



Editorial

I always knew organizing a conference was a lot of work but until you actually do it yourself, I do not think anyone knows how much! At the end of September here in Cluj, I was the organizer of an international conference *Linking Globally: Acting Locally: Working with the Disabled Community Towards a More Inclusive Society*. There were 130 participants from 26 countries from South East and Central Europe, many of them from former communist countries. Transport, hotels, the conference centre, eating and toilet facilities all had to be considered carefully and adapted accordingly, highlighting the social model of disability whereby society creates the barriers, not the person with a disability. Our three parallel sessions were a great success and altogether 33 papers were given as well as six plenary speeches and one keynote address. I have now been given the task of gathering together the papers, editing and publishing the Conference Proceedings, which should keep me busy throughout the winter months! Meeting all these new people and subsequently creating a new network of contacts has emphasized the value of international conferences worldwide. In addition of course it has given the Local Organising Committee and myself valuable experience for the EAHIL conference in Cluj in 2006.

This issue offers an interesting and comprehensive **Highlight on...** The Netherlands, in celebration of the 50th anniversary of the biomedical section (BMI) of the Dutch Library Association (NVB), edited by Suzanne Bakker. There is also an article from the President of the The Canadian Health Libraries Association (CHLA), Laura Scott demonstrating how their association is embracing the new directions of health information for its members. *It is revamping its corporate identity, beginning with the new logo unveiled this year. Its web site is continuously being developed and improved. It is aggressively promoting enhanced access to health information for all health providers in Canada. Most importantly, CHLA/ABSC is finding new, more effective ways of reaching out to and meeting the needs of its members, wherever they may be.* Our president Arne Jakobsson has decided that the first step for a new EAHIL is to follow the CHLA initial procedure, which was to complete an online survey for its members and more especially to include non-members. I do hope that all EAHIL members will participate in this survey and also advertise it to their counterparts in their countries.

In 2004 we are introducing Theme issues and the Highlight on... will be reserved for the annual conference or workshop.

2004

Issue 66 - Theme Issue: Drug Information	[Deadline - January 15 th 2004]
Issue 67 - Feature articles	[Deadline - April 15 th 2004]
Issue 68 - Themed Issue - International Collaboration	[Deadline - July 15 th 2004]

For issue 66 Linda Lisgarten linda.lisgarten@ulsop.ac.uk and Michelle Wake michelle.wake@ULSOP.AC.UK are looking for special "pharmaceutical" themed articles. In issue 67 I am looking for any articles related to European Health Information and/or European Health and Information Library Associations etc. Issue 68 will be again a themed issue on *International Collaboration* while 69 will be dedicated to the Santander conference.

I look forward to hearing from you

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NEW MEMBERS

COLOFON



EAHIL Survey of European Health Information Professionals

The lively and thought-provoking Focus Group session at the EAHIL Council Meeting in Oslo and the attendance rate and engaged discussion at the EAHIL General Assembly clearly demonstrate that EAHIL members are interested in the future of EAHIL. It is, after all, the EAHIL members who decide the future of EAHIL. The board needs input from the members to be able to put forward a proposal which reflects the opinion of those members. The Focus Group session drew attention to the fact that there was obviously a good deal of common ground and many ideas were put forward.

The next stage in gathering information is sending out a questionnaire to all EAHIL members to find out what they think are the important issues for EAHIL. The result from the Focus Group has been used as one input in the survey. The survey is based on CHLA/ABSC (Canadian Health Libraries Association / Association des bibliothèques de la santé du Canada) Survey of Canadian Health Science Information professionals – 2002. See <http://www.chla-absc.ca/survey/chlasurvey.pdf>. Some questions have been deleted or changed and some have been added. CHLA/ABSC (<http://www.chla-absc.ca/indexe.html><http://www.chla-absc.ca/survey/index.html>) has generously given EAHIL permission to base the EAHIL survey on the CHLA/ABSC survey.

The survey instrument is divided up into several sections:

With this

1. Introduction
2. Continuing education & professional development
3. Issues
4. EAHIL newsletter, EAHIL web & EAHIL discussion list(s)
5. Virtual EAHIL
6. Accreditation system
7. General comments
8. Demographics
9. Employment

To find out how EAHIL can meet the needs of all health information professionals in Europe, both EAHIL and non-EAHIL members are encouraged to reply to the survey. Please circulate information about the survey widely in your own country or region to all health information professionals.

The survey is web based and available on EAHIL's web pages (www.eahil.org). By using a web based survey tool we can guarantee full confidentiality. We have

decided to use the same web based survey tool as CHLA/ABSC. Respondents from the CHLA/ABSC survey reported that they found it easy to use and that they preferred it to a paper survey.

It is very important that everyone (EAHIL and non-EAHIL members) is involved in shaping the future of EAHIL. The EAHIL board will use the result from the focus group in Oslo and the result from the survey to put forward a proposal on the future of EAHIL at the General Assembly at the 9th EAHIL Conference in Santander, Spain, 20-25 September 2004.

The result of the survey will also be presented in Santander and in the EAHIL newsletter.

Arne Jakobsson
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News from MLA

MLA '04

The 2004 MLA Annual Meeting, "Seize the Power" will be held at the Washington Hilton and Towers in Washington, DC May 21-26. The final submission deadline for both papers and posters is November 3, 2003. MLA offers an easy-to-use, online abstract submission process. A new feature this year will be a "Morning of Innovation" to be held on Wednesday morning, May 26. The morning will include sessions organized by partnerships of sections, committees, task forces, chapters and other units to focus on "innovative" thinking, resources and services. Plan now to

attend this East Coast meeting. Details of the 2004 conference will be posted on MLANET as they become available at <http://www.mlanet.org/am/am2004/index.html>

Resources for Medical Librarians

The MLA website, MLANET, has several new resources for medical librarians. The resources section of the website, www.mlanet.org/resources, has recently been reorganized and expanded. Though some of the resources are of interest to US medical librarians, such as compensation and accreditation, there are many that are of broader interest, and most are available without membership. Here are a few examples:

- **Advocacy Toolbox**

<http://mlanet.org/members/advocacy/index.html>:

The Toolbox is to help build public awareness of medical librarians as a highly skilled information resource for consumers and health care professionals, and build respect for MLA members for their professionalism, their skills, and their contribution to health care. One section focuses on making a difference in one's organization, others on media relations, giving presentations, and so on.

- **Resources for Health Consumers**

<http://www.mlanet.org/resources/userguide.html>

MLA's latest consumer resource is a User Guide to Finding and Evaluation Health Information on the Web. Included in this guide are specific sites for cancer, diabetes and heart disease. Another resource is a guide called "Deciphering Medspeak" http://mlanet.org/resources/consumr_index.html, the specialized language of health professionals. The

guide gives definitions, in plain English and in Spanish, of terms of parts of word, so that consumers can better understand them. The Web guide also gives tips for evaluating Web sites.

These are only a few examples of the rich resources available to the all librarians on the MLA website, so you may want to take a look.

MLA Statement on Open Access

The MLA Board of Directors has issued a statement on open access to information. It begins by stating that "The Medical Library Association (MLA) supports both the concept of open access to information generated from federally funded scientific and medical research and current copyright law, and maintains that having access to timely, relevant, and accurate information is vital to the health of our nation and its education and research programs." The statement provides support for the principle of open access currently being addressed by the US Congress and through several initiatives such as BioOne, SPARC, and the Budapest Open Access Initiative. The statement encourages exploration and further study of alternative models before dismantling the current scholarly publishing model. A copy of the statement can be found at http://mlanet.org/government/info_access/openaccess_statement.html.

Library Building and Renovating Symposium

MLA members have priority registration at "The

Library as Place: Symposium on Building and Renovating Health Sciences Libraries in the Digital Age,” cosponsored by National Library of Medicine (NLM) and the Association of Academic Health Science Libraries (AAHSL), which will take place November 5-6, 2003 at NLM. The two-day symposium will bring together medical, general academic, and other librarians with architects, consultants, educators, scholars, information technologists, administrators, and others to address the need for buildings, space, and environments designed to meet the needs of institutions and users in a digital

age. Presentations, panels, poster sessions, exhibits, and a Website will address “the library as a place” for scholarship; for discovery, learning and education; for clinical practice; and as a public place, with additional focus on hospital libraries, space considerations, advances in facility design, trends and planning, and working together with key stakeholders. The proceedings of this symposium will be available on the Web site hosted at NLM following the conference.

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EAHIL at IFLA in Berlin, August 2003

We were very pleased to share with MLA the opportunity of a joint exhibition booth to promote medical library associations at the IFLA Conference in Berlin, held August 1-9 2003. As you can see from the above photo, we displayed a prominent poster about EAHIL and had many information leaflets and postcards with our details printed on, ready to hand out to passers-by. I am pleased to report that there was a considerable degree of interest in our activities – in particular, the 2004 conference in Santander attracted a lot of attention and many people took away a copy of the attractive brochure, together with details of how to join EAHIL. It was a real pleasure and bonus for me, being able to chat with our colleagues from MLA and other medical librarians from around the world whilst we manned the booth, and it was very clear that we all face lots of similar problems and challenges. It was the first time I had attended an IFLA meeting and also my first visit to Berlin and I was very impressed by both. Like the rest of Europe, the weather in Berlin was dramatically hot, but luckily the conference centre was air-conditioned so we were able to function in reasonable comfort. There was lots of vibrant discussion about some of the papers given, many of which were quite political and thought-provoking, particularly on the issues of freedom of information and human rights. Bruce Madge, who is one of our U.K. EAHIL Council Members and is pictured above,

also had the honour to be elected as Chair of the IFLA Health and Biosciences Library Committee at the meeting. All in all, I thought it was very worthwhile for EAHIL to be represented at this meeting, and hopefully it has helped to raise our profile as a professional organisation.

