring to light problematic structures and reporting lines. Beware of what they call “matrix structures”, i.e. a top-down structure e.g. by subject area, overlaid with cross-sectional services. Structures of this kind provide endless potential for conflict and can render a whole library ineffective. A particularly tricky field is e-resources: what say do you have about multi-disciplinary e-resource contracts, such as the “big deals”? Will a substantial share of the medical budget simply be taken away to fund the package deals that you would rather get rid of? There may be other departments, too, trying to grab power. In one organisation I worked for, for example, the communications officer was able to prevent the medical library releasing a multi-page guide to systematic searching.

Your would-be line manager

This may be the most crucial point: Will you get on with your line manager? We are not talking about character and personal preferences, but about the professional standing of your line manager and

other important staff members.

We medical librarians have quite high expectations in this respect. In the context of Evidence Based Medicine, we have developed a complex methodology, and built a range of services we offer to researchers, educators, students, and clinicians. As our clients' needs change, we constantly update our knowledge, skills, and tools: change is a constituting feature of our work attitude. Our professional networks stretch beyond institutions, regions, and nations; we collaborate globally. It would not occur to us to identify with the cartoon stereotype of a librarian as timid, excessively conservative characters. However, in a university library – especially a provincial one – at least some of our line managers and colleagues may be just that type. How do you find out before you end up in an organisation that sees your professionalism and open-mindedness as a threat, and tries to make you put up with much lower standards?

Start by collecting details about senior management of the institution where you consider applying. You should find staff profiles and publication lists on the website, and you could complement this information with LinkedIn and bibliographic searches. What academic background do librarian, deputy, and other senior staff have? Is there a reasonable mix of subject backgrounds? What level of qualification do they have? Have they seen a bit of the world, i.e. have they held posts elsewhere – possibly abroad? How much do they publish and present at conferences, and where? Which languages do they speak? Over-simplifying it – if senior staff are mostly, say, historians, have all graduated from the same few universities, and their LIS publications are limited to reports of building refurbishments in some newsletter, then your alarm bells should go off. It is unlikely that, in such an environment, you will be able to keep abreast of developments in your own field, and deliver a state-of-the-art medical library service.

Hints from the organisation's infrastructure

Website and catalogue can help you make a rough assessment of the collection and services offered. An A-Z list of journals and databases allows a quick comparison with other libraries. Watch out for information on e-book bundles; they tell you some-

thing about the budget. Are there course reserves or LibGuides that could show you how the library engages with its users? How easy to navigate, and how informative and up-to-date, is the website? What courses, drop-in clinics, and other user-focused services do they run? How is the systematic searching service for researchers set up – are there search request forms on-line that give you an inkling about the inner workings of that service? If there is a clinical librarian service, that may only have a presence on the hospital's intranet. The social media a library may be using, are often very telling as well – not just the messages they post, but also the feedback from users.

The IT support and the technical platforms a library uses, can be a good indicator of its general openness to change. An Open Source Library Management System or other innovations on the systems side (real innovations – not just things that cost a lot of money) affect all library operations, and show an open mind. On the negative side, beware of thin clients – those little boxes that merely let you run a virtual computer on a remote server, and that have no video or audio capabilities, and won't let you install or update software. When during your tour of the library, you see that your would-be colleagues are limited to thin clients, run for your life. Thin clients very much represent a 1990s attitude towards computing when the computer replaced the typewriter, the fax machine, and the index-card catalogue. Their presence demonstrates that the IT department is not up to much, and that senior management have not understood how important instructional videos, video conferences and all those useful things that you cannot do on a thin client, are for staff to keep up their knowledge, their networks, and their morale.

The interview

Issues that could develop into problems often reveal themselves during the interview. A lack of structure may become evident – how have they organised the interview? Have they taken care to avoid candidates bumping into each other? Do you receive a warm welcome? Does the agenda of events make sense? Have they made an effort to let you meet the team, and invited faculty to your presentation? The most absurd interview I experienced, was when I applied

for the librarian's post at a major medical school in Germany. I was not sure at all if I wanted to move there, so I made it plain in my application that I stand for Anglo-Saxon-style EBM library services, and was only interested in the post if they would task me with building up this kind of services to support teaching, research and clinical practice. Well, they did invite me. The interview slot was under an hour, with no presentation, but a huge panel; and the panel seemed rather sceptical about the kind of library service I pictured – they probably shared a more 19th-century vision of libraries. They never even sent a letter of rejection. It was a complete waste of time, for both sides.

