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Theme Issue:
Outreach: go to customer!

14th EAHIL Conference, Rome, Italy
11 - 13 June 2014

Divided we fall, united we inform: building alliances for a new European cooperation

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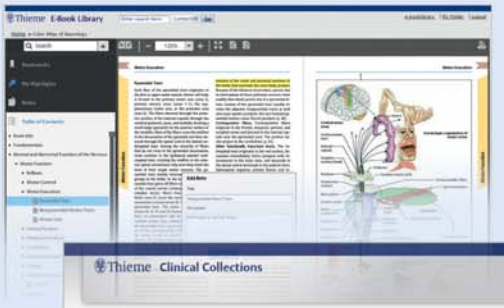

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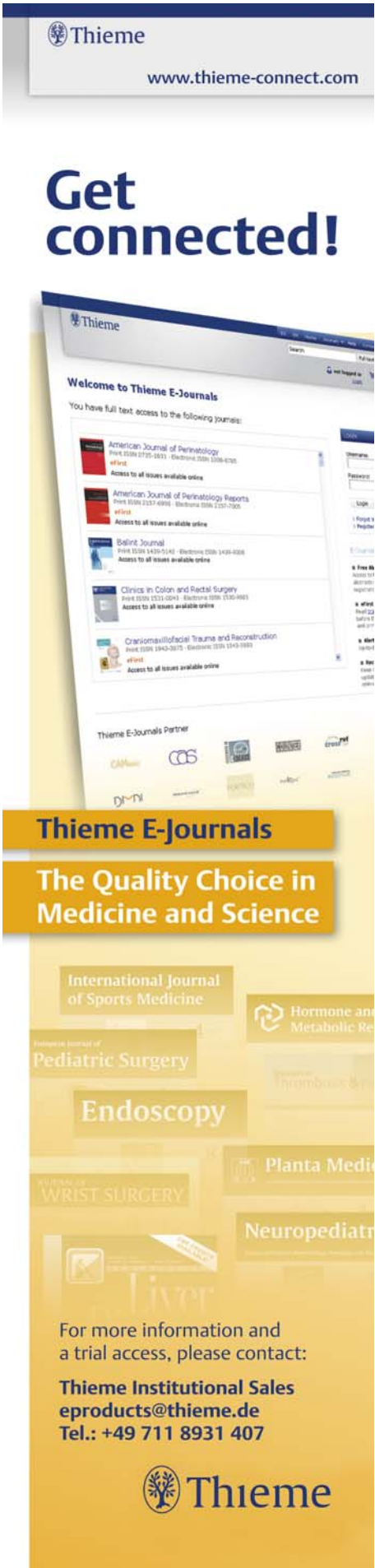

Editorial

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Hello Everyone,

I would like to thank first of all the members of the *Journal of EAHIL* Editorial Board and list all of them below as a tribute to their success in attracting some excellent articles this year. Also I would like to acknowledge the help of those who were at the Stockholm Workshop who worked hard to produce a really valuable memento of that innovative event in the September issue.

Federica Napolitani Cheyne, Italy (Assistant Editor)
Petra Wallgren Björk, Sweden
Fiona Brown, Scotland
Giovanna Miranda, Italy
Oliver Obst, Germany
Manuela Schulz, Germany
Michelle Wake, England

There is more information regarding the 14th EAHIL Conference which will take place in the wonderful city of Rome from the 11-13 June. Six scholarships of 500 euros maximum, partly sponsored by the generous support of EBSCO, will be awarded by the EAHIL Executive Board only on the submission of applications. Deadline date is the **7 January 2014**. There will be one more scholarship awarded for the 14th EAHIL conference by the *JEAHIL* Editorial Board for the best article submitted in 2012. This will be announced in the March 2014 issue.

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

2014 ISSUE	THEME	DEADLINE
March 2014	No theme issue	5th February
June 2014	Research support and scientific communication	5th May
September 2014	Memories from Rome EAHIL Conference	5th August
December 2014	The librarian of the future: education, skills, expectations	5th November

By the time you receive this issue Christmas will be near and we will be ready to welcome another new year.

To all EAHIL members, the Editorial Board would like to wish you:

A very happy Christmas and a successful 2014.

Reaching out for repositioning the library

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Abstract
In this text I briefly present three outreaching activities implemented at Danderyd University Hospital. Different scopes and methodologies used are discussed, using the concept of positioning. The aim is to show that the library's position affects what can be marketed and that any such activity will affect the library's position. It is therefore recommended that libraries choose a desired position in advance to planning outreaching activities.

Key words: libraries, hospital; personnel, hospital; marketing/methods.

Introduction
It is often said that libraries have to reach out to their users, promoting services in new ways to stay relevant and attract new users; otherwise, usage will decrease and users go elsewhere. This has resulted in the publication of numerous creative ways to market libraries and their services. However, how does one predict what will work or not in your library? Personally, I believe it depends on the answers to two questions, seemingly trival:

1) Who is reaching out to whom?
2) Why do we want to reach out?

In this text I discuss three different activities implemented at the Medical library at Danderyd University Hospital, an emergency hospital just outside Stockholm, Sweden (3,500 staff, 2,500 students in clinical placement and 4 librarians), exemplifying different answers to the questions above. The marketing concept positioning is chosen as a theoretical basis for discussion,

A hospital library may not have competitors in a traditional sense, but other information providers are battling for users' attention – Google, Amazon, Thomson-Reuters among others. All of these are trying to establish a desired position, a stronghold in the user's mind, by making the user think in specific ways: the #1 search engine, the fastest delivery service, the harder-trying company etc. The same applies to any library: it occupies a position in the users' minds, based on experiences, outreaching campaigns and many other factors. The aim to reach out to users can therefore be seen as an attempt to strengthen a library's position.

It is important to note that such a position is a mental construction and that you do not create your own position. Your actions allow your users to position you and your position affects what you can do or not. Claiming unjustly to be number one might position you as a braggart; a position based on reliability crumbles if users feel abandoned. For this reason, I think positioning is crucial in planning and evaluating outreaching activities in a library.

Meeting new staff – being helpful
To make people use the library, you must at least tell them you exist. When we were allowed to briefly present the library for newly employed personnel, the question what to say arose. Realizing how much new information they hear in the first months, we started to ponder what, if just one thing, they should remember about the library. Most staff we shall only meet that one time, so what one thing could we say to make them want to use our resources? But, really, who wants to "use a resource"? We assumed that what they actually wanted to know was that someone nice will be there to help them. In this case the library as an institution is reaching out to new staff, not yet set in their opinions of the library, and we strive for a functional position: offering unconditional help in their daily work.

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They, however, have experiences of other libraries, both public and academic. When asked what they think a hospital library does, two years ago most people answered "lending books to patients". So what could we say to change our position in their minds, from a patient's library to their starting point when looking for information – or even, the first place to go when they need help?

To reposition ourselves, we focused on their professionalism and the fact that we are only as important as they allow us to be. In post-introduction evaluation our presentation is fondly mentioned. Perhaps not too remarkable, since we simply say (among other things of course): "it is you who decide what we should do. If we cannot, we'll learn how to or at least find someone who can. Whatever help you need, don't hesitate to ask. It really is our job to make sure you get it when you need it."

That this approach was successful can be seen in two ways. Firstly, nowadays new staff do not think we are a library for patients. The first response to what we do is "finding scientific articles", so their colleagues must have told them something before they came to hear our presentation. More importantly though, the questions we are now receiving are much more diverse. That has allowed us to develop new services, essential for maintaining such a position. However, it should be noted that raising expectations might cause a backlash if you cannot meet them.

Request Searching – being professional

Basically everyone working in a hospital is short of time. Care for the patient must not be tampered with, so does anyone have any time to use the library? Early in 2012 we launched a new service, called "Request Searching", allowing anyone at the hospital to send us questions for us to search and deliver the relevant articles (or any other material). We made clear from the start that we would not deliver answers – that requires medical knowledge that we lack and they have.

At first, we simply told people that if they have not got the time to search themselves, we would do it for them. The word spread rapidly. By adding a text on the library's web page, publishing a web form to ease their requests and finally marketing the service on the intranet, it became hugely popular. Today we get about ten search requests a week, each requiring an average of two hours. We promise to contact the questioner within a day, confirming the request, asking for clarification if needed or delivering preliminary results, and that the question will be answered fully within a week. A few examples are given here:

- *does post-stroke depression increase the risk for recurrent stroke more than depression due to other causes or the first incidence of stroke in itself?*
- *is methotrexate a valid alternative to invasive procedures in ectopic pregnancy?*
- *could you send me five references for the background in my master thesis?* (We did not.)

Why do I consider this service to be an outreaching activity? For starters, most people love to have part of their job done by somebody else, so saying this makes most people ready to listen to what else we have to say. It also is a logical extension of the position based on the assistance described above. This time the librarians are reaching out as one professional to another, promoting the most important library resource i.e. the librarians' competences. This time it is not an unspecific offer to help them, but an actual promise to both save time and perform a more thorough search than they would do themselves. Again, we have to deliver. Claiming to be professionals is easy, proving it has to be done constantly. However, expectations are still somewhat low and easy to exceed.

