European Association for Health Information and Libraries

May 2004 • N° 67

Newsletter to European Health Librarians

Editorial Peer Review in Biomedical Publishing
p. 22

Choose your CEC course(s) in Santander
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Have you registered for the:

9th European Conference of Medical and Health Libraries in Santander, September 20th-25th 2004?

Early Bird Registration Date:
15 May 2004

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Newsletter to European Health Librarians

ISSN 1011-8454 Nº 67 May 2004

Editorial

Easter was early this year and in Romania the Orthodox celebration is a much bigger festival than in the UK, lasting from Good Friday until the following Wednesday. In certain years the celebration goes on for two weeks because the Catholic and Orthodox have different dates. I have noticed an interesting fact lately that every third year the Catholic and the Orthodox celebrate Easter at the same time. In 2001 it was on the same date 15/4, and in 2007 and in 2010 both Easters will be celebrated simultaneously.

This newsletter is the second to be printed in Romania and I am pleased to say that all the initial transfer problems seemed to have been resolved. Issue 66 was sent out safely to all members, although it was very interesting the different lengths of time it took to arrive, depending on each country's internal postal system. Up to now only one newsletter failed to reach its destination and therefore I have renewed trust in Romania's postal system.

In this issue there are five excellent articles covering a wide area of subjects and I would like to thank all authors who took the time and trouble to submit these. **Editorial Peer Review in Biomedical Publishing** by Federica Napolitani Cheyne, is, I am certain, of major interest to all members as it explains simply and concisely, the fundamentals of the peer review process and also provides a valuable bibliography. Tony McSeán's article on **Effective Information Management and Quality Assurance** is also another subject that is very current and written in Tony's inimitable style, explicitly destroys the myths of knowledge management. In turn it offers coherent examples of working styles at the BMA library, which has ensured its success worldwide. The article by Livia Vasas on **The Role of Human Factors in Information Seeking in Medicine** is an interesting study on whether personality parameters have any influence on the process, methods and success of searches into medical literature. **The Development of Clinical Librarianship in Greece** by Evagelia Lappa, in Cyprus, is an account of the progress in information technology there while **Trademarks for Medicinal Products** by Nada Tržanh-Herman gives an excellent account of the legislation covering trade names for medicinal products.

Issue 68 will be another theme issue, with the theme of **International Collaboration.** The deadline date is **15th July** and I am looking forward to receiving articles on this subject. It would be interesting to hear about your successes in international projects either past, present and/or ongoing.

Meanwhile please do not forget to register for the Santander Conference, which as you will see in these pages has organized a wonderful training, social and professional programme for us all.

Sally Wood-Lamont
Editor-in- Chief
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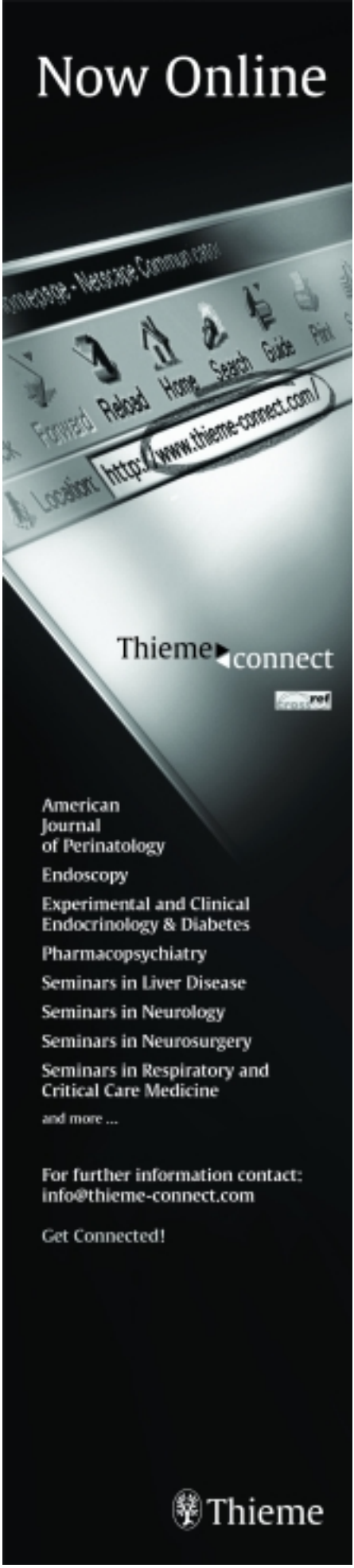

News from our Association
Letter from the President

EAHIL Survey of European Health Information Professionals

The EAHIL Survey of European Health Information Professionals has now been completed and the response has been overwhelming. A total of 346 health information professionals completed the survey. It is very encouraging that we reached both EAHIL members (111) and non-EAHIL members (168). 67 respondents skipped the question and did not state if they were a member or not.

Some of the questions covered many points and to respond to these took some time and thought. One of these multiple questions was question no 1: *Please indicate the primary areas in which you and/or your staff need continuing education.* Only three respondents skipped this question. The five most requested continuing education courses were:

- Evidence-based librarianship 40.2 % (138)
- Evidence-base health care 39.9 % (137)
- User education 37% (127)
- Licensing electronic information resources 35.6 % (122)
- Copyright 32.1 % (110)

It is evident that we wish to have a more scientific approach to librarianship. User education (information literacy) and access to electronic resources (the electronic library) are also important professional issues.

During the EAHIL council focus group session at the EAHIL workshop in Oslo 2003, 25 important issues facing health science librarianship were identified. The respondents were requested to rank these issues from 1-5 where 1 was “Unimportant” and 5 “Most Important”. We received 296 replies to these points. Only 50 respondents did not answer this question. The most important issues, which the respondents ranked as a 5 (“Most important”) were:

- Continuing professional development 46 % (134)
- Electronic resources – licensing/negotiation issues 44 % (127)
- Instruction – teaching adult end-users 39 % (113)
- Electronic resources document delivery 38 % (109)
- Evidence base health care – support of 37 % (107)

The most important issues which the respondents ranked as a 4 (“Quite important”) or a 5 (“Most important”) were:

- Continuing professional development 87 % (254)
- Electronic resources – licensing/negotiation issues 83 % (240)
- Electronic resources document delivery 83 % (237)
- Instruction – teaching adult end-users 79 % (230)
- Library users' expectations – changing and increasing demand 79 % (227)

Unimportant issues which very few ranked as 4 ("Quite important") or a 5 ("Most important") were:

- Isolation – geographic 16 % (44)
- Alternative health – providing information and services 19 % (52)
- Language barriers – national and international information delivery 22 % (61)
- Consumer health information – providing information and services 37 % (104)
- Information technology departments communication and liaison issues 47 % (160)

A total of 219 respondents identified the three top issues on which EAHIL, as an association, should concentrate its attention and as many as 164 respondents had suggestions as to what EAHIL should do on these three issues. This is very valuable information for EAHIL in forming the future strategy for the Association.

EAHIL newsletter

Only 50.5 % (147) of the respondents see issues of EAHIL newsletter and 49.5 % (144) do not see issues of EAHIL newsletter.

66.6 % (193) supported ending the print version of EAHIL newsletter if it were available electronically in an easily printable format. 13.8 % (40) disagreed and 17.2 % (50) had no opinion.

44.9 % (131) thought that EAHIL newsletter should be more oriented towards scientific aspects of medical librarianship and information sciences. 22.6 % (66) disagreed and 28.8 % (84) had no opinion.

EAHIL web

21.7 % (63) visit EAHIL website at least once a month and 53.8 % (156) visit EAHIL web site seldom. Those who visited EAHIL website look for Conference/workshop information 62.4 % (156), EAHIL newsletter 31.2 % (78) or information about EAHIL 30.4 % (76)

Virtual EAHIL

63 EAHIL members had comments on the possibility of EAHIL becoming an entirely web-based organization with no annual subscription fee, publishing the Newsletter online and offering a range of web-based services. 48 EAHIL members skipped this question. Comments varied from *This would be excellent* to *Do not agree with this at all*. 33 EAHIL members had comments that were in favour of the proposal of a virtual EAHIL and 29 EAHIL members had comments that were not in favour of this proposal.

78 non-EAHIL members had comments on the virtual EAHIL. Comments varied from *This is an excellent idea* to *It's a horrific idea*. 68 non-EAHIL members agreed with the proposal and 10 non-EAHIL members disagreed.

91.7 % (99) of the EAHIL members said that they would still continue to be a member even if EAHIL abolished the membership fee. 8.3 % (9) answered *don't know* and 0 % answered *no.*

69 % (107) of the non-EAHIL members said they would become a member if EAHIL abolished the annual membership fee, 27.1 % (42) said they did not know and 2.6 % (4) said they would not become members.

Accreditation system

64.5 % (178) would find it useful if EAHIL developed an effective and credible system of accrediting members' experience and qualifications in health information. 24.3 % (67) do not know and 8.3 % (23) replied that they would not find it useful.

Countries

The number of respondents from different countries in alphabetical order:
Austria 2, Australia 1, Bangladesh 1, Belgium 3, Croatia 1, Czech Republic 2, Denmark 10, Estonia 1, Germany 9, Greece 1, Finland 12, France 5, Hungary 13, Iceland 2, Ireland 20, Italy 24, the Netherlands 25, Norway 21, Peru 1, Poland 7, Slovenia 3, Spain 12, Sweden 13, Switzerland 6, United Kingdom 72, U.S.A 5.

The results of the EAHIL survey and the Canadian survey will be presented at a parallel scientific session in Santander. The EAHIL survey will also be presented in an abbreviated version during the general assembly.

When you judge the result of the survey you must keep in mind that the result only reflects the opinions of those who actually answered. In spite of that the survey has given EAHIL valuable input for forming the future of EAHIL and a starting point for further discussion. The survey will not decide the future of EAHIL. The general assembly will decide the future of EAHIL. Please attend the general assembly on Friday 24 September, 17.00-18.30 in Santander.

I would like to thank all EAHIL members and non-EAHIL members who took the time to respond to the survey.

Arne Jakobsson
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News from our Colleagues

News from MLA

MLA '04
MLA's International Cooperation Section (ICS) has planned an excellent program for MLA 2004, the Annual Meeting to be held in Washington, DC May 21-26, 2004. The session "International Cooperation: The Power of Sister Libraries" will focus on international sister library partnerships.

Velta Poznaka, Director of the Medical Research Library of Latvia, will discuss how the International Cooperation Section's Sister Library Initiative helped her Eastern European National Medical Library in Latvia. Glendine Smith, Director of the Holberton Hospital medical Library in Antigua in the West Indies, will discuss her Sister Library relationships with the Biomedical Library at the University of South Alabama. Lenny Rhine, University of Florida, will provide an overview of health related partnerships between libraries in the industrialized countries with those in developing countries. Michael Dowling, Director of the American Library Association International Relations Office, will provide an overview of ALA's promotion of Sister Library Arrangements.
The ICS has also planned a session on how medical librarians can assist in the rebuilding libraries in Iraq. This session will feature presentations by Dr. Mary-Jane Deeb and Mr. David Keddle. Dr. Deeb led the Library of Congress' fact-finding mission to Iraq in the fall of 2003, and Mr. David Keddle coordinated the shipment of 100 pounds of material to Iraq from Sunrise Hospital and Medical Center in Las Vegas.

Members of the ICS as well as international visitors always enjoy getting together at the International Visitors Reception on Sunday evening. The National Program Committee, MLA Board of Directors, and headquarters staff will also be on hand to answer questions regarding MLA '04. I hope to see many of you at the Reception.

Global Initiatives Task Force
The Global Initiatives Task Force was created in May 2003 and is expected to forward a final report to the Board before the MLA annual meeting in May 2005. The task force will meet at the 2004 annual meeting in Washington, D.C. The following three areas will be the focus of discussion at the meeting:

1) Recognition of International Activities: The task force was asked to provide input to the MLA Board on ways to highlight MLA's international initiatives at the 2004 annual meeting and beyond. Reflecting on the suggestions forwarded by MLA's officers and Board for implementation in 2004 or later, task force members will be suggesting several methods to highlight and promote international relations in general through the many activities of MLA.

2) Develop a Health Sciences-Related Guidelines or "Tip Sheet" for International Relationships: Using existing documentation developed by the ICS sister library program as an excellent starting point, the task force was asked to develop generic guidelines and tips for MLA members and medical libraries interested in pursuing sister library relationships on their own. MLA routinely receives requests for this type of information, and although there is an ALA website that contains very useful information, it is not written from a health sciences library perspective nor does it contain some of the useful information already learned from the ICS sister library program experiences.