Linda Lisgarten
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Linda Lisgarten, Carla Funk (Director of MLA), Bruce Madge (an EAHIL Council member), Suzanne Bakker and Elenice de Castro (representing the 9th ICML, posters about which we displayed in the booth).

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News from PHING

As previously announced, the February 2004 issue of the Newsletter will be a themed issue, featuring articles on **drug and medicines information issues**. This is a very broad field of interest so do please put pen to paper –If you would like to run your ideas by me or Michelle Wake (PHING Secretary, email: michelle.wake@ulsop.ac.uk) or if English is not your first language and you would like some help with your text, please feel free to contact us – we will be happy to help. Also, don't forget we are planning to have a PHING session and social event at the 9th EAHIL Conference in Santander, 2004 – more about this later.

If you have not already done so, do join up to the PHING email discussion list, EAHIL-P. Membership has been steadily growing since its launch this summer, and we hope to use this forum to discuss future plans and share opinions and expertise. If you are interested in drug information (whatever field of health information you work in), this is the email group for you. 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**.

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**ADVERTENTIE
BIOMED**



9th European Conference of Medical and Health Libraries

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

If you are interested in making either an oral presentation or a poster display presentation, you should submit an abstract. Please, prepare your abstract on the topics listed in section “Preliminary Programme” for presentation at the conference. The abstract submission form will be available in August 2003.

NOVEMBER 4

Author are requested to submit before ~~OCTOBER 31~~, 2003 abstracts (200-400 words) via this conference website.

A number of abstracts will be selected for oral presentation. You are invited to indicate your preferences, but the International Programme Committee reserves the right to make the final decision. Authors will be notified whether his/her abstracts has been accepted or not by January 31, 2004. The final programme will be published on the internet in advance of this meeting. It will also be published in the abstract book, which will be available only at the Conference.

The preliminary programme and the announcement for the Conference including registration forms will be sent to all EAHIL members by email in August of 2003 and will be available at the conference web page <https://ibio.humv.es/biblioteca/eahil/> . For the most up-to-date information. Please, use Explorer 6.0.

María Francisca Ribes Cot
Chair of the Local Organizing Committee

PRELIMINARY PROGRAMME

Topics for which papers can be submitted:

- THE FUTURE OF MEDICAL LIBRARIES/HOSPITAL LIBRARIES
 - Buildings
 - Staff new roles
 - New relations with users
 - Staff management: new trends
 - Strategic Planning for Hospital Libraries
- HYBRID AND DIGITAL LIBRARIES
 - Portals
 - Organizing collections: meta-engines
 - Intranets
 - Access and digital devices
 - Knowledge management
 - Libraries inside a more complex structure/IAIMS and medical informatics
 - Archives: Traditional & Electronic
 - License negotiation of electronic sources
- SCIENTIFIC PUBLICATIONS AND EVALUATION
 - Open archives
 - Copyright issues
 - Role of librarians and e-publishing
 - Evaluation of publications
- INFORMATION AND PEOPLE
 - User instruction - Distance education
 - Digital reference
 - Health and communication: patients, physicians and librarians
 - Benchmarking library services
 - Quality information: How to search it, how to define it
 - Evidence based medicine: role of librarians
- LEARNING FOR THE PAST
 - Medical Libraries History
 - History of Medicine

For everyone who would like to get in contact with the
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Santander, "Península de la Magdalena"

Meet the Teachers of the CEC Courses in Spain

From Italy - Paola De Castro

CEC COURSE: *Introduction To Scientific Editing: Adding Value To Library Editorial Products*

I would like to introduce you to my colleague Paola De Castro, who is a young EAHIL member deeply involved in editorial matters. She has very actively participated - since the beginning, in 1987 - in EAHIL activities, including very early on in Brussels and just recently in Bath.

I believe that knowledge of basic editorial principles is part of the background of professional librarians. Although our daily activity is mostly associated with the acquisition, treatment and diffusion of editorial products, in fact, many of us also produce publications, reports or leaflets in our professional fields often without a specific training in editorial matters.

Paola De Castro has a long experience in editorial matters and would be happy to offer her collaboration to EAHIL members. She works at the Editorial Service of the Istituto Superiore di Sanità (Italian National Institute of Health) in Rome (Italy) and is a member of the editorial committees of the publications edited by the ISS (a quarterly official journal, a monthly newsletter, different series of technical reports and information leaflets). She has published many articles on the information transfer process, both at the national and international levels; she delivers courses on scientific writing for the Italian National Health Service operators, is member of the Italian Library Association (AIB) and of the European Association of Science Editors (EASE).

She recently organized a workshop within EASE Conference ("Editing and scientific truth" held in Bath



Paola de Castro and Gabriella Poppi

(UK), 8-11 June 2003) where she invited Tony McSean to deliver a presentation related to Internet challenges and scholarly journals. Librarians and information specialists met with editors, thus establishing a new collaboration in mutual interest.

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Editorial Note: I would like to feature one or two teachers of each CEC course in Spain in the following issues. It would serve as an interesting advertising procedure for the CEC courses as well as a reminder for participants to subscribe. I look forward to your contributions!

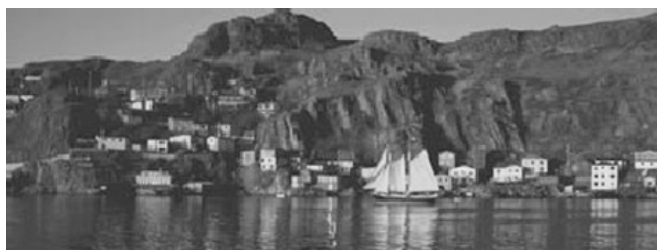
The Canadian Health Libraries Association/Association des bibliothèques de la santé du Canada – A Brief Portrait



Canadian Health Libraries Association
Association des bibliothèques de la santé du Canada

The Canadian Health Libraries Association/Association des bibliothèques de la santé du Canada (CHLA/ABSC) was founded in 1976 following the deliberations of an Ad Hoc Committee of seven members, who came together in 1975 during the annual Medical Libraries Association (MLA) meeting. At the time, there were a number of different groups of health libraries in Canada and it was felt that this was not in the best interests of Canadian health librarians. The Ad Hoc Committee conducted a major survey of health science librarians across the country and consulted with colleagues in an effort to determine whether one of the existing groups should become pre-eminent, or whether a new association should be formed. CHLA/ABSC is the fruit of their labour. It was decided to form a new association, with the Ad Hoc Committee as its first executive. David Crawford of McGill University in Montréal was its first president. By the summer of 1977, there were 168 members. Today, a number of the original members, including David Crawford, are still active members of CHLA/ABSC.

Today, CHLA/ABSC is a vibrant and active association with approximately 400 members. It is the national voice in Canada for health science libraries and librarians, but also has members from as far away as Australia and the United Arab Emirates. The annual conference, which is held at varying locations across Canada, is attended by between 150 and 200 people from all around the world. The conference is completely organized and managed by the local host chapter. Being a small association, CHLA/ABSC has no central office staff to handle conference arrangements. Chapters take great pride in offering conferences with quality programming and professional development opportunities. Attendees benefit from hearing the perspectives of speakers who come from all across Canada and other countries to share their knowledge and experience. The 2004 CHLA/ABSC conference will be held from May 14 – 18 in St. John's, Newfoundland and Labrador, Canada's easternmost province.



St. John's harbour

The Association's strategic plan articulates its priorities. All five categories are considered of equal importance:

- Advocacy
- Chapters
- Communication
- Continuing Education
- National Network of Libraries for Health.

Advocacy

Advocating for and promoting health libraries has always been a focus for CHLA/ABSC. One position on the Board of Directors is fully devoted to this issue. At present, a number of initiatives are underway to assist our members in this regard, including the creation of a members-only section of our web site where marketing and promotional materials could be shared, and the development of an overall advocacy and promotion plan for Association members. One of the challenges with this priority is the sheer amount of work involved. For that reason, the Board is also investigating ways of distributing the workload.

Chapters

CHLA/ABSC has seventeen regional/local chapters across the country, the most recent having been formed in 2002. The Association has always considered its chapters to be its grassroots. The Association funds a Chapter Initiatives Grant which

supports projects undertaken by the chapters for the benefit of their members. Examples include providing seed money for the local provision of continuing education courses and funding support of research on the role of volunteers in health libraries. CHLA/ABSC's commitment to its chapters was perhaps best evidenced by the focus groups held in the fall of 2001. Two Board members travelled across the country over several weeks and conducted focus groups with all (then) sixteen chapters, and a group which later formed a chapter. The input from those meetings, along with data from a follow-up survey of Canadian health information professionals, is helping to shape the future of the Association. As an ongoing measure, each Board member is a liaison to a number of chapters and ensures that chapter input is continually received and relayed to the Board.

Communication

The Association's Board of Directors is actively working on a new communication strategy. The web site has been greatly improved over the past few years, and it will continue to be developed to become the primary place that members consult for timely provision of news. The Board is also investigating the creation of a listserv through which members can be contacted directly with news from the Association. A discussion list, Canmedlib, exists now for health science librarians to share information. Not all CHLA/ABSC members subscribe, however, and a mechanism to reach them with important time-sensitive news is still needed. Of course our journal, *Bibliotheca Medica Canadiana*, has been the pre-eminent vehicle for communication for the Association for many years. Exciting changes are about to take place with the journal. The focus groups and survey revealed strong support for an electronic journal. Following an extensive process of issuing a Request for Proposal to a number of publishers and evaluating the responses, effective in 2004 CHLA/ABSC's journal will be published exclusively electronically. The publisher chosen is the National Research Council's Research Press in Ottawa. Along with the change in format comes a change in name. Beginning with volume 25, the new name will be *Journal of the Canadian Health Libraries Association/Journal de l'Association des bibliothèques de la santé du Canada*.