This service also has some major advantages for us. On one hand it is a continuing education in both search techniques and reference interviewing. On the other, it gives unsurpassed information on what is going on in the hospital, making it easier to plan other outreaching activities, adapt lectures, create new services etc. Above all, it establishes a relation between the questioner and a librarian. In most cases, those satisfied with our performance tend to contact the same librarian directly next time, rather than use the web form. Creating such relations as mentioned above are extremely important, both since they make collaborations possible and since such a satisfied user will promote the library better that you ever would be able to do.

Critical appraisal – being there all the time

In March 2013 a resident physician and frequent library user came looking for an article suitable for a Journal Club (JC) at the Anesthesia Department. I told him we regularly run JCs ourselves and that we would be happy to help them. In the following months we

helped by choosing articles and provided templates for critical appraisal and other materials. I also attended every JC, participating in discussions but also helping it along by explaining some of the statistics, which was appreciated by the participants. The implementation of JC will be further discussed in a later paper; here, I will focus on why JC should be seen as an outreaching activity.

In this case, it was one librarian reaching out to one physician, already positively inclined and interested in collaboration. It might seem as an ideal setting, but it is too depending on two persons to last – and now the JC is in fact cancelled. Still, it must not in any way be considered a failure. More importantly than the number of JCs held, this was a way of marketing the depth and width of the library's competencies. We know how to find articles, but also how to read them. We know how to make good presentations and how to organize an efficient JC, among other skills not entirely apparent to most of our users. But now the former participants know and clearly are helping us in repositioning the library by telling colleagues that the library knows one thing or other about presentation technique, statistics, how to read papers and much more. Two interesting outcomes no-one could have anticipated is in fact we currently are giving classes in Excel to staff at the Emergency Department and that we now give workshops in critical appraisal to various departments.

The most important lesson learned from this experience is, though, that you need to be flexible. A solid position, based on helpfulness and professionalism as mentioned above, will make your users want to use you. Being flexible however, offering to help with new projects, offering what they want will do something better yet: it will position you as being there for them, no matter what. Promising such a thing is easy, as we do in our presentations to new staff: proving it needs to be done constantly.

What now?

Hitherto we have not evaluated the activities properly. Overlapping each other makes it hard to separate their effects. It might also prove tricky to find relevant measures. Are a high number of requested searches better than a low number? A high number could indicate anything from high workload in the departments (resulting in less time for searching on your own) to dissatisfaction with performed searches (that is, you have to ask the same question again). What if it rapidly drops?

I suggest that evaluation of such activities will have to take the library's position into account. If they position us as nothing more than helpful, why should they trust our new service in evidence-based medicine? If they position us as professionals only, what do they think we know? How to include this perspective I yet don't know. One way might be to compare expectancies before and after, perhaps including people not primarily reached. One way might be to retry attempts that failed: has your position changed enough for them to work?

Finally, what position should a library strive for? Different libraries of course have to make different choices. We are four librarians; other libraries employ hundreds of people. Ours is located in the hospital; some only exist online. I think the best way to find your desired position is consider the second question posed in the introduction: why do we want to reach out?

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Feature Article

Emerging roles means new opportunities

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Abstract
The author summarizes the key results of a survey of biomedical librarians conducted early in 2013 in the USA. The full results were presented in the Journal of the Medical Library Association in October 2013. Respondents were given a list of new roles and asked to indicate whether they had taken on that role or planned to do so in the next two years. Respondents were then asked how they were making time for new roles and how new roles affected how much they collaborated with others outside the library. The new roles described offer exciting opportunities for medical librarians to learn and grow and demonstrate their enduring value to their users.

Key words: medical librarians; roles.

Introduction

The October issue of the *Journal of the Medical Library Association (JMLA)* is a special issue devoted to emerging roles for medical librarians. I co-authored a paper in that issue, which presents the results of a survey of biomedical librarians, conducted early in 2013 (1). My co-author, Diane Cooper, and I had several purposes in mind when conducting the survey:

- identify emerging roles for biomedical librarians;
- determine how common those roles are;
- identify the barriers to adopting new roles;
- learn how librarians are making time for new roles;
- determine whether new roles are leading to increased collaboration outside the library.

I shall summarize some key results here, but then I would like to explore the implications of the results for each of us as we look for new ways to add value to our organizations.

The survey and the respondents

The survey was distributed via a variety of listservs frequented by medical librarians. We received 525 completed responses, the vast majority from the United States. A detailed breakdown of respondents is included in the full article. Respondents were given a list of new roles and asked to indicate whether they had taken on that role or planned to do so in the next two years. Respondents were then asked how they were making time for new roles, which traditional tasks they were reducing/eliminating, what barriers they faced when adopting new roles, and how new roles affected how much they collaborated with others outside the library. Non-directors were asked to respond for themselves as individuals, while directors were asked to respond on behalf of their libraries. Directors were also given a slightly different set of questions.

Key findings

Fewer than 10% of respondents said they had not added any new roles and did not plan to do so. Hospital/health facility librarians were less likely than academic librarians to indicate they had added or planned to add an emerging role. The most common roles either in place or planned were:

- analyzing/enhancing user experience;
- support for systematic reviews;
- support for social media;
- implementing researcher profiling/collaboration tools;
- helping faculty/staff with authorship issues.

The least common roles were:

- developing ontologies/taxonomies;
- public health informationist;
- bioinformatics/biosciences informationist;
- portfolio analysis (tracking of research impact within an agency/institution).

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The article breaks down the results by position, setting and a variety of other criteria.

Finding the time

We asked respondents how they were making the time to take on new roles. For non-directors, the most popular answer (53% of respondents) was, *Add new tasks onto existing workload*, which is probably not surprising. Only 27% indicated they were making time by spending less time on traditional tasks. Directors, however, told a different story. Their most popular answer, chosen by 69% of respondents, was, *Spend less time on traditional tasks*. We also asked respondents what barriers they faced when taking on new roles. Not surprisingly, both directors and non-directors indicated that lack of time is the biggest barrier.

New roles means more collaboration

At least 80% of both directors and non-directors indicated that new roles are increasing their collaboration with departments outside the library.

Discussion/opinionated pontificating

The paper includes lots of discussion about trends identified, differences between academic and hospital settings, and the limitations of the study. It makes for interesting reading (well, I think it does, but I'm biased). I'd like to use the rest of the space here, though, to explore the implications of the findings and pontificate a little about what I think they mean for all of us who make our living in biomedical libraries. As the title of this piece suggests, I see these emerging roles as opportunities for us to increase our value to our organizations and demonstrate that value in new and more visible ways. But we cannot add more and more to an already full plate and expect to be effective. So, how do we embrace new opportunities without more time or more staff?

Collaborate: we are better when we work together

As we learned from the survey, most of the emerging roles we identified involve getting out of the library and collaborating with others in our institutions. That takes time, but it also provides resources; we don't have to do everything ourselves. In fact, we will usually get better results when we work with other groups. They have access to different resources - people, funding, etc. - and bring different perspectives. And they can share the work. Here's an example of the power of collaboration from my own institution, a hospital and research center focused primarily on cancer. My library served very few patients, because we are not conveniently located for patients, and many of our patients are too frail or lack the time to trek over to us when they need more information. So, we collaborated with the Department of Supportive Care Medicine to lend Amazon Kindle Fire tablets to patients receiving chemotherapy infusions. These patients typically spend several hours tethered to an IV, a perfect opportunity to provide them with information - and entertainment. The library provides the content and the technical support to set up and manage the devices, and the Supportive Care Medicine staff distribute and manage the devices. It's still a pilot project, but several departments were sufficiently impressed by it to consider starting their own programs. We are a small library, with a staff of only 8 people. We could not have managed a project like this on our own, but by collaborating with another department, we could make it a success.

Think strategically: where can we add the most value?

In the last issue, Oliver Obst wrote about the importance of strategy. He was right. Since our resources are limited, we must think strategically when deciding which new roles to embrace. The right decision for one library may be the wrong one for another, or, as Oliver wrote, *Libraries are just like individuals. They are all quite different, have their own strengths and weaknesses, their own environment and therefore their own opportunities* (2). The key is to consider where the library can deliver outcomes that the parent organization values highly. I recommend starting with your organization's mission, vision, strategic plan, and goals, because the best results come from ideas closely linked to what is valued in your organization. Also, when evaluating trends, consider whether the library can truly contribute something of value. Are you supporting something the users really need help with, or are you trying to make the case that you can do something better than they can, when they think they are doing just fine? Online searching comes to mind here. I am sure that we librarians can teach our users how to search PubMed much more effectively, but most of them seem happy with the searches they do themselves. Instead, look for important functions that

cause users to struggle, that no one else is addressing, and that library staff seem well-suited to address. In my institution, one of those functions was getting information about publications by our authors. When I talked with various departments, it seemed like everyone needed to report on publications - for grant progress reports, strategic planning, institutional assessment, accreditation… and on and on. But there was no central database of publications by City of Hope authors, so lots of people were doing time-consuming, redundant work, and they wanted the library to help them. So we built a customized institutional repository that focused on metadata to support the kinds of reporting required here rather than on storing full text. But we will get the other benefits of an institutional repository too, along with the eternal gratitude of formerly-frustrated users.

Another possible example here is data management. In my organization, clinical research data is well-managed, with the institution providing infrastructure and expertise to support a clinical data warehouse. But basic research data is not included and is not managed centrally. Since funders are beginning to require data management plans for data generated by funded research, the library may be able to play a valuable role in managing research data.