3) Organizational Structure of International Programs: Task force members were asked to take a broad look at international programs and how they currently relate or should relate to MLA's organizational structure. Task force communication reflected some theme areas including the need for sustainability, the need for a spotlight on grassroots initiatives, the importance of visibility, and the potential of "sharing a sisterhood library" for small organizational units. Following the MLA '04 meeting, I will be able to share with EAHIL members more details on the proposed direction.

CORE - Center of Research and Education

The Association has now drafted an outline of the CORE program - a Center of Research and Education. You can read about the program and its goals at www.mlanet.org/core/about.html but I am including the draft vision and mission statement of this exciting initiative here.

Vision: CORE will be the definitive source for high quality information and resources that meet the educational needs of health information professionals anywhere, anytime.

Mission: CORE fosters excellence in the health information education activities of health sciences libraries, information professionals, other providers of health information, and students. CORE helps individual librarians achieve lifelong learning goals; helps libraries to be learning organizations for their staff and clientele; and helps promote effective collaboration among institutions and associations that want to part of the learning community. This community shares people's health information education expertise and talent, while preserving their unique perspectives; expands educational access to those who need it; and helps attract the best new recruits to our workplaces, helping them to be successful health information professionals.

Eve-Marie Lacroix
MLA Representative to EAHIL
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Pharmaceutical Interest Group (PHING)

News from PHING

Plans for a PHING social event at the 9th European Conference of Medical and Health Libraries in Santander are now well under way. Our plans are to provide **FREE Pre-Lunch Drinks and Canapés** at the end of the PHING Parallel Session on Friday 24th September 2004. A prize draw will also take place for a bottle of bubbly. This event will be open to all conference delegates, but entry will be by ticket only as there is limited room space available and tickets will be offered to PHING members first. Information on how to obtain tickets and further details will be posted on the EAHIL mailing lists. To become a member of PHING all you need to do is join the PHING email discussion list, EAHIL-P. To join just send an email to Listserv@listserv.kib.ki.se with the subject line blank, and then type in the message **Subscribe EAHIL-P** and then **your first name and your surname**.

I must take this opportunity to thank the members of the International Programme Committee for Santander for all their hard work in forming an excellent programme of papers for the Pharmacy stream and, of course, all the speakers and poster writers who have made it all possible. There is something for everyone and you certainly do not need to work in a "pharmacy" library to find the papers of benefit. It is definitely going to be a session not to be missed!

Michelle Wake
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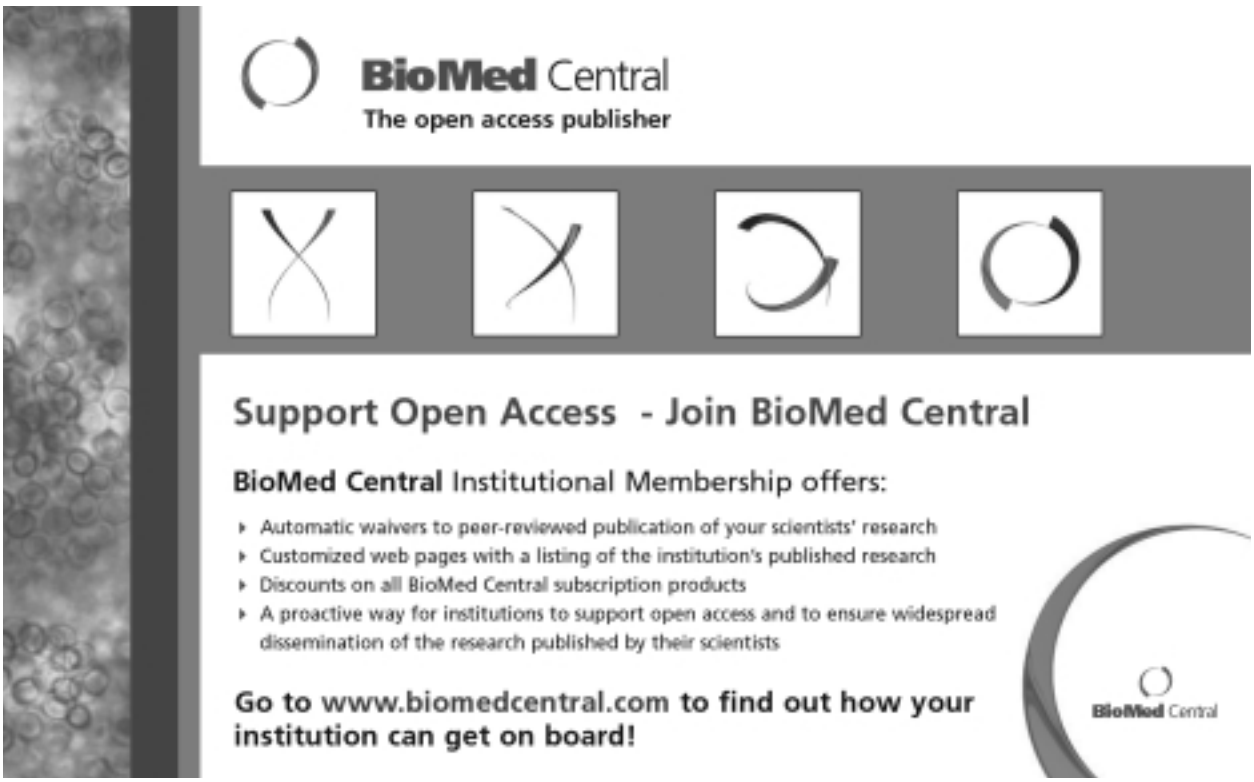

Pharmaceutical Interest Group (PHING)

Trademarks for Medicinal Products

Introduction
Medicinal products are usually known to professionals and patients by their registered trade names – trademarks. A trademark, or 'mark', is any word, phrase, symbol, design, sound, smell, colour, product configuration, group of letters or numbers, or combination of these, adopted and used by a company to identify its products or services, and distinguish them from products and services made, sold, or provided by others.

The primary purpose of marks is to prevent consumers from becoming confused about the source or origin of a product or service. Marks help consumers answer the questions: *Who makes this product?* and, *Who provides this service?* As consumers become familiar with particular marks, and the goods or services they represent, marks can acquire a "secondary meaning," as indicators of quality and confidence. For this reason, the well-known marks of reputable companies are valuable business assets, worthy of nurturing and protection. The well-known trademarks are usually called brands. Trademarks for medicinal products have to follow guidelines and rules which are established by WHO (World Health Organisation), and Drug regulatory Agencies (DRA) but first of all they are strictly regulated by international and national laws on Intellectual Property. The law on trademarks is based on the Paris Convention (1883), which is a base for all national laws for trademark registrations. There are three trademark registrations systems:

- National (application is filed in each country separately)
- Regional (application is filed in one place and it is valid for a group of countries e.g. CTM (Community Trade Mark) is valid for the whole European Union (also for enlarged countries)
- International system (application is managed in the office in Geneva – WIPO: World Intellectual Property Organisation and the legal bases are the Madrid Agreement, 1891 and the Madrid Protocol, 1995)

WIPO is also responsible for proper registrations of trademarks, which are registered as domain names (DN). This is important because e-commercialisation is present on the field of medicinal products more and more.

Drug Regulatory Agencies assure the quality of each registered medicinal product. Trademarks for medicinal products are important most of all for distinguishing purposes and for proper information transfer to professionals and to patients. A unique trademark is necessary to prevent the possibility of medical errors, which can cause terrible consequences for a patient during pharmacotherapy.

This article presents the DRAs and WHO rules, which have an influence on proper trademark creation and the requirements for the optimum trademarks for medicinal products.

1. Drug Regulatory Agencies
There are two large regulatory agencies in the world, which have a great influence on trademarks regulations: these are the United States Food and Drug Administration (FDA) and the European Medicines Evaluation Agency (EMEA).

FDA: the FDA obligation is to analyse whether a pharmaceutical trademark 'effectuates public health and safety'. The FDA requires pharmaceutical companies to test proposed names for trademarks to identify and remedy potential sound-alike and look-alike confusion with existing drug names. After a long procedure the FDA collects data on written and oral usage of the proposed mark from approximately one hundred FDA respondents, including doctors, nurses, pharmacists and other health care practitioners. A panel of experts studies handwritten test prescriptions and listens to recording of prescriptions spoken aloud. If the test results and the totality of the factors considered suggests that consumers may confuse two or more products and/or that the public would be put at risk, then the FDA concludes that the mark cannot be adopted.(1) For generic industry it is a rule that medicinal products must be labelled by the common (generic name) and a name of a company.

EMEA and Drug Regulatory Agencies in European countries

The European internal market is such that it comprises an area without internal frontiers in which the free movement of goods imply special regulatory steps in labelling of pharmaceutical products. The name of a medicinal product is defined in Article 1 of EU prop dir 2002/C 75 E/13. The name may be either an invented name not liable to confusion with the common name, or a common or scientific name accompanied by a trade mark or the name of the marketing authorisation holder.

Invented name is a term suggested by EMEA and the description is in the Guidelines on lnvented Names of Medicinal Products (CPMP/328/98, Rev Jan 2002). The important requirements are the following:

- Only one brand name should be normally approved per Marketing Authorisation Application granted
- The invented name should not create any risk for public health. It should not:
  - convey misleading therapeutic or pharmaceutical connotations
  - be misleading with respect to the composition of the product
  - be liable to cause confusion in print, handwriting or speech with the invented name of an existing medicinal product

Other suggestions:

- Invented name to be only one word; avoid qualification by letters and numbers
- the use of descriptive abbreviations is accepted only for different routes of administration (e.g. i.v., i.m.)
- use of capitals and other characteristic letters should reflect the proposed/ approved trademark registration

Common name means the international non-proprietary name recommended by the WHO, or, if one does not exist, the usual common name.

If any question is raised on invented names there is a special group of professionals: Name Review Group (NRG) who review and check the invented name availability and try to reach consensus amongst National Competent Authorities. The aim is to have one trademark for a specific medicinal product in the whole EU market. EMEA rules are also strictly in accordance to WHO rules. Invented names must not be derived from International Non-proprietary names (INNs) and INN stems are not to be used in invented names

EMEA is still working on guidelines on the acceptability of invented names and the last revision was in January 2002. The European Federation of Pharmaceutical Industry and Associations (EFPIA) responded in October 2002 to these rules with a Position paper. It was said

that the terminology is not clear enough. Questions about the word “invented name” which replaces “trade name” can be solved by using a “trademark” or “proprietary name”. There is no need to be confused with the basic terminology. Among several comments the most important is that there is no legal basis for the requirement to have a single trademark in EU market. EFPIA offered assistance for a continued dialogue on the opened questions, which are raised by EMEA and NRG.

2. The WHO’s role.
WHO also has a role in determining whether a proposed pharmaceutical trademark is acceptable. The WHO, which approves generic pharmaceutical names (2) through its International Non-proprietary names process, mandates that pharmaceutical trademarks cannot be derived from or include an INN. Governments and pharmaceutical companies are asked to reduce problems arising from drug nomenclatures (WHA46.19 ; Document. of World Health Assembly, 1991)

An INN identifies pharmaceutical substances or active pharmaceutical ingredients and there are over 8000 names designated as INNs. The WHO does not decide whether a pharmaceutical mark is too close to an existing INN or whether it should be approved. Rather, the WHO regulatory body sends out lists of INNs to its 191 member states, to national pharmacopoeia commissions, and to other bodies designated by the members, requesting that these groups take active steps to prevent the acquisition by any individual or entity of proprietary rights in an INN. This includes a prohibition on the registration of an INN as a trade name or trademark. Accordingly when making its determination on whether a pharmaceutical name may be adopted, the Drug Regulatory Agency in each country usually reviews a proposed trademark against the WHO’s list of INNs.

The creation of INN is a long sophisticated process (2) and there is special care taken regarding stems for special therapeutic classes (ATC classification) and also for radicals and groups of new chemical entities. We can summarise that there are two basic types of INNs:
1. INN for new Medical Entity (importance of stems: WHO/EDM/QSM/99.6
e.g. -ololum (Latin) -olol (English) Beta-adrenoreceptor antagonists
2. INN for new Molecular Entity (patents !)-> importance of radicals & groups : WHO/EDM/QSM/2003.1
e.g. axetil: rac-1-(acetyloxy)ethyl

Protection of INN is important to provide health professionals and others with a unique and universally available designated name to identify each pharmaceutical substance. WHO attempts to standardise names for medicinal products all over the world as much as possible.
INNs must not be used for trademarks or for domain names.

