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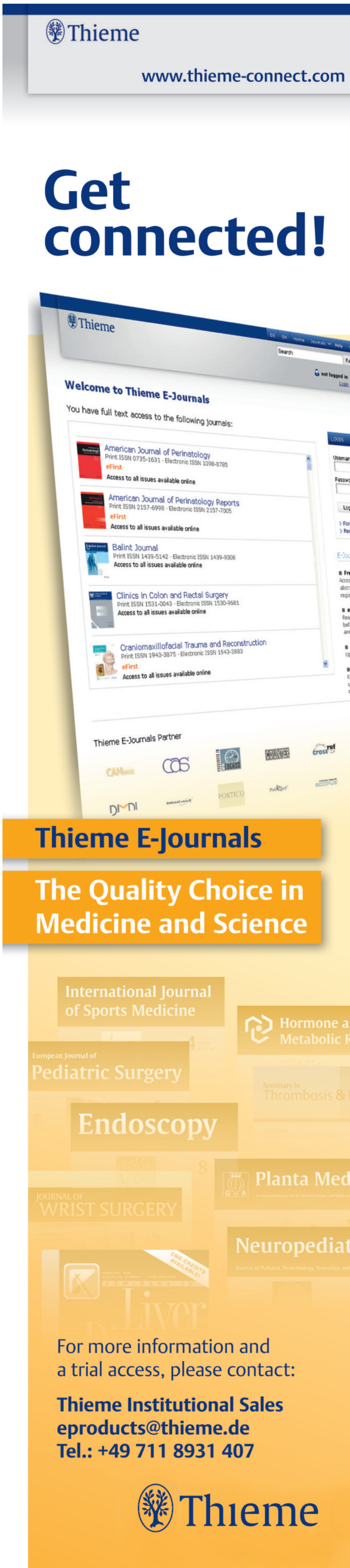

Time to negotiate

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Once again another year has flown by us; it is time to say farewell to 2017, even though it might seem we had greeted its coming only yesterday. While our time is unfortunately unnegotiable – and we can only try to make it slow down from a personal perception – negotiations are essential in many different fields. Specifically, negotiation skills are fundamental in biomedical libraries where current reduced budgets and rising costs of electronic resources have worsened a pre-existing context difficult to manage.

Therefore, I am very pleased to present the excellent monographic section "Providing access through national and consortia licensing" edited by Gerhard Bissels, member of the Editorial Board from the University of Bern, in this issue of *JEAHIL*. The examples collected by Gerhard from different countries, the experiences and tips shared by the authors will certainly help all librarians and information professionals in "Negotiating the best possible licences [that] will remain one of our core tasks until all publishing has gone Open Access", as Gerhard says in the Preface.

I am also excited to introduce you to a new section inaugurated in this issue. It is devoted to papers written by librarians based in non-European countries. The section is called "A global perspective" and, this time, hosts an article about the access to drug information sources in Lagos State, Nigeria. Papers published in this section are reviewed by qualified referees, and go through the same process as the other papers accepted for publication in the Journal. The peer-review process has also been enhanced during this past year. Lotta Haglund and Eirik Reierth in "News from EAHIL" illustrate the opportunity of international exchange offered by the Erasmus+ Program which certainly is a possibility for professional development and should be taken in consideration by all EAHIL members.

Please do not forget that the March issue is a no-theme issue; we will thus be accepting papers on different topics in the areas of interest of EAHIL. I encourage you to not miss this chance to publish your contribution in the Journal! The deadline is the 5th of February 2018.

On a final note, this is the last issue of the Journal that will be printed and mailed. From March 2018 onwards, you will be able to read *JEAHIL* exclusively online.

I would like to extend a heartfelt *thank you* to each and everyone of you who contributed during 2017 in making this journal such a great place to share ideas and experiences among colleagues and friends! The entire Editorial Board is already working hard to provide you with relevant and interesting features in 2018.

Christmas wishes and Happy New Year
Federica

MONOGRAPHIC SECTION

Providing access through national and consortia licensing

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PREFACE

Providing access through national and consortia licensing

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The licensing of e-resources is a task that tends to make us librarians feel powerless. While our budgets shrink, publishers relentlessly increase their subscription charges. The more successful we are in promoting the use of our journals, e-books and databases, the greater the pressure gets when it comes to renewing the licences. This issue of *JEAHIL* aims to show how approaching the licensing of content jointly, gives us more power, or at least more room to manoeuvre.

Betsy Anagnostelis opens the issue with a look back at 25 years of negotiating joint academic and healthcare licences in the UK – and at a multitude of approaches in different settings and circumstances. Any of us in a position to participate in any sort of "consortial" licensing negotiations – and be it only for a single medical school and the attached hospital – will benefit from a look into Betsy's toolbox.

Norway is often referred to for its successful central licensing. Kjell Tjensfoll gives an overview of the Norwegian National Health Library which serves both the healthcare system and Higher Education.

The Dutch have set a shining example with their national Open Access strategy. In the Netherlands, for the first time, librarians shored up not just their universities support, but the fight against publishers' greed became a national issue, with the state secretary for education standing firmly on our side. Lieuwe Kool's view on the Dutch national negotiations is as entertaining to read as a crime novel!

Finally, Hermann Amstad and Erik von Elm report on the first time a national license for a core medical e-resource, the Cochrane Library, has been established in a country with an all-private healthcare system.

Negotiating the best possible licences will remain one of our core tasks until all publishing has gone Open Access. May the examples assembled in this issue encourage colleagues to join forces, and achieve better deals!

Licence extension for e-resource access at the HE-NHS crossover: a 20-year journey

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Abstract
A loose London-based medical schools group (LMSG) consortium has been operating for several years, brokering value-for-money agreements with a range of publishers over the provision of e-resources under beneficial licensing terms. These agreements have allowed the universities that constitute the group to extend access to their subscribed content from key STM publishers for their partner health service organisations. The London medical schools group model, operating on an opt-in basis, has resulted in widening access arrangements, by 2008 benefiting 56.7% of NHS staff in London. Alternative efforts to provide joint licensing of e-resources across the university-health service divide in England have met with varying degrees of success. As the links between medical schools and their affiliated NHS Trusts are now becoming even stronger through the designation of academic health sciences centres, it seems unlikely that the drive for LMSG-type procurement initiatives will diminish.

Key words: university-health service crossover; e-resource licensing; joint procurement.

Background

Links between HE libraries and the NHS have been long-established. The strength of the links in library provision can differ widely from simple borrowing rights of print stock to full provision of services and engagement in the day-to-day life of the partner NHS organisations. Although HE-managed, the libraries are often located on NHS sites and may have a significant history of provision of services jointly to HE and NHS users. Ensuring seamless access to e-resources for all library users is a key objective, but requires constant effort to establish and maintain, as suppliers have traditionally been reluctant to licence cross-sectorally.

Already in 1992, when BIDS Embase became the first biomedical dataset for which Higher Education (HE)-wide access was negotiated by CHEST (the Combined Higher Education Software Team), separate licensing arrangements were made available for NHS organisations. This was heralded at the time as forward looking and a breakthrough. However, there was very little take-up, and members of UMSLG (the University Medical School Librarians Group) were drawing attention to a key concern: "Notwithstanding the availability of separate deals for NHS organisations, CHEST should explore the possibility of a supplementary deal to the 'university' agreement, which would allow access to EMBASE by registered NHS users of university libraries."

A CHEST agreement with Ovid Technologies Ltd in 1997 perpetuated these difficulties, although the "NISS BIOMED" service became far more popular than the earlier single database Embase agreement (most likely because it incorporated access to Medline and CINAHL as well as a selection of full text journals). It was only possible to subscribe to the service if significant additional amounts of completely new funding could be found for each additional NHS organisation (1).

It is perhaps no surprise that the Embase renewal in 1997 (the "CHEST-OVID-BIDS JISC Supported Service for EMBASE (Embase2)") would begin to precipitate the type of licence that UMSLG members had been requesting since 1992, albeit still keeping the HE and NHS concurrent users separate. The

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definition of eligible users included Affiliated NHS Site(s), and assumed that the HE/FE Institute would need to hold the original licence:

> "An NHS 'Affiliate' is defined as an institution of healthcare/medical provision (e.g. a hospital) which has arrangements with an Institution of Higher Education / Further Education for the purpose of providing teaching and learning in the medical and allied professions. The HE/FE Institute will have to be licensed for EMBASE in its own right."

When the "Bids Embase Temporary Syndicate" consortium came together in 1997 to take advantage of the new CHEST deal, a further stepping stone was laid down. The consortium included three of the London medical schools, as well as several Bloomsbury academic institutions and research institutes.

However, it was the common challenge of cross-sectoral service provision that eventually became the driver that saw the formation of the London Medical Schools Group (LMSG). Furthermore, suppliers were interested in talking to such a group as it allowed them to liaise more widely over resource purchasing through a convenient and focussed single channel of communication. Meetings of LLUMS, the Librarians of the London University Medical Schools, provided the forum at which content discussions were held and priorities set that were then negotiated directly with publishers, brokering value-for-money agreements under beneficial licensing terms.

The first breakthrough agreement was reached with Ovid Technologies Ltd over the provision of the Lippincott Williams & Wilkins (LWW) journals collection, an agreement that remains in place two decades later. More agreements followed with several publishers, including the BMJ Publishing Group and the American Psychological Association. By 2008, the agreements in place included full access to selected e-resources for all HE members of the institutions as well as NHS users in 36 affiliated Trusts representing up to 56.7% of NHS staff in London (2). Some of these later evolved into regional top-ups or national NHS-only agreements, with a "core content" now being procured NHS England-wide through NICE and Health Education England.

The model of LMSG as a loose consortium operating on an opt-in basis has been successful over a number of years in offering value for money and widening access arrangements. Invoicing and payment have been handled by the academic institution, which has also held the licence. Access for users in both HE and the NHS has been through their existing personal institutional or (Open)Athens usernames and passwords, so no separate accounts have had to be set up. Participating academic institutions have since routinely explored the potential for licence extension in their own local e-resource procurements.

A variety of licensing models have been explored over time, and this flexibility has been essential, especially when new licences have been negotiated. For example, the concept of pooling relevant FTEs has been exploited with one supplier, albeit retaining access for those members of the constituency who are not explicitly counted as "relevant". Standard licensing terms that are included as a matter of course cover walk-in access for all library users and visitors and provision for document delivery. For established agreements, multi-year licences have become possible, keeping the renewal rates at affordable levels, even at times of resource restriction.

LMSG operations were formalised in 2011 when the group became the London Medical Schools Content Procurement Group (LMSCPG), with negotiations since then being undertaken by Jisc Collections, the membership organisation that supports the provision of digital content for education and research in the UK. Efforts have been made since 2016 to widen the group to include non-London institutions and this has been supported by UHMLG (the University Health and Medical Librarians Group, successor to UMSLG). A major impetus for exploring such an expansion has been the establishment of Academic Health Science Centres in the NHS in England.

Academic Health Science Centres pilot

An initial five Academic Health Science Centres (AHSCs) were designated in England in March 2009, as formal partnerships between a university and healthcare providers (3). Their aim has been to deliver world-class research, education and patient care for the benefit of their local communities, then promote the application of their discoveries in the National Health Service (NHS) and across the world. A second wave of designations resulted in a sixth AHSC joining the initial five (4).

In the majority of cases, the academic institution participating in the AHSC was also a key provider of library services to the partner NHS Trusts. As the links between the medical schools and their affiliated NHS Trusts were now becoming even stronger, it was thought likely that the drive for LMSG-type procurement initiatives would not diminish. As expected, the designations opened up the possibility to explore further the development of licensing models for enhanced provision of access to high quality e-content across the joint NHS and academic staff constituencies.

A pilot programme involving the first wave of AHSCs was undertaken in 2011-2012, with two publishers continuing to offer access into 2013. Co-ordinated by Jisc Collections, the aim of the pilot was to develop "sustainable models for enhanced provision of access to high quality e-content across NHS and academic staff". It allowed the universities at the centre of the AHSCs to extend access for their partner NHS organisations to their subscribed content from five key STM publishers of journals and databases. This access was provided on a cost neutral basis. (Licence extension would by definition need to be based on the existing licence of the academic institution.) Details of the pilot were presented at the 2012 EAHIL conference (5).