Continuing Education

As with advocacy, the Board of Directors has one position that is fully devoted to continuing education (CE). While our annual conference is the main venue for CE courses, as noted above, local chapters frequently hold courses as well. All CE courses offered under the auspices of CHLA/ABSC are accredited by the Association. CHLA/ABSC has a reciprocal agreement with MLA whereby accreditation by each association is recognized by the other. The Association has a database of courses they have accredited which can be made available to members and chapters. A regular survey of CE interests is undertaken by the Board, and each year the conference organizers survey members for the kinds of courses they'd like to see offered at the conference. The Board member responsible for CE also ensures that opportunities for professional development outside CHLA/ABSC are made known to members. A section of the Association web site devoted to CE and professional development issues is in the planning stage.

National Network of Libraries for Health

Federal and Provincial governments in Canada both have responsibilities for health. This mix has created a patchwork of libraries and decision making services for clinicians. Because of this, CHLA/ABSC has advocated for a Canadian National Network of Libraries for Health (NNLH) for a number years. In 2000, the Association gave a proposal to the federal government department responsible for health care, Health Canada, recommending the establishment of such a network. The NNLH would provide for equitable access to health information across the country, in support of evidence-based decision-making, clinical practice, service delivery and research. The

NNLH Steering Committee worked with a manager appointed by Health Canada to promote the establishment of the network. They conducted extensive research, examined existing models both in Canada and internationally and investigated funding and sponsorship. The Steering Committee was disbanded in 2003 and replaced by a small Task Force, which continues to press for the establishment of the network. The Steering Group found that Canada has a particularly fragmented approach to the provision of health information to health professionals when compared to other countries. CHLA/ABSC is committed to seeing the National Network of Libraries for Health become a reality.

As mentioned above, while CHLA/ABSC exists primarily to serve health science librarians in Canada, it also has a number of members from outside Canada. The Association welcomes this diversity and the richness it brings to our membership. Health science librarians in all countries of the world share many things in common, including the same challenges and rewards. Exchange of information, experience and knowledge with colleagues from around the world is of great value. A formal relationship exists between CHLA/ABSC and MLA, with each association having a representative to the other. Additionally, CHLA/ABSC has an affiliation agreement with the Ontario Health Libraries Association, which represents health librarians in Canada's most populous province.

These are exciting times for CHLA/ABSC. The Association is moving in bold new directions. It is



Members of the CHLA/ABSC Board of Directors in their meeting at the annual conference in Edmonton Alberta, June 2003

revamping its corporate identity, beginning with the new logo unveiled this year. It is preparing for a new, high quality electronic journal focused increasingly on research articles. Its web site is continuously being developed and improved. It is aggressively promoting enhanced access to health information for all health providers in Canada. Most importantly, CHLA/ABSC is finding new, more effective ways of reaching out to and meeting the needs of its members, wherever they may be.

Laurie Scott
President, CHLA/ABSC
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- For a complete history of the founding of CHLA/ABSC see: Crawford, David. "CHLA/ABSC 25 Years On." *Bibliotheca Medica Canadiana*. 2000 Winter. 22(2); pp. 71 - 73.
- For more information about CHLA/ABSC, see the Association's web site at <http://www.chla-absc.ca>.
- For more information about the conference see its web site at: <http://www.med.mun.ca/chla2004/>.
- For details on the focus group experience see: Ellis, Patrick J. and Laurie Scott. "Taking the measure of ourselves. Part I: CHLA/ABSC chapter focus groups." *Bibliotheca Medica Canadiana*. 2002 Fall. 24(1); pp. 7 - 16.
- For information about the survey see: Ellis, Patrick J., Laurie Scott and Tim Tripp. "Taking the measure of ourselves. Part II: CHLA/ABSC survey." *Bibliotheca Medica Canadiana*. 2003 Winter. 24(2); pp. 87 - 92.
- For information about NRC Research Press see their web site: <http://pubs.nrc-cnrc.gc.ca/>.
- For detailed information about the NNLH initiative see: <http://www.chla-absc.ca/task/nnlh2.html>



The Biomedical Information Section of the NVB

The Netherlands Association for Library, Information and Knowledge Professionals (NVB) was founded in 1912 and has approximately 2500 individual and 700 institutional members. The BioMedical Information section (BMI) is one of the 10 chapters of this Association (see also: <http://www.nvb-online.nl>). The BMI section has approximately 300 members, consisting of librarians from approximately 100 hospitals, 50 psychiatric hospitals, institutions for the mentally handicapped and several librarians working in health care organizations and public health institutions, the pharmaceutical industry and

biomedical research institutes as well as the head librarians of the 8 academic medical libraries and some of their staff members (most of them reference librarians and acquisition staff).

Several of these aforementioned groups have formed subgroups and organize their own meetings and activities, sometimes including the production of a newsletter. The academic medical librarians act as a subgroup of the university libraries working together in the UKB consortium (the university libraries and the Royal Library).

BMI – a short history

A strong cooperation exists between a large group of hospital and psychiatric librarians, which originates from the process of selecting and purchasing of the same automated local library system and the participation in the Dutch shared cataloguing system (OCLC PICA).⁽¹⁾ Marjan van Wegen has presented a paper about this during the 1998 EAHIL conference in Utrecht.⁽²⁾

An overview of the biomedical libraries in the Netherlands was published in 1997.⁽³⁾ The situation has not changed very much over the last five years, apart from some mergers of academic hospitals with medical faculties of the universities. Also several hospitals and psychiatric institutions were subject to mergers in the latter years, with more or less serious consequences for the libraries involved. A worrying development for the biomedical library community is the announcement of the closure, (effective within a few years), of the library of the Royal Netherlands Academy of Arts and Sciences (KNAW). This library was founded in 1808 as part of the Royal Institute of Sciences, Literature and Fine Arts. For the last half century, starting with the agreement of cooperation with *Excerpta Medica* in 1946, this library has served as a last resource library in the biomedical sciences.

An important theme discussed in the last few years among medical librarians worldwide and therefore also among the Dutch colleagues, is how to deal with the growing number of electronic journals and the rise of subscription costs. The academic medical libraries

have formed a consortia of the university libraries and therefore can provide access to many bibliographic databases such as ISI Web of Science, and the full package of e-journals of Kluwer and Elsevier.⁽⁴⁻⁷⁾ Hospitals and biomedical research institutes do not have access to these resources available in the academic network. This year a small group of hospital librarians⁽⁴⁾ joined together for a consortia deal with OVID including a selection of journals through Journals@OVID. Also a small group of psychiatric librarians⁽⁷⁾ started a consortia license agreement with OVID for the PscInfo database and a selection of full-text psychiatric journals and books. These processes are the result of action taken by individual librarians; attempts to get support from the Ministry of Health or the Royal Dutch Medical Association in setting up a national licence have not succeeded so far. As in many countries there is a deep divide between the Ministry of Science & Education and the Ministry of Public Health, Social Welfare & Sports. This means that a national consortia license is not to be foreseen within the near future.

In the past 50 years there have been many ups and downs in the biomedical section. The section underwent a revival in the early years of online literature searching (in the seventies) and has been growing ever since. At first cooperation was important to tackle technical problems (how to get connected) and later comparisons of medical bibliographic databases were the main subject of study.⁽⁸⁾ Later on technology pushed towards evaluations of different

CD-ROM systems.⁽⁹⁾ Library automation was a major impetus to the creation of the hospital librarians subsection.^(1;2) Internet access to PubMed resulted in a renewed interest in the professional development courses organized by the BMI. The rising costs of journal collections resulted in a steady increase in interlibrary loans and the participation of hospital libraries in the national ILL-system. The availability of full-text electronic journals but especially the need to share costs is the driving force towards consortia of hospital libraries.

The development of medical librarianship seems to be totally dependent on technology. It is much hoped that user needs and quality issues will get higher priority on our agenda for the coming years. These subjects, especially, could result in interesting reports to be delivered at EAHIL conferences and workshops.

BMI – Board-eye’s view into the future: the digital paradox

by Frans Mast, Chairperson BMI Executive Board, Erasmus University Medical Centre, Rotterdam

The availability of more and more electronic information sources and the popularity of the World Wide Web have had a enormous impact on library practice and services. The dusty image of the library has been replaced by an incredible dynamic attitude, even though this is not always recognized by the outsiders. The library clients and end-users welcome these developments and appreciate the wide range of accessible information.

But there are two sides to a coin. As a consequence of the digital developments the role of the library is under debate. Many colleagues are involved in the transformation processes of libraries becoming knowledge-, information- or documentation centres. It is true, a lot of information can be found without the intermediary role of a librarian. The physical existence of a library, be it the collection or the space, seems to be less important nowadays. Many companies and hospitals with more than one location, plan to merge all library services into one digital library. Another consequence of the digital developments are the changing tasks of librarians. New skills and a new competences are needed. Time and energy must be spent on training and reorganizing logistic systems and procedures. From this point of view there is the “digital

paradox”; and there is no straightforward answer to the question: is digitalisation friend or foe to the librarians?

The dynamic and fast changes and the technology push urge for collective reflection, to which the BMI is the suitable forum. But again there is a paradox: the time constraints form a barrier to active participation in the activities of the professional association. It should be emphasized that exchange of experience and knowledge among professionals is essential to prevent the declining spiral. Without professional development and professionalization it will be impossible for librarians/information specialists to prove the added value of their services and the return on investment for their parent institutions. Investments in time and energy into the professional activities within the BMI can be expected to blossom and bear fruit in the (near?) future. “As ye sow, so shall ye reap”. With this ancient wisdom behind us, we will enter the future of BMI with confidence.