3. Important issues for trademarks of medicinal products.
The present and future era will bring changes in selling medicinal products because of e-commercialisation and better patients’ health awareness. Over the counter medicines (OTC) and generic medicines (produced after a patent expires) are on the rise. For all these products trademarks are extremely important. There are several ways to form a good trademark for medicinal product (3):

- to take particular letters from the chemical formula to make a new series of letters, and thus, a new word (e.g.Tylenol)
- to take a part of generic name (e.g. Haldol)
- to use Greek or Latin terminology as a source for most of names in anatomy and physiology for medicines which cure special diseases (e.g. Akineton – anti-Parkinson pharmaceutical)

- to use origins of chemical (e.g. Premarin: from pregnant mare's urine)
- to use parts of abbreviations of the company's name (e.g. Baycol – Bayer)
- to describe function and/or action: (e.g. Lasix: lasts six hours)
- to use low frequency letters of the alphabet – z, x, y (e.g. Zantac)
- to use acronyms: Tigan: **T**his **I**s **G**ood **A**gainst **N**ausea no such scientific or linguistic origin: fantasy names (e.g. Adalat)

Good trademarks are market success factors and some become brand names, which are really well known to professionals and patients. But we have to stress again that trademarks have to be chosen very carefully because of possible medical errors which they can cause. Both technical and human errors contribute to medication errors (3):

- A trademark can look like other trademark when handwritten or be mistaken for something else when ordered orally.
- Generic names can resemble other generics, or, a generic name can have too much in common with a trademark
- Look-alike errors also include mistakes that occur when labelling or packaging is seriously similar
- Pharmacy workload: high numbers of prescriptions combined with time pressure increase the likelihood of errors
- Pharmacy procedures such as alphabetical arrangement and placing look-alike packages in a row, easily result in mix-ups
- The fast growing number of new pharmaceuticals makes it difficult for pharmacists to keep pace with the sheer volume of novel medication, and
- Customers in a hurry do not have time to check prescriptions or ask questions.

To maximise safety throughout the process, the best move seems to be to ensure the services of independent organisations, working with a network of pharmacists and other professionals on global basis, are included in the process of trademark creation.

The optimum trademark for a medicinal product (4):

- Is unique, distinctive, and memorable
- Is short, catchy, and interrupts the speech flow
- Fits the concept
- Meets all legal and regulatory requirements
- Has no confusion potential
- Has a positive connotation
- Is pronounceable, understood, and marketable worldwide
- Is amenable to e-commercialisation

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News from Santander

Magdalena Palace

9th EUROPEAN CONFERENCE OF MEDICAL AND HEALTH LIBRARIES

From Altamira Until Now:
Information Transference Ways
Santander, September 20-25, 2004

PROGRAMME OVERVIEW

Monday – Wednesday September 20-22
Continuing Education Courses

Wednesday, September 22

9.00-17.00	Registration
9.00-14.00	Board Meeting
14.00-16.00	Council-Meeting
17.00-18.00	Opening Ceremony
18.00-19.00	Opening Exhibition
20.00	Welcome Reception

Thursday, 23 September

8.30-15.00	Exhibition
9.00-10.00	Plenary Sessions
10.00-10.30	Coffee
10.30-11.30	Parallel Sessions
11.30–12.30	Product Presentation
12.30-14.00	Lunch
14.00-15.00	Parallel Sessions
15.00	Visit to Altamira Caves and Santillana del Mar.
20.00	Cocktail

News from Santander

Friday 24 September

8.30-18.30	Exhibition
9.00-10.00	Plenary Sessions
10.00-10.30	Coffee
10.30-12.30	Parallel Sessions
12.30-14.00	Lunch
14.00-15.30	Posters Sessions
15.30-16.30	Parallel Sessions
16.30-17.00	Coffee
17.00-18.30	General Assembly
20.30	Dinner Party

Saturday 25

8.30-13.00	Exhibition
9.00-10.30	Parallel Sessions
10.30-11.00	Coffee
11.00-12.00	Plenary Session
12.00-12.30	Closing Ceremony
12.30	Farewell Lunch

Sardinero & Royal Hotel

Social Activities

Wednesday

20.00	Welcome Reception in Palacio de la Magdalena

Thursday

15.00	*Educational Tours* Neocueva and Santillana del Mar.
20.00	Cocktail

Friday

20.30	Dinner Party

Saturday

12.30	Farewell Lunch

Sardinero area view

Maria Francisca Ribes Cot
LOC, Santander
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Continuing Education Courses overview

	9.00 – 13.00	14.00 – 16.00
Monday, September 20	English For Librarians	
	Science Editing	
	Evidence Based Librarianship: How to Make Better Decisions in Library Practice	
Tuesday, September 21	English For Librarians	
	Structuring Medical Information on the Internet	Health Economics Information
	Negotiating for E-Journal Access	Evidenced Based Health Care
Wednesday. September 22	Human Genome Information For Librarians	
	Copyright and the Electronic Library	
	Conceptual Fingerprinting	

News from Santander

PROGRAMME CONTINUING EDUCATION COURSES

EAHIL Conference in Santander, Spain, September 2004:

COURSE TITLE**:**
English for librarians
By **Margo de Wolf**, from "About English", Utrecht, the Netherlands
This two-day training course will be tailor-made for EAHIL participants and aims to improve your oral communication in English in formal and informal situations. (see EAHIL Newsletter 66 for more details)

Two days (**Monday 20th and Tuesday 21st)** of 6 hours active training & exercises.
Max. number of participants: 15

COURSE TITLE**:**
Human Genome Information for Librarians
By **Fernando Martin-Sanchez and Ana Yarte del Toro**, from the Institute of Health 'Carlos III', Madrid, Spain
This type of information could mean a new role for documentalists that work in Health Science Libraries. Documentalists specialized in this area will acquire experience in handling the main resources and in information management techniques that take into account the special character of this information, which for the most part is available on the Internet.

Wednesday 22nd Half-day (morning)
Max. number of participants: 15

COURSE TITLE**:**
Copyright and the Electronic Library
By **Charles Oppenheim**, Department of Information Science, Loughborough University, Leicestershire, UK
This workshop will include discussion of the principles of copyright, and the impact they have on the development of the electronic library; issues such as digitisation, electronic reserves, electronic journals and site licenses will be covered. This course was well attended in Utrecht and Cologne. Professor Oppenheim will inform us about the latest developments in this field. Charles Oppenheim is the author of The Legal and Regulatory Environment for Electronic Information, 4th edition published in 2001 by Infonortics. (see Meet the CEC Teachers for more details)

Wednesday 22nd Half-day (morning)
Max. number of participants: 25

COURSE TITLE**:**
Introduction To Scientific Editing: Adding Value To Library Editorial Products
By **Paola de Castro & Sandra Salinetti**, Italian National Institute of Health, Rome
This course will focus on basic editorial principles and give practical advice to improve librarians' editorial skills: how to organize the information in a paper document (writing a text; editing tables and graphs; citations and references; titles and abstracts; tables of contents and indexes; hints on copyright issues; levels of technical editing and proof-reading; useful *Editorial* sites.)

Monday 20th Full-day
Max. number of participants: 20

COURSE TITLE**:**
Health economics Information: The Quest for Efficiency in Health Care
By **Moira Napper**, Information Officer, Health Economics Research Unit, University of Aberdeen, UK
This is a half-day continuing education course designed to demonstrate an effective approach to identifying economic information in health care.

The session aims to enhance participants' professional role in the identification and utilisation of this information. This course was accredited by the Medical Library Association and presented at the MLA Annual Conference in Dallas in 2002 and subsequently by the Canadian Health Libraries Association for presentation at their annual meeting in June 2003. The EAHIL CEC coordinator is delighted to be able to offer this internationally accredited course at Santander.

Tuesday 21st Half-day (afternoon)
Max. number of participants: 15

COURSE TITLE**:**
Conceptual fingerprinting as both a literature discovery tool and a means of semantic interlinkage of bibliographic, sequence and image databases
By **Les Grivell**, EMBL, Heidelberg, Germany
The E-BioSci programme aims at developing tools and procedures to allow integration and retrieval of many kinds of biological information, such as linking genomic and other data with the biomedical literature. This course aims to provide you with a practical introduction and background information to these new developments and the skills to be able to introduce the principles and searching techniques to your users. (see also issue 66 of the EAHIL Newsletter)

Wednesday 22nd Half-day (morning)
Max. number of participants: 20.

COURSE TITLE**: Evidence Based Librarianship: how to make better decisions in library practice**
By**Anne Brice**, Director of Knowledge & Information Sciences, Public Health Resource Unit, Oxford
& **Andrew Booth**, Director of Information Resources and Senior Lecturer in Evidence Based Health Care Information, University of Sheffield

Aims of this course are:

- To provide a practical introduction to evidence based information practice.
- To equip participants with the skills required to practise evidence based practice in their workplace

As a result of attending this course, participants will:

- Be able to identify key areas of their practice that can be informed by research evidence
- Be able to articulate questions from common library practice which are answerable either from the literature or from good practice
- Understand the main types of research design and their contribution to addressing questions from professional practice
- Be able to work in teams to appraise and implement evidence from the research literature within their workplace

(see Meet the CEC Teachers for more details)
Monday 20th Full day
Max. number of participants: 15-20

COURSE TITLE**:**
Finding the evidence to support EB Health Care
By **Andrew Booth**, Senior Lecturer in Evidence Based Healthcare Information & Director of Information Resources, School of Health and Related Research (ScHARR), University of Sheffield, UK and Anne Brice, Director of Knowledge & Information Sciences, Public Health Resource Unit, Oxford, UK. This course will cover the basic principles involved in Finding the Evidence. It will cover focusing the question, filtering the literature, and using pre-filtered resources. It will conclude with a brief look at the usefulness of the Internet as a source for evidence. Both Anne Brice and Andrew Booth are experts in our field and very

experienced teachers. For everybody who wants to improve their library management and information services, these courses are a must!

Tuesday 21st Half-day (afternoon)
Max. number of participants: 15-20

COURSE TITLE**:**
Structuring the information on the Internet: the Dublin Core metadata, RDF and the Semantic Web
By **Benoit Thirion**, Rouen, France, and **Ioana Robu**, Cluj-Napoca, Romania
Structuring the information on the Internet: the Dublin Core metadata, RDF and the Semantic Web by Benoit Thirion, Rouen, France and Ioana Robu, University Library of Medicine and Pharmacy, Cluj, Romania. This course will emphasize the role of librarians in structuring medical information on the Internet.
Benoit Thirion has set up and is maintaining the Francophone website: CISMeF and is therefore the most suitable colleague to explain to us "how to do ..." and Ioana Robu is familiar with RDF and currently doing research regarding the semantic web.

Tuesday 21st Half-day (morning)
Max. number of participants: 15

COURSE TITLE:
Negotiating for e-journal access: getting the best deal through a systematic and value-driven approach
By **Albert Prior** and/or **Paul Harwood**, Content Complete, North Leigh, Oxfordshire, UK
Albert Prior and Paul Harwood are the joint owners and Directors of Content Complete Ltd (CCL), a company established in June 2003 to help organisations negotiate preferential access conditions for digital content. In June 2003, CCL was appointed as Negotiation Agent for NESLi2, the UK's national electronic journals initiative for higher and further education. Since then, a number of other organisations in the public and commercial sectors have engaged their services. CCL either directly represents its clients in face-to-face negotiations with content providers or acts behind the scenes in a consultative and advisory capacity; the choice rests with the client. (see Meet the CEC Teachers for more details)

Tuesday 21st Half-day (morning)
Max. number of participants: 20

Suzanne Bakker
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News from Santander

Meet the Teachers of the CE Courses in Spain

Albert Prior and Paul Harwood:
From Content Complete Ltd, Oxfordshire, UK

Title of Course: *Negotiating for e-journal access: getting the best deal through a systematic and value-driven approach*

Albert Prior and Paul Harwood are the joint owners and Directors of Content Complete Ltd (CCL), a company established in June 2003 to help organisations negotiate preferential access conditions for digital content.

In June 2003, CCL was appointed as Negotiation Agent for NESLi2, the UK's national electronic journals initiative for higher and further education. Since then, a number of other organisations in the public and commercial sectors have engaged their services. CCL either directly represents its clients in face-to-face negotiations with content providers or acts behind the scenes in a consultative and advisory capacity; the choice rests with the client.