That leads me to another suggestion: funder mandates can be opportunities. External funding for research is extremely important to my institution, so activities that support sponsored research provide an opportunity for the library to demonstrate value to the organization. These activities can also open doors and lead to new collaborations. For example, the National Institutes of Health Public Access Policy (NIH PAP), which requires authors to deposit publications resulting from NIH-funded research into PubMed Central within a year of publication, has led to a much closer relationship between our library and our researchers. By helping them comply with this important funder mandate, we have demonstrated our value, and these activities have led to other new services, such as helping researchers with bio-sketches for their NIH grants. Now that they know us and our skills, they seek us out. Many of the emerging roles from the survey relate to support for research, suggesting that librarians are developing closer ties to the research enterprise. In the US, at least, I suspect that the NIH PAP has helped lead to these new relationships.

Make the tough choices: we can't do everything

I can almost hear some of you saying, "Yes, that's great, but how can I find time to do these cool new things?" You aren't alone; every time I go to a conference and hear about some great new library program, I wonder how I can add anything to an already full plate. Yet I know we have to adapt to survive, and these new roles represent great opportunities to demonstrate the value of libraries - and librarians - to our institutions. So, how do we make time to do new things? I don't have any easy answers (sorry), but I will share my philosophy and approach when confronted with this problem. I recommend we consider where we are spending time on lower-value activities. Note that I didn't say, "no value," but "lower value." When I have been involved in discussions about giving up traditional activities to make time for new roles, what I usually hear is, "But this work is valuable!" Or, "We have to keep doing it, because it's important." Of course it's valuable and important. If it weren't, we wouldn't be doing it. But I recommend we consider three questions:

1) Is the old work more important than the new work we could be doing?
2) Do *we* have to keep doing it, or can someone else do it, so we can explore new opportunities?
3) What's the worst that will happen if we stop doing it?

The first question is a critical one that, in my experience, doesn't get asked often enough. There seems to be a built-in bias toward work we're already doing, an assumption that if we take on something new, we have to add it to our existing workload rather than discontinuing something else to make room for it. The survey results, at least among non-directors, illustrate that point. I recommend we consider all activities, both those we are already doing and those we are considering, rank them on the same scale, and then decide what we are going to do and what we are going to drop. Once we have done that, we can ask ourselves the second question. Maybe we do not have to stop the legacy activity; maybe we can get someone else to do it. I can think of several options here: outsource the activity to a vendor, delegate the activity to a different type of staff member, or automate it. All of these options are especially popular with technical services work. We outsource cataloging, and now with big deals and patron driven acquisitions, we are

outsourcing selection to vendors and our users. We also delegate tasks to paraprofessionals that used to be done by librarians –copy cataloging, circulation management, even routine reference and online searching. There may be additional opportunities to delegate, which frees up librarian time while also creating new opportunities for our paraprofessionals, giving them more responsibility and autonomy. We might also be able to get another department to take on some responsibilities. And, of course, we may be able to delegate tasks to our computers. Librarians have done that for decades, but I still see lots of manual, repetitive work being done in libraries that probably could be automated.

Finally, there's that third question. It's normal to feel uncomfortable at the idea of giving up an activity that you have invested many years of time and care in doing. But sometimes it can be very liberating to consider - honestly - what would really happen if you stopped doing that task. And is it really that bad? You may find out that you really can give something up to take advantage of a new opportunity, and it won't cause the end of civilization as we know it.

The new roles described in the current issue of *JMLA* offer exciting opportunities for us to learn, grow, and demonstrate our enduring value to our funders – and ourselves. Many of them make us partners with our users rather than merely assistants. But if we are to embrace these new opportunities, we have to be willing to let go of the work – and the fears – that hold us back. Let's do it!

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Feature Article

Using Twitter for professional knowledge

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Abstract
This paper describes how librarians can use Twitter to communicate and network professionally. It will discuss the basics of using Twitter and several examples of its use for professional communication by medical librarians..

Key words: social networking; librarians; education, professional.

Introduction

Twitter is a type of microblogging service, where messages are only 140 characters or less. Messages, also known as tweets, can be text, images, videos, or links to websites. While Twitter is one of the more popular microblogging services, others such as Tumblr, Plurk, and Instagram are other examples that focus on specific microblog features. Facebook and Google+ status updates are also considered a form of microblogging. This paper will focus on the use of Twitter by medical librarians for professional communication, networking and information. Twitter is free and offers users protected and open accounts. Protected accounts require people to accept followers while an open account is viewable by anyone. Each account type has its benefits and limitations for professional communication. The benefit of a protected account is that the user knows exactly who will be seeing his messages. Since only authorized people can view the tweets, people with protected account cannot effectively participate in group discussions. The ability to participate in group discussions and have serendipitous responses from outside of the twitter's usual sphere of followers is a benefit. However, having an open account means the twitter's posts are available and open to everybody which could be a risk depending on the content of the post.

Twitter basics

In order to participate effectively on Twitter; it is helpful to know some of the basics for posting and communicating.

- typing @ and a person's Twitter name means the message is directed toward them or about them. Clicking reply to a person's tweet will do this. If a person has a protected Twitter account then they will not see the any messages directed toward them unless they are following the sender;
- a hashtag is a way of indexing tweets according to a subject. For example, #medlibs is the hashtag people use to index tweets of particular interest to medical librarians;
- the initials RT indicate what is known as a "re-tweet." Re-tweets are usually done when somebody wants to share to their followers what somebody has already tweeted;
- private messages from one person's Twitter account to another can be done by typing a D in front of the person's Twitter name. Direct messages can only sent to people who follow each other;
- following someone on Twitter means the librarian subscribes to their posts. The posts, also known as tweets, appear in the user's Twitter feed. Twitter users can follow and be followed;
- a Twitter feed is the stream of tweets the user subscribes to and displayed in chronological order.

Twitter provides a page which includes these basics as well as many other frequently asked questions for new users (1). When selecting a Twitter name it is important to have a balance between brevity and professionalism as the username counts toward the 140 character limit. Librarians wishing to use Twitter for professional communication should include

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information identifying themselves and their library interests. It is also recommended they also include disclaimer stating the posts are the opinion of the librarian not the institution.

The Twitter feed is comprised of the people the librarian is following. Following other librarians will primarily lead to tweets on librarianship. Following celebrities will primarily lead to tweets on pop culture. While it is important to follow people within professional disciplines, librarians will want to make sure they follow related professional groups such as doctors, nurses, the technology savvy, and library vendors to view diverse relevant information in their feed. The people a user follows determines the type of information viewed in Twitter. It is all about following the right people.

Professional use of Twitter

Much of the library literature focuses on the use of Twitter to reach library users and to connect and interact with them. As with many types of social media this is a valid form of outreach. However there is another reason for librarians to use Twitter, inter-professional communications. Librarians use email, listserves, blogs, wikis and other methods to communicate professionally. Twitter is just another method. According to a study of LIS professionals, Bekti Mulatiningsih discovered librarians use Twitter in their professional practice to stay connected, build networks, and stay informed (2).

Conferences

More and more librarians are using Twitter during conferences. Twitter was officially promoted by the National Program Committee for the 2011 Medical Library Association Annual Meeting in Minneapolis, Minnesota and had 338 participants with a total of 5125 tweets from May 8, 2001 to December 17, 2011 (3). Three years later at Medical Library Association Annual Meeting in Boston there were 567 participants with a total of 8,383 tweets during from April 28, 2013 to October 27, 2013 (4). Attendees as well as those unable to attend the meeting are able to stay connected to the conference proceedings through the use of Twitter. Often there are multiple and conflicting sessions during conferences making it impossible for attendees to be present at each one. Twitter allows attendees and non-attendees to stay connected with the conference events as people ask questions and pose comments about the sessions. Conferences now tend to promote the conference hashtag to make it easier for people to follow and participated online. The hashtag for each MLA conference follows a specific trend. It is the hashtag #mlanet followed by the last two digits in the year. The Boston meeting was #mlanet13, the meeting in Chicago will be #mlanet14. The use of Twitter does not just occur the day or days of the actual conference. Reinhardt noted conference tweets also occurred prior from the organizers and anticipatory attendees and after the conference from organizers offering thanks and attendees posting links to their post conference reflections on their blogs (5). The statistics from both the Minneapolis meeting and Boston meeting show Twitter activity before and after the meeting. The last tweet to use the #mlanet11 hashtag was posted December 17, 2011 and the last tweet to use the #mlanet13 was posted on October 25, 2013 (3, 4).

Weekly group discussion

Conferences are not the only time when medical librarians will post on Twitter and discuss as a group. Twitter offers an ideal way for librarians to network and meet as a group to discuss items of interest and learn. Mulatiningsih *et al.* considers Twitter to be a personal learning network, where the "learning network is cultivated by each individual and is therefore personal in nature" (2). The medical librarians in the United States have cultivated a learning network. Instead of meeting in person, they meet virtually online weekly to discuss topics within the online medical library network #medlibs. The #medlibs chat meets every Thursday at 9:00 New York time. Topics are chosen ahead of time. A calendar on the #medlibs blog http://medlibschat.blogspot.com/ displays the topic and the name of the host/moderator (6). The host is responsible for writing a brief blog post for the #medlibs blog describing the topic and the points that will be discussed during the chat. The post gives chat participants with background information and provides some structure for the group. The host is also responsible for moderating the chat and keeping the discussion flowing. The chat is recorded and transcripts are available online from the #medlibs blog.