Usage levels, administration, and licensing issues arising from the pilot were identified and published in a report of the pilot (6). As anticipated, levels of use by NHS staff were low, especially when compared to academic levels of use. Consequently, feedback indicated that at least some publishers were prepared to enter into licence extension agreements on a revenue neutral basis provided a usage data threshold could be set, beyond which charges would apply.

With the publication of the Finch Report in 2012, recommendations were made concerning access to academic research content by NHS users. A follow-up pilot: the 2014-15 NHS (Finch) Pilot was to explore how the recommendations of the Finch report could potentially be implemented.

The Finch report and pilot

Chaired by Dame Janet Finch, a Working Group on Expanding Access to Published Research Findings was set up to examine how UK-funded research findings could be made more accessible. The group produced its report in June 2012 ("The Finch Report") (7).

The report identified key actions relating to HE licence extensions:

> "In the health sector, there is scope for increasing and rationalising arrangements for licensed access across the NHS, and greater co-ordination with the HE sector... Providing access to all relevant journals for all those who work in the NHS would cost relatively little on top of what is already spent on licences."

The report suggested that relevant journals for the whole of the NHS would cost £1-£2m per annum in addition to current expenditure.

A one-year free trial (April 2014-March 2015), led by Jisc Collections, aimed to explore options to extend university licences so that they allow for access by NHS staff. The focus of the pilot was to enable access for NHS users specifically to journal content licensed by Jisc Collections for the UK academic research community, with the key aim of assessing levels of usage. For this one-year period, funding was made available to publishers to enable OpenAthens and IP set-up, ongoing maintenance and usage data collection and analysis.

Despite relatively high-profile promotion of the pilot and integration into the established NHS e-resource landscape (including provision of both OpenAthens and IP access), usage for many of the publisher journal collections was still very low, especially when compared with HE levels of usage. In nearly all cases the NHS total usage was found to be lower than a single academic institution's total usage.

A report of the pilot was produced in November 2015 (8). In this, Jisc Collections and the pilot steering group recommended, among other things, that:

- recurrent funding is provided at UK national level to support procurement of the content in the pilot for the NHS;
- where usage by NHS users across the UK is very low compared to academic usage for the same content, for example below 3%, that publishers enable free access to the NHS in return for an administration fee, rather than for a content fee.

It was also noted that, should universities wish to subscribe for their associated Trusts, "then agreements would need to continue to be negotiated separately with the publishers".

National costs were calculated based on the number of downloads during the pilot based on 80p (plus VAT) per download. As might be expected, by far the greatest usage was recorded in NHS England. Efforts were made to identify funding at a variety of levels, especially at the England level, but have to date been unsuccessful.

It is perhaps not such a great surprise that there has been difficulty in identifying additional funding to underpin a national (UK- or England-wide) licence extension at such times of resource constraint. The Finch working group itself had recognised that the scope for increases in expenditure on libraries and their contents was generally seen as "meagre, if it existed at all"… The working group had also indicated that they did not believe it would be reasonable to expect universities and related research institutions to meet all of the additional costs of the fundamental change they recommended "without support from the public purse and other sources".

What next for the future of licence extension models? Local, regional or national?

Purchasing at the NHS national level of widely recognised clinical e-resources (such as the "core content" in England) is likely to need to continue in order to establish a level playing field. However, while resource constraints continue, it may be difficult to attract additional new funding for the purchase of academic research content at the national level. As Health Education England prioritises England-wide (rather than regional) e-resource procurement, it may well be that the close associations between universities and NHS organisations, as in most of the designated Academic Health Science Centres, will continue to provide the impetus for cross-sectoral provision at the local level through the LMSG model of academic licence extension for quite some time to come.

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National subscriptions for healthcare in Norway

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Abstract
The Norwegian Electronic Health Library (NEHL) is a department of the National Institute of Public Health (FHI). It is a national online library service for health personnel in Norway. NEHL has been in operation since June 2006. They negotiate national subscriptions for medical journals, databases and point of care tools. The content is in most cases made available nationally for all Norwegian IP-addresses. Some subscriptions are only available through institutional IP or username and password login. Funding is 90% through the Government Budget (Ministry of Health and Care Services) and 10% comes through collaboration with universities and colleges. NEHL also publish web based documents like clinical guidelines, clinical procedure descriptions and patient information leaflets and make it all available through their website http://www.helsebiblioteket.no.

Key words: national licence; libraries; Norway.

Introduction

The Norwegian Electronic Health Library was founded on three main ideas: 1) promoting Evidence Based Medicine (EBM) in Norway; 2) that Norwegian health professionals should have free and equal access to updated medical research sources, and 3) that national licensing would be an efficient way to organize 1 and 2. The first projects started in The Norwegian Knowledge Centre for Health Services (NOKC) in 2004 with agreements for national IP-access to The Cochrane Library and BMJ Clinical Evidence. Successful agreements inspired the publication of an international tender for access to a package of bibliographic indexes and for one or more packages of journals. During the next few years the subscriptions collection grew and consists today of approximately 3000 journals, 6 bibliographic indexes, one database with summarized research and 4 point of care tools.

On the 6th of June 2006 NEHL was formally established and officially launched by the Norwegian Secretary of Health at the time, Sylvia Brustad.

Today NEHL spends a little less than NOK 40 million (approximately EUR 4.25 million) on licensing. The content is available for all health personnel in Norway, without exceptions. Every doctor, nurse, librarian and others can access high quality sources whether they work in a hospital or in general practice – in a city or in a small village by a fjord.

Selection of resources

Content for NELH was selected according to the six levels of evidence described in the Brian Haynes 6S pyramid (1). The six levels are studies, synopses of studies, syntheses, synopses of syntheses, summaries and systems.

A very simplified explanation of the principles of the pyramid is that starting from the bottom, studies are individual studies and they are the basis for synopses of studies. Syntheses are systematic reviews based on single studies. Synopses of syntheses are based on syntheses and summaries can be based on anything below, but are usually based on synopses. The system level is for example when research is integrated into the electronic patient record systems (EPR), in the doctor's surgery, in the hospitals or in other parts of the healthcare system.

Using these principles NEHL has a selection of resources covering the first five steps of the 6S pyramid. Bibliographic indexes and journals cover content spanning the first three to four levels. Summarized research reports, clinical guidelines, clinical procedure descriptions, patient information leaflets and point of care tools (POC-Tools) offer content mostly from levels four and five. The sixth level is the responsibility of the healthcare institutions themselves.

Previous to 2009 the number of levels in the evidence pyramid was five (5S), but the model was refined and

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updated to six levels – the 6S pyramid. Recently the pyramid structure has been revised again and the number of levels are back to five (2). The main principles used to classify content selections for the library collection are the same though and still apply.

Access levels

There are two access levels for NEHL content:

- *national access* is full access for all Norwegian IP-addresses. This means that any computer connected to a Norwegian network can access the content;
- *limited access* is access for computers logged on to a known network identified by a specific IP-address or IP-address range. This is typically users from hospitals, universities, colleges, Government agencies and municipal healthcare institutions. All health personnel and students at medical colleges and universities may also login from outside their institutions using username and password.

National access is the preferred access level. Users should not be hindered by barriers like login screens and the like when accessing the content. Limited access is used for agreements where national access is either not practical or too expensive. An example where national access is not practical is for the bibliographic indexes. Many institutions have their own full text content and subscriptions in addition to the resources available through NEHL. They need to be able to link to their own content too and this would not be possible using national access. In other cases, an institution may have historical subscriptions for titles from a specific publisher and it is not technically possible to combine their collections with the NEHL content with a national access setup.

The current NEHL subscriptions is summarized in *Table 1*.

Resource group	Resource and description	Access level
Bibliographic indexes	Amed – is an index for articles about alternative medicine. British Nursing Index – is an index for articles about nursing. Cinahl – specializes in nursing and allied health articles. Embase – is a general medical article index. Medline – is a general medical article index.	Limited
Journals and journal packages	PsycINFO – is an index for articles about psychology. New England Journal of Medicine from Massachusetts Medical Association. Annals of Internal Medicine (including ACP Journals Club). British Medical Journal (BMJ) and 23 journals from the BMJ Group. JAMA Network – includes 10 titles from the American Medical Association.	National access
Journal packages	Taylor and Francis Medical Collection of 200+ titles. PsycARTICLES; 117 titles from the American Psychological Association. ProQuest Health Research Premium Collection; an aggregated package of approximately 3000 titles.	Limited access
Full text databases and Point of Care Tools	The Cochrane Library; a group of databases containing aggregated research and single studies. UpToDate; a comprehensive, high quality Point of Care Tools for specialty healthcare. BMJ Best Practice; a comprehensive high quality Point of Care Tool for primary healthcare. Micromedex; a comprehensive high quality database for drug information. Legevakthåndboken (en: Norwegian Handbook for Emergency Medicine).	National access

Table. 1. *Current NEHL subscriptions.*

Additional NEHL content

In 2004 clinical guidelines and procedures were mostly published on paper and/or as PDFs. From early on NEHL started a collaboration with the Norwegian Directorate of Health to make clinical guidelines available on the Internet. This experience spawned other collaboration projects to publish Evidence Based clinical procedure descriptions and to translate English patient leaflets from BMJ Best Practice to Norwegian. This content is now by far the most used content on the NEHL website.

Challenges for NEHL

The single most challenging part of NEHL is the funding. Being part of the Government budget provides stability, but it is also risky. Many of the agreements with publishers are made in US dollars, Euros or British Pounds. There is no buffer for handling currency fluctuations, and when the Norwegian Kroner dramatically lost value towards the end of 2015, the budget for 2016 was not compensated and NEHL for the first time had to cancel subscriptions. Being a Government agency makes it difficult or even illegal to save up funds in the good years to prepare for the bad.

Another challenge is to achieve close relations with the users. The best channel today is collaboration with hospital libraries and with the university – and college libraries. NEHL staff also attend relevant conferences and meetings all over the country to teach users about EBM and about how the NEHL content can support the practice of EBM.

The future of NEHL

National licensing for databases, journals and other full text resources will in the foreseeable future still consume most of the NEHL budget. Efforts are being made to increase collaboration with the hospital regions, with primary healthcare and with the educational sector. One of the things on the agenda is prospects for funding additional resources for access through NEHL. Other collaborative activities are investigating possibilities for increasing the number of clinical knowledge support documents that can be nationally distributed through the NEHL website.

NEHL will continue to support the practice of EBM in Norwegian healthcare by improving collections, through innovation and by continuously improving collaboration with users and stakeholders in Norway.

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Going Dutch implementing Open Access nationally: sailing the Esperanza or The Flying Dutchmen?

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Abstract
In The Netherlands, all universities and their medical centres aim at a complete transition to Open Access (OA). They have used their collective infrastructure, buying power and knowledge to convince the traditional big publishers to become more "Open". Three years of experiments, successes and failures resulted in far more awareness for Open Access than ever before, and in a growing number of OA published articles in traditionally hybrid journals while avoiding double dipping as much as possible. The Dutch approach can, most likely, be upscaled for other countries. The article offers tips on how to start, and glimpses at new roles for librarians.

Key words: open access; big deals; article processing charges; double dipping; consortia.

Introduction

In 2013, the Dutch State Secretary for Education, Mr. Sander Dekker, launched his vision on Open Access: the Dutch government is of the opinion that publicly funded research should, in principle, be freely accessible, preferably through Gold Open Access (http://www.openaccess.nl/en/in-the-netherlands/what-does-the-government-want). His announcement of a transition to full Open Access before 2020 was supported by the Dutch academic institutions, united in the Dutch Association of Universities (VSNU) which represents the boards of all Dutch universities, and by the Netherlands Federation of University Medical Centres (NFU).

This narrative describes what has been done so far to implement such a broad policy. It starts by outlining the Dutch setting and organization, then covers the process of negotiating, problems and solutions ("best practices") and their impact on libraries and research, finally the results and further issues arising from what has been achieved so far.