Albert Prior trained as a librarian and over a period of 25 years held a number of senior positions with Swets and Zeitlinger, the subscription agent and information services company. These included Managing Director of Swets United Kingdom, Commercial Director S&Z The Netherlands and Managing Director of Extenza, Swets Publisher Services Division. He was also a member of the Committee of the UK Serials Group for many years, including acting as Editor of Serials, the UKSG journal, and as Chair of group, 1992-1994.

Paul Harwood also qualified as a librarian and spent a number of years working in libraries before joining Swets and Zeitlinger in 1990. Between 1994 and 2003 he was Managing Director of the company in the UK. In his last year at Swets, he was also responsible for the company's global consortia and multi-site services team, brokering agreements with publishers on behalf of consortia and global corporations. He has been a member of the UK Serials Group Committee since 1995 and is currently Treasurer, having served spells as Marketing and Education Officer.

This course is for those who either have some experience of negotiating access rights to journal content and want to benchmark their current approach, or those who face the prospect of having to undertake work in this area in the near future but who have limited experience. It is designed to give those attending a comprehensive overview of the key issues to address, based on the experiences of the course leaders in dealing with a number of major journal publishers in a variety of different situations.

News from Santander

Meet the Teachers of the CE Courses in Spain

Anne Brice:
Director of Knowledge & Information Sciences,
Public Health Resource Unit, Oxford
Andrew Booth:
Director of Information Resources and Senior Lecturer
in Evidence Based Health Care Information, University of Sheffield

Title of Course: *Evidence Based Librarianship: how to make better decisions in library practice*

Anne Brice has twenty-one years experience as an information professional, gained mainly in the academic and health sectors. Anne is currently Director of Knowledge & Information Sciences, Public Health Resource Unit, Oxford. She has extensive experience of involvement in co-ordinating and facilitating training, networking, and co-operation among libraries at a regional and national level. Anne has been responsible for developing the CASP Finding the Evidence Workshop programme and has also been actively involved in developing CASP Open learning, CD-ROM and web based materials. She is currently seconded to the National Electronic Library for Health, where she is responsible for the Specialist Libraries programme.

Andrew Booth has twenty years' experience as a health information professional, most recently at the School of Health and Related Research as Director of Information Resources. Andrew is an experienced trainer of NHS Librarians in literature searching and critical appraisal having developed and delivered programmes for South Thames, Trent, Northern and Yorkshire, South West, and North West and Wales regional & national library services and for the Department of Health Library. He is on the Editorial Boards of *Evidence Based Healthcare, Journal of Clinical Excellence* and *Health Information and Libraries Journal* (formerly *Health Libraries Review*). He chairs the Health Libraries Group's Research Working Party.

Evidence-Based Librarianship
Evidence based practice began within healthcare but has recently migrated to such fields as education, social work and human resource management. It involves applying results from rigorous research studies to professional practice in order to improve the quality of services to clients, customers and users. Many librarians and information workers working in the academic and professional sectors will encounter the skills and techniques of evidence based practice in meeting the day-to-day needs of their users. Familiarity with these methods has caused an increasing number of information professionals to turn a critical eye to their own practice. Is it possible to adapt this model to information practice? Are the skills and techniques of evidence based practice directly transferable to our profession? Is it practical, desirable and useful for information professionals to integrate research findings into their day to day decision-making? Which topics from within our professional practice are most amenable to an evidence-based approach? Evidence based librarianship is definitely one of the most significant contemporary developments in professional library practice. Its influence has been seen in an increasing number of articles, the second international conference on the topic. Andrew Booth and Anne Brice have been involved in numerous training events within this field and are acknowledged among the international leaders in this field.
[see Book Review]

News from Santander

Meet the Teachers of the CE Courses in Spain

This workshop, which focuses on Evidence-based Librarianship, aims to increase librarian skills in reading, interpreting and applying their professional research literature. The day will introduce such concepts as focused questions, research design, and the use of statistics. The teaching method will be by problem-based small group work and facilitation. Practical sessions will include identifying evidence in support of a business case and will utilize a range of study designs including case control, cohort studies and randomized controlled trials. Its aim is to provide a practical introduction to evidence based information practice. To equip participants with the skills required to practice evidence based practice in their workplace.
Participants would benefit from having had prior experience of a wide range of library activities e.g. enquiry work, acquisitions, interlibrary loans, literature searching etcetera although this is not essential. Previous experience of general critical appraisal, although advantageous, is not considered essential.

Charles Oppenheim:
From Loughborough University, UK

Title of Course: *Copyright and the Electronic Library*
Charles Oppenheim is Professor of Information Science at Loughborough University, UK. Prior to that, he was Professor of Electronic Library Research at de Montfort University, UK.

He is a regular contributor to the professional literature and is a well-known public speaker who has spoken at a number of EAHIL Conferences before. His research and professional interests include copyright, data protection, information policy, electronic publishing and electronic libraries.

This four-hour workshop will examine copyright law from the point of view of those librarians who are grappling with electronic materials. It starts with a basic overview of copyright law, and then considers the problems caused by electronic materials and the Internet. It also considers the copyright status of materials on the Internet, and the legality of linking and framing. The reactions of copyright owners to recent technical developments are then considered, with an emphasis on the EU Directive on Copyright and Related Rights that came into effect in most EU Member States during 2003. The implications of this Directive, especially for those in the commercial sector, and the implications of the new laws on so-called Technical Protection Measures, such as Digital Rights Management Systems will be considered. It will be noted that although the Directive was designed to harmonise copyright law throughout the Union, it has totally failed to do so. The workshop will conclude with some thoughts about the future of copyright in the electronic environment.

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Feature Articles
Federica Napolitani Cheyne

Editorial Peer Review in Biomedical Publishing: an Overview

Introduction

One of my most pleasant tasks, in nearly twenty years of working in the editorial group of *Annali dell'Istituto Superiore di Sanità*, has been to track the entire peer review process. So it seemed natural to choose this subject for my article also because it coincided with other events that had further stimulated my interest.

I had just completed a review of a short and clever practical guide titled *How to survive peer review* (1), which I strongly recommend, and had been invited to an interesting workshop on the same subject (2). However what really convinced me was my renewed experience of how useful a competent reviewer's comments were to my work. In this brief article I will attempt to illustrate the fundamentals of the peer review process and which are the main topics of debate. In the near future I will also analyse the advantages of this process for a scientific journal such as *Annali dell'Istituto Superiore di Sanità*.

What is peer review

In general it is the evaluation or critical review of an article, an activity or even of an individual performed by peers – experts in the same subject matter or members of the same community of knowledge. A peer, as defined in the Oxford Dictionary, is *a person who is equal to another in rank, status or merit*. For a review to be impartial the peer reviewer should be totally independent from the item that he or she has been called upon to review: there should be no involvement of any sort or kind in its preparation nor should there be any funding considerations or conflicts of interest.

This process does not only apply to scientific publications (journal peer review) but is commonly used in other areas such as professional performance evaluation of individuals (professional peer review), of activities (i.e. teaching peer review), programmes (i.e. peer review in development programmes), grant proposals, groups, departments or Institutes. Generally, the aim of all these processes is to evaluate the adequacy of the work in relation to the specifications requested and at the same time identify any deviations from these and provide suggestions for improvement.

Editorial peer review

It is probably in biomedical publishing that the peer review process comes into its own, becoming a sort of hub around which all science journals gravitate and consequently, on which dissemination of biomedical information, research and funding largely depend. Editorial peer review is a selection filter as well as a mechanism of quality control. Furthermore the role of a peer reviewer in providing the author with specific suggestions and technical judgment can be vital for the improvement in terms of accuracy, clarity, adequacy and quality of the published articles. He or she does not only recommend whether or not the article can be published after major or minor revisions prior to being accepted, but often the reviewer makes suggestions as to the changes that should be made. These can comprise necessary additions, comments, footnotes, recommendations that become an important source of information and ideas, which are, in substance, its added value. This should also be the essence of the peer review.

The role which the peer reviewers, also known as *gatekeepers of science* (3), are called upon to undertake, evaluating papers for their scientific content and declaring suitability for publication, is a crucial one and requires dedication, diligence, shrewdness and FAITH. In the acronym, F.A.I.T.H, L. Turner identifies five core attributes of effective peer review: Fairness, Appropriate, Identifiable, Timely, Helpful (4). The relationship between editor, reviewer and author should be one of reciprocal trust.

Different approaches of editorial peer review

Peer review has been at the heart of the scientific process for over 300 years (5) and is not only used by high-impact journals but also by the so-called "small journals" (6), namely journals without an impact factor but nonetheless having an important role to play in the scientific community. Today the majority of science journals use this process to decide whether to publish submitted papers. However the size and importance of the journal determines the number and quality of submissions (7) and possibly influences its peer review process. Reviewers of major journals, such as *The Lancet* are stricter in their recommendations than reviewers of smaller journals such as the CMJ (6). It is therefore possible to identify two different approaches for each case, which T. Jefferson defines as the *top-down approach* or the *bottom-up approach* (1).

The former is used by the prestigious journals in which the peer review process is aimed at selecting and skimming-off those articles with greater relevance to the readers. In these journals no more than 10-20 % (1), at times even less (6), of the submitted papers pass the reviewers' examination. The latter is often used by the less prestigious journals and by the numerous electronic journals that accept all articles that meet the minimum standard and therefore use the peer review process to "weed-out" all those that do not achieve that standard (1). Normally these journals have lower rejection rates compared to high-impact journals.

Open or blinded peer review

Another topic of interest in the scientific debate is whether the open or blinded peer review process is fairer and more useful in improving its quality. The journal that sends submitted papers to reviewers can routinely decide whether to hide the identity of the reviewer to the author (anonymous or blinded review) and vice-versa (double-blinded), or can decide to disclose the identity of the reviewers to authors (open review) or even sometimes, as with BioMed Central (BMC) to reveal the identity of the reviewers and their comments to the reader. *In some cases, including all the medical BMC journals, reviewers are asked to sign their reviews and the pre-publication history of each paper (submitted versions, reviewers' reports, authors' responses) is posted on the web with the published article.*
(Peer Review Policy: www.biomedcentral.com/info/about/peerreview/).

Though "anonymity for peer reviewers remains the overwhelming norm within biomedical journals" (8), the trend is to greater openness and transparency, as is the case with *BMJ*. In 1999 it decided to open up its review system, not so much for reasons of efficiency (since this could not be demonstrated) but "for largely ethical reasons" (9). "Open" and "ethical" are two adjectives now very much in vogue in all fields and not only in the scientific world. We are heading towards "open-access" also for this type of information, which, for many, is still considered to be confidential. "Science is progressively moving away from anonymity" (9) towards a more open and clearer peer review process, which was once considered as a sort of *black box*. Its workings were unknown to researchers and readers (4) and also due to the editors desire not to disclose the complex process.

Feature Articles
Federica Napolitani Cheyne

Peer review under scrutiny

Today the question is whether peer review still has a prime role to play or whether its effects are uncertain and therefore of limited use (10-13). What needs to be done is to analyse to greater depths aspects such as: how to improve peer review, how to evaluate the quality of peer review, how to assess its effects, which role will peer reviewers have in the future of scientific and medical publishing and finally how will peer review adapt to this rapidly transforming world.

The entire process is now subject to an intense scrutiny and has the attention it deserves. *Jama* and the BMJ Publishing Group are organising the Fifth international congress on peer review and biomedical publishing, which will be held in September 2005 in Chicago, Illinois (14). The success of the four previous editions (15-18) together with the increase in the number of articles, seminars and references to the topic shows the ever-increasing interest in this "evolving science-investigation of the process whereby scientific work is selected and published" (14).

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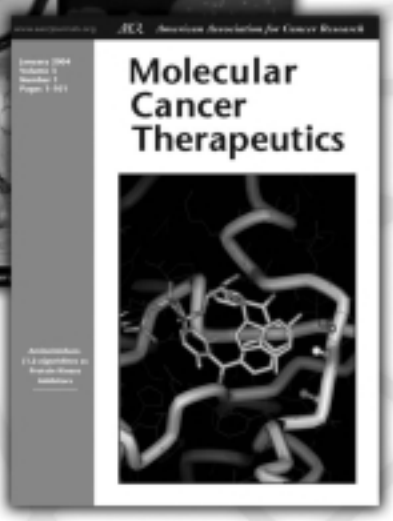

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Improving Standards of Practice Through Effective Information Management and Quality Assurance

Improving Standards of Practice Through Effective Information Management and Quality Assurance

Knowledge Management

There is a huge worldwide industry, which consists of people who do not manage to tell people who do manage, how to do their jobs. The best of this advice usually consists of the obvious things we all need to be reminded about from time to time: recruit good colleagues, define the aims clearly, make sure everyone is trained, make sure the resources are available, plan 2-3 years ahead and otherwise try and maintain a quiet life.