Daily information and communication

Staying informed is important to librarians and Twitter is one tool librarians are using to stay informed. Analysis of the data from a survey, Mulatiningsih confirmed that librarians use Twitter as an awareness tool to "keep up to date with the latest trends in the LIS sector" (2). This is further illustrates the need for

librarians to thoughtfully choose the people they follow on Twitter. "In Twittersphere, it is critical to choose the right people to follow because they will be the user's personal information filter who will pre-screen information for them (2)". Not only do librarians get information from those the follow but they can also use hashtags to "follow" or monitor key topics of interest to librarians. For example, the hashtag #medlibs is used for more than just the Thursday discussion group. Medical librarians often use #medlibs in their tweets to indicate it is of potential interest to medical libraries. Librarians who monitor the #medlibs hashtag are able to view tweets from users with open account regardless of whether they are following them. This not only allows the librarian to stay informed with issues related to medical libraries but it also exposes the librarian to other Twitters to follow. Twitter users can be creative with the terms they wish to follow if it meets their information needs. The Greater Midwest Region of the National Network of Libraries of Medicine Technology Forum at the Midwest Chapter of the Medical Libraries Association 2013 Annual Meeting focused on the use of social media during disasters. Kacy Allgood is an embedded librarian within an emergency medical service department in Indianapolis, Indiana. Her Twitter bio states she is "Ambulance riding librarian. Information professional embedded in the prehospital emergency medical services and disaster preparedness. Allgood described the various keywords she used to monitor Twitter for information related to her job as librarian serving emergency medical services and disaster preparedness teams. Allgood noted the terms explosion, storm, disaster, etc. are all terms she has used to stay informed on Twitter (7).

Conclusions

The number of librarians using Twitter is increasing. Medical librarians are using it in conjunction with other communication methods to connect, network and stay informed. They are using it to connect to individuals for personal and group discussion. They are using it to stay informed with trends and events in medical librarianship as well as events related to their professional interests or job duties. Library vendors are present in the Twittersphere and they send updates to their products and answer questions regarding their products via Twitter. Librarians following their vendors are able to stay informed of updates and have been able to troubleshoot problems just as they would via email. Twitter is a valid social media tool for professional communication.

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The library without walls: how we moved out of the Welch Library Building and continued to improve our services

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Abstract
The author describes the experiences of the staff at the Welch Medical Library during the past year as they faced the closing of the library building and the division of staff across multiple locations both on and off campus. The author discusses the strategies the informationists used to stay in contact with dispersed colleagues and library patrons. New programs and research partnerships are also presented to demonstrate the continued high quality library services to the campus.

Key words: library services; libraries, medical.

As of January 1, 2013 the staff of the William H. Welch Medical Library moved out of the historic building and into two separate spaces following an extensive planning process that involved constituents from the entire Johns Hopkins Medical Institutions. The informationist services remain on the same East Baltimore campus as the original library building, just one block further east in the "2024 Building". The library operations staff (interlibrary loan, library administration, electronic resources, IT, and Welch Service Center departments) moved to the Mt. Washington campus located eight miles away. The Welch Service Center desk (which handles circulation and ready reference responsibilities) was relocated from the second floor of the Welch Library building to the lower level to accommodate the renovation construction. The library building remains open to patrons to access the print collection and service desk. In addition to the service desk at the old library building and an office suite in the "2024 Building", the library continues to offer services at five additional points around campus in the form of office space staffed by informationists.

Staying in touch

Communication became even more important with the relocation of library staff. Establishing communication channels between the multiple locations on the East Baltimore and Mt. Washington campuses required organization and the purchase of new technology. Videoconferencing technology connects the library staff at Mt. Washington with the informationists located in East Baltimore making it easy to schedule meetings with participants at both locations and reduce travel time. In offices that do not have videoconferencing equipment, library staff members can conduct meeting using the campus subscription to Adobe Connect, as well as a telephone conference account that enables ease of communication between remote work sites.

Communicating our message

A primary challenge faced by library staff after the building closed was to increase our efforts to communicate important news and updates about the library. The Communications Committee (membership includes both informationists and library staff) and the rest of the library developed a multi-level strategy to continue to get our message out to the campus. The first step was a re-design of the library website which was reorganized to present a more streamlined access to on online collections as well as give space to library news. On the redesigned website (http://welch.jhmi.edu/welchone/) there are five separate sections that are devoted to promoting library services, resources, and news.

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The first, at the top left, includes links to all of the documentation prepared by the Library for the 21st Century Committee. These documents are strategically placed so that the entire campus can easily stay up to date with the status of the Welch Library building. The "Tip of the Day" is a brief feature that changes daily on effectively using library resources and other items of interest such as a link to news about changes in the NIH Public Access Policy. The "Latest News" features highlights from campus news, blog posts, and major media outlets. Links to the latest blog posts are also included on the homepage. The Welch blog (http://blogs.welch.jhmi.edu/WelchBlog/) includes news about the library, podcasts by informationists, and links to the Welch YouTube channel. At the top center of the homepage there is space for rotating banner ads that are updated regularly and promote library resources and services. The Welch YouTube Channel (http://www.youtube.com/user/welchlibrary) contains videos that allow informationists to present concepts such as the difference between a comprehensive literature search and a systematic review, which currently has over 1,000 views, in a conversational manner and puts a face on our informationist program. Alonzo LaMont, Welch Communications Coordinator, also produces interviews with university leaders like Dean of the School of Medicine Paul Rothman and the Johns Hopkins University President Ronald Daniels.

New ways to connect

In addition to the above channels of communication, the library staff had to be creative and expand our campus outreach efforts to continue to promote library services to remind our users that library services were still available even though the library building closed. This was essential to remind patrons that library services are a product of the professionals and are completely separate from a physical location. One of the techniques routinely employed is "tabling", that is, where informationists and library staff set up tables around campus to pass out library merchandise (such as pencils, reusable bags, etc.). This gives us an opportunity to personally interact with patrons in their environment in a relaxed and friendly way. It is an effective way to meet individual who are unfamiliar with the library. The informationists also began offering virtual office hours through two different tools: LibraryH3lp WebChat (an interactive instant messaging tool) and AdobeConnect. Informationists have found new ways to integrate messaging about the library into the information distribution channels of each discipline. For example, the bioinformatics informationist and communications manager publish articles about Welch services and updates in the Graduate Student Association Newsletter. Informationists also added two new specialized Information Portals for the Basic Sciences department and for the Center for Health Services and Outcomes Research to the existing suite of five Information Portals, providing specialized content online. Keeping patrons connected to the physical print collection was also a priority. The Welch book delivery service allows faculty and staff to request books to be delivered to their offices and for students to have books dropped at five conveniently located spaces around campus directly from the library catalog at no charge.

Partnerships

Welch informationists have a long history of partnering with research groups and departments around campus and the closing of the library building has not slowed these activities down. To the contrary, our partnerships have expanded during the past two years. In 2012, Welch informationists were the recipients of two National Library of Medicine Administrative Supplement awards to provide informationist support to existing R01 research projects (Parent Grants are "Dose-Response in Radionuclide Therapy," R01CA116477-07 and "Reducing Disability via a Bundled Bio-Behavioral-Environmental Approach', R01 AG-040100). The supplemental awards will cover partial salary support for three informationists to devote a specified number of hours per week to provide information and data services to the primary research grants. Informationists are members of several departmental and campus committees including the Plastic and Reconstructive Surgery Research Committee and the Education Policy and Curriculum Committee which provides opportunities for further collaboration since informationists are included in the larger goal setting discussions during meetings. Welch informationists have co-authored two posters (1, 2) and three peer-reviewed articles (3-5) with faculty members in the Schools of Public Health and Medicine just in 2012 and 2013, demonstrating that lack of a physical library building does not undermine faculty confidence in Welch informationists' knowledge and skill sets.

Conclusions

The informationists and library staff at Welch Library successfully spent the past two years promoting library services and creating new partnerships on campus despite the closing of the Welch Medical Library building. As we continue to refine the model of providing library services from disparate locations we predict that the identity of the Welch Library among the campus population will continue to evolve from a physical building to what we truly are – a collection of information professionals and resources.

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It will be a wonderful opportunity to share exciting professional experiences and unforgettable moments of social life.

We are waiting for you!