Of course, in an interview you want to present yourself as best you can. Even so, do take time to observe the interviewing panel. How do library staff of various ranks communicate with each other, and with any members of the faculty or hospital on the panel? Is a strict hierarchy noticeable? Does it filter through that the library has little contact with faculty? Have the panel members coordinated their roles in advance of the interview? What interest do they show in you as an individual? Are they looking for someone to fill a gap – or are they willing to give you space for development? If the post advertised is temporary – is there a good reason for that, or should you interpret this as a hint that the post might be re-defined, or cut altogether, in the near future?

The team

Throughout my career, I have worked with marvelous teams, so I cannot advise you how to spot tensions and conflicts within a team. You could ask about their tea and lunch break arrangements: if the team values shared breaks, that is a reliable sign that people get on with each other.

Some medical libraries, or individual colleagues, may be well known to you already from their publications and their contributions at conferences. If a team is active in research and professional training, that is always a recommendation.

Settling into the new role

Usually, getting on with other medical librarians is not difficult. We are professionals with common goals and methods, and we normally value differ-

ences in background and experience because they enrich the team overall.

I have found it far more difficult to tune in with colleagues in the wider environment. They sometimes feel uncomfortable, or even threatened, by us medical librarians. When you think about it – our field, medical librarianship, has developed a rich methodology that not only sets our professional standards, but also ties us into the work and world of our clients. We deliver classes within the medical or nursing curriculum, we support Master and PhD theses, as well as research at large, we sometimes even get involved in clinicians' decision-making processes – while our colleagues in other disciplines are, usually, less familiar with research and teaching, or they are still treated as “the people who stamp the books”. Therefore, our role and privileged access to the academics is sometimes perceived by colleagues from other disciplines as somewhat intimidating, and the demands we make from the organisation (for resources such as staff time, software, space on the website) may not go down well with others. Equally, the timeframe within which we expect developments to happen, may be very different from the pace in other departments of a university library. Therefore, our colleagues may see us as too demanding or power-grabbing. It is important to be aware of these cultural differences, and try and raise understanding amongst our colleagues for our, and our clients', needs – but this is more easily said than done, and you will only succeed if you have solid support from senior management.

Conclusion

We medical librarians share a vision and pursue it with commitment: to deliver the best possible support for Evidence Based Medicine in teaching, research, and patient care. However, to succeed we need a working environment that allows and encourages us to move forward, and that supports and provides us with the resources to achieve our vision. Do not automatically assume the best of a potential employer, but evaluate them thoroughly until you are convinced that you would like to work for them. It helps if you are well connected and have colleagues whose opinion or experience you can draw upon. Best of luck to you in finding a fulfilling job!

Disclaimer

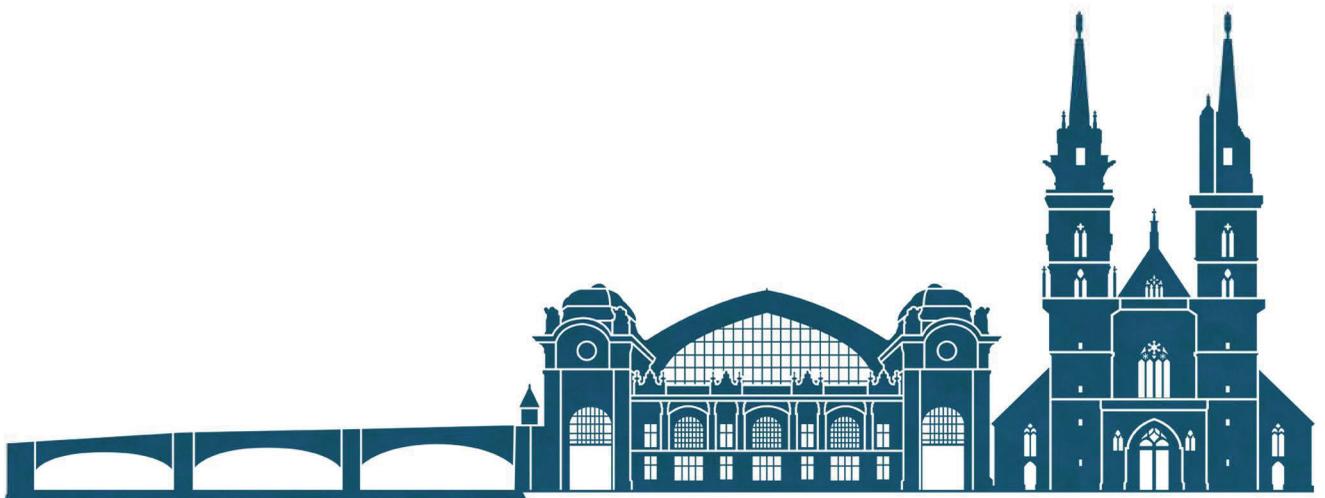
I have written this piece from my personal experience in several libraries, but have also benefitted from what colleagues were kind enough to share with me. I have tried to generalise; none of this should be interpreted as a detailed account of a particular institution.