Nearly always, though the common sense is decorated (and sometimes entirely hidden) by fashionable "insights" into alleged hidden truths behind successful managements. Older readers will remember *business process engineering, total quality management, core competencies,* and worst of all *team building,* and their attendant horrors. These and many other more or less empty fads are wittily and mercilessly explained in Francis Wheen's new book. (1)

To a considerable extent, knowledge management (KM) is just the latest of these fads and much of what you read is just an elaborate presentation of the idea that people should share their knowledge and collaborate in their work — hardly something that we librarians need to be told. The sceptical approach to KM is very well set out by Professor Tom Wilson of Sheffield University in his highly perceptive article *The Nonsense of Knowledge Management.*(2) This is available free on the web for all to read and like all his work is clear and sharp. The basic thesis, supported by the solid evidence of a thorough review of the literature, is:

- Knowledge *per se* cannot be communicated. Knowledge is information mediated by an individual and while information can be communicated, knowledge cannot because it is mediated, mutated and conceptualised by the receiver.

- The term *knowledge management* began as a twig on the academic tree of artificial intelligence and expert systems.

- Its migration into the management and library and information service cultures came after it was seized upon as a saleable concept by several large multinational management consultancies, and then mutated into a blueprint for organisations involved in "the information business".

- KM is in fact a synonym for information management.

The last assertion may not be entirely true in every case, but it holds fairly true for the matters covered in this paper. The reality of our situation at the British Medical Association (BMA) library is that we make efforts to manage our information and also to manage our work processes, and it is these activities on which this paper will concentrate.

Another important point made in Wilson's paper is that most durable management fads have an identifiable kernel of important and useful concepts, and that sometimes this is even genuinely new. For organisations led by grumpy old men (and women) this underlines the importance of having livelier, more open-minded young people on the staff — and ready to speak to ensure important opportunities are not missed. Like any new concept, KM must be measured against the twin benchmarks of (a) organisational aims and objectives, and (b) the problems that face us in delivering these. Which is all pretty obvious, one might think, except that the rampant management fad is horribly resistant to the- *is it useful and relevant* -test.

Keeping Your Eyes on the Prize

So what are the BMA library's objectives and what are our worst problems? The objective is clear: *To deliver high quality library and information services to BMA members, in the way they find most convenient.* Nor are our problems unusual:

- We have to use staff to deliver these services: staff are highly variable in experience and modestly variable in ability; they have their own ideas; unlike the authors of this paper they are not perfect! Inevitably the standard of service members receive will vary according to whom they spoke to and what else was going on in the library at the time, and it is the job of management to narrow this gap as far as possible by bringing the average and the below average up as close as possible to the best.

- The BMA has members everywhere: over 125,000 qualified doctors all over the UK and, sometimes, beyond.

- The questions they ask us are often hard. By definition they can often answer the easy questions themselves, and the BMA often serves as a secondary or even tertiary referral centre for reference questions beyond the resources of smaller libraries. The questions are sometimes not just difficult and obscure, but because we work in a medical environment they can also be urgent — even very occasionally life-and-death urgent.

- Our members have high expectations. As a professional group, doctors tend to have high expectations in their professional life since they often work at the centre of large and extensive support systems. Because their trade is in essence life or death, health or suffering, it is inevitable and right that this should be so. On top of generally high expectations, what the marketing people term the BMA's "membership offer" emphasises that if we offer a service then it will be set up to perform to the highest standards and that they can expect nothing but the best when they contact us. It is our job as BMA employees to ensure this is the case.

The management of information is, of course, at the heart of what we librarians do, and this takes many forms. At one level it is managing hundreds of thousands of unbound journals on miles of shelving in underground mobile stacks — and managing them so that if you need some information you can find which of those unbound journals contains it and then put your hand straight on it. It is also the cluster of duty librarians, up to five at busy times, we have taking reference enquiries from phone and email and then sending back the answers by the most appropriate means. It is also in the growing body of electronic resources set up on the web for members and others to consult on a self-service basis.

Staff Development

In this diverse environment it is essential to do

everything we can to bring every answer up to the best possible standard, and this means giving staff the infrastructural support we all need to learn and to do the best job we can. To do this we start by recruiting the best possible staff. This should be a statement of the shiningly obvious, particularly in librarianship where the gap between the very best and the average is pretty large, but sadly it is not. Recruiting the best staff isn't all good news, especially for managers aiming for a quiet life. Able staff innovate and expect to be allowed to apply at least some of their ideas; they sometimes challenge managers when the managers talk rubbish to them, which can be disconcerting; they also tend to move on to other posts once they get bored, and it can be a sad business watching good people leave knowing that you have the work and the risks of recruiting their replacements. Too many library managers settle for a quiet life, and it usually shows.

Having got what you think are good recruits, you need to set up a thorough and carefully monitored induction. They have to learn their own working procedures, obviously, but they also need to know how these fit into the whole and how they relate to those around them. They need

to be able to pick up the work of others' during leave and in emergencies. They also need to absorb the attitudes and expectations of the department as a whole. And as managers, you need to watch the induction closely. If the new recruit is seriously not coming up to scratch, then this is the time to acknowledge the mistake and move them out. Staff do not often fail their probationary period at the BMA library, but it has happened.

Once you have the staff and they know what's what the senior management has to be prepared to stand back and give them their head, as individuals and as part of their work team. If there ever was a time when the chief librarian knew it all and knew it better, then that time is long gone. The manager's role is to intercept the truly wayward ideas, to make sure that any culture of permanent change stays within site of the parent organisation's political and organisational culture — and occasionally to take the blame for mistakes. Training and continuing education is a big issue here, and the training strategy needs to be something to which everyone contributes and which is tied closely to organisational aims. Training needs to be fun and a regular part of the week (the BMA library opens an hour later on Thursdays to make space for regular sessions). It also needs to be varied — internally and externally sourced — and multi-directional with junior staff training their elders and better.

Finally, we depend on a good workplace information system — as good in fact as doctors have in most parts of their working life. This means that we need delivery within 15 seconds, the system to be available where we work and where and when we need it, and to have a system which delivers what we need and no more.

The Supportive Intranet

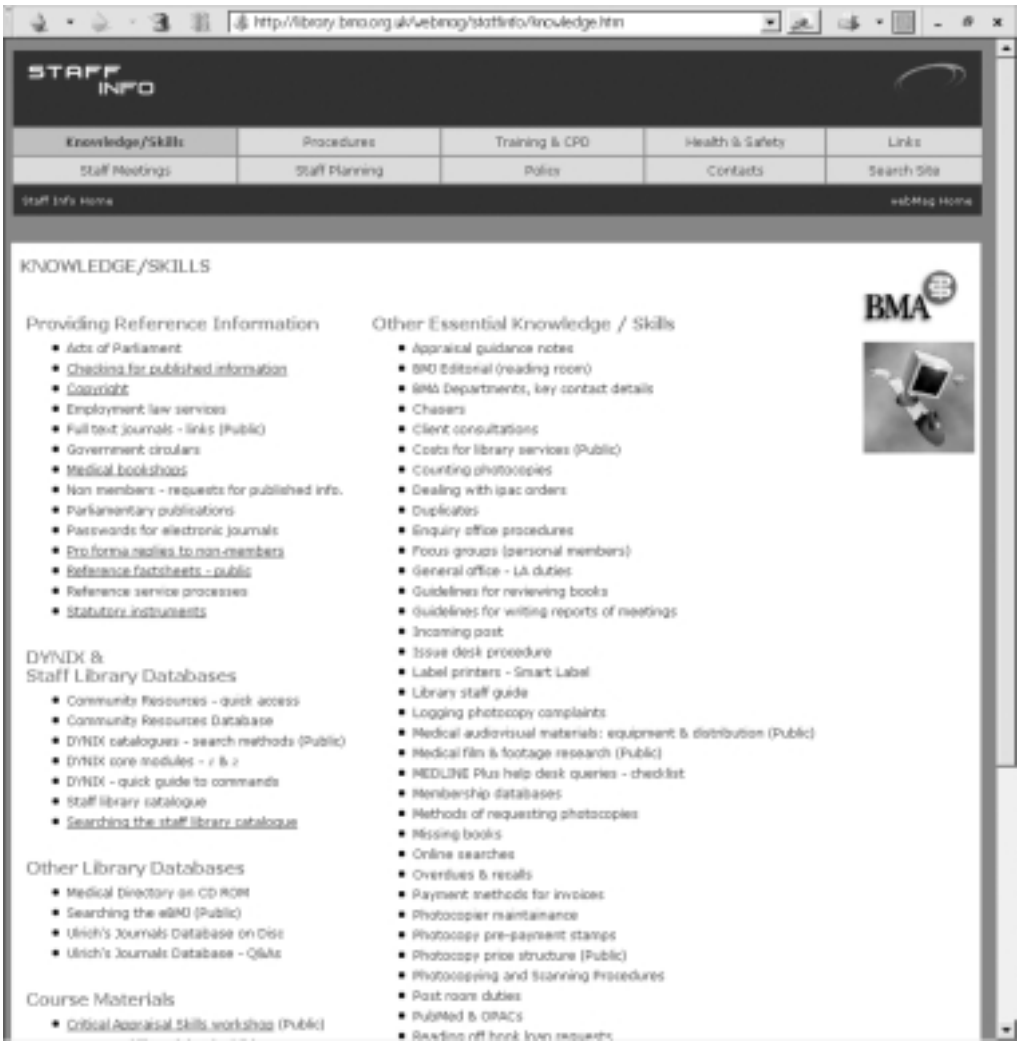
This key day-to-day element in this information system is the presence of experienced colleagues who are ready to help and to take over if the query is unusually complex. The supporting information systems consist of the library's online catalogues and databases; quick reference resources (printed and online) in which our own public web site (www.bma.org.uk/library) is increasingly prominent; and the staff intranet. Increasingly, though, we are also relying on our online resources to underpin quality and consistency. The large amount of primary and secondary source information on our web site has grown from an internal project to share information among enquiry staff.

It now includes over 50 comprehensive fact sheets covering most of the common questions we are asked, and it is now not uncommon for us to respond to members by pointing them to the appropriate page on our site. This is particularly true of email queries where we can include the link in our reply. The web site has also brought a substantial increase in self-service enquiries by members and by the general public.

In a sense, what is now our public site is a morphine of what was our original intranet. Our intranet mark 2 consists mostly of material of interest and use only to BMA library staff: guides to specialist reference resources such as statistics and government publications; hyperlinks to web sites heavily used in our reference work; primary information such as medical and antiquarian book shop details; guides to the work of other BMA departments; links to databases which are only licensed for library use; information on wider (library) professional matters; resources from the web; and perhaps most important of all a detailed, indexed procedures manual and a large set of *How to . . .* instruction sheets. How to renew a book, How to book a video for a specific date in the future, etc, all written and kept updated by the staff concerned. All libraries are riddled with complex

operational procedures and ours are probably worse than most. For the first time, though, we have a single, universally accessible source of information to guide us through unfamiliar processes and this has made a great contribution to improving our own efficiency and the standard of service we are able to provide. The intranet is also tightly linked to our internal training programme, with course material, Powerpoint slide shows and other instructional material

The novel element of our Intranet is that it presents itself in the form of a monthly magazine — the *Webmag*. The great innovation of the Webmag is that as well as all the usual stuff about holidays, meetings, duty rosters and so on it carries general interest information — reviews of plays, art exhibitions and web sites, holiday information, jokes, in-jokes, recipes and even an agony aunt. Almost all members of staff contribute to it and the new issue is eagerly read each month. Bridging the gap between the non work-related frivolity and the solid mass of intranet content available from the bar at the top



of the screen, there is a mass of professional news and links, as well as links to political, sporting, science fiction and other sites of general interest. Technically, the intranet HTML pages are all hosted on a server within the library, but there are copious links to pages hosted by the BMA's corporate Lotus Notes system.

Conclusion

As might be expected from a resource that mimics a monthly magazine, the Webmag is in a constant state of change and development. We are still some way off our ideal, but we do for the first time have a coherent framework for managing information. Staff need to do their work properly, and this framework is clad in the clothes of entertainment and broad participation, thus ensuring that it is read and remains at the heart of our working practice.

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Editorial Correction:

The pictures illustrating the articles about the Dutch Biomedical Library Group in EAHIL Newsletter issue 65 of November 2003 (p. 17,23,25,26 & 32) were kindly provided by the photographer, owner and rights holder, Ronald van Dieën of Ingressus, Rotterdam.