The setting in The Netherlands

The Netherlands is a well to do, small, densely populated country with a strong central government. Higher education is organized in 13 universities and 8 university medical centres. The libraries of these 21 institutions have a strong tradition of cooperation, sharing catalogues already in the '80s. In the '90s the Ministry of Education founded the SURF foundation, aiming to help universities to make proper use of all options offered by ICT and internet. In 1996, the university libraries joined forces with SURF in the "Working Group Licences" to negotiate centrally with publishers in what we now call the Big Deals.

The Big Deals tend to lure 80% (approx. 35M€) of the content budget of the university libraries and UMCs. The Working Group Licences (WGL) meets monthly to organize and initiate negotiations, and to discuss the outcome of current negotiations, resulting in recommendations to the participating members who, in the end, pay the bill. This model made most content of about 50 major publishers widely available on all 21 campuses, including their archival rights, without too much hassle about digital management rights for students, researchers and clinicians.

The libraries and especially the WGL were natural partners in helping to implement the national Open Access policy.

Negotiations with publishers and creation of a model

The Working Group had already a lot of experience negotiating with publishers, combining the entire

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buying power of the whole of The Netherlands. The main principle is simply that the journals of publisher X should be available to all, otherwise there is no deal. In addition, the chairpersons of the university boards offered their direct personal support to join the negotiating talks. They made it plain that the future must be "Open" (and "Open" only), and that the main target were the traditional publishers with what we now call hybrid journals.

The chairpersons added an extra challenge based on Ralph Schimmer's famous analysis: there is enough money in the system, and therefore, a transition towards Open Access needs to be budget neutral. Imagine the faces of the publishers' sales representatives when they finally realize: "You want full access to all our journals, and publish all your articles full open access – both without paying any extra"? In reality, for most of them this concept was so far beyond their daily routine it took them several meetings (Elsevier even several years) to fully understand these crazy Dutch demands, and at that stage it was very useful when one of the "big shots" could join the meeting.

Without a little luck, no one sails well, is an old Dutch saying. One of the first contracts to come up for renewal, was with Springer which allowed us to refer to their smaller sister company Biomed Central, and Springer's general intentions to become an Open Access publisher. With Springer – and we owe Springer a compliment – it was possible to get 90% discount on the traditional access fee to create an APC fund of 2.3 M€ so Dutch authors could publish without limitation in almost all Springer journals. Individual invoicing was not necessary. The Big Deal was now not just "read it all" but also "write it all". Springer's Open Access journals (BMC, Open Choice) are excluded: they are already "Open".

In the talks that followed, we could offer a specific model to publishers, and slowly the EMINTS principle (there is already Enough Money IN The System – it is always fun to launch acronyms!) was refined. For instance, some Dutch authors already published their articles open access in Wiley journals, paying an APC. Fortunately, it was only small scale, but we had to agree to accept the already existing "Double Dipping". The other traditional carrot publishers offer in order to persuade libraries to accept a price increase, is access to more content, for instance Wiley's database model. Here the libraries were reluctant to give in, but by cancelling the already existing individual subscriptions to these journals and offering access and publication rights to all universities, it fits in with the OA principles, and sometimes one needs to be a little pragmatic. However, the EMINTS principle became a bit fatter.

So now there was a formula as well:

Current expenditure + PCI based on inflation + OA spend + (few percent for extra content available for all, minus the spend on individual subscriptions to these extra journals). Extra condition was a three or four-year agreement in order to get a little stability during the transition towards Open Access on both sides.

In some cases (Elsevier for instance) the negotiating process took so much time we needed to renew for just a year on current conditions, and neither the model, nor the formula could really help: all we got was a lousy 3600 APCs for free (1200 per year) including an administrative burden.

So, numbers came in as well. Numbers are one beacon, and numbers of articles are of course essential, they express the value of a deal in the Open Access world where an Article Processing Charge (APC) *per article* is paid.

During all negotiations, it became clear that none of the traditional publishers could provide reliable data about numbers of articles submitted by Dutch authors. Most of them did a (not very professional) search in Web of Science, overlooking issues like the endless variations of affiliation names (AMC, Academic Medical Center) used by authors while publishing (for instance Amsterdam Medical Centre, A. Medical Center, UvA Medical Center or even more obscure F4Z-south), and completely lacking any understanding of the difference between a corresponding author (the one who submits the article) and all the others who contribute.

OA deal, so what?

When a deal including Open Access was reached, its implementation sometimes felt like sailing in the dark, guided by trial and error, and happy blundering was the only way forward.

Negotiations about conditions usually are with sales people, they know all about increasing prices and a little about content (if you are lucky), but hardly anything at all about the internal processes and systems of the journals incorporated in their large publishing conglomerates. They cannot help with fundamental questions like how to identify eligible authors, what does an author do when submitting a paper, or where on the journal's web site can we communicate OA options? In the end, they refer reluctantly to internal colleagues, offering the insight that publishers are almost human organizations: they suffer from uncooperative ICT and grim administrative departments like everybody else.

Solutions to overcome these obstacles differ from publisher to publisher. Again, Springer did a wonderful job and automated the process. An article is by default published Open Access if the author submits from the IP domain of the University and uses the official institutional email account. Otherwise, the request to publish OA is forwarded to the library network who decides to accept or decline. Almost all articles published in Springer journals are Open Access.

Other publishers are less well set up – or plain unwilling. In the case of Wiley and Elsevier, authors have to opt for Open Access themselves (problem 1, they have to think about it), the APC prices are shown in the same screen (problem 2, it appears they have to pay), which can be waived when they select the correct funder from a long list of options (problem 3). Smaller publishers (Lippincott) send an invoice which the author needs to fill out with a voucher with discount code, provided by the library. In these cases, the uptake of Open Access is much lower (20-30% of all Dutch articles), and needs a lot of communication.

Impact on libraries

Communication is not always easy. Libraries have, for as long as we remember, been focusing on journals and books – "content" – *after publication.* We do not have detailed knowledge of all steps leading towards publication (submitting, peer review, acceptance), so we do not feel at ease, it is not our natural habitat (yet).

Promoting OA options locally can be delicate. First, you need to get Open Access on the agenda, and be invited to research meetings. Once in, talking to researchers about OA is like talking to teenagers. In principle, they are all for publishing OA ("OK, I accept I have to go to school"). But when it becomes specific, other key features like the Impact Factor or the professor's opinion tend to be far more important ("But I am not doing this homework"). As explained, formal registration steps tend to differ from publisher to publisher. It would be ideal if we could find ways to customize information (you submit in a LWW journal? Here is your waiver), but so far, we have not found a way to achieve this. Last, there is always the risk of discussions about predatory journals, whose invitations to publish put academics somewhat off Open Access altogether. Publishing Open Access in one of the big publishers' titles with a fee waiver, is a totally different matter from those annoying mails from predatory, fake Open Access publishers, but once the discussion (complaints might be a better word) has started, it is difficult to stop.

Impact on research

Though the real "impact" as for instance expressed in more citations is still uncertain, younger researchers like the idea of OA pretty much. In fact, most of them think OA is already accomplished because they have access to almost all articles at this point. Referring to Donald Duck comics might help ("Remember your parents paid the subscription for you? So does the library for your journals"). Most of them like the idea of APC deals with top publishers even better because their supervisor (professor, principal investigator) urges them to publish in a high Impact Factor journal or in one of his favourite titles which are frequently included in the "Big Deals".

Will the library become redundant in an Open Access world?

One might think a librarian becomes superfluous just like library shelves became dead wood through "the internet".

On the contrary.

Becoming the central OA officer might be one of the possible future roles for librarians in a digital "open" world. Like a spider in its web, the librarian collects budget to enable Big APC Deals, informs researchers about all options and discounts, helps them with submitting their article (or the aftersales, i.e. arguing with publishers when something went wrong), informs research funders that their investment finally has turned into "knowledge" (well, at least a publication), organizes green OA if gold OA is impossible, and provides the researcher with correct and legal DOIs for their personal pages. From organizing repositories for green Open Access, options for gold Open Access, proper registration of all articles of a University Medical Centre (usually a lot!), it is only a relatively small step to helping implement research evaluation with bibliometrics. Perhaps more relevant for the Open Access claims ("to help society") and certainly more challenging, librarians can help, too, selecting useful elements in Altmetric and PlumX to define and measure societal impact.

In fact, it is all about organizing information just like we did in the good old days.

First results

There are now 14 major OA deals with leading publishers. The uptake differs from publisher to publisher (see also http://openaccess.nl/en/in-the-netherlands/publisher-deals#row), but we expect 6500 articles will be published OA, paid for by the budget formerly known as "access fee for journals". It is not easy to relate that number to the total number of articles published by Dutch authors, limiting the count to corresponding (or better: submitting) authors. As explained, 100% reliable data is not available. We simply do not know how many articles are published by each publisher, all we know is how many articles are published as "Open Access". Our best bet at present is that about 50% is now OA, green included.

The most interesting question is, of course: does OA really "help society"? It is almost impossible to answer that question, but again Springer made an interesting analysis of the use (downloads) of all approximately 2000 OA published articles. They were downloaded about 200% more often than other (non-OA) articles in the same journals and about 60% of the downloads were not related to IP domains of Springer licencees. In other words, OA published research appears to increase reading outside academics.

Next problems to solve

Going Dutch Open Access runs for three years, but is still in its infancy. Reusing the journal budget to realize APC deals works fine, but raises also new questions.

One of them is bluntly about money. In theory, the transition to Open Access is budget neutral and members of the board usually do not bother with nasty librariany statements like "the library budget is now absorbing costs (APCs) formerly paid by researchers". In most of the deals, it was a minor amount (small beer, another old Dutch sailors' saying), but several minor amounts add up, too.

Another issue is how to make similar agreements with existing full OA publishers like Biomed Central or Plos, where APCs are paid by the researchers directly. A centralized license could enforce better pricing and a better workflow, at least to get rid of all the individual invoices, sometimes paid by researchers themselves on their personal credit card. Here the lack of a centralized budget is the main problem. The same problem appears for those – usually smaller – publishers (e.g. Thieme, Mary Ann Liebert) where "there is not enough money in the system" (the non-EMINTS). This could be an interesting job for libraries as well, just like they had to centralize the subscriptions of journals in various departments in order to fund the Big Deals. Perhaps a prepaid model could work, just like Inter Library Loan is prepaid.

It is even more important to find solutions, because some editors claim fewer papers are offered to full-OA journals because "the researcher does not have to pay for its hybrid competitor". Going Dutch is indeed in favour of the big (and already very powerful) publishers while science, society and libraries are much better off if there is real competition in the market.

Is the Dutch approach scalable to other countries? That depends on the local situation (acquisitions budget, number of articles published), but one loses nothing trying to get at least some extra APCs for free on top of the money already spent on content.

Is the Dutch approach sustainable? First of all, the data problem needs to be solved. In the Springer example, both the Dutch libraries and Springer estimated a production of 1600 articles, but in reality, almost 2100 articles were included.

The most sensitive question however is: what is a fair price for an APC? In order to determine that, we need more projects like the openAPC, the collection of APCs paid by OpenAIRE from the ERC https://github.com/OpenAPC/openapc-de.

For those who want to "help" publishers define a fair APC price, please let's join forces here!

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A Cochrane Library national licence: the example of Switzerland

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Abstract
For some years, the Swiss Academy of Medical Sciences (SAMS) has recommended that as many physicians as possible should be able to access the Cochrane Library, so that they can keep their knowledge up to date. Since the beginning of 2016, the SAMS has made the Cochrane Library freely accessible in Switzerland under a national licence, and usage has more than doubled.

Key words: Cochrane Library; national licence; Switzerland.

Introduction

In 2009, in a position paper entitled "Medicine as a science" (1), the Swiss Academy of Medical Sciences (SAMS) recommended that young physicians should maintain contacts with science during their specialist training. Not only physicians at university hospitals but also those working at smaller hospitals or in private practice should be in a position to treat their patients on the basis of the latest available research findings – i.e. to practise evidence-based medicine (EBM). According to a recent study (2), Swiss family physicians find it difficult to apply EBM in a primary care setting. One major barrier is the fact that access to relevant journals and databases is frequently inadequate in countries with private healthcare systems. Lack of time and patient opposition were also identified as barriers in the ambulatory sector.