SUGGESTED REFERENCE

For basic career advice, see the MLA's "career preparation tips" at <https://www.mlanet.org/p/cm/ld/fid=355>.

*Submitted on invitation
Accepted on 8 May 2019.*





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Letter from the President



Maurella Della Seta

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Dear EAHIL Colleagues,

In this letter, I will report on an event where I was invited as a speaker last March in Milan, Italy: the annual Workshop of the Italian Association of Information Specialists working in the Pharmaceutical Industry and in Medical Research Institutes (GIDIF-RBM). The focus of the workshop was “Communication”, a topic that, in my opinion, is worth mentioning in the context of our professional association. Communication is deeply related to many aspects of our profession, and of our role within institutions. The event took place in the framework of a more general conference, regarding all kinds of libraries “The library grows: content and services between fragmentation and integration”, Milan 14-15 March 2019¹. Libraries, as Ranganathan wrote in his famous fifth law of librarianship, are “a growing organism”. Libraries, therefore, have always to deal with the many factors of change underway. The growth of libraries, and therefore their most significant transformations, must necessarily face two partly divergent trends. On the one hand, the progressive fragmentation that characterizes not only many contents, in particular digital, but also the patterns, the practices, and the services offered; on the other hand, the search for new forms of integration: between contents, between platforms, between services, between spaces (physical and virtual), between institutions. The connection seems to be the contemporary paradigm from industry 4.0 to the semantic web. The “integrated library” is no longer just an aspiration but a new model, and a set of techniques aimed at favouring the social integration of information and services in a global world. Libraries envisage, therefore, the challenge of complexity. The ability of libraries to maintain an important role in the information society scenario relies on the idea that complexity should not be conceived as a problem, but as a resource to be exploited. To face this challenge, and try to win it, librarians need creativity and rigor, and to define innovative models to interpret and manage change.

The GIDIF RBM Workshop gathered together information specialists and medical librarians working in different Italian contexts, such as public and private agencies². From its title “The circularity of communication in healthcare: power and risks”, you can easily guess its focus: the importance of a correct communication by all the stakeholders involved in the healthcare process. In the current era of interactive web and disintermediation, the classic parameters of communication: “sender-receiver” – changed in favour of a circular relationship in which roles often switch. In the healthcare context the scenario is particularly

¹ Convegno delle Stelline. *La biblioteca che cresce*. 14-15 marzo 2019. <<http://www.convegnostelline.it/>>. It is one of the most attended events by Italian librarians. Unfortunately, the contents of the website are only in Italian: I tried to summarise some of them in my letter.

² GIDIF RBM. *Bibliostar Pharma 2019: la circolarità della comunicazione in sanità*. <https://www.convegnopharma.com/convegno>

challenging for three main reasons: a) what is at stake is people's health; b) important interests, including those of an economic nature; c) communication that plays a strategic role, since it is not easy to safeguard the reliability of the information conveyed. Hence, the idea of proposing a workshop devoted to health communication, as an opportunity of sharing and reflection. It aimed at highlighting communication strategies of institutions, associations and companies towards all health professions, patients and the public.

An event that attracted not only librarians and information specialists, but also those who deal with “giving the news” (pharmaceutical companies, publishers, communication agencies, press, etc.). We could listen to the point of views of many actors in the health sector: medical doctors and nurses, bioethicists and healthcare managers, medical interns and patients, pharma communicators and medical librarians.

Some of the topics discussed:

“Infodemiology”, when medicine meets new information technologies; Bio-politics of the swarm: the digital man; How to communicate the identity of a healthcare organization; Communicating with cancer patients in the Social Media age; Nursing profession in the web era; Jannssen Medical Cloud: an information resource for doctors; The ISSalute portal, at citizen service (<https://www.issalute.it/>). My colleague Franco Toni and myself gave the last presentation, about the portal for patients and laymen developed by our Institute, already presented at the Cardiff EAHIL Conference, last year.

I hope that from this brief report you can draw inspiration for new ideas and that you can apply them to your local realities and in your daily activities.

Looking forward to hearing from you with proposals or suggestions,

Maurella



Fig. 1. *Participants in the workshop*

National Library of Medicine report for EAHIL



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Implementing the NLM Strategic Plan—User Focus in NLM Resources

This report continues to explain the changes happening at NLM as we implement the NLM NLM’s 2017-27 Strategic Plan. The last update focused on our reorganization, changes to staff, and our Data Science @NLM Training Program with a goal of growing staff skills. In this issue I will focus on changes happening to some of our key products that you should understand.