BMI subgroups and committees:

1. CCZ (Centrale Catalogus Ziekenhuisbibliotheken = Central Catalogue of Hospital Libraries)

by Marjan van Wegen, St Lucas/Andreas Hospital, Amsterdam

The history of the CCZ group, which celebrated its 10th anniversary in early 2003, goes back 10 more years starting in 1984. The hospital librarian in Zwolle



Marjan van Wegen

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sent out an appeal to invite colleagues to work together in selection and management of a library computer system, resulting in the National Taskforce Hospital Library Automatisatie. In exchanging ideas and experiences the group not only learned a lot about the many available packages, but decided to select the same "storage & retrieval software" for the local library catalogue and administrative tasks. Three hospital libraries started to implement the Strix-programme and they agreed upon formats and standards for data entry. In the following years many others joined the group, at first only hospital librarians, later on also colleagues working in the psychiatric institutes. By the end of 1993 the number of members to the group reached over 50. Cooperation was no longer restricted to the catalogue system, but included a standardized terminology (keyword) and classification system, as well as a listing of the current subscriptions and journal holdings. Participating librarians felt the need to construct a shared catalogue as an instrument to better inform the customers as well as being an important help in interlibrary loans. The PICA system (now operating under the name of OCLC PICA) offered the technical solution. In order to start a viable project at least 15 participating hospital libraries had to join the group, which was now officially named the CCZ task force.

The project to build the shared catalogue started in 1992 by uploading the data from the local systems into the Shared Automated Cataloguing system (= GGC, gemeenschappelijk geautomatiseerd catalogussysteem). This system was also in use by the major public libraries as well as by a couple of university libraries and the Royal Library. The hospital libraries could share the same database for cataloguing and downloading data into the local systems. Within a few years the number of hospital libraries participating in the shared catalogue numbered 30; nowadays it is over 80.

The CCZ was and is known for its enthusiasm and strong support, resulting in innovation and further development, not only in technology but also professionally. This success almost turned into problems of organization and management of the group.⁽²⁾ It was decided that the group should consist only of libraries actually participating in the shared

catalogue; all others, although interested in the many aspects of library automatization, were asked either to participate fully, or to leave the group. Therefore all other subjects of common interest were to be discussed in meetings programmed by the BMI, the "umbrella" under which the CCZ was to continue. In 2000 the reorganization of the CCZ resulted in the nomination of an elected board supported by the contact persons responsible for separate tasks, like the coordination of the thesaurus and the classification system. The union list of journals was transformed and renamed to become the BMI-union list (of all non-academic biomedical or hospital libraries). The developments in the area of biomedical libraries mean a never diminishing need for innovations and exchange of experience. Notwithstanding this "push" towards widening the scope of the activities, the CCZ Board keeps the shared cataloguing system in focus. All other professional activities are part of the BMI-action programme.

The CCZ Taskforce is an example to follow; the activities resulting in a "product" to be proud of. Bringing cooperation into practice, means meeting colleagues, making friends and sharing thoughts.

a. CCZ thesaurus

by Annie Hendricks, Vincent van Gogh Institute / FPI de Rooyse Wissel, Venray

The origin of the CCZ thesaurus is the integration into one list of the many keywords in use by the hospital and psychiatric libraries that joined the shared cataloguing in the PICA system. In 1994 Dymphie van der Heyden, Bep Biekard and Dinie During (from the hospital libraries) and Liedeke van Schoot and me (Annie Hendricks) from the psychiatric hospitals, started the work. In this respect the stimulating role of Dymphie should be emphasized. From this group, only one (Annie Hendricks) is still active in the CCZ, all others left, either by retirement or movement to other (better paid?) jobs.

The merging of keyword listings is a major task, sometimes resulting in very long meetings, in order to avoid the necessity to organize again another meeting (and all the hours of travelling).

From all lists in use we composed two sets of keywords: the z-terms (keywords in use by general hospital libraries) and the p-terms (in use by the

psychiatric hospital libraries). In the early days of the CCZ-group only a few psychiatric libraries participated; therefore the list of p-terms was maintained independent from the CCZ thesaurus for some time, but due to time constraints this has come to an end.

The merged list of p- and z-terms were standardized and annotated. The terms are used by subject cataloguing in the PICA system (a separate field for CCZ keywords was created in PICA, including the technological features of thesaurus management). Every librarian that felt the need to use and include new terms in the thesaurus was able to do so and marked the record. Leon Osinski, at that time working in the Catharina Hospital, made an inventory of all new keywords shortly before the meeting of the CCZ in order to discuss and decide about inclusion into the thesaurus. A few years later these discussions could take place by using e-mail and sending out announcements of new terms to all members of the CCZ. Terms selected to be incorporated in the thesaurus were entered in the PICA system and the bibliographic records corrected and updated. When Leon moved away from hospital librarianship, Marianne van Leeuwen took over, but she left hospital librarianship as well and since 2000 all the work is piling up on my desk.

The good news is that at the last CCZ meeting, two colleagues offered to participate in this work, Bert Berenschot (OLVG-Hospital,) and Emiel Rutgers (Mental Health Care, Groningen). We have planned to critically review the list of terms in use and to compare these with the thesauri of some of the major public and mental health care institutes (like Prismant, NIZW and Trimbos). Also the "old" list of p-terms will be taken into consideration again. In order to avoid an imbalance in the number of terms in use and the number of bibliographic records containing these terms, it was decided that combining terms are preferred above the (longer) composite terms. The guidelines in use for the thesaurus are available on the CCZ-website on the Internet.

Unfortunately the local storage & retrieval software we have in use, the original Swedish programme X-ref, is not equipped with a thesaurus module and according to the supplier it is not expected to be developed in the near future.



State-of-the-art and further plans....

In February 2003 all new terms were entered and validated in the OCLC-PICA-system. The terms list on the CCZ website has not been updated since 2001, due to technical problems and limitations of the content management system in use for the website. It is expected that these technical problems will be solved in 2004, after which the uploading and updating of the online terms list can be done.

The CCZ-terms are used not only for the subject indexing of the records in the shared catalogue, but also for the journal articles in the database of Dutch nursing literature (Verpleegkundige Documentatie). Both Bert Berenschot and I contribute records to this literature database; this way we can keep track of new terms to incorporate in the thesaurus. The company Ingressus, a consultancy firm for library, documentation and information services, has announced to make use of the CCZ-thesaurus (and our Dutch abbreviated version of the NLM classification) whenever appropriate. It is known that the editor-publisher of Dutch medical journal (het Nederlands Tijdschrift voor Geneeskunde) has also developed a thesaurus or keyword preferred terms list. We will investigate the possibility of a cooperation. The same holds for the Association of Dutch Terminology (Vereniging voor Nederlandstalige terminologie).

Concluding remarks

If time and energy permit, there is a lot to be expected from the new initiatives in subject indexing of the Dutch medical literature in the years to come.

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b. CCZ NLM classification

by *Anja van Guluck*

In 1992 the taskforce "NLM" of the CCZ started work on translating and implementing the classification scheme of the National Library of Medicine (Bethesda, Md., USA) into a Dutch version suitable for use in the small and medium-sized hospital libraries, especially to be used in the shared cataloguing system (GGC) of PICA. The need was felt to standardize the subject indexing and classification to be used by all participants. Members of the taskforce in these early days were: Nicolien van Brule, Tineke Gijzen, Marion Heijmans, Annie Hendricks, Marjolein van den Heuvel, Dymphie van der Heyden, Marjan van Wegen, Theo Vos and Anja van Guluck. One of the group, Dymphie, had already a classification scheme in use in her library and this was a good starting point. The group discussed the (possible) interpretations of the NLM terms and agreed upon the most appropriate translation of the terms in Dutch. For indexing outside the scope of medicine the codes of the Library of Congress classification were adopted and translated. The first printed edition of the Dutch CCZ-NLM classification was published in 1994.

The PICA system has several features for subject indexing, on different levels of the bibliographic record. Inside the technology of the PICA system the CCZ is seen as one library with many branch libraries. The PICA system runs a thesaurus module to maintain and update the terms in these fields (related to the term index). The full NLM classification scheme is available for indexing in the fields 6050-6099 and can be used in cases where the Dutch classification scheme appears to be too limited. By monitoring the use of the extra codes in the extra fields the taskforce is able to update and enlarge the Dutch scheme and to secure the consistency of the terms in use. In 1996 the second printed edition of the Dutch-NLM-classification was published. On the level of this "CCZ-library" the record fields numbered 6000-6049 are available for the terms in the Dutch-NLM-classification.

The Central Cancer Library (CCL) of the Netherlands Cancer Institute, represented by Truud Kroeskamp, has joined CCZ-NLM taskforce in order to synchronize as much as possible the subject indexing within the CCZ-system. The CCL is the only library within the CCZ using the English-language version of

the NLM-classification (and MeSH terms) because of the many foreign researchers (PhD students and postdoctorates in biochemistry and related fields) working in the Netherlands Cancer Institute.

In February 2001 it was possible to publish the third edition of the Dutch-NLM-classification, but this time it was all and only in electronic format. Thanks to the hospitality of the Royal Library the CCZ could launch its own website, including the thesaurus and terms listing and additional materials (manuals and guidelines) used for cataloguing and indexing. The classification scheme could be printed from the website and used as a loose-leaf reference. Further corrections, amendments and updates would be announced through the PICA-(e)mail facility to all participants. This made the work of the taskforce to distribute the updated version to all participants a lot easier. Unfortunately the last update on the web dates from 2001. This is due to the merging of all websites of groups and subgroups of the Dutch Library Association (NVB) into a new site on a different host with a different content management system. This system is not yet equipped to handle the large amount of data and the structure of these data available on the CCZ-website. Therefore the last update of thesaurus (terms listing) of the Dutch-NLM-classification was only implemented in the PICA system and dates from 2002. The reference material should follow on the NVB-website as soon as possible, but the CCZ-taskforce has no direct influence on the adaptations to be made to the technology in use.