Feature Articles

The Role of Human Factors in Information Seeking in Medicine

The Role of Human Factors in Information Seeking in Medicine

The author performed an extensive survey among Hungarian physicians, medical students, medical librarians - experts in medicine and borderline sciences. Its aim was to elucidate, whether personality parameters, especially the locus of control (LOC), of the surveyed people have any influence on the process, methods and success of searches into medical literature. As yet, such an investigation has not been performed in Hungary and indeed the literature refers rarely to similar surveys.

Introduction

The information environment and the usage of its new system means, that human knowledge, compiled in different forms, can be treated quickly, exactly, easily, and managed as efficiently as possible. Socialization and the society forming the role of different groups of the society can only succeed if people are able to take into account and to make use of the results and experience of their past consciously, as well as to publish and share their recent research results in order to contribute to the general social, scientific and economic development. The progress requires respect for the acquired knowledge, the desire for its preservation and enrichment and the possibility of systematic retrieval of holdings according to the users' demands. That is why we have to investigate the characteristic elements of the information seeking process with the greatest possible scientific profoundness, and to reveal the ever-growing role of human factors.

The objective of my research was to shed light on the role of personality in the process of information seeking among the Hungarian physicians, students, researchers and librarians by means of a multi-level analysis while filtering out the influence of outer factors. The survey laid particular stress on revealing the connection between the personality determinant psychological concept *locus of control* (LOC) and the efficiency of information seeking. Investigations like this have not been performed so far. In the literature we can find discussions regarding the correlations between LOC, the WEB, as well as the habits of Internet users, but the investigation on the efficiency of information seeking on the Internet in this context has remained an intact field so far. My study proves that, the success of the process of information seeking - just as the performance in other fields of work - are under the influence of human factors to a much greater extent than one may suppose.(3, 4)

Although the LOC does not belong to the widely known features of personality, it is possible to create type-groups easily, which may react typically within identical environments, such as information seeking on the Internet. The information seeking experts work more or less with predefined systems: databases and software, these systems forming closed sets (e.g. MEDLINE) and give the same answers to the correct queries. The closed system environments cannot be modified by the users: they can decide, however, which database or platform (e.g. MEDLINE, EMBASE) they should choose. This decision is to a certain extent a manifestation of the user's personality, even if its limits are restricted. The Internet and the web are more extensive than that. The selection of search engines, which help in orientation on the World

Wide Web (www), has a great influence on the final result, even at the very beginning of the process (1). At the same time, an infinitely open system offers pleasant surprises as well (2). Serendipity cannot be found while using CD-ROM databases or on-line data stores! The selection of Internet search engines, the sophisticated strategies and tactics of the search may multiply the number, relevance, scientific value and usability of the expected hits. Thus, the result, the efficiency and the success depend on a series of decisions. During this process, the personality, mood, competence, creativity, insistence, and the activity, play much greater roles than during the usage of databases. This steadily changing open system may influence the successfulness of our daily work.

Methods

According to Rotter (5) and Barnard (6) the locus of control determines the general world outlook of people. Those having "external" locus of control, think that the success and failure are determined by outer circumstances, which cannot by modified by them, while those having "internal" locus of control hold a different opinion: they think they are able to control their own fate. Of course, clear types do not exist; therefore the extent of "inner" or "outer" attitude of mind was determined by means of a validated Rotter test. People are rather different in regards to their dimensions of personality. In the analysis the changeable marks of personality was not taken into account, namely those which can be learned easily, and can be altered with time substantially. To this group of marks, belong the knowledge of languages and the general and special education or the field of interest. The selection of relatively stable dimensions of personality, which are resistant to outer or inner influences, proved to be good bases for comparison. I dealt with the role of the LOC and according to my presumption, in the process of information seeking, those showing an inclination towards internal locus of control would use more independent sources; the others would seek outer help. I performed my examinations in three steps.

1. Hypotheses revealing interviews

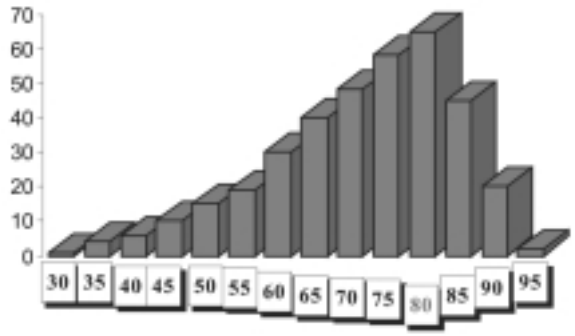
In this first step I used a planned questionnaire composed by mirroring my hypotheses in the frame of personal interviews with competent librarians (12 women, 6 men). The main point was to find some connection between the LOC and the selection of sources, the search strategy as well as the evaluation of hits. I supposed, that the knowledge of languages would not influence the search strategy, because forming the strategy would be based on logical considerations. I supposed, that differences would occur in search strategy and methodology of the information-mediator librarians and that of the end user physicians. In addition to these items, I investigated the possible connection between the Bookmarks and LOC. A well-constructed list of Bookmarks can speed up the elaboration of the search strategy, and may increase the effectiveness of the search.

2. Pilot test

The test was performed on 50 people of different education, who were working in different fields of medicine and related sciences. I wanted to get to know how the survey forms were accepted, if the questions were unequivocal, the predefined answers correct and if they covered the variation of actual answers of the respondents. The acceptance and the expected cooperation were favorable. To my greatest surprise, however, in 39 per cent of cases, questions were indicated, which had to be corrected. After the necessary modifications I constructed the three-part questionnaire of the final survey. The first part was aimed at the investigation of LOC mentality, the second part at the individual activity; the questions of the third part concerned the practice of computer usage in general, as well as the preferences of searching in databases and on the

Internet. The fidelity of respondents and the veracity of answers were not in doubt, since the conclusions of the investigations and summing up the results based on these facts/presumptions had been already drawn up. Importantly, it was considered verifying, whether the statements/ conclusions passed the test of practice in another population of a different composition. This procedure obtained very informative results.

3. **Results of the survey**
From among the 400 people, 347 (57% women, 43% men) returned questionnaires that could be evaluated. The distribution of respondents according to profession / education: 16 researchers, 54 librarians, 37 Ph.D. aspirants, 59 physicians, 78 foreign students (learning in English or in German at Semmelweis University) and 103 Hungarian students of Semmelweis University.)



LOC values Figure 1.
Global distribution of the target population by Locus of Control
(<30 ÷100)

The Most Important Conclusion Drawn From The Answers On The Questionnaires:
Those tending towards inner LOC prefer the OVID MEDLINE which has seemingly a more complicated interface, because the possibilities offered by OVID gives them free play to perform constructive searches - contrary to SilverPlatter MEDLINE or PubMed. The outers, however, are afraid of the alien, complicated environment. They would rather welcome e.g. the DOS - based SPIRS retrieval interface.

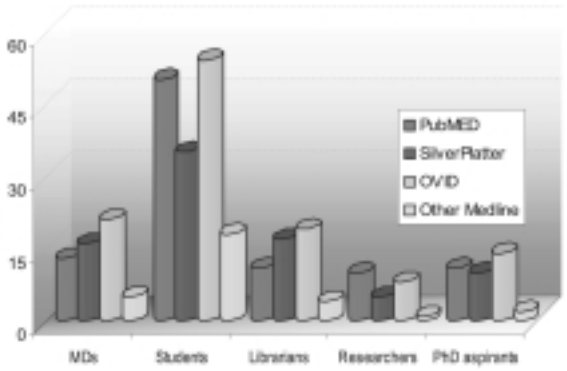


Figure 2.
Selecting main MEDLINE versions by groups of users

I analyzed the connection between LOC and the strategies of information seeking or information retrieval in details, by subgroups of questions. The types of search did not prove LOC-dependent, perhaps because of the complexity of the topics. The preferred methods were either the application of more queries or composed queries (queries with more subjects or with compound subject names). The users - in general - formulate queries based on the most information in their possession. Those tending towards inner LOC perform repeated queries until they arrive at the desired information. In addition they take the time to search, are not skeptic as regards the correctness of their hits, trust in their own abilities and the reputation of the source of information is not of primary importance to them. In an overwhelming majority of cases, the chosen

strategies of search did show some connection or other with the LOC orientation. On the contrary, the knowledge of languages did not play an important role in forming the search strategy, as the strategy is based upon the language independent of logical considerations.
Comparing the group of librarians with that of physicians, I found that, regarding their search practices, the majority of physicians chose the composed queries, while only 25 per cent of the graduated librarians did. This outcome may be the result of other considerations: 1. The group of physicians consisted of people of inner LOC orientation and who were end users. 2. The librarians were information mediators and providers. They possessed some basic knowledge in medicine, but they were more at home with the usage of databases: as a consequence, the simple search and/or repeated simple searches appealed to them more.

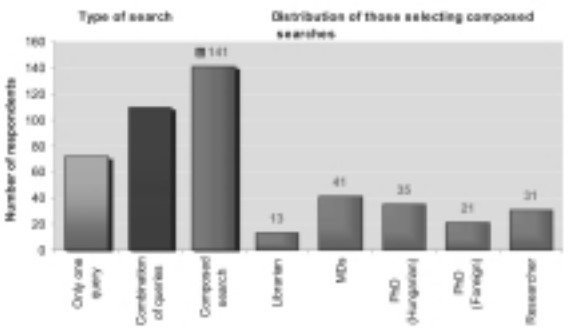


Figure 3.
Distribution of those selecting composed searches by profession

I did not find any correlation between the LOC orientation of users and the number (and quality) of their bookmarks. A possible reason may be, that this option of Internet search engines is under the control of personal interest rather than under the control of the subconscious LOC. The content of their options may be influenced by other personal characteristics or perhaps external factors.
To sum up the results of the three consecutive investigations it was clear that Hungarian medical librarians cope with the difficulties and challenges, trying always to find the best solution to any given problem. Owing to their sense of vocation, in spite of principally the outer LOC orientation, they are ready to solve the complicated tasks of information with professional competence. They look for methods to supply the required information in every given case, even if it requires major efforts.

Contrary to the librarians, within the group of medical professionals (physicians, researchers, etc.), - although they belong to the group with a more dominant inner LOC - several important considerations may be omitted in the searching process, such as: knowledge of specific languages of search, application of objective oriented search program as well as taking into account the efficiency of information seeking work.

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[This article is a brief synopsis of the Author's PhDDissertation. The investigation reveals interesting observations and confirms the opinion, that the LOC - which reflects the individual personality more or less adequately - might play an important role in successful searches into the literature on the web.]

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Feature Articles

The Development of Clinical Librarianship in Greece

The Development of Clinical Librarianship in Greece

Public Hospitals (general, university, military) in Greece are under the auspices of three different ministries: Hellenic Republic Ministry of Health and Welfare, Ministry of National Defence and Ministry of National Education and Religious Affairs.

The general and the university hospitals offer and provide servicies twenty-four hours a day, seven days a week for all residents in the country. The hospitals under the umbrella of the Ministry of Defence are open only to military personnel and their families. Generally hospital budgets are relatively low compared to Western European countries[1], therefore the medical libraries always receive the residue in the budget. In contrast to this situation the education level of the medical librarians is relatively high, a situation, which creates much frustration when one has the knowledge but not the means. Regarding the development of their electronic equipment and collection, all hospitals subscribe to Medline on CD-ROM[1] mostly on a stand-alone basis and over the past years they have shown great interest in having access to on-line full text journals. However because of the lack of network facilities, few have been unable to achieve this yet. Even without such important aspects in this modern electronic era, it is apparent that hospital libraries offer a high standard of work and services to their users. Mutual cooperation is good with interlibrary loans and most also provide assistance to university and other governmental Institutions.

At a national level, hospitals and all other Health Care Units have libraries within their core buildings. There are around 100 Medical Libraries that specialize in Biomedicine and related subjects. The current state of Greek Medical Libraries inevitably reflects the way in which the modernization process has been implemented. Most of the libraries have adopted new technology, creating new opportunities for the dissemination of information, as well as extending the possibilities for access information. However only 80% of Medical Libraries have become members of the Hellenic Institute of Search and Documentation, which provides services to virtual patrons. The situation however is different in other types of libraries especially in Academic Libraries. Hopefully, the Greek government will value the importance of the library role not just for health professionals but also for the general public.