Important Dates

- Opening of call for papers: September 1, 2013
- Deadline for submission of abstracts: November 15, 2013 / extended to November 20, 2013
- Notification of acceptance/rejection: January 15, 2014
- Deadline for confirmation of author participation: January 31, 2014
- Deadline for text for Conference Proceedings: April 15, 2014
- Registration opening: March 1, 2014
- Deadline for early registration: March 31, 2014
- Last day of registration: April 30, 2014

Conference Venue

The Conference will be held at the National Central Library of Rome
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Continuing Education Courses

The Courses will be held at the Istituto Superiore di Sanità

Conference topics

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- Supporting research (e.g. Research data, EBM, Health Technology Assessment, Open Access, History of Medicine)
- Coping with economic restraint (e.g. Fund raising, Negotiation, Consortia)
- Patient Information (e.g. Patient Empowerment, Health Literacy, Websites, Training and education)
- Statistics, bibliometrics and altmetrics (e.g. Performance indicators, Counter reports, H-index, Scholarly impact)
- Development in semantic biomedical languages (e.g. MeSH, Multilingualism, Knowledge Organisation Systems, Ontologies)

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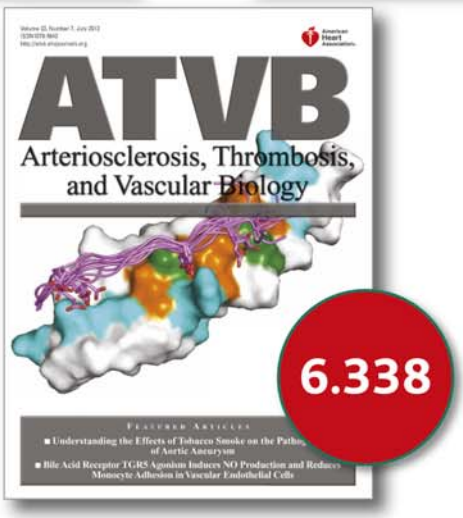

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[Collected during August to October 2013]

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

Free full text

1. Lindsay M *et al.* **Consumer health mobile apps: opening the box**
   Tennessee Libraries 2013;63(3).
   The popularity and widespread use of mobile devices is a defining characteristic of the modern age. These technologies are placing the wealth – and poverty – of quality electronically available information into a user's hands virtually anywhere. A 2010 report presented by Mary Meeker of Morgan Stanley Research (Meeker, 2010) projected that the number of users of mobile internet would exceed those of desktop internet by early 2014. One of the major types of information searched is health information. The average patient now consults the Internet before discussing a diagnosis with a family member or friend and uses the Internet to self diagnose, to self treat, and to connect with other patients or family members with similar health concerns via discussion boards or social media (Pew, 2011). Another Pew Survey demonstrates the growth in mobile use across all demographics, with over 56% of all US adults owning a smart phone, and 31% of all cell phone users reporting using their cell phone to look for health or medical information online (Fox, 2013)
   Available from: http://www.tnla.org/displaycommon.cfm?an=1&subarticlenbr=555

2. Dalton M. **Developing an evidence-based practice healthcare lens for the SCONUL Seven Pillars of Information Literacy model**
   Journal of Information Literacy. 2013;7(1):30-43
   The SCONUL Seven Pillars of Information Literacy model was revised in 2011 to reflect the interpretation of information literacy in today's environment. Subsequently, a number of lenses have been developed to adapt the core model to different contexts and user groups. This study develops a lens that aims to reflect the unique information landscape and needs of evidence based practice (EBP) in healthcare. Healthcare professionals across medicine, nursing and allied health disciplines were interviewed to explore their understanding and awareness of the clinical information seeking process and behaviours. This information was then used to construct an EBP lens using familiar healthcare terminology and concepts. Health Science librarians can use this lens as a framework to inform the design and structure of information literacy programmes for clinical staff. Further insight may also be gained by measuring the impact and effectiveness of the lens on information literacy levels and practice at a local level.
   Available from: http://ojs.lboro.ac.uk/ojs/index.php/JIL/article/view/PRA-V7-I1-2013-3

Abstracts only

1. Parmar SD *et al.* **Use of Wi-Fi service among the healthcare professional at Central Library, CUSMCH: a study**
   International Journal of Library Science. 2014;10(1):67-74
   The internet access has become most powerful and rapid segment in library services. The study overviews the needs of users and provides facilities to them through modern technology at library. At present, use of electronic Medias (laptop, tablet and mobile etc.) is increased by students significantly for the access of library database and e-resources. This study found the needs and utilization of the Wi-Fi facility among the library users. Access Internet and online resource, Time spent on Wi-Fi facility, Access resources through Wi-Fi technology and opinion about its problems and satisfaction level of usage of Wi-Fi facility.
   Available from: http://www.ceserp.com/cp-jour/index.php?journal=ijls&page=article&op=view&path[]=2230

2. Suthar VH *et al.* **Pedagogical use of mobile devices and mobile accessible information sources by medical users in libraries of Gujarat: outcomes from a survey**
   International Journal of Library Science. 2014;10(1):81-90
   Objectives: To find out the purpose and utilization of the mobile phones and mobile accessed information resources and services by the medical library users of Gujarat state for pedagogical use. Methods: An e-mail survey of medical library users which includes under graduate students, post graduate students and other medical faculty/staff concerned with medical colleges of Gujarat are included. Results: Overall, 656 questionnaires were used. The response rate in Gujarat was 50.07%. Most of the medical library users reported (89.79%) were mobile phone used and (69.66%) also used smartphone. Major of medical library users were 62.96%, 60.82%, 45.12%, 40.24%, 37.96%, 26.83%, 20.12%, 18.45% using social networking; e-mail; google search tools; text messaging mobile apps/application; using the college/university's library website; web search; instant message, but fewer 19.05% of the medical users were reported using online databases, 11.59% library catalogue medical users are using through mobile/handheld devices. Majority of the medical library users faced barricades such as slow load time; difficulty reading content format and required specialized mobile application.. Conclusions: This paper will be helpful to librarians, clinicians and other medical science personnel concerned working in remote places to keep abreast with e recent advances in their respective fields by enabling them to access the information at the press of a button on mobile or handheld devices. How much of mobile phones/handheld devices and mobile information sources have been used by medical students with the provision of M-libraries have also been discussed.
   Available from: http://www.ceserp.com/cp-jour/index.php?journal=ijls&page=article&op=view&path[]=2232

3. Pepper C *et al.* **Exploring librarian roles in support of One Health**
   Journal of Agricultural & Food Information. 2013;14(4):321-33
   The growing One Health movement recognizes connections among human, animal, and ecosystem health and encourages collaboration among these disciplines. Fostering a One Health perspective in students and faculty is a strategic initiative of the Medical Sciences Library at Texas A&M University, which provides human and animal medicine, public health, agriculture, and life sciences programs. Librarians implemented a four-pronged approach to pilot One Health strategies among user communities – including developing curriculum modules, redesigning library learning spaces, and developing new research services. Aggregate data and participant comments from these activities support the value and feasibility of librarian engagement in One Health initiatives.
   Available from: http://www.tandfonline.com/doi/abs/10.1080/10496505.2013.826582?journalCode=wafi20#.Undx0Cea834

4. Mu X *et al.* **Explicitly integrating MeSH thesaurus help into health information retrieval systems: an empirical user study**
   Information Processing & Management. 2014;50(1):24-40
   When consumers search for health information, a major obstacle is their unfamiliarity with the medical terminology. Even though medical thesauri such as the Medical Subject Headings (MeSH) and related tools (e.g., the MeSH Browser) were created to help consumers find medical term definitions, the lack of direct and explicit integration of these help tools into a health retrieval system prevented them from effectively achieving their objectives. To explore this issue, we conducted an empirical study with two systems: One is a simple

interface system supporting query-based searching; the other is an augmented system with two new components supporting MeSH term searching and MeSH tree browsing. A total of 45 subjects were recruited to participate in the study. The results indicated that the augmented system is more effective than the simple system in terms of improving user-perceived topic familiarity and question–answer performance, even though we did not find users spend more time on the augmented system. The two new MeSH help components played a critical role in participants' health information retrieval and were found to allow them to develop new search strategies. The findings of the study enhanced our understanding of consumers' search behaviors and shed light on the design of future health information retrieval systems.
Available from: http://www.sciencedirect.com/science/article/pii/S030645731300068X

5. Adriaanse LS *et al.* **Web of Science, Scopus and Google Scholar: a content comprehensiveness comparison**
The Electronic Library. 2013;31(6)
Purpose – The research aim for this study was to compare three citation resources with one another to identify the citation resource with the most representative South African scholarly environmental sciences citation coverage. This paper focuses on the results of the content verification process which measured amongst others the citation counts, multiple copies and inconsistencies encountered across the three citation resources ISI Web of Science, Scopus and Google Scholar. Design/methodology/approach – The research, the first phase of a longitudinal study, used a comparative research design method with a purposive, non-probability sample. Data from the South African scholarly environmental sciences journals for the year range 2004-2008 (first phase) were extracted from the three citation resources and compared. Findings – It became evident during the verification process that the citation resources retrieved varied results. The total citation counts indicated that ISI Web of Science (WOS) retrieved the most citation results, followed by Google Scholar (GS) and then Scopus. WOS performed the best with total coverage of the journal sample population and also retrieved the most unique items. The investigation into multiple copies indicated that WOS and Scopus retrieved no duplicates, while GS retrieved multiple copies. Scopus delivered the least inconsistencies regarding content verification and content quality compared to the other two citation resources. Additionally, GS also retrieved the most inconsistencies, with WOS retrieving more inconsistencies than Scopus. Examples of these inconsistencies include author spelling and sequence, volume and issue number. Originality/value – The findings of the study contribute to the understanding of the completeness of citation results retrieved from different citation resources. In addition it will raise awareness amongst academics to check citations of their work.
Available from: http://www.emeraldinsight.com/journals.htm?issn=0264-0473&volume=31&issue=6&articleid=17098962&show=abstract