Are you playing in the PubMed Labs sandbox to test the site and get familiar with the new version of PubMed? If not, you still have time! As incentive, we continue to add more functionality for you to try out. Most recently added were “Advanced search”, which includes the Advanced Search Builder and History with search details, “Create alert”, and the Clipboard features. With the roll out of the new PubMed, we are also consolidating the three LinkOut for Libraries programs into a single service: Library

The screenshot shows the PubMed Labs interface. At the top, a search bar contains the text "cardiac infarction" and a "Search" button. Below the search bar, there are links for "Advanced search" and "Create alert", which are circled in red. A red arrow points from the "Advanced search" link to a "SEND TO" dropdown menu. The dropdown menu is open, showing options for "Clipboard" and "Collections". Below the search bar, there are buttons for "Save" and "Email", and a "Sort by" dropdown menu set to "Best match". The main content area displays search results. On the left, there is a "RESULTS BY YEAR" bar chart showing an increasing trend from 1916 to 2019. Below the chart, there are checkboxes for "TEXT AVAILABILITY" (Abstract, Free full text, Full text) and "ARTICLE ATTRIBUTE" (Associated data). The search results list two items: 1. "st-myocardial infarction cardiac remodeling. Pharmacol 2015 - Review. PMID 26101067" and 2. "[Impact of Myocardial Infarction and Abnormalities of Cardiac Conduction System on Sudden Cardiac Death]. Song RY, et al. Fa Yi Xue Za Zhi 2017 - Review. PMID 29231026".

LinkOut. Library LinkOut which uses Outside Tool, has several advantages for your library and patrons, including:

- You can place your icon on every PubMed citation
- A link resolver directs users to the full text of an article that is available in your library or to your library's Interlibrary Loan (ILL) service
- You no longer generate and maintain your extensive holdings records in the Submission Utility

To prepare for Library LinkOut, you should check the Outside Tool service [list of libraries](#) to determine if your library is registered for Outside Tool. The list is updated daily. If your library is listed, your Outside Tool service is already set up. If you do not see your library listed, you need to [set up an Outside Tool service](#).

We continue to look for ways to improve the PubMed's search quality and user experience by prioritizing and aligning features based on user research including usability testing and continuous feedback. The new cloud architecture we are using provides the scalability and a reliable backup environment. We plan to release the new version of PubMed and Library LinkOut late this summer and will continue to run the old system in parallel until the end of 2019.

NLM@MLA

In May, NLM had a presence at the [Medical Library Association](#) Annual meeting held in Chicago. During the meeting we held a Docline Users meeting, a PubMed update, held a live Wikipedia Edit-a-thon (see #CiteNLM), and provided an NLM Update as a plenary session. I encourage you to review the material from these updates in the *NLM Technical Bulletin*.

NLM Technical Bulletin Turns the Big 50!

Finally, join us in celebrating the 50th Anniversary of the *NLM Technical Bulletin*, or as we call it, "the TB"! An article in [NLM In Focus](#) will take you on a ride down memory lane with this NLM staple!



US Medical Library Association report for EAHIL



Carol Lefebvre

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Conference report. **MLA '19: Chicago, Illinois 3-8 May 2019.**

This year the US Medical Library Association (MLA) conference was held in Chicago, Illinois. Last year it had been held in Atlanta, Georgia, for the first time since MLA began their annual meetings in 1898! The same cannot be said of Chicago; this was the 10th annual meeting to be held in Chicago (the city of MLA headquarters) and the 4th which I have attended. Chicago also happens to be my favourite US city; not only is it a very beautiful city from an architectural perspective but it was also the first US city I ever visited (33 years ago) to visit my parents-in-law who lived nearby, so perhaps there is an element of nostalgia there too.

The word ELEVATE in the logo is a reference to the Chicago "L" (short for "elevated"), which is the name given to the rapid transit system serving the city of Chicago and its suburbs. It has been running trains since 1892, 6 years before MLA held their first annual meeting, in 1898 in Philadelphia.

As usual, the weather was 'turbulent' in the time around MLA. Those of you who read these reports may recollect my mentioning major thunderstorms during the 2015 MLA conference in Austin, Texas, which went some way to alleviating the drought which had persisted in Texas since 2008. You may also remember that for Mosaic '16 in Toronto it snowed (yes, snow in May), having been warm and sunny a few days earlier. I have no recollection of the weather in 2017 in Seattle – but in 2018 in Atlanta there were thunderstorms all week! This year, during the weekend before MLA, it snowed in Chicago (c. 6 cm) with c. 15 cm in other parts of the state outside the city.