The latest high-quality scientific knowledge is thus an important pillar of EBM – provided that it can be reconciled with the priorities of patients and their physicians.

Cochrane Reviews: a gold standard

For over 20 years, serving as a reliable source of information for healthcare based on scientific evidence, the global Cochrane network has been producing systematic reviews, synthesising the results of research on precisely defined questions. Currently, over 7400 Cochrane Reviews are available; they are internationally recognised as a gold standard, reflecting the state of knowledge on the effectiveness and adverse effects of therapeutic and preventive interventions.

A recent study (3) investigated the reporting quality of a cross-section of systematic reviews: the completeness of reporting was assessed for all systematic reviews indexed in MEDLINE in February 2014. The completeness of reporting was found to be superior in Cochrane systematic reviews, compared to non-Cochrane counterparts. This is attributable to the internal standards which are applicable for all Cochrane Review Groups and are re-evaluated prior to the publication of new or updated reviews. For this reason, Cochrane Reviews frequently provide the basis for the preparation of clinical practice guidelines and health technology assessment (HTA) reports.

The health information thus made available has been critically appraised and synthesised using recognised methods and independently of commercial sponsorship. As well as saving a lot of time and effort in clinical practice, this also offers advantages for healthcare policymakers and interested patients.

The global Cochrane network

At present, more than 37,000 people from 130 countries contribute to the work of the Cochrane organisation. Their contributions range from

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conducting Cochrane Reviews to helping to translate summaries or to identify randomised trials (the Cochrane Crowd project)

In many countries, national Cochrane centres are based at academic or medical institutions. Cochrane Switzerland, established in 2010, is hosted by the Institute of Social and Preventive Medicine (IUMSP) in Lausanne. One of its priorities is to support and develop systematic reviews on population-based public health interventions. To this end, a European satellite of the Melbourne-based Cochrane Public Health Review Group has been established in partnership with four other university centres in Switzerland, Germany and Austria.

Cochrane Library national licence for Switzerland

For some years, the SAMS has supported the idea that as many health professionals as possible should be able to access the Cochrane Library and thus keep their knowledge up to date after completing their basic and specialist training. For this reason, the SAMS launched an initiative to establish a national licence offering free access to the Cochrane Library. Thanks to the national licence, unrestricted access to this database has been available to all residents in Switzerland since the beginning of 2016. The licence runs until 2020, by which time the Cochrane Library plans to offer universal open access (http://www.cochrane.org/about-us/open-access).

The SAMS, which applied for the national licence, covers two thirds of the costs. As a legally recognised research funding institution, it receives annual financial contributions from the federal government. The establishment of a national licence for the Cochrane Library is part of the federally approved SAMS programme for 2017-2020 and thus enjoys political support. The remaining third of the costs are borne partly by the Federal Office of Public Health and partly by previous Cochrane Library licence holders, i.e. the libraries of universities and major hospitals. These libraries were persuaded by the argument that, for the national licence, they would only have to pay half of their existing subscription fees.

Doubling of usage since January 2016

The fact that a "paywall" (whereby access is restricted to subscribers) contributes to underuse of available scientific evidence is confirmed by the marked rise in users accessing the Cochrane Library in Switzerland since January 2016. In the first quarter of 2016, usage more than doubled compared to the same period in 2015. On average, a full-text Cochrane Review was downloaded every three minutes – 38,777 documents in total. Among the dozen countries with national provision, Switzerland thus ranked in fourth place behind the UK, Australia and India. In 2017, usage has stabilised at this higher level.

Recently, the Cochrane Reviews most frequently consulted by Swiss users included topics such as the effectiveness of back schools for chronic, non-specific low back pain; the accuracy of the Mini-Mental State Examination for the detection of dementia; the efficacy of oxygen therapy for the treatment of migraine and cluster headache; and the effectiveness of dietary fibre for the prevention of cardiovascular disease. The topics covered are thus not only relevant for professionals but offer added value for other people interested in addressing health issues.

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Access to drug information sources among healthcare professionals in Lagos State, Nigeria: an exploratory study

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Abstract

This paper explores access to drug information (DI) among healthcare professionals in Lagos State, Nigeria. It investigates specifically healthcare professionals' sources of DI and the access to drug information centres (DICs). The study adopted descriptive survey research design. The study population consisted of 181 healthcare professionals in Lagos State, Nigeria. A questionnaire was used for data collection. Descriptive statistics such as frequency counts and percentages were used to analyse the research data. The study found that manufacturers' leaflets and medical representatives were the major sources of DI and that 76.9% of the respondents never had access to DIC. The study recommends the provision of access to reliable, unbiased and evidence-based DI among healthcare professionals in Lagos State, Nigeria.

Key words: access to information; drug information services; Nigeria.

Background

Information is essential for the improvement of quality of healthcare in developing countries (1). The World Health Organization's framework for action on strengthening health system also underscores the fact that information is the first building block of an effective health system (2). Access to precise and appropriate drug information (DI) by healthcare professionals, patients and the public is crucial to ensuring optimization of therapy (3). Consequently, the provision of adequate DI will help in improving patient outcome, reducing medication errors and related healthcare costs (4).

Although access to high quality information is essential for good health, in most resource-poor countries many healthcare professionals, health organizations and the public still lack reliable and relevant DI and this is a major contributor to avoidable morbidity and mortality (5). The paucity of up-to-date evidence-based medicines information is a chronic feature amongst healthcare providers in sub-Saharan Africa (6). This poses a huge challenge for healthcare workers in Nigeria. In tackling this challenge, healthcare professionals in Nigeria need access to reliable, appropriate and unbiased DI whilst optimizing individual drug therapy.

A number of studies have been conducted in developed and developing countries on information seeking behavior of healthcare professionals (7-10). These studies revealed that health care professionals seek information actively from diverse resources to guide their professional practice. This is because of the increase in the use of evidence-based medicine for patient care, which may improve patient outcomes (10). However, in Nigeria very few studies on information seeking behavior of healthcare professionals have been carried out. It is against this backdrop that this study explores access to DI and the information-seeking behaviours of healthcare professionals in Lagos State, Nigeria.

Objectives

The objectives of the study are to:

1. identify DI sources used by healthcare professionals in clinical practice;
2. identify healthcare professional's most preferred source of DI;

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3. investigate factors that influence the healthcare professionals' preference of DI source;
4. determine healthcare professionals frequency of access to their preferred DI source;
5. ascertain the extent preferred DI source influence healthcare professionals' clinical decisions;
6. determine if drug information centre (DIC) meets healthcare professionals' DI needs;
7. ascertain if the DIC will be useful to support healthcare professionals' clinical practice.

Method

The research design was selected to give a baseline insight into how Nigerian healthcare professionals access high quality unbiased DI in professional practice. A descriptive research design was adopted for the study. The study population consisted of 181 healthcare professionals in Lagos State, Nigeria. A questionnaire was used for data collection. The instrument was given to experts in the field of health and DI to determine their face and content validity. Questionnaires were sent out to email addresses of respondents via survey monkey. Out of a total of 181 respondents, 118 responded giving a response rate of 65.2 per cent. Descriptive statistics were used to analyse the data.

Results

The demographic information on the respondents revealed that majority of the respondents 83 (70.34%) were pharmacists, 32 (27.1%) were medical doctors, 2 (1.69%) were nurses and 1 (0.85%) was a dentist. The findings also showed that the majority (48.25%) of the respondents had spent 15 years and above in clinical practice, 17.54% had spent 11-15 years, 15.79% had spent 11-15 years while 18.42% had spent 1-5 years in clinical practice. This revealed that majority of the respondents were not young professionals.

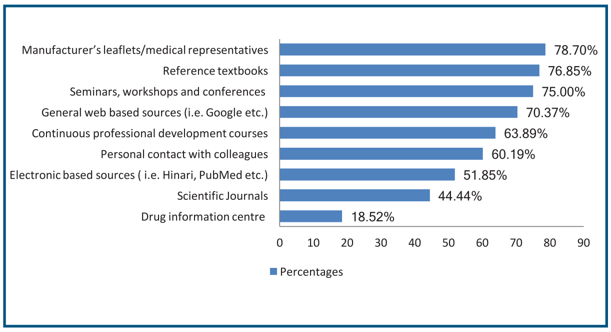

Figure 1. *Bar chart showing sources of drug information.*

The study sought information on sources of drug information used by the respondents in their practice. The result is presented in *Figure 1.*

The findings in Figure 1 showed that manufacturers' leaflets and medical representatives were their major sources of DI as indicated by 78.70% while 76.85% obtained DI from reference textbooks.

Data generated on healthcare professional's most preferred source of DI is presented on *Table 1.*

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Seminars, workshops and conferences (N = 89)	20 (22.47%)	36 (40.45%)	17 (19.10%)	14 (15.73%)	2 (2.25%)
Reference textbooks (N = 93)	30 (32.26%)	29.03% 27	19.35% 18	7.53% 7	11.83% 11
Electronic based sources (i.e. Hinari, PubMed etc.) (N = 73)	26 (35.62%)	15 (20.55%)	15 (20.55%)	9 (12.33%)	8 (10.96%)
Continuous professional development courses (N = 92)	15 (16.30%)	28 (30.43%)	31 (33.70%)	14 (15.22%)	4 (4.35%)
General web based sources (i.e. Google etc.) (N = 92)	25 (27.17%)	20 (21.74%)	24 (26.09%)	12 (13.04%)	11 (11.96%)
Manufacturer's leaflets/medical representatives (N = 93)	18 (19.35%)	27 (29.03%)	26 (27.96%)	13 (13.98%)	9 (9.68%)
Scientific Journals (N = 81)	14 (17.28%)	19 (23.46%)	20 (24.69%)	19 (23.46%)	9 (11.11%)
Personal contact with colleagues (N = 84)	9 (10.71%)	23 (27.38%)	24 (28.57%)	17 (20.24%)	11 (13.10%)
Drug information centre (N = 65)	9 (13.85%)	12 (18.46%)	17 (26.15%)	9 (13.85%)	18 (27.69%)

Table 1. *Healthcare professional's most preferred source of drug information.*

** The figures may not add up to 118 where spaces were left blank by some respondents.*

From *Table 1* it can be deduced that the respondents either strongly agreed or agreed that seminars, workshops and conferences are their most preferred source of DI (62.92%). The respondents (61.29%) also either strongly agreed or agreed that reference text books ranked second as a preferred source of DI.

The respondents were required to indicate factors that influenced their preference of source of drug information. The result is presented in *Table 2.*

Data in *Table 2* reveals that majority of the respondents 68 (65.38%) strongly agreed that credibility of the source of information influenced their preference for DI while 67 (62.62%) strongly agreed that easy access to source of information influenced their preference.

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Credibility of the source of information (N = 104)	68 (65.38%)	28 (26.92%)	8 (7.69%)	0 (0.00%)	0 (0.00%)
Easy access to source of information (N = 107)	67 (62.62%)	34 (31.78%)	2 (1.87%)	3 (2.80%)	1 (0.93%)
Access to current information (N = 101)	48 (47.52%)	40 (39.60%)	12 (11.88%)	0 (0.00%)	1 (0.99%)
Prompt response to queries (N = 100)	44 (44.00%)	33 (33.00%)	17 (17.00%)	5 (5.00%)	1 (1.00%)
Peer recommendation (N = 95)	8 (8.42%)	47 (49.47%)	31 (32.63%)	9 (9.47%)	0(0.00%)

Table 2. *Healthcare professional's most preferred source of drug information.*

** The figures may not add up to 118 where spaces were left blank by some respondents.*

The result of the frequency of access to their preferred source of DI is presented in *Figure 2*.