The members of the taskforce, Marion Heijmans, Jolanda Janssen, Truud Kroeskamp, Irene Pouwels, Marjan van Wegen, Tineke Timmermans, Bart de Vries and Anja van Guluck, plan to finish the 4th revised and enlarged edition of the Dutch NLM classification scheme mid 2004. We all hope that this will coincide with the new version of the content management system of the NVB website and that the classification scheme can be uploaded into it.

c. The Consortium Working Group (CZC)

by *Oscar van Staveren, Antonius Hospital, Nieuwegein*

Between October 2001 and October 2002 the Consortium Working Group (CZC) of the Biomedical section of the Dutch Library Association (NVB-BMI)

investigated whether and under which conditions non-commercial and non-academic medical libraries in general and psychiatric hospitals could form a nationwide consortium for electronic journals.

At first, the CZC first had to develop a "wish list" for a possible consortium collection. It did so by looking at the holdings of the hard-copy journals of the medical libraries. On the basis of that the CZC reached three conclusions.

i At least two consortia are needed

The holdings of the general and psychiatric hospitals differ too much to combine all their wishes in one relatively small consortium. So, at least one consortium is needed for general hospitals and another for psychiatric hospitals. This also implied that the above mentioned "wish list" had to be subdivided in two "basic journal lists" or "core collections" (ranging from 100 till 150 titles) one for general hospitals and another for psychiatric hospitals.

ii Dutch language publications pose a problem

In the psychiatric core collection the majority of the journals are Dutch language publications. That is not the case in the core collection of the general hospitals, but even there about 15% of the journals is in Dutch. Those Dutch language publications did pose a problem for the CZC. Many Dutch journals were simply not available electronically at that time (a situation which to my knowledge has not improved remarkably).

iii So many publishers

Finally it was very interesting to find out that it takes so many publishers to publish the relatively small core collections of the general and psychiatric hospitals. For instance, 60 publishers publish the 150 journals one finds in most general hospitals. Even a large one like Elsevier does publish not more than 37 of those 150 journals. This means that if one chooses to do business with publishers directly one embarks on a long journey. Besides that, representatives of organisations which had already done business with publishers directly made clear that one needs good negotiation skills and juridical knowledge; skills and knowledge which are not, quite frankly, highly developed in (Dutch) medical librarians. So the CZC had to come to the conclusion that at the start one needs an intermediary.

Therefore the CZC looked at the products of firms like Ebsco, Dialog, Nedbook, OVID, Proquest and Swets Blackwell. All those products had their advantages and

their weaker points, but in the CZC's view OVID presented the probably most useful platform for a hospital consortium.

Like in most other countries Dutch libraries have to work with small budgets. The majority of the medical libraries in general hospitals have indicated that they can not spend more than EUR 5.000 yearly on electronic journals.

This means that external funds have to be found. The Dutch government cannot be expected to play a positive role. Though speaking a lot about the knowledge economy the government does not show any signs of willingness to bring that idea into practice. The CZC furthermore spoke with organisations like NVZ (Dutch Organisation of Hospitals), GGZ Nederland (the branch organisation for psychological care) the Association of Medical Specialists and the Organisation of non-academic Teaching Hospitals (STZ) for financial and political backup. Those contacts were very useful and have to be nurtured. But until now they have not brought any concrete results.

In October 2002 the CZC presented its findings at a meeting of the NVB-BMI. On the basis of these findings some librarians from general and psychological hospitals founded the first two hospital consortia in the Netherlands about which one can read elsewhere. The BMI-board decided that the work of the CZC was not yet over. The CZC now focuses on bringing together and coordinating different consortia initiatives and keeping other organisations interested and informed about this fast changing theme.

d. The Dutch hospital consortium

by Miebet Wilhelm-de Gouw, Antonius Hospital, Nieuwegein

In January 2003, after months of intense preparation, several proposals, careful consideration and loads of emails, the Dutch hospital consortium took off. Six general hospitals decided to take the plunge and signed a license agreement with medical information supplier Ovid. What went before this?

The history

By the end of 2001, the Biomedical section of the Dutch Library Association (NVB-BMI), decided to launch a working group to explore the possibilities for a

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nationwide hospital consortium. The consortium working group (CZC) published its report in October 2002. Shortly after that, it was presented and discussed by the BMI-board and at the general assembly of the NVB-BMI. In their conclusion, the CZC recommended supplier Ovid as the probably most suitable platform for a hospital consortium. The BMI board however, felt that at that moment they could not make a proper decision and therefore could not advise the BMI members about which route to choose. A decision of the board could not be expected before spring 2003. A small group of hospitals did not want to wait that long and decided to follow the recommendations of the working group and start negotiations with Ovid.

The starting point

In its research, the CZC had set an amount of approximately \$10.000 per hospital as a basis for their work. This amount was also used by the group of hospitals as their first point of departure in the negotiations with Ovid.

The second point of departure was the "basic journal list" for the general hospital library, as compiled by the CZC. This list consisted of about 100 journals and was suggested by CZC as the first phase in the set up of an electronic hospital library. The hospitals decided that the selected consortium package would have to exist of the most important medical databases, completed by as many electronic journals from this "basic journal list" as possible.

The selection process

Based on these assumptions, Ovid offered three different proposals. All three proposals contained Medline and Evidence Based Medicine Reviews (EBMR, which includes the Cochrane library), use of the OpenLinks software to integrate non Ovid" full text journals, a package of Lippincott Williams and Wilkins (LWW) journals and a set of journals which were to be chosen *à la carte*. The main difference between these 3 proposals was the size and price of the Lippincott package, and as a consequence the budget that was left to choose additional journals *à la carte*. In fact this meant that we had to choose between a large LWW package with the advantage of a lot of journals, but with small overlap with the "basic

journal list" on the one hand. On the other hand we had the option of choosing a smaller LWW package, which would result in less titles but with a larger overlap with our "basic journal list". Or, to formulate it differently: we had to choose between quality and quantity.

After careful consideration one of these proposals was chosen because of the most optimal mix between number of journals and quality of these journals. The LWW package involved was the Brandon Hill Top collection, consisting of 21 journal titles, of which 10 appeared in the BMI "basic journal list". That was the easy part of the selection process. The most difficult part turned out to be the *à la carte* selection of titles to complement the \$10.000. To take this decision, each of the six hospitals had to compile a list of their favourite journals. In doing so, huge differences appeared in preferences of the hospitals. Some preferred to take the most important, but expensive, journals, to be able to offer these in an optimally integrated and stable way through the Ovid platform. Others, however, wanted to have as much titles for their money as possible, and chose journals that were at that time not included in the print prices and would therefore be an addition to their e-journal collection. As a result, the lists differed considerably. After several versions of a "definitive" list, and after several rounds of voting, a final list was compiled of 14 titles. These titles were all chosen by at least 3 of the hospitals. This implied that all hospitals had to make considerable concessions.

The conclusion

We are now almost one year further. Assisted by Ovid, the system and the OpenLinks software is implemented in all libraries, we were all trained on how to integrate it with our existing print and e-journal collections, and our users are trained on how to work with it.

In 2004 the consortium will grow with a few more hospitals. This growth will allow us to expand the number of selected journals. So again, we are facing the difficult process of choosing, and again the old differences of opinion appear. We will probably again be able to overcome the differences, but the main conclusions after one year of being a member of a consortium are these: it is new and it is difficult to be condemned to each other. If the consortium grows

larger, the selection process will be more and more difficult, so we will have to develop some sort of standard procedure to select journal titles and to minimize all discussions involved in this. But despite the difficulties we have encountered, we are all quite satisfied with the fact that we are able to offer our users a complete and integrated "electronic library", without having to cope with laborious registration rules. So all in all, we are closing this first consortium year with the positive feeling that we have achieved an important step in building our electronic hospital library.

2. BPZ (Bibliotheken Psychiatrische Ziekenhuizen = Psychiatric Hospital Libraries)

by Annet Uithof, Symfora Group

The Psychiatric and Mental Health Care hospital librarians (BPZ) have formed their own group in 1985, as part of the biomedical information section of the BMI. Some of these take part in the CCZ as well, i.e. they participate in the shared catalogue (OCLC PICA system). As in most (sub)groups of librarians, the aims of the BPZ are a closer cooperation among participants to the benefit of the service to their parent institute.

By meeting twice a year the colleagues strengthen their personal network and professional development (e.g. by active discussions regarding the job descriptions); cooperate by using standards and the unified catalogue system; have their own newsletter for raising awareness to new publications and developments in the field; keep records of the current journal titles available for interlibrary loan among group members; report on events and other meetings; and communicate further by their own discussion list and website.

The group is characterized by strong cohesion, culminating from the activities of small committees active in the aforementioned areas. Most members of this group have one-person-library jobs and therefore rely on the support of the group for professional development.

a. The BPZ Consortium

Due to the ever-rising costs of library collections, especially journal subscriptions, BPZ libraries have been affected by continuous cancellations.



The BMI Board: Winnie Schats, Frans Mast and Oscar van Staveren

Nevertheless there is an increasing demand for electronic access, preferentially both from the office desk and from the home computer. The academic libraries, having switched towards electronic journals by preference, are reducing their capacity for ILL document (= photocopy) delivery and the library of the Royal Academy of Sciences and Fine Arts has announced the cancellation of all journal subscriptions. This way the BPZ is confronted with the urge and need to get into a license agreement for electronic access as well. The best deal so far pointed in the direction of a package deal with OVID consisting of 10 full text journals in the subject field, and the databases of Medline, EBM reviews, CINAHL, and PsycInfo, and the full text of the Kaplan Textbook of Psychiatry. The consortial license started in 2003 with 7 libraries and every year the package will be evaluated and if necessary revised. It is expected that another 4 libraries will join this consortium in 2004. At the moment of writing the group is negotiating with a Dutch publisher about a license to Dutch-language material consisting of access to full-text journals and reference works. The BPZ expects that the costs will be the driving force in the near future to reduce on staff, resources and service level; by purchasing/licensing as a member of a consortium, it is hoped that access to the core collection can be guaranteed.

edited by Suzanne Bakker

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Bulletin of the BMI/NVB

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The 50th Anniversary of the Biomedical Section of the Dutch Library Association



On September 19th, 2003, the members of the biomedical section (BMI) of the Dutch Library Association (NVB) gathered in Amersfoort to celebrate the 50th anniversary of the section.