The conference started, as ever, with a wide range of Continuing Education courses on the Friday and Saturday. This year there were 16 CE courses together with one CE Symposium with a total of 227 CE participants. As usual, a colleague and I presented two courses, which regrettably meant that I was not able to attend anyone else's courses, so cannot comment further on those. Many of the courses were very popular and some sold out very quickly. Courses were labelled according to MLA's new 7 areas of practice, allowing delegates to select complementary courses including clinical support, education, global health & health equity, information services, innovation & research practice and professionalism & leadership. (There were none offered in the seventh area of practice: information management.)

At the conference itself, there were c. 1,000 delegates plus c. 500 exhibitor attendees from 19 countries.

There were c. 90 delegates from outside the US, 36 of whom were from 5 European countries (27 of whom were from the UK).

Approximately 100 papers (plus c. 50 'lightning talks') and c. 170 posters were presented. There were also c. 20 80-minute 'immersion sessions' (formerly called 'special content sessions'). These were described as follows: "Immersion Sessions are the new Special Content Sessions and are meant to provide an in-depth perspective on areas of interest to MLA members. They are your chance to design and offer the programming that you want to see. Immersion Sessions should strive for excellent engagement and can vary in format, ranging from a panel of invited speakers to a single invited speaker, a facilitated book discussion, as well as less-conventional sessions like an "unconference" or flipped session. The only type of programming excluded from Immersion Sessions are paper presentations." So, please do consider this new format if you are thinking of presenting at MLA in future years. First-time speakers were again this year flagged in the programme with a 'New Voices' logo.

As ever, the conference was supported by an exhibition and by direct sponsorship. There were c. 80 exhibiting companies and the top sponsors of this year's event were ClinicalKey, EBSCO Health, The JAMA Network, McGraw Hill, the NEJM Group and Wolters Kluwer. As well as hiring booth space in the exhibition hall and direct sponsorship, exhibitors had the opportunity to offer Sunrise Seminars, Technology Showcase sessions and the popular Lunch and Learn slots, which MLA had introduced last year in Seattle. The Lunch and Learn slots are very similar to the Sunrise Seminars except at a more civilized time of day, as the name suggests!

The US National Library of Medicine (NLM) held their usual NLM Update as a plenary session but this year moved away from their traditional 'in booth' presentations in the exhibition hall to informal discussions with experts for each of their products scheduled for specific times. For me, this was disappointing as I often found their 'in booth' presentations to be more informative and of a higher standard than some of the parallel oral sessions. Let's see what they plan for next year!

Due to other conference commitments, I regrettably missed the opening ceremony, consisting of the official welcomes and the presidential address, given by Beverly Murphy, 2018 / 2019 MLA President, who I mentioned in a previous MLA report for JEAHIL, is the first African American President of MLA.

It was apt then that the Janet Doe Lecture was delivered by Jerry Perry, under the title: "The Activist Health Sciences Librarian". He gave a very moving address around the topic of social justice / injustice. He talked about the extent of institutional racial discrimination in US libraries decades ago and also about his own more recent personal struggle in overcoming homophobic discrimination in the workplace.

The Joseph Leiter NLM / MLA Lecturer was Nadya Okamoto, who was described in the programme as: "Social Entrepreneur, Activist and Founder and Executive Director of PERIOD: The Menstrual Movement". She again, like Jerry Peery above, addressed social injustice, in this case the discrimination against women in some countries where they are not allowed to work or handle food during their period. She also talked about period poverty and the benefits of providing free sanitary products and the removal of tax from tampons. At the age of 19, she had stood for election for Cambridge City Council (Cambridge, Massachusetts, that is), whilst a first year student at Harvard. She mentioned in her presentation that she had been the youngest Asian American to run for office in the US. She was a most inspiring speaker, even though her view of Facebook is that it is totally passé. She referred to it as something that her grandmother might use!

Carol Lefebvre

The closing keynote, another very interesting presentation, was by Katherine L Watson. She is an academic, who trained originally as a lawyer, and a bioethicist. She currently teaches law, ethics and humanities to medical students and students of bioethics and medical humanities at Northwestern University in Chicago. She also has a background in theatre and is a playwright and an actor. Her presentation was about medical improvization, which she referred to as “medical improv” and described it as improvizational theatre and discussed its role in medical education. She talked about a programme she had developed nearly 20 years ago to use medical improvization to improve doctor-patient communication. For those wishing to benefit from the audience participation elements of this presentation, please refer to details below about access to the plenary sessions!

All the above plenaries are available as part of the e-Conference packages, see below.

The ‘e-conference’ registration is still available post-conference. The cost for individual e-conference registration is 129 USD. Further details are at the link below. Please note that this is an individual rate, not to be shared with your colleagues. If you wish to obtain an ‘Institutional e-Conference licence’ for up to 25 colleagues, please also see the link below. These licences permit access for one year (until May 2020). You can view videos of all Plenary Sessions and PowerPoint slides with synchronized audio for all available Immersion and Paper Sessions. In addition, you can access 150 posters in the Online Poster Gallery.