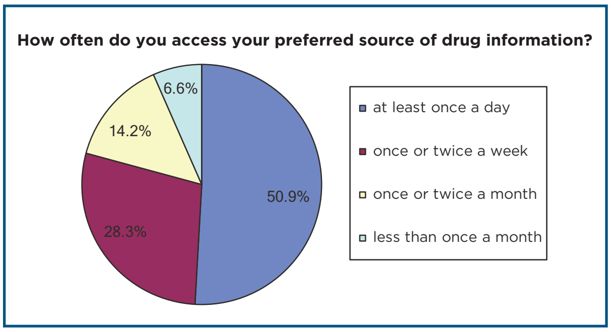

Figure 2. *Pie-chart showing frequency of access to preferred source of drug information.*

The findings revealed that majority, 54 (50.94%), of the respondents used their preferred source of DI at least once a day, 30 (28.30%) used their preferred source of DI once or twice a week.

The respondents were required to indicate if the preferred sources of DI influenced their clinical decision. The result indicate that majority (67.9%), of the respondents felt that to a great extent their preferred source of DI influenced their clinical decision.

The respondents were also asked to indicate whether they had access to a DIC. A DIC is a centre that responds to enquiries on therapeutic drug use. The findings revealed that of the 118 respondents only 104 responded to the question, while 14 (13.5%) did not respond to the question. The result indicates that majority of the respondents 80 (76.9%) never had access to DIC, only 24 (23.1%) had access to the DIC. Those that answered in the affirmative indicated that the DIC they had access to were located in the Association of Community Pharmacists of Nigeria DIC, Lagos and Pharmaceutical Society of Nigeria DIC, Lagos among others.

The respondents were further asked to indicate if the DIC met their professional needs. Out of 24 respondents who had access to the existing DIC 14 (58%) indicated that the existing DIC did not meet their information needs while 10 (42%) indicated that the DIC met their professional needs. The responses show that the existing local DICs did not meet the professional needs of majority of the respondents.

Furthermore, the respondents were asked if a DIC would be useful to support their clinical practice. The results of their responses are presented in *Figure 3*.

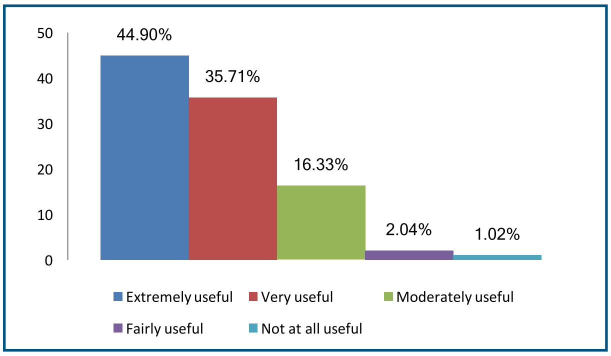

Figure 3. *Bar chart showing the usefulness of drug information centre.*

The findings revealed that majority, 44 (44.90%), of the respondents felt that DIC would be extremely useful in clinical practice.

Discussion

The study revealed that majority of the respondents depended on manufacturers' leaflets and medical representatives as sources of DI in their practice. The result is in agreement with earlier studies which revealed that community pharmacists used drug package insert and standard reference books as major sources of DI (11, 12). However, this is very disturbing considering the well-known fact that information from manufacturers' leaflets and medical representatives is laden with biases and less reliable compared to other sources (13, 14). The most striking result shown in Figure 1 is the low percentage given to DIC as a source of DI. This finding also concurred with another study which reported that DICs were consulted by only nine

(14.8%) of the respondents (11). This is probably due to very poor access to DIC. Nigeria, with a population of over 180 million people does not have a national DIC. Though there are pockets of DICs in the country. These are poorly equipped with outdated textbooks and reference materials.

Table 1 indicates that seminars, workshops and conferences are the respondents' most preferred source of DI. High preference for seminars, workshops and conferences may be due to the fact that they provide opportunity for professionals to keep up-to-date with developments in their profession. Attending professional international conferences is another common way to be updated on new medicines (14) and also provide opportunity for enlargement of personal networks which can aid easy access to experts for DI. Reference text books were other preferred sources of drug information. A study conducted in Singapore also affirmed that reference texts were the major source of general DI for most physicians (15). The reliability, comprehensiveness and the ease of finding DI in reference texts may have informed their choice (15) but information in the reference text books could also be outdated. The least preferred source of DI is DIC. This result suggests that the existing DIC were either inaccessible or poorly equipped with outdated textbooks and reference materials (16). This is unlike the United Kingdom (UK), where healthcare professionals rely on UK Medicines Information (UKMi) for evidence-based information and advice on therapeutic drug use (17).

Table 2 shows that majority of the respondents strongly agreed that credibility of the source of information and easy access to source of information influences their preference. This finding is in agreement with Rieh and Brian (18) study which reported that participants were more concerned with credibility and authority during health-related information search tasks than during product-related or travel-related information tasks. The finding also concur the result of previous studies (19, 20) which found that the use of information is positively correlated with the perceived quality measured in terms of the relevance and reliability of information. In a study conducted in Isreal Bronstein (20) declared that source preferences are situational.

This study reveals that majority of the respondents use their preferred source of DI daily. Since more than half of the respondents use their preferred source of DI daily, it is therefore very important that the right source of information is at the disposal of healthcare professionals in order to reduce medication errors and improve the quality of healthcare in Nigeria.

Figure 3 indicates that majority of the respondents found DIC very useful. This finding corroborates the result of the study conducted in Uganda (16) which reported that majority of the physicians supported the establishment of a DIC as a source of unbiased DI for prescribers. There is, therefore, the need for the establishment of a national DIC to cater for the professional needs of the respondents. Nigeria should emulate UK where there are well established national, regional and local medicine information centres (17).

Conclusion

This study showed that manufacturers' leaflets and medical representatives were participants' major sources of DI. This study has brought to the fore the need for access to unbiased sources of DI. Therefore, there is need to assess the feasibility of establishing a DIC in Nigeria. Considering the peculiarity of Lagos State as the hub of economic activities in Nigeria and also the state with the highest population of healthcare professionals, it is obvious that there is a big deficiency in access to unbiased evidence-based medical information by healthcare professionals in Nigeria.

Certain shortfalls of this study should be put into consideration when interpreting the findings of this study. The study was exploratory and the use of self-reported data means that the accuracy of the data cannot be ascertained. The survey response rate was 65.2 per cent and majority of those who responded were pharmacists. Responses from other healthcare professionals were very low perhaps their busy schedules were not conducive to study participation. This is a perennial problem encountered by other researchers in developing countries. This limits the generalisability of the findings to the entire health care professionals in Nigeria. Further research is needed to investigate healthcare professionals' access to DI using larger sample. It is, however, likely that the results would have been very different because medical doctors as first line drug prescribers access DI differently. Future research could also examine access to DI sources and services among consumers in Nigeria. Despite these shortcomings, this study fills a gap in research in the area of access to DI in Nigeria.

Acknowledgements

We commenced the writing of this paper during our Commonwealth Professional Fellowship Programme in the UK in 2015. We would like to thank the Commonwealth Scholarship Commission for sponsoring our Fellowship and for providing us this lifetime opportunity for international professional exposure. We are also highly indebted to Partnerships in Health Information (Phi) especially Mrs Shane Godbolt, former Director of Partnerships in Health Information and Cherly Twomey (PhD) former Associate Director of Partnerships in Health Information for hosting us and for their contributions to this paper. We are most grateful to Dr. Norman Morrow, Ray Phillips, Dr. (Mrs.) Olawunmi Obisesan and Mrs. Atai Agboola for their valuable comments, suggestions and editing of the manuscript.

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Bernd Pulverer, EMBO Press, tbc

Challenges of publishing in languages other than English
MariCarmen Alcocer

Innovations in publishing: beyond the journal
Mark Patterson

PARALLEL SESSIONS

- Innovations in journal publishing
- Freelance editing: developments and challenges
- Editing small journals and those in languages other than English
- Can editors contribute to sex and gender equity in research?
- Setting up or improving your journal
- Reducing waste in research: REWARD
- Data citation: what and how?
- Peer review: research and training

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Dear Colleagues,

European Association for Health Information & Libraries 2018

Inspiring – Involving – Informing

Progress Report December 2017

The 16th EAHIL Conference in Cardiff 9-13 July 2018 has been taking shape over the last several months and progress has gathered pace in the last few weeks.

The Call for Abstracts closed on the 3rd November. In total, 172 abstract submissions were received from colleagues in Europe and beyond, covering all the conference themes as well as the areas identified for the Continuing Education Courses; the majority of abstracts coming in during the last few weeks before the deadline.

The International Programme Committee (IPC) and the Local Organising Committee (LOC) spent three full days from 15th-17th November agreeing on the abstracts for the final programme. The Chair of the LOC would like to thank everyone involved for their input into this process and to Lori Havard the Programme Lead for taking us through the Easy Chair online abstract system. This is the first time EAHIL has used this system and we will be reporting back to the EAHIL Board on its pros and cons.

On Friday 17th LOC members were happy to host International Colleagues as they visited all the conference venues and toured Cardiff City Centre, and all in beautiful sunshine!

The LOC will be contacting all abstract authors in December and will have a programme available on the website by the end of 2017 so that conference delegates can use this for their applications for funding. Information is also now available on the website about some of the keynote speakers and we will be putting up further information as soon as speakers and programme details are confirmed.

The exhibition and sponsorship packages have also been developed and are available on the website. Invitations to sponsors and exhibitors have been sent out and the LOC have had a good response from companies who will be part of the trade exhibition in Cardiff.

The LOC also secured sponsorship from the Kathleen Cooks Fund, CILIP Wales for sessions under the Information for the Public, Patients and Carers theme. We are very grateful to CILIP Wales for their support.

Registration will open in **January 2018** and we will send notification to all email distribution lists as soon as this is open.

Please do let the LOC know if you have any comments, suggestions or queries about the conference. We want to continue to **Involve, Inspire and Inform.**

More information is available on our website at www.eahilcardiff2018.wordpress.com

Add it to your favourites to keep up-to-date with programme and booking progress.

Contact the Local Organising Committee:

Email: EAHILCardiff@gmail.com

Twitter: @EAHIL2018

Letter from the President

Maurella Della Seta

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Dear Colleagues,

This is my last letter in 2017: the first year of my term as a President has almost gone by and I am pleased with the results that, as EAHIL, we achieved in this period. I have excellently been supported by the Executive Board and the Council members and I wish to thank all of them for their help and their work in favour of our association. This December issue of *JEAHIL* is the last one that you will have in your hands, since from 2018 the Journal will be published in electronic form only: my sincere thanks to our Editor-in-chief Federica Napolitani, who worked hardly for this purpose. We'll surely miss the paper copies, but the economic resources devoted to print and distribution will be used in favour of member community.

I wish to inform you about the latest developments in EAHIL Executive Board activities. At the last meeting in Dublin it was decided to meet online more often, in order to carry out routine activities, and to let the in-person meetings be a moment of brainstorming and new ideas generation. Our first online meeting was on October 3, using the platform generously provided by our Past President Marshall Dozier and Edinburgh University. Erasmus staff exchange was one of the topics discussed at the meeting, and you will find more information in this issue of the Journal. Another issue was the Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data (General Data Protection Regulation- GDPR)[1], and its implications for EAHIL, which is involved in dealing with personal data as an organisation. This is a topic particularly relevant for librarians who may be asked to act as supervisors of personal data processing and protection.

By the time you read this letter, the International Programme Committee (IPC) will have met in Cardiff for selecting and evaluating the abstracts submitted for the next event. The programme of the Cardiff 2018 Conference, including continuing education courses, will be set up in the mid-November meeting, and I am sure that the joint efforts of the IPC and the Local Organizing Committee will produce a memorable event.