A situation for change – discussion

A number of factors help explain the relatively late arrival of new technology information into Medical Libraries in Greece[2]. First and most obviously, are the economical factors; second is the different approach and the misunderstanding of the Librarian's place in turning evidence into action. As a result every medical library is under the shadow of any politician and it is obvious politicians and librarians move at a different pace and in different directions. Anyway, the future promises that there should also be a place for support to virtual patrons. Regarding the library of the General Hospital KAT where I work, I have

1 Lappas E. Greece CD-ROMs for Greek Medical Libraries. EAHIL Newsletter 1999; 10 (1):15

2 Lappas E. Greek Medical Libraries. EAHIL Newsletter 2000; 50 (1):11

spent a lot of time offering my opinion regarding "why we need to change the library's profile with new information technology" using simple words such as: *automation and networking = cost effectiveness = better information*. At present, we are looking forward to obtaining information immediately and providing an online service to physicians. Unfortunately users are not able to use the online services by themselves but they fill an application form detailing their needs. Because the expectations of users have changed, and the associated challenges have grown in recent years, new technology demands professional knowledge and experience. This is the role that only the librarian should perform for optimum results. The necessity to make available all kinds of information simultaneously to users must be recognized.

We must fight to create the libraries of the 21st century, providing the information that is required, and in addition to make a principal role in the health care market as information providers.

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Internet Page

Current Journals for Health Sciences Librarians.

The aim of this brief review is to provide an update regarding the current journals for health sciences librarians including their presence on the Internet and databases and whether they give the option of SDI or TOC alerts. Bulletins and newsletters will be listed without much detail.

1. BMC-Biomedical Digital Libraries
[http://www.bio-diglib.com/]
The **j**ournal for biomedical information professionals, a new project, will be published by BioMed Central Journal: http://www.biomedcentral.com/ . (contact Editor-in-Chief: charles.greenberg@yale.edu

2. Health Inform
The Australian publication of Health Libraries Inc. Available in print only. Available online sometime in the future on the Health Libraries Inc. web site, which is under construction.

3. Health Information & Libraries Journal

The official journal of the Health Libraries Group of the Library Association, **Health Information and Libraries Journal** is a peer-reviewed specialist journal which is international in its scope. It aims to provide an interdisciplinary forum for researchers, students and information specialists in libraries, the computer industry, telecommunications and the health professions. Its objective is to exchange ideas and information within the broad field of health care information and librarianship, encompassing: (1) clinical information, health services and information policies (2) primary and community care (3) consumer health information"
Indexing information, instructions for authors, table of contents and abstracts are free access, full text is available only by subscription starting with March 2001 - volume 18, issue 1 (previous issues are available online under the former title **Health Libraries Review** and start with the first published issue in 1984) : http://www.blackwell-synergy.com/rd.asp?code=HIR&goto=journal. Electronic alerting service by publisher, BioMail (*) and ILO (**). Additional bibliographic information: http://locatorplus.gov/cgi-in/Pwebrecon.cgi?DB=local&v2=1&ti=1,1&Search_Arg=100970070&Search_Code=0359&CNT=20&SID=1
PubMed access:
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=PureSearch&db=PubMed&details_term=%22Health%20Info%20Libr%20J%22%5BJournal%5D

4. Igaku Toshokan
The official journal of NPO The Japan Medical Library Association. Table of contents (in Japanese) available at:
http://wwwsoc.nii.ac.jp/jmla/kikanshi/index.html

5. Journal of Consumer Health on the Internet
"A professional peer-reviewed journal devoted to locating consumer health information via the Internet. In this newly renamed journal (formerly **Health Care on the Internet**), librarians and health information providers describe programs and services aimed at helping patients and the general public find the health information they need" Indexing information, instructions for authors, table of contents and abstracts are free, full text is available by subscription starting with

2003 - volume 7 issue 1
:http://www.haworthpress.com/web/JCHI.
Electronic alerts by publisher and ILO (**).

Additional bibliographic information:
http://locatorplus.gov/cgi-bin/Pwebrecon.cgi?DB=local&v2=1&ti=1,1&Search_Arg=101148145&Search_Code=0359&CNT=20&SID =1

6. Journal of Electronic Resources in Medical Libraries
" A peer-reviewed professional journal devoted to the access, evaluation, and management of electronic resources in the medical library environment. This journal will be an essential resource for academic medical school libraries, hospital libraries, and other health sciences libraries. The material in the Journal of Electronic Resources in Medical Libraries will complement articles published in Medical Reference Services Quarterly, which highlights the reference and bibliographic instruction aspects of electronic resources" .The first issue of this journal is scheduled for Spring 2004.
Indexing information, instructions for authors, table of contents and abstracts are free, full text is available by subscription:
http://www.haworthpress.com/web/JERML/ .
Electronic alerts by publisher, BioMail (*) and ILO (**).
Additional bibliographic information:
http://locatorplus.gov/cgi-bin/Pwebrecon.cgi?DB=local&v2=1&ti=1,1&Search_Arg=101175809&Search_Code=0359&CNT=20&SID=1

7. Journal of Hospital Librarianship
"Focuses on the technical and administrative issues that most concern you. Medical librarians will find news and reviews of the latest technologies, as well as practical suggestions and innovative strategies that will improve the hospital/clinical work environment".
Indexing information, instructions for authors, table of contents and abstracts are free, full text is available by subscription starting with 2001 - volume 1 issue 1
:http://www.haworthpress.com/web/JHSPL .
Electronic alerts by publisher and ILO (**).
Additional bibliographic information :
http://locatorplus.gov/cgi-bin/Pwebrecon.cgi?DB=local&v2=1&ti=1,1&Search_Arg=100968290&Search_Code=0359&CNT=20&SID=1

8. Journal of the Canadian Health Libraries Association/Journal de l'Association des bibliothèques de la santé du Canada
(JCHLA/JABSC)
This is the new name for Bibliotheca Medica Canadiana, which will be an electronic only publication. The website address will be released in the near future; however, it is possible to find it through the publishers website (NRC Research Press - http://pubs.nrc-cnrc.gc.ca/) under Affiliated Journals. The first publication is March 22, 2004 (volume 25, issue 1).
Concerning Bibliotheca Medica Canadiana, see indexing information, instructions for authors and table of contents (starting with 1992 - volume 14, issue 1): http://www.chla-absc.ca/bmc/bmc.html .
No electronic alerting service.
Additional bibliographic information:
http://locatorplus.gov/cgi-bin/Pwebrecon.cgi?DB=local&v2=1&ti=1,1&Search_Arg=9002880&Search_Code=0359&CNT=20&SID=1

9. Journal of the Medical Library Association
(JMLA)
"An International, peer-reviewed journal published quarterly that aims to advance the practice and research knowledge base of health sciences librarianship (formerly Bulletin of the Medical Library Association (BMLA)"

Instructions for authors at:
http://www.mlanet.org/publications/jmla/.
Electronic alerts by BioMail (*)and ILO (**).
Full text is free and available starting with 2002, volume 90, issue 1:
http://www.pubmedcentral.nih.gov/tocrender.fcgi?action=archive&journal=93 (the previous issues are also free access under the title BMLA at http://www.pubmedcentral.nih.gov/tocrender.fcgi?action=archive&journal=72 starting from 1911, volume 1, issue 1).
Indexing and additional bibliographic information:: http://locatorplus.gov/cgi-bin/Pwebrecon.cgi?DB=local&v2=1&ti=1,1&Search_Arg=101132728&Search_Code=0359&CNT=20&SID=1

PubMed access:
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=PureSearch&db=PubMed&details_term=%22Journal%20of%20the%20Medical%20Library%20Association%20%28JMLA%29%22%5BJournal%5D

10. Medical Reference Services Quarterly
"A peer-reviewed journal is an essential working tool for medical and health sciences librarians. For those professionals who provide reference services to health sciences personnel in clinical, educational, or research settings, Medical Reference Services Quarterly covers topics of current interest and practical value in the areas of reference in medicine and related specialties, the biomedical sciences, nursing, and allied health."
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PubMed access:
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=PureSearch&db=PubMed&details_term=%22Med%20Ref%20Serv%20Q%22%5BJournal%5D

See also:

The Bulletins:

BMA Library Bulletin:
http://www.bmalibrarybulletin.com/ [free full text]

Global Connections: Newsletter of the IFLA Section of Health and Biosciences Libraries:
http://www.ifla.org/VII/s28/sbams.htm#3

HLG Health Libraries Group Newsletter
http://www.cilip.org.uk/groups/hlg/newsletter.html [free full text]

IFM Inform, Information for the Management of Healthcare
http://www.ifmh.org.uk/inform/index.html (ToC)

Interim, magazine of the Scottish Health Information Network (SHINE) :
http://www.shinelib.org.uk/interim.htm [free full text]

Libraries for Nursing Bullletin:
http://www.cilip.org.uk/groups/hlg/lfn/bulletin.html (available soon)

MLA News:
http://www.mlanet.org/publications/mlanews/
[full-text is available in the MLANET members-only area]

NLM Technical Bulletin:
http://www.nlm.nih.gov/pubs/techbull/tb.html (free full text)
Newsletters to European Health Librarians :
http://www.eahil.org/newsletter/newsletters.htm [free full text]

Internet Page

Newsletter of the National Network of Libraries of Medicine Pacific Northwest Region: http://nnlm.gov/pnr/news/ [free full text]

Ontario Health Libraries Association Newsletter: http://www.ohla.on.ca/ohla/Publications.htm [free full text]

Saab Medical Library Newsletter [full text] http://www.aub.edu.lb/libraries/medical/newsletters-R.html

The Newsletters of the Sections of the Medical Library Association (Consumer Connections, National Network, …): http://www.mlanet.org/sections/sections.html

Journals concerning medical informatics and / or medicine on the Internet

BMC Medical Informatics and Decision Making: http://www.biomedcentral.com/bmcmedinformdecismak/

He@lth Information on the Internet: http://www.rsmpress.co.uk/hii.htm

Internet Healthcare Strategies: http://www.corhealth.com/IHS/Default.asp

International Journal of Medical Informatics : http://www.harcourt-international.com/journals/ijmi/

JAMIA Journal of the American Medical Informatics Association: http://www.jamia.org/

Journal of Consumer Health on the Internet: http://www.haworthpressinc.com/web/JCHI/

JMIR Journal of Medical Internet Research: http://www.jmir.org

Medical Informatics & the Internet in Medicine: http://www.tandf.co.uk/journals/titles/14639238.asp

Medicine on the Net: http://www.corhealth.com/MOTN/Default.asp

Methods of Information in Medicine: http://www.schattauer.de/zs/methods/main.asp

Studies in Health Technology and Informatics: http://www.iospress.nl/html/shti.html

Electronic alerting services:

* BioMail : http://biomail.sourceforge.net/biomail/ [electronic alert by PubMed]
** Informed Librarian Online http://www.informedlibrarian.com/ [monthly compilation of the most recent tables of contents from over 275 titles - valuable domestic and foreign library and information-related journals, e-journals, magazines, e-magazines, newsletters and e-newsletters]

There is also an HTML version of this article at URL: http://www.chu-rouen.fr/documed/eahil67.html

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Book Review

Evidence-based Practice for information Professionals: a Handbook
ed. by Andrew Booth & Anne Brice
London (UK): Facet Publishing, 2004
ISBN 1 85604 471 8
March 2004; 320pp; hardback;
GBP44.95 (GBP35.96 to CILIP Members)
http://www.facetpublishing.co.uk

The two editors of this book, Andrew Booth and Anne Brice have both been invited to present a course as part of the EAHIL Continuing Education Course programme in Santander. The book is therefore a timely publication and very relevant, not only for medical librarians but also for other areas of the information profession.

The book consists of 20 chapters, arranged in 3 parts: (1) the context of evidence-based information practice; (2) skills and resources; and (3) using the evidence. The editors have contributed themselves substantially to the book; about half of the chapters are written or co-authored by the editors. Both these facts, as the apparent "strong hand" in setting up and editing the contributions of others, have resulted in a consistent format and structure in all chapters, without redundancy or inconsistency in the contents.

The book reflects on the trends and background of evidence-based practice, the well-known Cochrane Collaboration, McMaster University and Critical Appraisal initiatives in medicine and healthcare. A very interesting point is made in the chapter entitled: "Why don't librarians use research?" This chapter could be the first address to a classroom of LIS graduate students, as well as to the senior staff of a recently merged library organization or even to the chief executives of library associations. It all comes down to: cooperation between researchers and practitioners and a bit of education in research methods.