6. Lyons T *et al. Health sciences information literacy in CMS environments: learning from our peers*
The Electronic Library. 2013;31(6)
Purpose – With academic institutions' adoption of Course/Learning Management Systems (CMS), librarians are increasingly providing content through this delivery method. This study aims to identify practical information for librarians considering CMS content development or re-evaluation of online offerings. Design/methodology/approach – Academic libraries with health sciences information literacy programs within CMS were examined through a literature review and then queried through an online survey. Trends and issues identified within the literature were utilized to develop the survey. Collected data was analyzed to determine how librarians incorporate CMS into information literacy. Analysis focused on strategies used in development and delivery, benefits and challenges of CMS and pairing its content with traditional instruction methods. Findings – An overarching theme is the ease and accessibility of CMS, especially for distance learners and those with time restrictions. However, although online tools and learning spaces are readily available and beneficial, librarians maintain in-person instruction. A shift from primarily positive published reports by early adopters to more constructive feedback that stems from longer-term CMS experience is identified. Assessment practices of online library instruction need additional attention to provide a more robust approach. Originality/value – This unique examination of the last ten years of publications focusing on information literacy librarians' CMS activity is paired with a broad, updated examination of current trends. It identifies best practices related to time commitment, faculty relationships, and assessment for implementation in CMS environments and the importance of utilizing blended learning strategies.
Available from: http://www.emeraldinsight.com/journals.htm?issn=0264-0473&volume=31&issue=6&articleid=17098965&show=abstract

7. Duncan V *et al.* **Mobile Devices and their use in library professional practice: the health librarian and the iPad**
Journal of Electronic Resources Librarianship. 2013;25(3):201-14
Mobile devices are being extensively adopted by health sciences faculty, students, and practitioners, but there is little evidence of how this technology is being used by health librarians in their own professional practice. In 2011, health sciences librarians at the University of Saskatchewan undertook a project to familiarize themselves with iPads and identify the applicability of using them as professional tools. The final project report revealed a wide spectrum of experiences and opinions as well as a number of recommended apps.
Available from: http://www.tandfonline.com/doi/full/10.1080/1941126X.2013.813304#.UlPfNFPDU34

8. Ogbah EL. **Internet knowledge and use skills among clinical medical students in Delta State University, Abraka**
International Journal of Digital Library Systems (IJDLS). 2012;3(3):33-9
The study investigated the Internet Knowledge and use skills among clinical medical student in Delta State University using questionnaire to collect data. The descriptive survey design was employed for the study. A total of 120 students selected through stratified random sampling participated in the study. The findings revealed that a majority of the students access the Internet but a larger number of them do this in the cyber cafes more than in the library. They use the Internet more for assignment and research and only a few use it to perfect their Internet use skills. The students retrieve information more from the Internet from www.google.com and acquire their Internet Knowledge and use skills from their use of the Internet and assistance from friends.
Available from: http://www.igi-global.com/article/internet-knowledge-and-use-skills-among-clinical-medical-students-in-delta-state-university-abraka/83500

9. Fourie I, Bakker S. **Value of a manageable research life cycle for LIS: a cancer library exploring the needs of clinicians and researchers as example**
The Electronic Library. 2013;31(5).
Purpose – To cope with changes in user information behaviour and needs, libraries and information services (LIS) must find manageable ways for on-going research and improvement. A model for a manageable research cycle was piloted at the Central Cancer Library, The Netherlands Cancer Institute (Amsterdam). Design/methodology/approach – Institute employees (24) (users and non-users of the Central Cancer Library; mostly clinicians and researchers) were interviewed using an interview schedule (individually, pairs of two and small groups). Demographic details were collected through a short questionnaire. It was intended as a small scale project, to demonstrate the value of the model. Findings –Although setup as a pilot study (small scale and a limited time period) and not representative of the Institute, cancer libraries or other library types, a good idea was gained on LIS needs. Opportunities for improvement of LIS and further research are noted, as well as the need for LIS to then consider their internal structure and support systems before making further decisions. Research limitations/implications –Findings from small scale projects need to be assessed against the theory of information behaviour to work towards a theoretical model. Practical implications – LIS needs to find ways for manageable, on-going research e.g. according to a manageable research life cycle model. Originality/value - Research on cancer library services is limited; the originality of the paper however, is in showing how small scale and manageable research can add value in practice.
Available from: http://www.emeraldinsight.com/journals.htm?articleid=17093477

10. Kahouei M *et al.* **The impact of IT infrastructures on Iranian nurses' and students' health information-seeking strategies**
Program: electronic library and information systems. 2013;47(4).
Purpose - Health department of Iran have attempted to encourage nursing staff to incorporate research findings into practice since 2005. Consequently, significant changes have occurred in nursing area including holding computer skills courses, digital library workshops, establishing Web sites in hospitals, and developing information technology training in nursing students' curriculum to increase accessibility to best practice information and opportunity for nurses and students to use research-based information in their clinical decision. So a question has raised, what information resources are used by nursing staff and students in hospitals. Design/methodology/approach – 412 nurses and students working in hospitals connected to Web and digital libraries participated. They are evaluated with a questionnaire. Findings – The results indicated that the students and the nurses preferred experiential knowledge to research - based information in their clinical decisions and they had little tendency to high- level evidence. Results showed that lack of skill in using library was the most important deterrent in using research-based information. Originality/value –It could be concluded that provision of the infrastructures for using research- based information in clinical decisions was not sufficient. In addition to infrastructures, we must invest on organizational, system-wide approaches such as organizational culture, information literacy culture, acceptance of innovation, role of clinical librarians and advanced nursing informatics, and social marketing in evidence-based practice to facilitate the use of higher-level evidence in practice.
Available from: http://www.emeraldinsight.com/journals.htm?articleid=17094125

Trust no guideline that you did not fake yourself

Oliver Obst

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It is not surprising to anyone, that in the billion Euro health care market, pharmaceutical companies exert influence wherever possible. Clinical trials with negative outcomes will not be reported or published as those in favor of a new pharmaceutical (1). When looking up "all" studies on a clinical intervention you obviously will not find the retained ones. Librarians know that and will make their users aware of the so called publishing bias. Instead we usually promote information to our users such as clinical guidelines as a source of high evidence, which is accumulated and easy to practice. However, in the light of some new findings, this practice has to be considered quite strictly.

In August, the major German newspaper *Frankfurter Allgemeine Zeitung* alerted their readers to several cases of *faked practice guidelines*. Their headline was straight forward: "What the guidelines conceal - millions with heart failure follow the advice of an impostor " (2).

They claimed that thousands of deaths in Europe are accountable to the - currently valid - guidelines of the European Society of Cardiology. The reason is a favorable evaluation of beta-blockers based on scientific misconduct. Many more examples can be found in a disturbing report by Jeanne Lenzer in the *British Medical Journal* titled "Why we cannot trust clinical guidelines" (3). On the basis of well-known fraud and newly discovered suspected cases (also in the prestigious *Cochrane Library*), Lenzer showed that guidelines are not above suspicion: "Guidelines are usually issued by large panels of authors representing specialty and other professional organisations. While it might seem difficult to bias a guideline with so many experts participating under the sponsorship of large professional bodies, a worrying number of cases suggests that it may be common. A recent survey found that 71% of Chairs of Clinical Policy Committees and 90.5% of Co-chairs had financial conflicts."

An analysis of Gisela Schott in the renowned journal *Deutsches Ärzteblatt* arrived at the same conclusion. On the basis of two examples from Germany she proved that pharmaceutical companies impose a significant influence on guidelines (4). For example, Schott identified several ludicrous shortcomings of the *German S3 guideline for the treatment of psoriasis vulgaris by efalizumab*:

- the producer of efalizumab promoted the responsible medical society financially;
- numerous guideline authors received financial support from the producing pharmaceutical company or exercised consultant activities for them;
- conflicting interests were not documented in the guideline.

Schott summarizes that you should maintain a healthy scepticism towards German guidelines: "Of the 15 voting participants in the consensus process of the S3 guideline, 10 declared partially numerous financial connections with up to eleven different pharmaceutical companies."

With this information at hand, doctors fall in a serious dilemma: *when I apply the guideline, it can harm my patients. If I do not apply the guideline faithfully, it can damage my career*. As a first consequence, the Working Group of the German Medical Societies (AWMF) has issued a strict paper on *Recommendations for dealing with conflicts of interest at professional societies* (www.awmf.org). From now on, the 70 societies and 2500 experts who are responsible for the several hundred guidelines of the AWMF must now declare detailed conflicts of interest that might impair their professional judgment.

It will take some years if this action will lead to *clean* guidelines if ever. The fight will continue, because obviously the pharmaceutical companies are not going to let somebody put one over them. We librarians should be aware that whatever the result of this fight may be, we have to keep our users informed about these imponderables. Do not trust information just like that – not even guidelines – and always be aware of the many obstacles in the knowledge transmission process.