So far, over 172 abstracts have been submitted, dealing with the topics of the 2018 Conference: information for the public; innovation; global health; arts, health and wellbeing (which is a new topic); impact and value. I particularly appreciated the invitation to submit abstracts on a librarian point of view, to witness how this role can make the difference.
I'm taking inspiration from this last aspect to provide you with some news from Rome, Italy and my Institute (Istituto Superiore di Sanità, ISS). Some days ago, I had the chance of participating in an important event that gathered the representatives of national health institutes from all over the world. Global health leaders,

belonging to IANPHI – the International Association of National Public Health Institutes – met from October 22-25 at the ISS to discuss about the framing of the future of public health[2]. In his opening speech, IANPHI President, Mauricio Hernández-Ávila, said that "We cannot predict when the next pandemic will emerge or where, but we are certain that the scientists and the public health workforce will be on the front line of defense". I believe that medical librarians are part of this workforce and can give their valuable contribution. Times are changing, as highlighted by Walter Ricciardi, the ISS President. Changes in information technologies (electronic medical record, e-health capacities, tablet-based patient management, centralized Big Data); changes in citizen expectations (choice of provider, equal and rapid access, privacy); changes in patient expectations (participation in decision-making, second opinions, international quality standards, patient rights), are some of the challenging issues to face, on the side of health care organisations, national health services, and of course, for our profession.

Finally, I would like to wish you a wonderful holiday season and the very best beginning of the year 2018.
With my best wishes.

Maurella

Fig. 1. *Some members of Cardiff IPC attending the Julian Tudor Hart Lecture 2017, given by Professor Sir Michael Marmot*

[1] http://ec.europa.eu/justice/data-protection/reform/index_en.htm
[2] <http://www.ianphi.org/news/2017/annualmtgarticle.html>

Erasmus+ exchange: a possibility for professional development

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The Erasmus+ program offers excellent opportunities for employees from organizations with a valid European Charter for Higher Education to finance a shorter period of exchange (2 days – 2 months).

The opportunity for exchange as *Erasmus+ Staff training (STT)* can be used to visit other higher education institutions, businesses or organizations in program countries, for professional development activities (job shadowing, courses, seminars or workshops, but not conferences). The instructions states that it as to be in relation to your own work, but language courses are also a possibility. Another option could be to take part in Erasmus staff week in different subjects.

The Erasmus+ grant includes a daily allowance, the level depending on which country you visit, and a travel grant. Before your mobility you will need to have a signed *Staff mobility agreement training* form, and after your mobility period you need to fill out an online report.

For more information on how to apply please check with the Erasmus+ coordinator at your university.

Why international exchange?

Spending time at another institution abroad, is invaluable for your own development as a professional librarian. Daily interaction with staff, colleagues and maybe a mentor within the organization you visit, may impact your professional life in a very positive way as well as being highly beneficial for your home institution. Whether you choose to do job shadowing, observation periods, professional development courses or specific competence-building events, the cultural understanding and language skills you learn from working in another country can make it easier to interact with colleagues and users at your own library. No matter what your background is, the opportunities for you to do an international internship are varied. With the rapid increases in communication technology and globalization, you can now do your international internship in any corner of the globe. EAHIL strongly recommend all leaders with human resources responsibility at European libraries, to offer their staff the opportunity to do an international internship.

Health Libraries Australia Report for EAHIL

Ann Ritchie
Convenor Health Libraries Australia
(the national health group of the Australian Library and Information Association)
ann.ritchie@alia.org.au

I was very pleased to be able to attend the combined ICML/EAHIL 2017 conference in Dublin in July this year, and to join the EAHIL Board for an item on the agenda on international issues. This was a great opportunity to be updated and discuss emerging trends, challenges and opportunities for collaboration for our profession and our associations, and I congratulate the EAHIL Board for convening this group.

In Australia, the challenges for the health library sector in addition to the perennial resourcing issues which have really become the status quo, are mostly in the areas of workforce, education, and health library service delivery models. They include the following topics:

- recruiting new graduates to health librarianship to offset a predicted workforce shortage – there are 2 health librarians due to retire in the next 1 to 5 years for every one person recruited in the past 5 years (Kammermann, 2016[1]);
- developing our next generation of health library leaders and managers;
- engaging with library schools to ensure a flow of new recruits who are "job ready" and to provide relevant and high quality Continuing Professional Development (CPD) opportunities to upskill the current workforce;
- updating the HLA competencies in the light of the recent review of the MLA competencies[2];
- ongoing development of competency-based CPD certification and training programs to shape our workforce;
- updating the current Health Libraries' Guidelines[3] to be dynamic, evidence-based, aspirational and practical;
- relationships with the wider health information workforce[4] – this includes health informaticians, health records managers and coders, data analysts, health librarians, etc. HLA is a partner in implementing education and workforce strategies, including research projects to develop a health information workforce census and mapping the workforce's professional competencies;
- pursuing internationalism on issues which need global cooperation rather than following nationalistic trends which are leading to inwardly focused and individualistic approaches;
- the evolving academic health sciences model with health libraries as service partners (i.e. not just perceived as a 'support'), for example, in systematic reviews and research data management;

- academic and consumer health literacies, partnering with consumers and provision of consumer health information;
- integrating hospital libraries' collections, services and roles with Electronic Health Records, Clinical Decision Support Systems (for example, point-of-care resources, computerised physician order sets), and patient information;
- service models in academic health libraries – subject specialist faculty liaisons vs generic research and teaching/learning structures;
- an Australian version of PubMed Central or Europe PubMed Central is missing in the Australian national research information infrastructure.

Following the meeting, our two associations signed an MoU, and agreed to progressing issues of mutual interest.

Fig. 1. *Maurella Della Seta, EAHIL's President, is signing the Memorandum of Understanding with ALIA's Health Libraries Australia Convenor, Ann Ritchie, following the EAHIL Board meeting, June 2017. We have agreed to progressing issues we have in common.*

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[1] Kammermann M. 2016. Census of Australian Health Libraries and Health Librarians worksing outside the traditional library setting: the final report of the Anne Harrison Award Project conducted between October 2014-February 2015. ALIA/HLA. 2015. https://www.alia.org.au/groups/HLA/hla-demonstrating-value

[2] MLA Competencies for Lifelong Learning and Professional Success (http://www.mlanet.org/page/test-competencies

[3] Health Libraries Australia. 2008. Guidelines for Australian Health Libraries, 4th edition. Australian Library and Information Association, Canberra. http://www.alia.org.au/sites/default/files/documents/Guidelines.fo_.Aust_.Hlth_.reading.pdf

[4] see the Health Information Workforce Summit 2016 summary and action plan https://www.alia.org.au/groups/HLA

National Library of Medicine report for EAHIL

Dianne Babski

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National Library of Medicine
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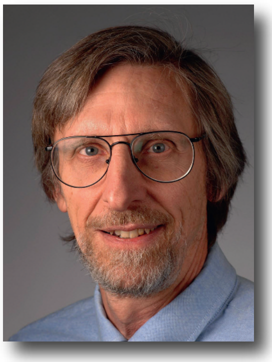
http://www.nlm.nih.gov/



New Director of the National Center for Biotechnology Information

I am excited to share the news that NLM Director Patti Brennan, RN, PhD, has appointed Jim Ostell, PhD, as director of NLM's National Center for Biotechnology Information (NCBI). Jim has been with NCBI since it was established by Congress in 1988 and has helped shape it into one of the most widely used biomedical resources in the world.

Prior to his appointment as NCBI Director, Dr. Ostell served as chief of the NCBI Information Engineering Branch. In that role, he was responsible for designing, developing, building and deploying production resources at NCBI. In 2007, Dr. Ostell was elected to the Institute of Medicine (now the National Academy of Medicine). In 2011, he was named an NIH Distinguished Investigator, an honor reserved for NIH's most distinguished senior investigators at the highest level of career accomplishment.

Dr. Ostell brings a wealth of insight and experience, as well as vision, creativity, and a deep commitment to public service. Read more about Jim in the NLM in Focus article, "More Twists than a Double Helix: Jim Ostell's Surprising Path-Part 1."

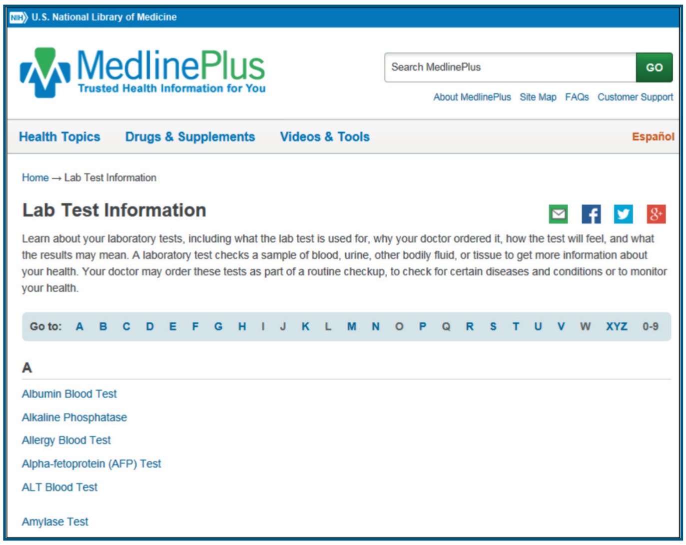
Guidance provided to help authors publish in reputable journals

The National Institutes of Health (NIH) published a Guide notice (NOT-OD-18-011) in November that encourages authors to publish their results in reputable journals. The notice identifies several resources authors can consult when considering publishing options, including Think Check Submit, a publishing industry resource, and consumer information on predatory journals from the Federal Trade Commission.

While many publishers produce quality journals with sound editorial practices, effective peer review, and scientific merit, it can often be difficult for a researcher author to evaluate these factors. This is where our skills, as Librarians can be most helpful in our organizations — guiding our researchers to high-quality journals!

Lab Test Information Available in MedlinePlus

MedlinePlus, NLM's consumer-friendly web site provides information about diseases, conditions, and wellness issues now includes lab test information in English and Spanish.

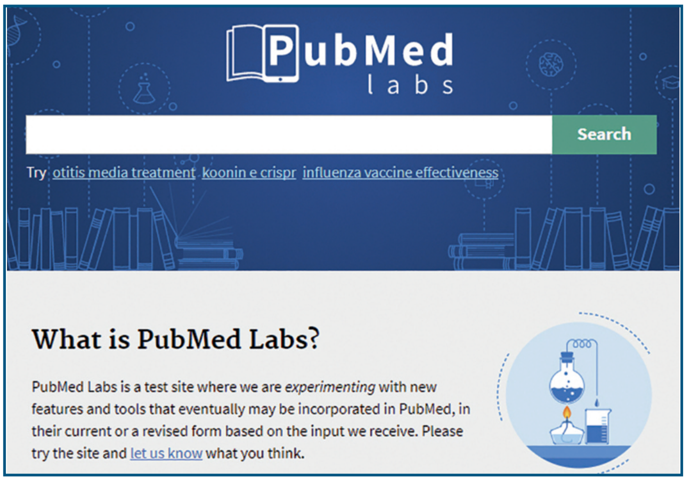


Lab Test Information

Learn about your laboratory tests, including what the lab test is used for, why your doctor ordered it, how the test will feel, and what the results may mean. A laboratory test checks a sample of blood, urine, other bodily fluid, or tissue to get more information about your health. Your doctor may order these tests as part of a routine checkup, to check for certain diseases and conditions or to monitor your health.

A

Albumin Blood Test
Alkaline Phosphatase
Allergy Blood Test
Alpha-fetoprotein (AFP) Test
ALT Blood Test
Amylase Test



What is PubMed Labs?

PubMed Labs is a test site where we are *experimenting* with new features and tools that eventually may be incorporated in PubMed, in their current or a revised form based on the input we receive. Please try the site and let us know what you think.

MedlinePlus currently has over 50 lab tests listed with more being added. This resource provides information about laboratory tests, including what the lab test is used for, why your doctor ordered it, how the test will feel, and what the results may mean.

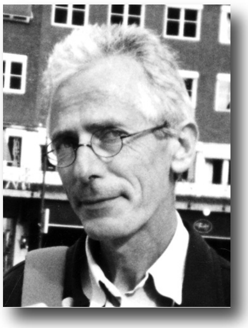
Many customers have asked for lab test information and we are very pleased to be able to provide it.

PubMed Labs: new experimental PubMed search interface

We are experimenting with a new PubMed search algorithm and mobile user interface, and want your feedback. You can try out these experimental elements at PubMed Labs, a "sandbox" created for the testing potential new PubMed features and gathering user feedback. PubMed Labs only includes limited PubMed features, not the full set of tools, like MyNCBI.