<https://www.mlanet.org/p/cm/ld/fid=1433>

This was, as always, a very successful, well-organized and enjoyable meeting and thank you to all MLA staff, the Meeting Co-Chairs, the National Program Committee, the Local Assistance Committee, exhibitors and sponsors, presenters, the professional meeting organizers and others who made it such a success.

The next MLA annual meeting will be the 120th, so all the more reason to plan to attend!

Some quotations from the meeting:

“To improve is to change, so to be perfect is to have changed often.” Winston Churchill (June 23, 1925), quoted by Kevin Baliozian, Executive Director of MLA.

“Menstrual hygiene is not a luxury, it is a human right.” Nadya Okamoto, plenary speaker.

“Stage-appropriate stupid” (i.e. there are stages in learning. Medical students are at medical school to learn. It is OK not to know and it is not stupid to ask questions!). Katherine L Watson, plenary speaker.

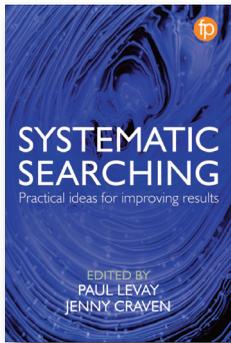
Future MLA annual meetings - dates for your diary:

Portland, Oregon, 15-20 May 2020

Washington, DC, 21-26 May 2021

New Orleans, Louisiana, 2-7 May 2022

SYSTEMATIC SEARCHING: PRACTICAL IDEAS FOR IMPROVING RESULTS



Systematic Searching: Practical ideas for improving results

Levay P and Craven J
(eds).
London: Facet, 2019. 352 p.
ISBN 9781783303731

Approaches to systematic searching are changing in response to a number of challenges: the quantity of published and semi-published information continues to grow, systematic reviews are now undertaken on a far wider range of topics than the effectiveness of a particular therapeutic intervention, important as such reviews continue to be, and systematic review methods have been taken up, and developed outside health, in areas such as social policy and the social sciences, and beyond.

The literature on systematic searching is concentrated in a number of journals, chiefly in *Journal of Clinical Epidemiology*, *Research Synthesis Methods*, *Health Information and Libraries Journal*, *Journal of the Medical Library Association*, *the Journal of the Canadian Health Libraries Association / Journal de l'Association des bibliothèques de la santé du Canada* and, of course, this journal. While it is ambitious to tackle this subject in book form, the editors of *Systematic Searching: Practical ideas for improving results* have proved equal to the task, and have done the profession a great favour by bringing together

chapters discussing every aspect of systematic searching both as it stands in 2019, and looking forwards .

These fourteen chapters are written by twenty-three contributors from Britain, Germany, Australia, Canada and the USA, many of them well-known names in the systematic searching world. Emphasising the practical element, each chapter contains case studies, to make the relevance and applicability of the tools discussed clearer, and, as well as a full bibliography, highlighted suggestions for further reading. A glossary gives definitions of useful terms, including some of the witty acronyms some searchers have coined, and there is a well-constructed index.

The chapters are arranged in three sections, discussing firstly new developments in systematic reviews themselves, and in search methodology, and secondly, new technologies and new directions in evidence gathering and analysis, such as the use of social media, linked data, text mining and evidence surveillance. Finally, for as the editors say, “there would be little value in developing methods and technologies without the right people to implement them”, four chapters consider training new expert searchers, collaborative working, both with review teams and with other searchers, communication for information specialists and the role of the information specialist as expert searcher.

In such a rich text, I hesitate to single out particular chapters, but Su Golder’s on social media and Julie Glanville’s on text mining particularly caught my imagination, while Andrew Booth’s on Innovative Approaches to Systematic Reviews is as wise and

BOOK REVIEW

authoritative as we would expect. Thomas, Noel-Storr and McDonald guide the reader through the emerging techniques of evidence surveillance, as applied in Cochrane Crowd.

In their conclusion, in a no doubt conscious reference to McGowan and Sampson's seminal article (1) from 2005, Levay and Craven challenge us: "Systematic reviews need systematic searches. Systematic searchers need to be flexible, creative and at the forefront of innovation".

Searchers who spend most or all of their time on systematic review searches will find much of value in this book; but the approaches and developments

described here have relevance for those of us whose search workload is less exalted. Every health library should have a copy; and every health librarian should read it.

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¹ McGowan J, Sampson M. Systematic reviews need systematic searchers. *J Med Libr Assoc.* 2005;93(1):74-80.