References

1. Goldacre B. Bad Pharma: how drug companies mislead doctors and harm patients. Harpercollins 2012

2. Frankfurter Allgemeine Zeitung, 28.08.2013, Nr. 199, S. N1 (Abstract: http://www.seiten.faz-archiv.de/FAZ/20130828/fnuwd1201308283989532.html)

3. http://www.bmj.com/content/346/bmj.f3830

4. http://www.aerzteblatt.de/archiv/145337/Besteht-ein-Einfluss-pharmazeutischer-Unternehmen-auf-Leitlinien-Zwei-Beispiele-aus-Deutschland

Letter from the President

Marshall Dozier

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Dear Colleagues,

Autumn greetings to you all! I wanted to start by highlighting future EAHIL conferences and workshops: The 2014 conference will be in Rome, as I'm sure you already know; the 2015 workshop will be in Edinburgh. But events from 2016 onward are still to be fixed. The Board will next meet in February 2014, and we would be very pleased to consider notes of interest and proposals for hosting future conferences. Please send notes of interest or proposals to the secretariat email address (EAHIL-SECR@LIST.ECOMPASS.NL) by the end of January 2014. Please also feel free to contact any Board member to discuss your ideas informally.

I was happy to see the theme of outreach for this issue of the Journal since outreach is a key element of my role as a liaison/subject librarian – I'm looking forward to reading the articles to learn how I might adopt or adapt others' approaches. In the academic context of the university I work in, I find it easiest to create good contacts with teaching staff and students as well as postgraduate and clinicians who are conducting systematic reviews. I have found it less easy to create or maintain good communication flows with our other researchers; I suspect that is partly linked to time pressures on researchers and I admit some hesitancy on my own part since I am not an expert in the detail of much medical research.

I recently watched a short video presented by Jonathan Koffel, who works as a clinical librarian, about his outreach activities, *New roles for new times: transforming liaison roles in research libraries*: http://www.youtube.com /watch?v=Y0cxdS-EYpU&feature=youtu.be. I wonder what you and your colleagues think of the approaches outlined – I'm going to try to incorporate it into a training event to stimulate discussion as part of a continuing professional development.

Jonathan Koffel nicely captures formal and informal ways of engaging in outreach informal approaches could be argued to be more effective than formal 'top-down' approaches, and may lead to formal activities, though it may be to undertake systematically and comprehensively within a large organisation.

This video also prompted me to start thinking about how outreach may be considered the *other side of the coin* of impact. Through outreach, we can gather information about changing requirements, emerging trends and potential opportunities for collaboration which allow us to align our services. We can also see how library services are being used and discover case examples that can be used to illustrate impact – or we can see how library services are NOT being used and reconsider what is relevant or how services are presented. I'm curious to know what you think of the video and how *it compares to your activities?*

Obituary Beniamino Orrù
1943-2013

Beniamino Orrù was born in Sassari in 1943 and started working in the library for Occupational Medicine of the University of Cagliari in 1974. From 1997 he was the Director of the Central library for Biomedicine, coordinating the acquisition of digital resources from 2005. He was a member of AIB (Italian Library Association) with managerial responsibilities from 1997 and of EAHIL too. He organized several national and international conferences: EAHIL members will remember the Workshop in Alghero in 2001 and his big contribution for Palermo 2005. He died after a short disease on September 13, 2013.

Professional with much charisma, he was always open and willing to assist, endearing all with his pleasing character and fine wit. He was also very generous and enjoyed life a lot.

We all will miss him and offer his wife Anna warm condolences.

Manuela Colombi

Medical Library Association report for EAHIL

Carol Lefebvre
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MLA Chicago, Illinois, 16-21 May 2014: save the date!
Plans are well underway for the next MLA meeting to be held in the home city of MLA headquarters in Chicago, Illinois. I have been fortunate enough to attend two previous MLA conferences in Chicago (in 1999 and 2008) and for those of you who have never been to MLA I can strongly recommend it. For those of you who have never visited Chicago, I can strongly recommend that too! (Chicago was the first US city I ever visited, back in the mid-1980s, with my husband, to stay with my in-laws. I was overwhelmed by the amazing architecture, the lakeshore and, of course, the food!) An outline one-page schedule for the conference is already available at: http://www.mlanet.org/am/am2014/pdf/2014_schedule.pdf. Further information will be added to the main site over the coming weeks: http://www.mlanet.org/am/am2014/index.html

The deadline for submission of abstracts for oral and poster presentations has now passed but do look out for opportunities for late-breaking short presentation opportunities, as there have been in recent years. Conference registration will open in January 2014.

Future MLA annual meetings - dates for your diary:

MLA Austin, Texas, 15-20 May 2015
MLA Toronto, Canada, 13-18 May 2016
MLA Seattle, Washington, 26-31 May 2017
MLA Atlanta, Georgia, 18-23 May 2018
MLA Chicago, Illinois, 3-8 May 2019
(Please do not ever say that you did not know the dates soon enough to plan ahead!)

Membership of MLA
MLA offers International Membership to individuals at a reduced rate for those health information professionals who live outside the United States or Canada. The current annual subscription rate for International Membership is 130 US dollars. For details of what this includes, see the link below. http://www.mlanet.org/joinmla/intern.html

News and publications from MLA
The latest issue of the Journal of the Medical Library Association (JMLA) (Volume 101(3) July 2013) is now available on open access together with open access to back issues of the JMLA (and its predecessors back to 1898) from: http://www.ncbi.nlm.nih.gov/pmc/journals/93/

Preprints of forthcoming issues of the *Journal of the Medical Library Association (JMLA)* are available (for members only) by selecting JMLA Preprints under the Publications option when you login with your username and password. MLA News Online and the current edition of MLA-FOCUS (the fortnightly electronic newsletter (both for members only) are also available when you login with your username and password.

Focus on MLA e-mail discussion lists
For each issue of *JEAHIL* I shall, in future, try to focus on a specific aspect of MLA activity. In this issue I should like to draw your attention to some e-mail lists offered / supported by MLA.

MEDLIB-L is an opendiscussion list for medical librarians worldwide. The topics are many and varied. (Requests for document supply are almost invariably clearly labelled with ILL as the first word in the subject line, to avoid wasting the time of those not in a position to respond.)To join this list, follow the instructions at: http://www.mlanet.org/discussion/medlibl.html

Expert Searching List provides "a forum to discuss the role of health sciences librarians in the expert retrieval and evaluation of information in support of knowledge and evidence-based clinical, scientific, and administrative decision making at all health institutions, and the role of librarians in training future health sciences practitioners and other end-users in the best retrieval methods for knowledge-based practice, research, and lifelong learning." In practice, this is the list where searchers ask each other for advice on specific, more advanced,search issues. The list operates an archive (for list members only). To join this list, go to: http://pss.mlanet.org/mailman/listinfo /expertsearching_pss.mlanet.org

EAHIL-EBSCO Scholarships for the 2014 EAHIL Conference

Deadline for applications: 7 January 2014

The EAHIL Executive Board is pleased to announce the availability of EAHIL-EBSCO Scholarships to be awarded to worthy individuals to attend the EAHIL Conference in Rome on 11-13 June 2014 http://www.iss.it/eahil2014/index.php?lang=2 The scholarships, which are partly sponsored by the generous support of EBSCO, will each be 500 euros maximum. The Board hopes to award a minimum of six scholarships, but reserves the right not to award the full number of scholarships if there are insufficient applications of the required standard.

Applications must be made using the online application form which is available at https://www.formdesk.com/eahil/scholarship2014. Applications must be submitted online not later than the closing date of 7 January 2014.

Eligibility:

- Applicants must not previously have received a scholarship or registration award from EAHIL
- Applicants should still be getting established in the profession
- Scholarships are not awarded to members from the country hosting the conference (Italy)
- Successful applicants will not be eligible for any concurrent fee waiver offered to specified participants at the conference.

Please note all applications will be considered in confidence. They must comply with the eligibility criteria stated above, and will be judged on the merits of the case submitted by each applicant.
The EAHIL Executive Board will notify successful applicants not later than 20 January 2014.

(NB The timetable for Conference registration will be: Registrations open: 1 March 2014. Deadline for early registration: 31 March 2014. Last day of registration: 30 April 2014.)

If you have any queries about the application process please address them to either Suzanne Bakker, EAHIL Secretariat Supervisor s.bakker@nki.nl or Peter Morgan, EAHIL Past President pbm2@cam.ac.uk

Giovanna F. Miranda

Milan, Italy
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A study funded by the European Commission confirms that open access is reaching the tipping point, with around 50% of scientific papers published in 2011 now available for free. The study also estimates that more than 40% of scientific peer reviewed articles published worldwide between 2004 and 2011 are now available online in open access form. Moreover, a recent European Commission Communication identified open access as a core means to improve knowledge circulation and thus innovation in Europe. Therefore, open access will be mandatory for all scientific publications produced with funding from Horizon 2020, the EU's Research & Innovation funding programme for 2014-2020 (http://europa.eu/rapid/press-release_IP-13-786_en.htm). Despite the progress that has been made and the effort to improve future knowledge circulation, some problems require to be solved:

Smaller charitable funders. Publicly funded and large biomedical research funders are committed to open access publishing and are pleased with recent developments which have stimulated growth in this area. Smaller charitable funders are supportive of the aims of open access, but are concerned about the practical implications for their budgets and their funded researchers (BMJ Open. 2013;3(10):e004171).

Different Open Access Policies. A worrying imbalance remains between the efforts of research funders and big publishing houses. Countries and institutions have different OA policies and behaviours that form a confusing patchwork. “Green” OA, which allows researchers to archive the work, seems a more workable solution, at least in the short term (Nature. 2013;500(7464):503).