The absence of any feature or tool does not mean we plan to eliminate it from PubMed; it simply means we are not testing it now. Please try the site and let us know what you think, we appreciate your feedback!

[collected during August to October 2017]



Benoit Thirion

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The goal of this section is to have a look at references from non-medical librarian journals, but interesting for medical librarians. Acknowledgement to Informed Librarian Online.

FREE ACCESS

1. Khalid Mahmood. **SCImago Journal Rank indicator: A viable alternative to Journal Impact Factor for dental journals**
   LIBRES, 26(2):144-151.
   This paper investigated the possibility of SCImago Journal Rank (SJR) indicator as an alternative to the Journal Impact Factor (JIF) in the field of dentistry.
   http://www.libres-ejournal.info/2457/

2. Robyn B. Reed & Nancy J. Butkovich. **Comparison of data and informatics responsibilities and job titles between academic STEM and medical librarians**
   Issues in Science and Technology Librarianship Summer 2017
   Discussions abound regarding current and future roles of academic science and medical librarians. As changes in scientific approaches, technology, scholarly communication, and funding mechanisms occur, libraries supporting scientific areas must be equipped to handle the various needs of these researchers. The purpose of this study was to examine how academic STEM (Science, Technology, Engineering, Mathematics) and medical libraries are responding to these changes, specifically in the areas of data and informatics support
   http://istl.org/17-summer/refereed3.html

3. Joanne Munn, Jann Small. **What is the best way to develop information literacy and academic skills of first year health science students? A systematic review**
   Evidence Based Library and Information Practice 2017;12(3):56-94.
   Objective – This systematic review sought to identify evidence for best practice to support the development of information literacy and academic skills of first year undergraduate health science students
   https://journals.library.ualberta.ca/eblip/index.php/EBLIP/article/view/28541

4. Talitha Rosa Matlin, Tricia Lantzy. **Maintaining quality while expanding our reach: Using online information literacy tutorials in the sciences and health sciences**
   Evidence Based Library and Information Practice 2017;12(3):95-113
   Objective – This article aims to assess student achievement of higher-order information literacy learning outcomes from online tutorials as compared to in-person instruction in science and health science courses
   https://journals.library.ualberta.ca/eblip/index.php/EBLIP/article/view/29129

5. Ellen Nierenberg. **A comparison of nursing and teacher education students' information literacy learning: Results from Norway, 2016**
College & Research Libraries 2017;78(5 July)
This study measures first-year undergraduate students' self-assessments and learning outcomes in information literacy skills in their first months of higher education in Norway. Comparisons are made between nursing students and teacher education students. Surveys were conducted before the library's information literacy course and after both library instruction and the submission of an academic paper in which citations were required.
http://crl.acrl.org/index.php/crl/article/view/16715

6. Whitney Wanda, Keselman Alla, Humphreys Betsy. **Libraries and librarians: Key partners for progress in health literacy research and practice**
Information Services & Use 2017;37(1):85-100
The field of librarianship has a history of involvement in patient education, general literacy and information literacy efforts. This history and prominent placement in communities make libraries and librarians an excellent resource in advancing health literacy practice and research. This chapter provides an overview of health literacy and health information literacy efforts in US libraries over the past two decades.
http://content.iospress.com/articles/information-services-and-use/isu821

7. Misha Teplitskiy, Grace Lu and Eamon Duede. **Amplifying the impact of open access: Wikipedia and the diffusion of science**
Journal of the Association for Information Science and Technology, 68: 2116-2127 doi:10.1002/asi.23687
With the rise of Wikipedia as a first-stop source for scientific information, it is important to understand whether Wikipedia draws upon the research that scientists value most. Here we identify the 250 most heavily used journals in each of 26 research fields (4,721 journals, 19.4M articles) indexed by the Scopus database, and test whether topic, academic status, and accessibility make articles from these journals more or less likely to be referenced on Wikipedia.
http://onlinelibrary.wiley.com/doi/10.1002/asi.23687/full

ABSTRACTS ONLY

1. Cynthia L. Sheffield, Lorenzo M. Refolo, Suzana S. Petanceska & R. James King. **A Librarian's role in improving rigor in research – AlzPED: Alzheimer's Disease Preclinical Efficacy Database**
Science & Technology Libraries Volume 36, 2017 - Issue 3
Alzheimer's disease (AD) is debilitating and costly. The US National Institutes of Health Library (NIH Library) and the National Institute on Aging have collaborated to develop a database that is focused on preclinical AD research: the Alzheimer's Preclinical Efficacy Database (AlzPED) [alzped.nia.nih.gov]. An in-depth look at the preclinical literature concerning AD demonstrates problems that can be symptomatic of the preclinical or laboratory study literature in general. There is an urgent need for better reporting within the AD research community, and this community could benefit from the skills Medical Librarians provide.
http://dx.doi.org/10.1080/0194262X.2017.1340223

2. Joseph Vincze. **25 healthcare mobile apps for consumers**
Library Hi Tech News, Vol. 34 Issue: 7, pp.16-23
The purpose of this paper is to provide a curated sample of consumer healthcare mobile apps that can be recommended to library patrons for obtaining health-related information and/or monitor and track their health.
https://doi.org/10.1108/LHTN-07-2017-0052

3. Kyoung Hee Joung, Jennifer Rowley, Laura Sbaffi. **Medical and health sciences academics' behaviours and attitudes towards open access publishing in scholarly journals a perspective from South Korea**
   Information Development Oct 4, 2017 | OnlineFirst
   This article seeks to extend the knowledge of the behaviour and attitudes towards open access publishing through a survey that focusses on the attitudes and behaviours of academic researchers in Korea working in medicine and healthcare. Issues covered include: use of and intentions regarding OAP, and perceptions regarding advantages and disadvantages of OAP, journal article publication services, peer review, and re-use.
   https://doi.org/10.1177/0266666917736360

4. Mohammadamin Erfanmanesh. **Status and quality of open access journals in Scopus**
   Collection Building, Vol. 36 Issue: 4, pp.155-162
   Purpose: This study aims to provide an extensive overview of OA journals' status and quality in 27 research areas based on all Scopus-indexed journals. It shows the volume of OA journals, proportion of publications in OA journals and the quality of these journals in comparison with subscription-based counterparts.
   https://doi.org/10.1108/CB-02-2017-0007

5. Ellen L. Rubenstein. **"I didn't learn that in library school" – Experiential learning in consumer health for future public librarians**
   Library Trends Volume 66, Number 1, Summer 2017 pp. 37-51
   This article discusses issues related to health information access as it relates to public libraries, and suggests practice-based options that could be useful for students preparing for careers in public libraries.
   https://muse.jhu.edu/article/670312

6. Jill White. **Practice-based learning as a tool for developing cultural competence in dietetics education and nutrition science: Connections with library and information science**
   Library Trends Volume 66, Number 1, Summer 2017 pp. 52-65
   This article provides a brief overview of the ways in which that has been achieved to date, and references the role of the library as a partner in advocating for greater equity and access to health information and food.
   https://muse.jhu.edu/article/670

7. Lewis G. Liu and Harold Gee. **Determining whether commercial publishers overcharge libraries for scholarly journals in the fields of science, technology, and medicine, with a semilogarithmic econometric model**
   The Library Quarterly 87, no. 2 (April 2017): 150-172
   The issue of whether commercial publishers overcharge libraries for scholarly journal subscriptions has been an important practical concern for researchers and practicing librarians for decades. Recent studies of the issue have not been able to move the research literature toward a consensus but rather have created more controversy. This study addresses this debate in the fields of science, technology, and medicine. More important, an appropriate research methodology is used, including an effective econometric model, a large sample size, and regression analyses by subject area.
   https://doi.org/10.1086/690736

8. Emily Vardell & Deborah H. Charbonneau. **Health insurance literacy and roles for reference librarian involvement**
   The Reference Librarian Volume 58, 2017 - Issue 2 pp. 124-135
   The role of librarians in addressing health insurance information needs emerged following a request from President Barack Obama for librarians to assist the public with navigating the Affordable Care Act and the

Health Insurance Marketplace. The goal of this article is to highlight a number of concrete ways reference work could be expanded, especially in public library settings, to support health insurance literacy concerns by offering illustrative examples and recommendations for authoritative health insurance information resources.
http://dx.doi.org/10.1080/02763877.2016.1228096

9. Maryam Okhovati *et al.* **Exploring the usability of the central library websites of medical sciences universities**
Journal of Librarianship and Information Science Volume: 49 issue: 3, pp. 246-255
This research aims to determine the usability of the central library websites of medical sciences universities in Iran. This was a descriptive, cross-sectional study which employed a heuristic evaluation method to evaluate the usability of the websites.
https://doi.org/10.1177/0961000616650932

10. Ifeanyi Jonas Ezema, Omwoyo Bosire Onyancha. **Citation impact of health and medical journals in Africa: Does open accessibility matter?**
The Electronic Library 2017 Volume 35 Issue 3
Purpose This study was conducted to examine whether open accessibility of medical journals published in Africa may influence the journals' citation impact. Design/methodology/approach An evaluative informetric research approach was used to compare 134 health and medical journals hosted in the African Journals Online (AJOL) database.
https://doi.org/10.1108/EL-11-2016-0245

Publications and new products

Letizia Sampaolo

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Dear friends,
since Christmas time is here, I'd like to suggest a good book to read by a cozy fireplace. To the purpose, I have been sifting the Internet Archive (https://archive.org) and finally have come across The Birds' Christmas Carol, a story by Kate Douglas Wiggins. The author printed it privately in 1886 and published in 1888 to help fund the Silver Street Free Kindergarten, which she founded in 1878. The novel tells about Carol Bird, a Christmas-born child, who is an unusually loving and generous girl with a positive effect on everyone with whom she comes into contact. She has a large family and several older brothers. Most of the brief novel's plot involves Carol making plans for a Christmas celebration for the nine Ruggles children, a poor, working-class family living near the Birds.
Wiggin's story is primarily a moral tale about a saintly child, but unlike many other such stories of the period, Carol is interestingly intelligent and cheerful instead of pious, like the girls of that time were expected to be. The story is also brightened by many humorous touches, particularly in the scenes of the Ruggles family's home life.
This little precious novel if downloadable free at the Internet Archive (https://archive.org/details/birdchristmascarol00wiggrich?q=christmas+carol). Enjoy the read!

JOURNAL ISSUES

Health Information and Libraries Journal: Contents of December issue 2017

Original articles

Clinical information seeking in traumatic brain injury: a survey of Veterans Health Administration polytrauma care team members
Hogan T, Martinez R, Evans C, Saban K, Proescher E, Steiner M, Smith B
Health information needs of pregnant women: information sources, motives and barriers
Kamali S, Ahmadian L, Khajouei R, Bahaadinbeigy K

Regular features

- **International perspectives and initiatives**

Health sciences libraries in the United States: new directions
Epstein BA

- **Dissertations into practice**

The story continues: an overview of the 'Dissertations into practice' feature
Marshall A

- **Review Articles**

Consumer health information seeking in social media: a literature review
Zhao Y, Zhang J

- **Editorials**

Health information practice: integrating, inspiring and innovating
Marshall A
Engaging in research: challenges and opportunities for health library and information professionals
Murphy J
The role of the health information professional
Marshall A

- **Regular Features**

Editorial: patient information comes of age
Murphy J

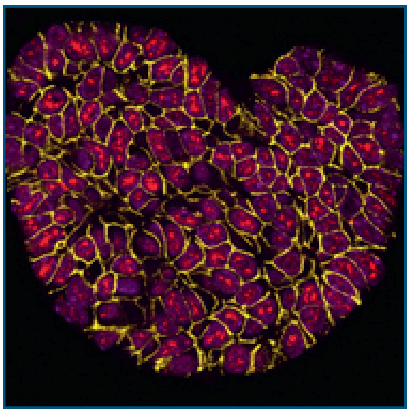
- **Editorials**

Increasing impact in a time of decreasing budgets
Sutton A
Meeting the challenges of clinical information provision
Spring H

FROM THE WEB

- **What Is Microlearning And Why You Should Care**
  Microlearning is defined as any brief and targeted learning object that spans between 3 to 6 minutes, focused on specific learning outcomes. It is not a new concept, having been around for years. Notwithstanding this, it is not used as much as it should, as it is an effective adult learning too. Read the interesting article at https://www.talentlms.com/blog/what-is-microlearning-and-its-benefits/.