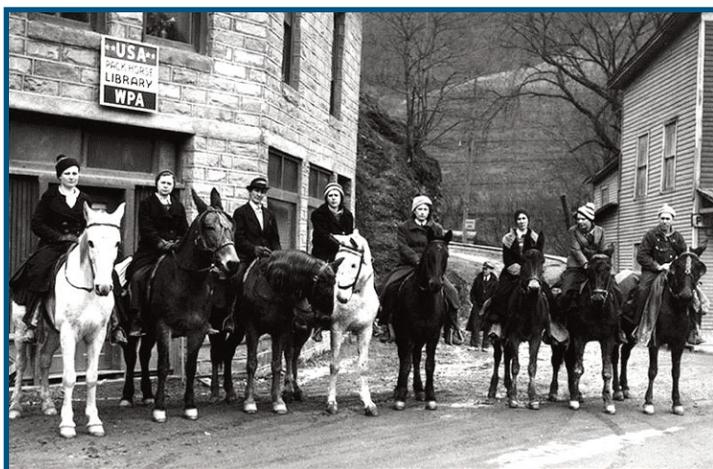
Publications and new products

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Dear friends,

at the time of the Great Depression of the 1930s, while trying to figure out a way to get things better, President Franklin Roosevelt created an initiative that he believed could help to the purpose. He knew many people living in isolated communities had serious difficulties in accessing jobs. He was also aware that being more literate meant to have a better chance of finding employment. So he started the Pack Horse Library Initiative, through the Works Progress Administration, thinking that fragile communities in the US would not have been let alone anymore in getting a good education for their children and finding a good job. As an example, thanks to his initiative, Kentucky's isolated mountain communities could get their books and reading material from one "mobile" source, the librarians on horseback.



The horseback librarians, who were mostly women locally known to people who trust them, were paid salaries by the Works Progress Administration to adventure through muddy creeks and snowy hills just to deliver books to the people of these isolated areas.

As you can read in the [post](#) published on History Daily, "... the rule was that libraries had to exist in the counties where books would be delivered. Many of the local schools contributed to this effort by donating literature, newspapers, magazines, and books. These brave women on horseback would ride as much as 120 miles per week, regardless of the terrain or weather conditions. Sometimes, they would have to finish their travels on foot if their destination was in a place too remote and tough for horses to go".

Then, in 1943, the Pack Horse Library program stopped because employment increased rapidly during World War II and, as the war ended, life started being easier for all.

Take a look at the pictures and enjoy the read of the [full post](#)!

PUBLICATIONS AND NEW PRODUCTS

JOURNAL ISSUES

Health Information and Libraries Journal: Contents of May 2019

Review Article

Involving libraries in improving health literacy to achieve Sustainable Development Goal-3 in developing economies: a literature review

Popoola BO

Original Articles

- **Health information behaviour of rare disease patients: seeking, finding and sharing health information**
Kataviç SS
- **Fulfilling information needs of patients in online health communities**
Chen D, Zhang R, Feng J, Liu K
- **Evaluating user experiences of a clearing house for health policy and systems**
Mutatina B, Basaza R, Sewankambo NK, Lavis JN
- **The Embase UK filter: validation of a geographic search filter to retrieve research about the UK from OVID Embase**
Ayiku L, Levay P, Hudson T, Craven J, Finnegan A, Adams R, Barrett E
- **Health information in the digital age: an empirical study of the perceived benefits and costs of seeking and using health information from online sources**
Ren C, Deng Z, Hong Z, Zhang W
- **Towards a deeper understanding of meaningful use in electronic health records**
Joneidy S, Burke M
- **Optimal search strategies for identifying moderators and predictors of treatment effects in PubMed**
Tummers M, van Hoorn R, Levering C, Booth A, van der Wilt GJ, Kievit W

Regular features

- **Dissertations into Practice**
The impact of orphan drug policies in treating rare diseases
Weerasooriya SU
- **International Perspectives and Initiatives**
Ugandan health libraries in the 21st century: key initiatives and challenges
Kinengyere AA
- **Teaching and Learning in Action**
Tell me and I'll forget; show me and I may remember; involve me and I'll understand: a review of the Teaching and Learning in Action feature

FROM THE WEB

- **E-Book Accessibility**

Pam Schindler is a liaison librarian at the University of Queensland. She has been working for more than 20 years and in her stimulating [post](#) published on the [EBSCO blog](#), she talks from her experience pointing out the major issues about e-book accessibility for all users, specifically for students having low or no vision. She also shares her involvement in the testing of the e-book experience across 14 different platforms. Starting from her belief that accessibility awareness should be present in everything librarians do, she explains what she and her team tried and reached through their project. Their main aim was to encourage people with disabilities to take advantages from e-books and solicit e-book publishers and platform providers to pay attention to the products and assistive technologies they offer. Enjoy the full post