The many facets of librarianship, the different user groups and information behaviour could make it difficult to extrapolate the published research findings into one's own local practice. For medical and health librarians there is the advantage or the international comparability of our user groups and the main information sources available. Therefore it should be possible to extend the professional development within EAHIL towards setting up comparative and descriptive research projects, on which we can base our methods of and decisions in information practice. Evidence-based should become almost synonymous with well-tailored and effective library & information services.

These aspects are all dealt with in the book. Therefore it should be used widely, discussed and amended, annotated and critizised in many teaching and professional meetings. This is what medical doctors and researchers are doing to keep up with their profession and to maintain quality in treating patients. Why aren't we doing the same?

Combined with quality management, marketing goals and performance measurement, this title can help us to restructure our professional practice and bring our overall performance to a much higher level with a stronger impact and accountable benefit to our institutions. This book should be on the reading list of all library students *and* library teachers. It will be also useful to supervisors of library interns/trainees as a reference from where to start the discussion on "why we do as we do" in our daily practice.

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PUBLICATIONS AND NEW PRODUCTS

PUBLICATIONS AND NEW PRODUCTS

Dear Colleagues,

"Open Access" and "Free Access" move forward (D. Malakoff. Science 2004; 303: 1959. P. Arzberger et al. Science 2004; 303: 1777). Editors react with stark warning to the academic community about open access publishing (Information World Review, 2004, Issue 200, 7).

On the other hand several of the United States' most prestigious universities are threatening to cancel their subscriptions to scientific journals published by Elsevier and call academic staff to consider placing their research in "open access journals" (Information World Review, 2004; Issue 200: 7). Moreover the marketing department of a leading scientific journal has overruled the opinions of the editor and the peer-reviewers in accepting a guest editorial because it feared losing advertising (O. Dyer. BMJ 328: 244).
It seems that matters are changing! Meanwhile the librarians and information professionals, as usual, justify their existence (M. Chillingworth. Information World Review 2003; Issue 197: 38), develop their competencies, adapt and adopt new skills (L. Ashcroft. Library Review 2004; 53: 82).

JOURNAL ISSUES

Since the Newsletter of February 2004, the following journal issue of **Health Information and Libraries Journal** has been received: Vol. 21 2004; no1.

Vol. 21, no1.

R. Cullen. Evaluating digital libraries in the health sector. Part 2: measuring impacts and outcomes. p. 3 – 13.
This paper investigates evaluative models developed for some innovative digital library projects, and some major national and international electronic health information projects.

P. Royle and N. Waugh. Should systematic reviews include searches for published errata? p. 14-20.
The objective of the article was to perform a pilot study to estimate the proportion of published errata linked to randomized controlled trials that are worthwhile obtaining when doing a systematic review.

M. J. Grant. How does your searching grow? A survey of search preferences and the use of optimal search strategies in the identification of qualitative research. p. 21-32.
An overview of researchers experiences of searching the literature, with particular reference to the use of optimal search strategies and searching for qualitative research studies.

M. Jenkins and F. Johnson. Awareness, use and options of methodological search filters used for the retrieval of evidence-based medical literature – a questionnaire survey. p. 33-43.
The aim of this study was to determine the level of awareness of methodological search filters among health and academic librarians in the UK and Ireland.

A. Spink, Y. Yang, J. Jansen, P. Nykanen, D.P. Lorence, S. Ozmutlu, H.C. Ozmutlu. A study of medical and health queries to web search engines. p. 44-51.
An analysis of medical or health queries to three web search engines: Alltheweb.com, Excite and Ask Jeeves.

PUBLICATIONS AND NEW PRODUCTS

M. Peterson. Library service delivery via hand-held computers – the right information at the point of care. p. 52-56.
The paper examines the effects that the hand-held computer is having on the work practices of library users.

Brief communications p. 57

BOOKS REVIEW

The World Health Report 2003. Shaping the future. The WHO World Health Report provides detailed information on HIV/AIDS initiatives, poliomyelitis eradication, SARS and the emergine threats of cardiovascular disease, etc. The entire report is on the Internet (html and pdf format). http://www.who.int/whr/2003/en

Practical copyright for information professionals. The CILIP handbook. Ed. S. Norman. Facet Publishing. London (UK) 2004. £ 24.95 paperback, ISBN 1-85604-490-4, pp. 192. The author provides commonsense, practical guidance on respecting the copyright law in library or information service. The changes emanating from the EU Copyright Directive are covered extensively.

Cooperative efforts of libraries. Eds. W. Miller and R.M. Pellen. The Haworth Information Press, Binghamton, N.Y. USA 2003. $ 34.95 soft, ISBN 0-7890-2188-9; $59.95 hard, ISBN 0-7890-2187-0, pp. 273. This book explores aspects of cooperation that include remote storage, virtual reference service, collection development, staff training, etc. in USA, Latin America and the Caribbean.

A guide to understanding dietary supplements. Ed. S.M. Talbott. The Haworth Information Press, Binghamton, N.Y. USA 2003. $ 26.21 soft, ISBN 0-7890-1456-4; $ 59.96 hard, ISBN 0-7890-1455-6, pp 673. The book provides information on bioactive substances found in dietary supplements and functional food. The book also contains a Dietary Supplement Master Chart.

NEW JOURNALS

Biomedical Digital Libraries is an Open Access, peer-reviewed, online journal that will be launched in May by BioMed Central. The journal will encompass all aspects of digital libraries content and usage in biomedical settings and will provide a forum for discussion. For further information about the journal or submit an article, contact the Editor in Chief at
Charles.greenberg@yale.edu
http://www.biomedcentral.com

The Consumer Health Journal. This is a new free-of-charge monthly journal, published in Internet, dedicated to providing in-depth health information that is not swayed by market or advertiser demands. The Editor Alison Stewart is a freelance journalist specializing in consumer health issues.
http://www.consumerhealthjournal.com

PAPERS REVIEW

Scientific Societies lay out "Free Access" principles.
D. Malakoff. Science, 2004, 303, 1959

An international framework to promote access to data.
P. Arzberger et al. Science, 2004, 303, 1777

US Universities threaten to cancel subscriptions to Elsevier Journals.
O. Dyer. BMJ 2004, 328, 543.

Reed Elsevier boss issues warning
Information World Review, 2004, Issue 200, 7

PUBLICATIONS AND NEW PRODUCTS

The cost per article reading of Open Access articles.
J. Holmstrom. D-Lib Magazine, 2004, 10, 1 <http://www.dlib.org/dlib/january04/holmstrom/01holmstrom.html>

Journal rejects article after objections from marketing department.
O. Dyer. BMJ 328, 244.

Analyzing electronic licence agreements: strategies for success.
L.L. Thompson. Journal of Electronic Resources in Medical Libraries, 2004, 1, 91.

The changing face of distance learning: Implications for distance learning librarians.
N.A. Burich. Journal of Library & Information Services in Distance Learning, 2004, 1, 99.

Justifying your existence.
M. Chillingworth. Information World Review, 2003, Issue 197, 38

Developing competencies, critical analysis and personal transferable skills in future information professionals.
L. Ashcroft. Library Review, 2004, 53, 82.

INFORMATION SOURCES ……WEB BASED

INASP Health Links. The site is a gateway to more than 600 selected free access websites for health professionals and medical libraries communities. The site has selected and evaluated according to criteria adapted from the evaluation questions developed by BIOME/OMNI, and is certified by HON.
http://www.inasp.info/health/link

European Bilingual Dictionaries online.
Bilingual dictionary for French, German, Italian, Latin, Portuguese and Spanish are available online to subscribers to the Xref reference service. The price for corporate libraries is £1,000 per annum with unlimited access.
http://www.xrefer.com

Best treatments. The BMJ Publishing Group has developed a website for patients. Best Treatments is based on Clinical Evidence. The site has information on 60 common chronic conditions, including cancers, back pain, depression, diabetes, and high blood pressure.
http://www.besttreatments.org

INRUD. The International Network for Rational Use of Drugs. INRUD is a network of groups that share a common vision for promoting the safe, effective, and cost-effective use of the medicines. The site suggests strategies to improve how drugs are prescribed, dispensed and used especially in resource-poor countries.
http://www.inrud.org

Sleepnet. The site includes sleep disorders information, “sleep terms” section with more than 400 definitions and abbreviations.
http://www.sleepnet.com

INFORMATION SOURCES….CD-ROM BASED

The American Medical Directory & Physicians Guide. The guide contains relevant data on over 500,000 physicians in the United States. Each record is indexed by such feature as name, address, phone/fax, type of practice, etc. The cost is $ 375.00. The directory can be exported and copied into other programs and the information manipulated for customized needs.
For further information: fax 01-905-751-0199

PUBLICATIONS AND NEW PRODUCTS

NEWS

The World Health Organization have announced that from Friday, 2 April all randomized controlled trials approved by the WHO ethics review board will be assigned an International Standard Randomized Controlled Trial Number (ISRCTN). This will permit to track the trial unambiguously throughout its life cycle.
http://www.who.int/en/

The International Ticer School has announced a new course program on library management. For further information:
http://www.ticer.nl/form/form04.htm

NEWS FROM PUBLISHERS

Biosis. The Thomson Corporation has announced that it has acquired the publishing assets of Biological Abstracts, Inc. and Biosis, including the world's largest life science abstracting and indexing service. The Biosis product line will be integrated within **ISI Web of Knowledge.**
www.isinet.com

Ebsco. The **Ebsco A-to-Z** now is offering access to hundreds of the free online journals, such as those found in the Directory of Open Access Journals, PubMed Central and Scielo. Ebsco announces the introduction of the French translation of the administrative site of their e-journals service **EBSCO Host .**
www.ebsco.com

ISIHighlyCited.com. The Thomson ISI has announced that throughout 2004, it will add up to 1100 new researchers to the free online gateway to the world's most cited and influential scientific authors. Between 30 to 60 new researches will be added per category as collected from articles indexed in the ISI citation database covering 1983-2002.
www.isinet.com

Ovid Technologies has announced enhancements to **Ovid Medline**. The online version of Medline now includes new limits based on PubMed's subjects subsets. These subsets allow users to easily restrict a broad search to their specific area of interest (aids, bioethics, systematic reviews, etc). Moreover online customers will have free access to an additional decade of bibliographic information from the National Library of Medicine, with OLDMEDLINE. Ovid Technologies released a new interactive tutorial available on the Web site.
www.ovid.com

Giovanna F. Miranda
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FORTHCOMING EVENTS

FORTHCOMING EVENTS

14-18 May 2004, St. John's Newfoundland & Labrador, Canada
On the edge
The Canadian Health Libraries Association 2004 Conference
For further information:
http://www.med.mun.ca/chla2004/program.html

19-23 May 2004 Thessaloniki, Greece
Scripta 2004, International Book Fair.
For further information: http://www.helexpo.gr

5-10 June 2004, Nashville, TN, USA
SLA Annual Conference
For further information:
http://www.sla.org/content/events/conference

7-11 June 2004, Tucson, AZ, USA
Joint Conference of Digital Libraries
For further information: http://www.jcdl2004.org/

15-17 June 2004, Frankfurt Am Main, Germany
Careers in Information, Documentation and Communication with a Future. The Association for Information Science and Practice
For further information: http://www.dgd.de/

24 – 30 June 2004, Orlando, FL, USA
Library Associations Worldwide: Breaking Down Barriers And Making Connections.
2004 ALA Annual Conference
For further information: http://tinyurl.com/vwmw

12 –17 September 2004, Bath, UK
European Conference On Digital Libraries (Ecdl) 2004.
For further information: http://www.ecdl2004.org

20 – 25 September 2004, Santander, Spain
9th European Conference of Medical and Information Libraries.
For further information:
https://ibio.humv.es/biblioteca/eahil

27–29 September 2004, Mannhein, Germany
Annual meeting of the Arbeitsgemeinschaft für Medizinisches Bibliothekswesen (AgmB)
For further information: http://www.agmb.de/ or http://www.akh-wien.ac.at/agmb/neutag.html

4–5 November, 2004
2nd UK Clinical Librarian Conference, London
at the Royal College of Physicians, London
http://www.le.ac.uk/li/lgh/library/clconfpage04.htm

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Manuscripts in English should be about 3-4 standard (1.5 spaced) typewritten pages and can be sent by e-mail. Informative title, short summary and keywords should be provided. References should be expressed in Vancouver style. Authors of submitted papers must accept editing and re-use of published material by EAHIL including electronic publishing of the Newsletter on the EAHIL website. Illustrations may be sent electronically, preferably either TIFF (tagged image file format) or EPS (encapsulated postscript) formats. If taken by a digital camera they must be 300 dpi resolution. For best results, illustrations should be much larger than the desired final size.

EAHIL

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