- **BMC "Research in Progress" photo competition: the winning images**
  BioMedCentral announced the winning entries of their BMC "Research in progress" photography competition.
  The winning image is by Sarah Boyle from the Centre for Cancer Biology, Adelaide, South Australia. The title is "I Heart Research".
  Participants were asked for inspiring images reflecting curiosity and innovation across the four categories people at work, close-ups of equipment, plants and animals and microscopy. The resulting entries were stunning indeed….. Have a look at http://blogs.biomedcentral.com/bmcblog/2017/09/29/bmc-research-in-progress-photo-competition-the-winning-images/



FORTHCOMING EVENTS

January 22-26, 2018, Timisoara, Romania
4th International Winter School on Big Data
For further information: http://www.eblida.org/freeze-url/4th-international-winter-school-on-big-data.html
March 28, 2018, Grenoble, France
7th International Workshop on Bibliometric-enhanced Information Retrieval (BIR 2018)
For further information: http://www.eblida.org/freeze-url/bir-2018.html

April 17-20, 2018, Anatalya, Turkey
ANKOSLink2018 International Conference (organized by the Anatolian University Libraries Consortium)
For further information: http://www.eblida.org/freeze-url/ankoslink-2018.html

June 13 - 15, 2018, Zadar, Croatia
Libraries in the Digital Age (LIDA) 2018
For further information: http://www.eblida.org/freeze-url/lida-2018.html

August 24-30, 2018, Kuala Lumpur, Malaysia
Transform Libraries, Transform Societies. World Library and Information Congress.
84th IFLA General Conference and Assembly
For further information: https://2018.ifla.org/cfp-calls/health-and-biosciences-libraries-section

September 10 - 11, 2018, Pisa, Italy
FEIS - International Symposium on the Future of Education in Information Science
For further information: http://www.eblida.org/freeze-url/feis-2018.html

October 9-11, 2018, Kraków, Poland
ISIC 2018 – The Information Conference
For further information: http://www.isic2018.com/, https://www.facebook.com/isic2018/,
https://twitter.com/ISIC2018

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EAHIL 2018

Caerdydd • Cardiff

Inspiring • Involving • Informing

Welcome to the first European Association for Health Information and Libraries (EAHIL) Conference to be held at the Royal Welsh College of Music and Drama in Cardiff, the capital of Wales 9-13 July 2018.

Come and join us as we explore the ways in which we are ‘Inspiring, Involving and Informing: Improving the Health and Wellbeing of the Citizens of Europe.’

The Local Organising Committee in partnership with the International Programme Committee is planning an exciting, challenging and different programme for all conference delegates within the themes: Impact and value; Innovation; Information for the public, patients and carers; Arts Health and Wellbeing; Global Health.

Types of presentations and workshops

There will be four types of presentations and workshops:

- Continuing Education Courses (9 and 10 July)
- Parallel sessions: Interactive and hands on workshops
- Parallel sessions: Lecture style with panel discussion and questions
- Digital Poster exhibition

The poster exhibition will be electronic for the first time at an EAHIL Conference. You will be asked to send a JPEG of your poster to the Cardiff exhibition team and we will do the rest. All posters will be available on e-poster monitors in the conference exhibition and on the conference website. These electronic posters will also be available for the online CPD EAHIL courses.

A full trade exhibition is also being planned and there will be plenty of time in the programme schedule for delegates to meet with the exhibitors.

Contact us at:

EAHILCardiff2018@gmail.com

www.eahilcardiff2018.wordpress.com

Sue Thomas Chair Local Organising Committee: suejackt@gmail.com

INSTRUCTIONS FOR AUTHORS JEAHIL

JEAHIL is the official *Journal of the European Association for Health Information and Libraries* (EAHIL). It publishes original articles, reviews, theme issues and brief communications in the field of health information and libraries. It also publishes news from EAHIL and from other medical library associations, meeting reports, product reviews, opinion and discussion papers and news items. No article submission/processing charges apply to authors. The aim of the European Association for Health Information and Libraries is to unite and motivate librarians and information officers working in medical and health science libraries in Europe. EAHIL encourages professional development, improves cooperation and enables exchanges of experience amongst its members.

Manuscript submission

Manuscripts should be submitted by the corresponding author electronically to the Chief Editor, Federica Napolitani, federica.napolitani@iss.it, accompanied by a presentation letter. Articles presented for publication on *JEAHIL* must be original and will be submitted to qualified referees before publication. At present, articles are reviewed mainly by the members of the editorial board. Papers in monographic issues are reviewed by the guest editors. The peer review process is single blind. Authors of submitted papers must accept editing and reuse of published material by EAHIL including electronic publishing on the EAHIL website. Reproduction of articles or part of them should be previously authorized.

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- Original articles should be accompanied by an abstract of up to 120 words and should also include key words, up to a maximum number of five MeSH terms (www.nlm.nih.gov/mesh/MBrowser.html).
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- Abbreviations should be spelled out in full the first time they occur in the text, followed by the shortened term in parentheses.
- All references in the text must be numbered in brackets and listed at the end of the article. They should be written in Vancouver style according to Uniform Requirements for Manuscript Submitted to Biomedical Journals (www.icmje.org/).
- For sample references refer to: www.nlm.nih.gov/bsd/uniform_requirements.html
- For abbreviations of periodicals refer to PubMed Journals Database (www.pubmed.gov).
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Tables and figures should always be accompanied by a legend, and be understandable without reference to the text. Numbered in Arabic numerals they should be cited in the text in round brackets and be of appropriate size for reproduction.

Submission in electronic format

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

Please note

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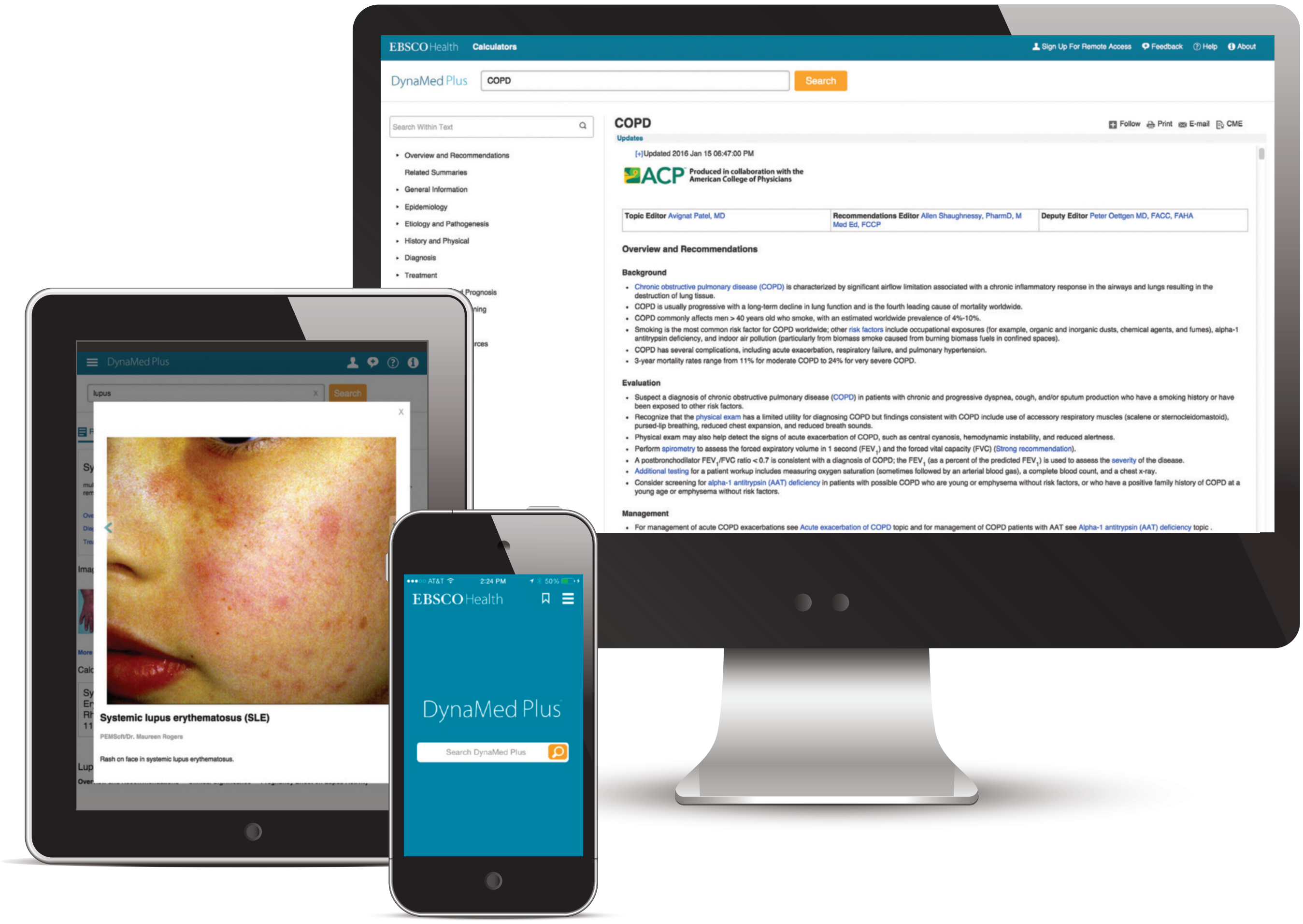

COPD

[+]Updated 2016 Jan 15 06:47:00 PM

ACP Produced in collaboration with the American College of Physicians

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Overview and Recommendations

Background

- Chronic obstructive pulmonary disease (COPD) is characterized by significant airflow limitation associated with a chronic inflammatory response in the airways and lungs resulting in the destruction of lung tissue.
- COPD is usually progressive with a long-term decline in lung function and is the fourth leading cause of mortality worldwide.
- COPD commonly affects men > 40 years old who smoke, with an estimated worldwide prevalence of 4%-10%.
- Smoking is the most common risk factor for COPD worldwide; other risk factors include occupational exposures (for example, organic and inorganic dusts, chemical agents, and fumes), alpha-1 antitrypsin deficiency, and indoor air pollution (particularly from biomass smoke caused from burning biomass fuels in confined spaces).
- COPD has several complications, including acute exacerbation, respiratory failure, and pulmonary hypertension.
- 3-year mortality rates range from 11% for moderate COPD to 24% for very severe COPD.

Evaluation

- Suspect a diagnosis of chronic obstructive pulmonary disease (COPD) in patients with chronic and progressive dyspnea, cough, and/or sputum production who have a smoking history or have been exposed to other risk factors.
- Recognize that the physical exam has a limited utility for diagnosing COPD but findings consistent with COPD include use of accessory respiratory muscles (scalene or sternocleidomastoid), pursed-lip breathing, reduced chest expansion, and reduced breath sounds.
- Physical exam may also help detect the signs of acute exacerbation of COPD, such as central cyanosis, hemodynamic instability, and reduced alertness.
- Perform spirometry to assess the forced expiratory volume in 1 second (FEV_1) and the forced vital capacity (FVC) (Strong recommendation).
- A postbronchodilator FEV_1/FVC ratio < 0.7 is consistent with a diagnosis of COPD; the FEV_1 (as a percent of the predicted FEV_1) is used to assess the severity of the disease.
- Additional testing for a patient workup includes measuring oxygen saturation (sometimes followed by an arterial blood gas), a complete blood count, and a chest x-ray.
- Consider screening for alpha-1 antitrypsin (AAT) deficiency in patients with possible COPD who are young or emphysema without risk factors, or who have a positive family history of COPD at a young age or emphysema without risk factors.

Management

- For management of acute COPD exacerbations see Acute exacerbation of COPD topic and for management of COPD patients with AAT see Alpha-1 antitrypsin (AAT) deficiency topic .

Systemic lupus erythematosus (SLE)

PEMSoft/Dr. Maureen Rogers

Rash on face in systemic lupus erythematosus.

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