The program consisted of a regular half-yearly general assembly in the morning and two plenary presentations in the afternoon.

During the general assembly it had already been discussed that the section is at the crossroads on account of very interesting developments as well as a diminishing number of members available to fill the growing number of vacancies in the board and committees.

The success of the BMI-activities, including the quarterly publication of the bulletin (*Biomedities*), makes it more difficult to coordinate the activities and to keep these in line with one strategic plan. Most developments were initiated and turned into action from the bottom, which is, of course, the most democratic way and the best precondition for success. Nevertheless, the Board faces the problem how to superimpose the higher level aggregation of the aims and scope of the section on all these activities and to fulfil the difficult roles of ambassador and lobbyist in the circles of government and scientific and medical organizations.

During the business meeting there were the usual reports on ongoing activities of the editorial board of *Biomedities*, website editorial board, the CAMBIN, CCZ-, BPZ- and BZVG-subgroups, the preliminary consortia initiatives, and the continuing education committee (CBN).

Major subjects of interest to the BMI are:

- changes in the editorial board and the production (and continuation) of *Biomedities* (editorial board)
- improvement to be made to the NVB website and the content management system (website editors)
- extension of academic library services (e-journals) towards the affiliated teaching hospitals (CAMBIN)
- the growing participation in shared cataloguing: membership of the CCZ is now 85!
- two small consortia have signed agreements with OVID: one of hospital and one of psychiatric libraries
- concern about the closing of libraries in institutes for the mentally handicapped.
- the ongoing programme of one- and two-day short continuing education courses for the medical librarians: quality management, marketing and the organization of the health care system (CBN)
- involvement and/or representation of the BMI in national discussions about the Interlibrary Loans and the closing down of the library of the Royal Academy of Sciences (which has acted as the last resource library in the biomedical sciences in the Netherlands over the last 50 years!!).



... with thanks to our sponsors

An announcement of major importance to the development of the profession and to the position of the biomedical information section was the start of a (one year) postgraduate training course for Clinical Librarians in January 2004.^[1]

The chair of The Taskforce on Medical Library Education (CBN) of the BMI, Suzanne Bakker, as well as the chair of the hospital libraries participating in the central catalogue (CCZ), Marjan van Wegen, and the librarian of the Academic Medical Centre in Amsterdam, José Frijns, have been actively involved in planning a new postgraduate training programme for Clinical Librarianship offered by the College of Higher Education of Amsterdam (Hogeschool van Amsterdam - HvA). This one year programme (one day/week) is

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Frans Mast, Gemma Geertshuis, Marion Heijmans and Suzanne Bakker

open to college graduates in the biomedical, paramedical or nursing professions, but also to medical librarians. This mixture of students with different backgrounds means that the educational programme will be tailored to individual needs and competencies of participants. We all look forward with great interest to the outcome of this initiative, the first of this kind in the world. (see also the article on page)

During lunch some of the founding fathers of the BMI joined the meeting: Edo de Graaff (former medical librarian of the Catholic University Nijmegen) and Guus Mathijssen (former veterinary librarian of the State University Utrecht). They both belonged to the first generation of information specialists involved in online searching in the early days. Interviews with them were published in the last issue of *Biomedities* where they spoke of the first training in using MeSH for the batch-processed literature searches ordered from Medlars-centres such as the Karolinska Institute in Stockholm.^[2;3] They also attended and reported about the Third International Congress on Medical Librarianship taking place in 1969 in Amsterdam. This congress was a major factor in revitalizing the BMI in 1970 and the start a few years later of the bulletin of the section (*Biomedities* 1976 - ...).

The first plenary paper presented after the lunch break was by Huib van Dis, on behalf of the Board of the Association of Top Clinical Hospitals. Being a multi-disciplinary researcher and active library user all of his life, from his early student days, during his research career in clinical psychology and even nowadays as a Board member and policy maker, he certainly appreciates the online facilities of bibliographic databases and the interlibrary loan services. The Top

Clinical Hospitals have established a foundation (Stichting Top-klinische Ziekenhuizen, STZ) to defend their interests in relation to and sometimes in opposition to the academic hospitals. We can only hope that he will share his views with others and convince policy makers of the need for adequate library facilities.

The second paper was presented by Keith Cogdill, outreach librarian of the National Library of Medicine (Bethesda, Md, USA). This presentation was based on his paper to be published in the January 2004 issue of the *Journal of the Medical Library Association* and dealt with the subject: "value of the hospital library and information services".

His presentation was based on his articles published (recent and forthcoming) and titled: *Measuring and Communicating the Value of Library and Information Services*.^[4;5]

The research project of Keith originates from the problem of closure of libraries and the shortage in funding. In order to "fight" back to these worrying developments there is a need :

- to quantify the value
- of performance measurement
- of contributions of library and information services (CLIS) as indicators of value
- of measuring & communicating these contributions
- of self-assessment

The rising costs in the health care sector in general (in the USA a decrease in hospitals of 19%) and in medical libraries in particular (journal subscriptions have increased 5 times over the last 18 years!!). The number of hospital libraries that were actually closed over the last years was not mentioned.

On the agenda of medical librarians should be:

- valuing the intangibles
- cost-benefit analyses
- return on investment

Available tools are:

- LibQual
- the Balanced Score Card approach
- the CLIS approach

Keith suggests to: (1) select appropriate organizational goals; (2) link LIS contributions to organizational goals; (3) obtain data on the correspondence between LIS contributions and LIS services; (4) select measures for services; (5) collect and analyse data for selected

measures; (6) plan and sustain communication with administrators; (7) evaluate findings and revise selected goals, contributions, and services as necessary.

Different aspects of measures:

- Output measures: *e.g.* usage statistics and use by specific user groups; usage statistics and intention of use (diagnosis, therapy, keeping up etc.); usage statistics of local/remote use

- Performance measures: *e.g.* turn-around time for a service and user perceptions of value, satisfaction and service quality.

- Outcome measures: *e.g.* usage in relation to outcomes of use for individual users; impact on clinical decisions

- Impact measures: results of LIS usage at the level of the organization (graduation rates, school rankings, aggregated clinical data etc.)

In the short time for Q&A after his presentation

Marianne van der Heijden pointed to the NLM as a possible cause of library closures (the Internet access of PubMed makes the librarian as an intermediary unnecessary....). Keith answered that the discussion on the need of a "medical informationist" shows that library services are still wanted.^[6-13]

The day ended with a cheque handed over to the CliniClowns (with many thanks to our sponsors) and a drink in the historical brewery at a small canal in the old city centre of Amersfoort.

Fifty years....., it has been hard task to reach, but a lot more work will be necessary to keep medical librarianship in the focus of our stakeholders!!

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CAMBIN – Convention of Academic Medical Libraries in the Netherlands

The CAMBIN (Convention of Academic Medical Libraries in the Netherlands) aims to promote efficient and effective scientific documentation and information services within the area of the academic medical sciences and clinical practice by supporting new developments, by developing an integrated and national policy and by quality control in information services.

In the CAMBIN the following libraries are represented:

- Central Medical Library, State University Groningen/Academic Hospital Groningen, **Annelies Koelstra**
- Medical Library Utrecht, University Medical Centre Utrecht, **Tineke Erich**
- Medical Library, Academic Medical Centre, Amsterdam, **José Frijns**
- Library for the Medical Sciences, Free University Academic Medical Centre, **Jeanne Figdor**
- Walaeus Library, Leyden University Medical Centre, **Han Belt**
- Medical Library, Erasmus University Medical Centre, **Frans Mast**
- Library for the Medical Sciences, Catholic University Nimwegen/Radboud Academic Hospital, **Rikie Deurenberg-Vos**
- Library Randwijck for Medicine, Health Sciences and Psychology, University Maastricht/Academic Hospital Maastricht, **Fons van den Eeckhout**
- The Netherlands Institute of Scientific Information services (NIWI), in former days the library of the Royal Academy of Sciences, Arts and the Humanities, Amsterdam, **Arjan Hogenaar**

There is no board to CAMBIN, neither a chair; the coordination of CAMBIN activities is taken care of by the representative of NIWI.

The context of academic medical libraries is rather complex and consists of the (former) medical faculties of the universities, the academic hospitals and the university libraries. Core business of their parent institutions is not only research and teaching, but also patient care. Therefore the interests of the members of CAMBIN differ from both the other faculty libraries as well as from the hospital libraries and libraries of biomedical research institutes. There is a trend towards closer cooperation between the medical faculties and the academic hospitals in the last decade,

which in some cases resulted in a merger of the two organizations. For the academic medical libraries this means that they become more and more independent from the universities and university libraries.

The CAMBIN is nevertheless a working group of the UKB committee (in which the librarians of all the Dutch Universities as well as the librarian of the Royal Library and the NIWI participate). Quarterly meetings of CAMBIN are organized under rotating chair-leadership and taking place in the various library locations of its members. All subjects related to the aforementioned aims and the context of CAMBIN can and are discussed. In practice the CAMBIN takes action in coordination of the collection of member libraries, in order to optimise the medical information and literature services in the Netherlands. The CAMBIN brings out reports and offers advice, either on request or on its own initiative towards: (1) the UKB Committee, (2) the Advisory Council of the Medical Sciences of the Royal Netherlands Academy of Sciences (Disciplineoverleg medische wetenschappen), (3) Executive Boards of Medical Faculties and Academic Hospitals.