Potential conflicts of interest. Open access generates numerous legal issues concerning ownership of intellectual property, licensing, embargo periods, consent, copyright expiration of older literature, “fair use” policies, indexing and archiving, and preservation of works. None of these issues, however, are as challenging as delivering rigorous scrutiny of potential conflicts of interest, which is an important hallmark of high-quality competitors that use traditional publishing models (N Engl J Med. 2013;369(5):491).

Who pays for open access? Open access publishing is funded primarily by authors’ own grants, often paid for by the public. As such, in both open access and traditional models, taxpayers currently ask the public to pay for research, and to read those findings (Am J Med. 2013;26(7):563).

Giovanna F. Miranda

Journal issues

Since the Journal of September 2013, we have received the contents page of the December Issue of *Health Information and Libraries Journal vol 30 no. 4:*

Editorial
Grant MJ.
What makes a good title?

Stolee P, Mairs K, McNeil H, McLeod J, Prorok J.
Online strategies to facilitate health-related knowledge transfer: a systematic search and review.

Austvoll-Dahlgren A, Danielsen S, Opheim E, Bjorndal A, Reinar LM, Flottorp SA, Oxman SD, Helseth S.
Development of a complex intervention to improve health literacy skills.

Urquhart C, Dunn S.
A bibliometric approach demonstrates the impact of a social care data set on research and policy.

Gavino A, Ho BL, Wee PA, Marcelo A, Fontelo P.
Information-seeking trends of medical professionals and students from middle- income countries: a focus on the Philippines.

Mairaj M, Mirza MN
Library services and user satisfaction in developing countries: a case study.

Books review

Management Basics for Information Professionals. Eds. GE Evan and CA ALire. Facet Publishing, London, UK, 2013. ISBN: 978-1-85604-954-2, £49.95 (price to CILIP members £39.96), 576 pp, paperback.
The book has been completely revised and expanded to reflect the rapidly changing sphere of information services. The authors offer an authoritative approach on the fundamental concepts of management while recognizing the diverse needs of different operating environments.

Google Search Secrets. Eds Christa Burns and Michael P. Sauers. ALA Neal-Schuman, USA, 2014. ISBN-13: 978-1-55570-923-5, $48.00 softcover, 224 pp.
The authors reveal the secrets of effective Google searches showing how to get the most out of the service, with an overview of all the tool's search services, how to go beyond the simple search box and top results to get library users the answers they need, fast straightforward guidance on using filters to refine search results, and an explanation of the bibliography manager feature of Google Scholar, which allows students and researchers to build bibliographies.

New journals

Frontiers in Cell and Developmental Biology an open-science platform for publishing peer-reviewed articles on clinical and basic biology e.g. through stem cell research, as well as various aspects of cellular and developmental processes, such as cell migration, signaling, stress responses and pattern formation across a diversity of model organisms.
http://www.frontiersin.org/Cell_and_Developmental_Biology

Papers review

Proportion of Open Access Peer-Reviewed Papers at the European and World Levels—2004-2011
Archambault E. *et al.* Produced for the European Commission DG Research & Innovation by Science-Metrix Inc., August 2013

Publishing priorities of biomedical research funders.
Collins E. BMJ Open. 2013;3(10):e004171.

A coordinated approach is key for open access
Kratky C. Nature. 2013;500(7464):503.

Conflict of interest in open-access publishing.
Salem DN, Boumil MM. N Engl J Med. 2013;369(5):491

Open issues with open access publication.
Shea N, Prasad V. Am J Med. 2013;126(7):563

Access of primary and secondary literature by health personnel in an academic health center: implications for open access.
Maggio LA *et al.* J Med Libr Assoc. 2013;101(3):205

Methodological developments in searching for studies for systematic reviews: past, present and future?
Lefebvre C et al. Syst Rev. 2013;2(1):78.

Using the ADDIE model in designing library instruction.
Reinbold S. Med Ref Serv Q. 2013;32(3):244

News

Implementing Open Access APCs: the role of academic libraries. Ed. Siân Harris, September 2013. A report on a round table commissioned by SAGE, in association with Jisc. The report is a summary of the discussions of a group of 10 UK librarians and representatives from SAGE and Jisc on the role of academic librarians in implementing gold open access (OA) article-processing charges (APCs).
http://www.uk.sagepub.com/repository/binaries/pdf/apc.pdf

The European Medicines Agency has published a video and a factsheet in all official European Union (EU) languages explaining the meaning of the black triangle, which is now starting to appear in the product information of certain authorised medicines in the EU. The black triangle has recently been introduced in the EU as part of the concept of medicines under additional monitoring and is an important deliverable of the new European pharmacovigilance legislation.
http://www.ema.europa.eu/ema/

Report on Drug Dependence in Europe. The "Report on the current state of play of the Council Recommendation on the prevention and reduction of health-related harm associated with drug dependence in the EU and candidate countries was produced under the Health Programme (2008-13). It presents the updated overview of the implementation of the Council Recommendation in the EU countries, Croatia and several candidate countries, including country profiles, as well as analyses of regional and EU epidemiological trends. The study also assesses the availability of - access to- and -coverage of- harm reduction measures based on the answers to a policy survey.
http://ec.europa.eu/eahc/news/news280.html

Information sources... web based

Alzheimers.gov is an official U.S. government website managed by the U.S. Department of Health & Human Services. You can find free information resource about Alzheimer's disease and related dementias, links to authoritative, and up-to-date information from agencies and organizations with expertise in these areas.
http://www.alzheimers.gov

SuperToxic. The database compiles approx. 60,000 compounds with about 100,000 synonyms. These molecules are classified according to their toxicity based on more than 2,500,000 measurements. The commercial availability is documented for about 5,000 toxic compounds. The SuperToxic database provides a variety of search options like name, CAS number, molecular weight or measured values of toxicity.
http://bioinf-services.charite.de/supertoxic

Bioethics resources on the Web. Bioethics Resources on the Web provides a compilation of web links to information of potential use and interest to diverse audiences. The information accessible through this portal spans a wide range of topics, including human subjects and animal research, institutional review boards, clinical ethics,

international research ethics issues, genetics, and neuroethics, among others. Teaching materials (including case studies and curricula), conferences and events and journals in the field.
http://bioethics.od.nih.gov

DIRLINE (Directory of Information Resources Online) is the National Library of Medicine's online database containing location and descriptive information about a wide variety of information resources including organizations, research resources, projects, and databases concerned with health and biomedicine. DIRLINE contains over 8,500 records and focuses primarily on health and biomedicine, although it also provides limited coverage of some other special interests. Topics include HIV/AIDS, maternal and child health, most diseases and conditions including genetic and other rare diseases, health services research and technology assessment. DIRLINE can be searched using subject words (such as disease or condition) including MeSH or for the name or location of a resource.
http://dirline.nlm.nih.gov/

PubMed Commons is a new service that enables researchers to share their opinions about scientific publications. Researchers can comment on any publication indexed by PubMed, and read the comments of others. PubMed Commons is a forum for open and constructive criticism and discussion of scientific issues. It will thrive with high quality interchange from the scientific community.
http://www.ncbi.nlm.nih.gov/pubmedcommons

News from publishers

LM Information Delivery. BrowZine is a tablet application that allows users to browse, read, sort and save scholarly and peer-reviewed articles on the go. Once retrieved and saved, an article can be accessed without the need for an internet connection. Users can pick the journal titles from the library collection and from open access sources and create their own selection on their own device, including alerts when new issues have been published. BrowZine is currently available via LM Information Delivery.
www.lminfo.nl

Thieme. The Thieme Bookshelf app, an e-book reader, is now available for download to Android devices via Google Play. Thieme Bookshelf enables customers to browse through the contents of the store or their personal library, tap a book to open it, flip through pages with a swipe or a tap, and bookmark their favourite sections.
http://www.thieme.com/

John Wiley & Sons, Inc., has announced the transition of four journals to the **Wiley Open Access publishing program,** bringing the total number of Wiley's open access titles to 28. From January 1, 2014, all newly published articles in *Aging Cell, Cancer Science, Influenza and Other Respiratory Viruses*, and the *Journal of Diabetes Investigation,* will be open access and free to view, download and share.
http://eu.wiley.com/WileyCDA/PressRelease/pressReleaseId-109721.html

Springer's open access program, ***SpringerOpen,*** has launched the *International Journal of Food Contamination* to examine incidents of food contamination around the world. The journal will begin publishing this year, and all full text articles will be accessible via SpringerLink, Springer's online platform. Bacterial pathogens and bacterial toxins, viruses, contaminants from food-contact materials and residues of pesticides and veterinary drugs, among others, are all part of the scope of the journal.
http://www.springer.com

Forthcoming events

29-30 January 2014, Barcelona, Spain
Bobcatsss 2014
Library (r)evolution: Promoting sustainable information practices
For further information: http://bobcatsss2014.hb.se/

27-28 February 2014, Rome Italy
FSR International Conference
"Faster, Smarter, and Richer: Reshaping the Library Catalogue"
For further information: http://www.aib.it/attivita/congressi/c2014/fsr2014/

1st-4, April 2014 in Glasgow (UK)
International Conference on Multimedia Retrieval (ICMR)
For further information: http://www.icmr2014.org/

7-9 April 2014, Washington, DC
Computers in Libraries 2014
For further information: http://infotoday.com/cil2014/

27-30 May 2014, Istanbul, Turkey
QQML2014
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