- **Digital Science Report 2018 – The state of Open Data**

Figshare helps academic institutions store, share and manage all of their research outputs, by simplifying the research workflow. It is trusted by institutions across the world such as the University of Melbourne, the Loughborough University, the University of Auckland, the Monash University, the University of Salford, Manchester, and many others. In addition, it is loved by publishers like Springer Nature, Taylor & Francis, the Royal Society, Wiley, Plos, Karger and many others all over the world. Just like its founder and CEO Mark Hahnel said, Open data is a key element of open research, and that data should be FAIR -- Findable, Accessible, Interoperable, Reusable. "As governments and funders of research see the benefit of open content, the creation of recommendations, mandates and enforcement of mandates are coming thick and fast. Figshare has always led the way in enabling academics, publishers and institutions to easily adhere to these principles in the most intuitive and efficient manner". The featured categories vary from Agricultural and Veterinary Sciences, to Technology, Earth, Environmental, Information and Computing, Social and Health Sciences, Engineering and any other science involved with life on earth.

Figshare's annual report, The State of Open Data 2018, which is third in the series, looks at global attitudes towards open data. It includes survey results among researchers, whose key finding is that open data has become more embedded in the research community, since in 2018, 64% of respondents made their data openly available. On the contrary, 60% of respondents had never heard of the FAIR principles, a guideline to enhance the reusability of academic data. Read the interesting report and visit Figshare website for more info.

NOT ONLY BOOKS

Podcast. How One Health Center Treats Patients as Partners

Let's say you're diagnosed with diabetes. Let's say that the only thing your doctors keep saying is what you can eat and what you must forget eating. What if, instead, you went to one health centre for your issues about diabetes, where the caregivers listen to what you want – including what you like to eat or what colour you want the walls painted, instead of explaining you the dos and don'ts?

This is what happens in Philadelphia, Pa, US, at the Street Family Health Services of Drexel University, where you go to be healthy, not just a place where to go when you are sick. The team offers a wide range of creative arts and mind-body therapies, besides providing a team of caregivers that includes a nutritionist. The rule is of course to find a way to eat healthier, but also to keep your favourite food.

Discover how one health centre nicely and smartly treats patients as a partner by listening to Shanoor Seervai podcast published on The Dose.

SOME INTERESTING FORTHCOMING EVENTS:

May 20-24, 2019, Hønefoss, Norway

20th Nordic Workshop in Evidence-Based Practice

Info: <http://www.congressoevent.com/20thnordicworkshop>

May 30-31, 2019, Pavia, Italy

10th National Conference on Document Delivery and Interlibrary Collaboration

Info: <http://www.convegnonilde2019.it/>

June 2-6, 2019, Portorož, Slovenia

PUBLICATIONS AND NEW PRODUCTS

The 16th Extended Semantic Web Conference

Info: <http://www.eblida.org/freeze-url/eswc19.html>

June 6-8, 2019, Paris, France

65e Congrès de l'Association des Bibliothécaires de France.

Info: <http://www.eblida.org/freeze-url/65e-congr%C3%A8s.html>

June 15-19, 2019, Cologne, Germany

HTAi 2019 Annual Meeting

Info: <https://www.htai2019.org/register/>

June 17-19, 2019, Glasgow, Scotland

10th International Evidence Based Library and Information Practice Conference. Using evidence in times of uncertainty.

Info: <http://www.eblida.org/freeze-url/eblip10.html>

June 17-20, 2019, Basel, Switzerland

European Association for Health Information and Libraries Workshop

Info: <https://eahil2019.net/>

June 24-25, 2019, Dublin, Ireland

EBLIDA Annual Council Meeting & EBLIDA-NAPLE Conference. Libraries open for all.

Info: <https://eblida2019.sciencesconf.org/>

June 26-28, 2019, Dublin, Ireland

48th LIBER Annual Conference. Research Libraries for Society.

Info: <https://liberconference.eu/>

July 3-5, 2019, Székesfehérvár, Hungary

51st Conference of the Association of Hungarian Librarians

Info: <http://www.eblida.org/freeze-url/mke-51-2019.html>

July 11-12, 2019, Barcelona, Spain

IV Congreso ISKO España-Portugal y XIV Congreso ISKO España

Info: <http://www.eblida.org/freeze-url/isko-esp%C3%B1a-portugal.html>

August 24-30, 2019, Athens, Greece

85th IFLA General Conference and Assembly

Info: <https://2019.ifla.org/>

September 9-12, 2019, Oslo, Norway

Theory and Practice of Digital Libraries

Info: <http://www.eblida.org/freeze-url/tpdl-2019.html>

Please feel free to contact me (letizia.sampaolo@iss.it) if you have any further suggestion about events you would like to promote.

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