The CAMBIN is acting as a subcommittee of UKB, because:

- members have a closer connection with library matters than with academic medicine, patient care or clinical practice
- together the academic medical librarians are responsible for a major part of the biomedical library collection in the Netherlands
- the UKB has legal and economic expertise available for setting up consortia (and negotiating license agreements)

The CAMBIN tries to establish a strong mutual relationship with UKB including advice and involvement on all matters regarding the biomedical

sciences. This should be done by: (1) exchange of minutes of meetings; (2) involvement of CAMBIN with all matters on the UKB agenda regarding the biomedical sciences; (3) annual reports of CAMBIN towards UKB; (4) annual meetings of (representatives of) CAMBIN and UKB.

Reasons to seek close cooperation with UKB and acting as a subcommittee of UKB are:

- institutionalisation of the meetings and bringing attention to biomedical library matters
- cooperation, including but not limited to building consortia, in the area of acquisitions of scientific documentary information sources, as a result of increasing costs and a growing number of publications and information products
- the CAMBIN members together take care for the whole of scientific documentary information services of all medical faculties and academic hospitals in the Netherlands
- the UKB can act on behalf of the CAMBIN
- NIWI plans to reduce its collection and acquisitions to such an extent that only unique items not available elsewhere will be kept as a supplement to the other CAMBIN members' collections. As a consequence, the academic medical libraries become responsible on a national level for a major part of the information services in the biomedical sciences.

The CAMBIN and UKB will both investigate the pro- and cons of the status of CAMBIN within the UKB. The aim is to create synergy, and to provide mutual support, without interference with or setting limits to the other party's manoeuvres. There will be an evaluation after 2 years.

The very complex social and organizational context and the very diverse user groups of academic medical libraries, together with the resulting differences with library services in other areas, legitimise the aim of CAMBIN to develop and implement its own policy and plans. In the arena of the biomedical sciences there is not only a rather dominant role of commercial parties (publishers and pharmaceutical industry) but there is also very strong social and public interest (health care, health care insurance companies and citizens).

The group users of academic medical libraries comprise physicians, medical students, scientists, specialists-educators, nurses, paramedics, staff members and managers of the hospital and the faculty. Both the complexity of the parent organizations (hospital, faculty, university), as well as the variety of user groups together with the many external factors, contribute to the requirement of having a separate forum within UKB where a coordinated national policy is developed and implemented.

The CAMBIN aims to reach its goals by formulating advice, either on request or without, on all matters concerning the medical and/or scientific literature and/or documentary information services and the infrastructure and systems involved. The advice will be directed to any of the organizations or parties in public health, health care or academia.

(unauthorized translation by Suzanne Bakker of information available in Dutch on the Internet at URL: <http://www.niwi.knaw.nl/nl/bibbiome/cambin.htm> dated 27/05/2003, accessed on 16/06/2003)

25 Years of Shared Cataloguing in The Netherlands

Since 1978 the Shared Cataloguing System GGC (in Dutch: Gemeenschappelijk Geautomatiseerd Catalogiseersysteem) has developed into an efficient and reliable tool for the management of libraries as well as for cataloguing publications that vary from books and periodicals to letters, maps, audiovisual material, CD-ROMs and online resources.

The founding of PICA goes back to an agreement between the Koninklijke Bibliotheek in The Hague and the Dutch University libraries in 1969. In 1976 the Pica office was opened in the Royal Library. The Directors of the participating libraries formed the Pica Steering Committee. Other libraries joined as participants in the Pica Shared Cataloguing System by signing an agreement with the existing cooperation. In 1986 Pica became an independent legal body called the Stichting Centre for Library Automation, Pica. Since the beginning of the nineties, Pica has concentrated on the following two main activities: automating libraries and developing online information services to end-users. In addition, the integrated Pica infrastructure has been sold to Germany and France. In 1996 the articles of association of the Foundation were changed to the Stichting Pica. In 1999 the activities of the Stichting Pica were split and a Dutch limited liability company known as Pica BV was formed.

OCLC PICA was formed in January 2002 by the integration of Pica BV and OCLC Europe, the Middle East and Africa, a division of OCLC Inc. in Dublin (Ohio, US). Currently the majority of the OCLC PICA shares are held by OCLC Inc. with the remaining shares being held by the Stichting Pica.

OCLC PICA has regional offices in Leiden, the Netherlands, Birmingham, UK and Paris, France. The Leiden office serves libraries in the Netherlands, Belgium, Luxembourg, Austria, Germany and Switzerland. The Birmingham office serves libraries in the UK, Ireland, Scandinavia, Eastern Europe and Southern Africa. The Paris office serves libraries in France and the Mediterranean countries from Portugal in the west to Israel and Turkey in the east.

The headquarters of OCLC PICA are in Leiden, which is also the location of the central administration and the Information Technology Centre (ITC).

OCLC PICA aims to be the leading European library cooperative, helping libraries serve people by providing

economical access to knowledge through innovation and collaboration. Products of OCLC PICA are developed following extensive research and consultation with library professionals and are designed for libraries of all types and sizes, for library management, professionals and end users. The heart of the OCLC system is WorldCat, the largest union catalogue in the world. OCLC PICA hosts the Dutch Union Catalogue and offers a range of services:

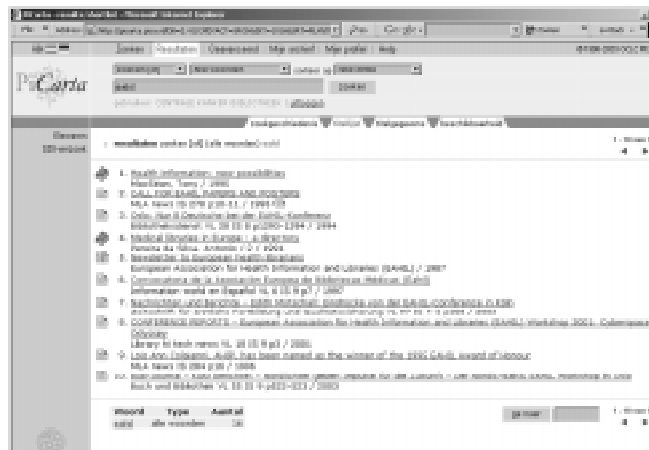
- (1) metadata management: bibliographic records, the Dewey Decimal Classification and other thesaurus modules for subject indexing
- (2) local library systems: OPAC, circulation, acquisition, cataloguing: LBS
- (3) a web based portal service: iPort
- (4) a user-friendly interface to the union catalogue and ILL system: PiCarta and ILL.
- (5) digital & preservation resources: Content DM, Digital Archive and Olive software
- (6) electronic books: netLibrary
- (7) collaborative virtual reference services: QuestionPoint

The 15 CCZ hospital libraries, which joined the OCLC PICA system in 1993 for their cataloguing, form one cooperative library consisting nowadays of 85 medical libraries. A client software programme, WinIBW, is required locally in order to access the facilities of shared cataloguing. This interface supports the ILL system as well. The local library systems are different and independent of the union catalogue or system. Bibliographic records have three different levels of data: general, local and copy. The records completed with local indexing and holding data are copied from the union and downloaded into the local systems. The university libraries (including the academic medical libraries) make use of the Dutch Common Subject Indexing (GOO = Gemeenschappelijke Onderwerps Ontsluiting) and of the Dutch Basic Classification scheme (BC), which is a derivative of the Conspectus.

The CCZ libraries have a common level of indexing, separate from the university libraries, making use of the Dutch MeSH and NLM classification (both developed by the CCZ members). Within the OCLC PICA system, CCZ libraries share a subset of their own data which forms an ORS (online retrieval system), which is a union catalogue unique to the CCZ. Different kinds of publications and media types are incorporated in the catalogue: books, periodicals, audiovisual, online, cartographic, music, and illustrations. All of these are retrievable using the PiCarta interface. In most hospitals the PCs in the library provide access to the shared catalogue through the PiCarta interface. This option is well appreciated by nurses, paramedical professionals and patient educators who can trace interesting publications in many languages. OCLC PICA incorporates external data into the system, e.g. Online Contents, which consists of table of contents data from approximately 15,000 international and Dutch journals. The PiCarta interface also offers an option to set up a current awareness service called SDI (selective dissemination of information).

Most hospital librarians act as intermediary for the ILL requests for their users, whereas most university libraries make use of end user accounts for their students and staff. Both the library as well as the end user can register for an account in the system that is debited to cover the costs of ILL requests and delivered documents. A periodical payment to have sufficient funds in the account removes all the hassle of administration of separate invoices for every document.

The article about the 50th Anniversary of BMI, especially the chapters related to the CCZ activities, underlines the importance of the OCLC PICA system for cooperation between hospital libraries. The advantage for many libraries among the CCZ that are staffed by only one-person is that by sharing practical and technical support, all members can fully benefit



from OCLC PICA's modern library technology. The CCZ members are several medium-sized and many small (general, specialized and psychiatric) hospital libraries. In comparison to the eight large academic libraries within the nation, the CCZ-cooperative libraries together form an organization that is at least as large, but perhaps larger in collection size and staff number. The visionary initiative of four colleagues in 1984 has grown within two decennia into an impressive virtual organization. Maybe it is possible to follow this example on a European level. If only a few hospital librarians in Germany or France could take the initiative (OCLC PICA is already available in these countries), it would be possible to develop an international hospital library cooperation within the next decade.

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I acknowledge the help of Hylda Hendriksma of OCLC PICA (<http://oclc-pica.org>) for critical reading, revision and updating of the former version of this article.



The Postgraduate Training Course for Clinical Librarians starting in Amsterdam in January 2004

The need for assistance by clinical librarians is mostly felt by medical groups involved in evidence-based medical practice (EBM) and is often a prerequisite in the planning of educational services of training hospitals affiliated to universities. The discussion about the “new” position of the “medical informationist” underlines the fact that there is a need for specialized information services provided by the medical library.^[1-6]

Library education in general on college-level is in the Netherlands. There are 8 colleges offering library courses, one is the Hogeschool van Amsterdam (HvA) which offers a 4 year training in Media and Information Management. There are several sub-specialties in this programme, offering the students either a training focussed on publishing, the book trade or librarianship. Contacts between the library of the Academic Medical Centre (AMC) in Amsterdam, the HvA and the biomedical information group of the library association (BMI) have resulted in the planning of a postgraduate training in clinical librarianship. An investigation of the market completed by the HvA showed that the support of clinical librarians is recognized to be an essential element in the success of EBM programmes, but also that further professional development is sought by medical librarians as well as by nurses, paramedics and by bio-medically educated but not clinically trained professionals. The postgraduate training can be seen as a sub-specialty, as a career change or as a part of the continuing education and professional development.

The Dutch Library Association is involved in the planning in order to be able to set up a professional register of postgraduates and to develop a system of professional certification. The certified Clinical Librarian is expected to find a suitable job in hospitals, academic medical centres and other health care institutions; or in health care related education (medical training, nursing, and other health care related courses); within the pharmaceutical industry; research organisations in biomedical and clinical sciences; and in information departments of health insurance companies and governmental bodies.

The clinical librarian graduates will differ from their traditional educated counterparts, in several aspects:

- More focus on direct support and advise within the context of the clinical department and its organizational characteristics on documentation, information management in accordance with evidence-based practice.
- Less focused on collection management and cataloguing.
- Excellent knowledge of the major medical information sources, bibliographic databases, (statistical) data and the search & retrieval options.
- Excellent knowledge of medical subject indexing and advanced retrieval software.
- Very good insight into the clinical context and the quality and relevance of retrieved information.
- Good communication skills, including scientific argumentation, social behaviour and comfortable with clinical epidemiology and its research methodology.

The fact that this course is open to graduates with either a library and information sciences background, or a (para)medical or nursing training, means that the teaching staff can give personal attention and advise to these postgraduate students in order to guide and supervise them on the pathway of developing the right mix of competences. This means that examinations on the different parts of the training should be adapted to the individual learning curve and plan. Self evaluations will have a prominent role in this process.

In the admission procedure an assessment will be a priority. When and if the student can give proof of sufficient knowledge, skills and experience, this can be honoured with a credit for that specific exam. The theoretical parts of the training will take place one day a fortnight, but the students are expected to spend at least a full day/week for study and tasks. Small research projects, hands-on training and supervised in-

Highlight on... The Netherlands

the-job practical experience will be part of the education, but could take place in the student's own working place. The whole programme will be critically monitored and evaluated. The steering committee plans to report about the preliminary results at the EAHIL conference in Santander.

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Forthcoming Events

21-22 November 2003, Rennes, France

Convergences et spécificités des métiers des archives, des bibliothèques et de la documentation.

For further information: <http://www.adbs.fr>

24-25 November 2003, Parma, Italy

To prepare information professionals: an agenda for present and future.

First International conference of employers and heads of information systems.

For further information: <http://www.aldua.unipr.it/master/information.html>

2-4 December 2003, London, UK

Online Information 2003

For further information: <http://www.online-information.co.uk>

8-9 December 2003, Geneva, Switzerland ~~Swiss~~

Digital divide, global development and information society.

IRDF world forum on information society.

For further information: <http://www.irfd.org/events/wf2003/intro.html>

**ADVERTENTIE
CURRENT
MEDICAL
LITERATURE?**

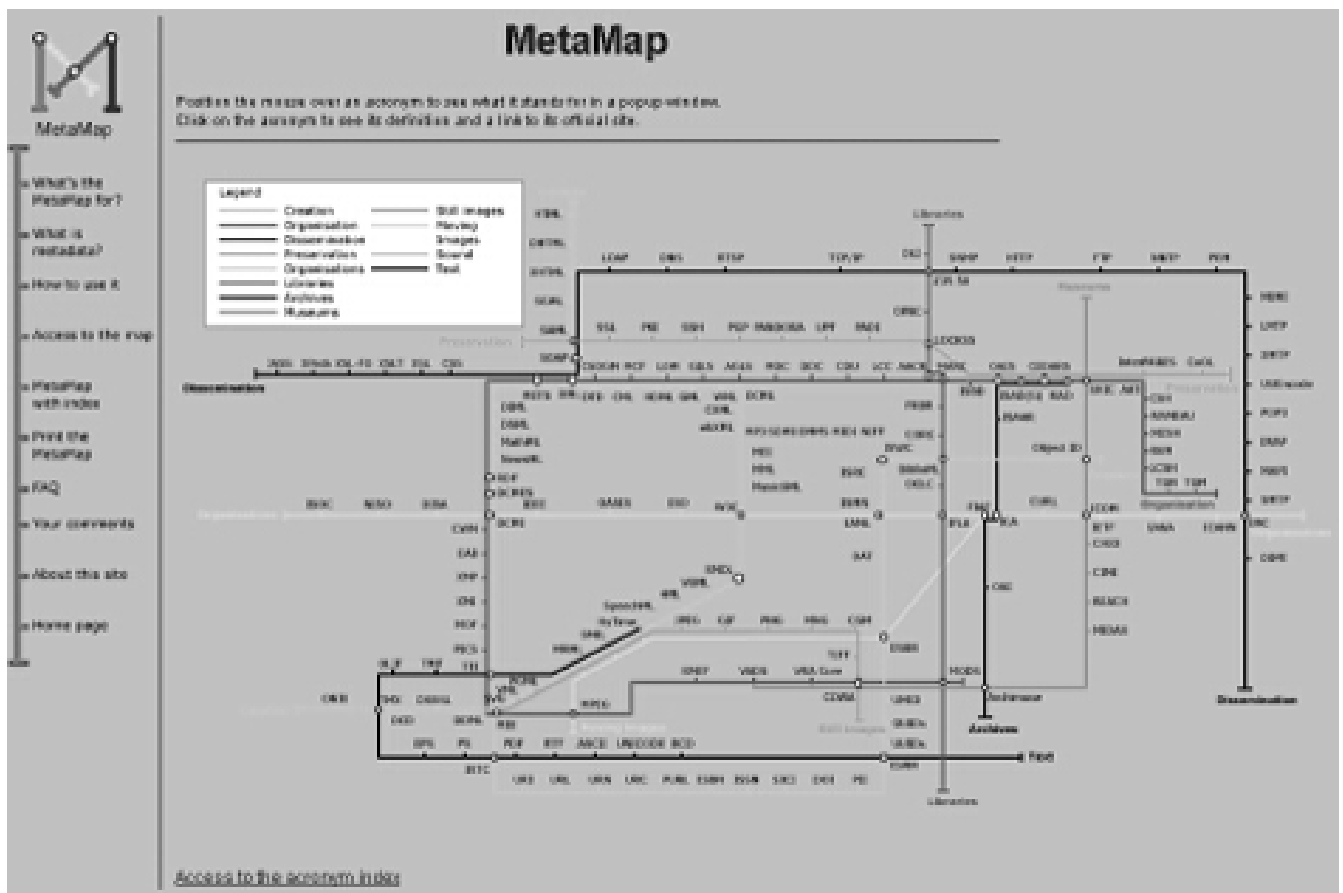


A Bunch Of Valuable Websites

Many information professionals nowadays are continuously collecting URLs and checking these on a regular basis. But due to the vast growth of websites still, most countries of the 1st and 2nd world have many tools available in their own languages for many subjects. Therefore it becomes extremely difficult to keep an international overview and each selection of website is very subjective hindered additionally by the classic language bias. Despite these obstacles I would like to share a bunch of websites that I came upon over the past few months and are worthy of accessing and/or being checked. The list includes not only medical but many other notable and worthwhile. In order to make it not too academic I am just listing the URL and adding a very short note or comment (personal or from the website). All links have been checked for availability on October 7th 2003 last.

<http://mapageweb.umontreal.ca/turner/meta/english>

At the top of the list I am introducing a website dedicated to acronyms and terminology used within the information management community presented at the IFLA poster session this year in Berlin: The MetaMap is a pedagogical graphic which takes the form of a subway map (see illustration). Its aim is to help the information science community to understand metadata standards, sets, and initiatives of interest in this area. (needs a special Plugin of Adobe to view the maps).



Medical

<http://medstract.org> Access to AcroMed is a computer generated database of biomedical acronyms
<http://bmj.bmjournals.com/content/vol324/issue7337> Under the heading "Trust me I'm a website" this issue of BMJ discusses all aspects of medical website quality.
<http://biome.ac.uk> - also known under OMNI only Internet resources that have been hand selected and quality evaluated are included in this database
<http://www.amedeo.com> - A free medical literature push service that works perfectly if you need a cross-publisher overview on certain subjects or topics
<http://www.brisbio.ac.uk/> A collection of medical, dental and veterinary images for use in teaching
<http://www.scielo.br> - Scientific Journals from Brazil
<http://.chemistry.org> - Portal for Chemistry Information
<http://.fathom.com> - The source for online learning / also medical Libraries
<http://.ubka.uni-karlsruhe.de/kvk.html> - This portal gives a "one stop" access to worldwide libraries for the search of 75 million journals or books
<http://www.europeanlibrary.org> - Portal of national libraries

Reference

<http://.bookmagazine.com> - Portal for novels and quotations
<http://.allmusic.com> - A valuable site for all sort of tunes
<http://www.jazzreview.com/> - Jazz Review.com is your complete guide to jazz music on the web!
<http://www.atomicarchive.com/> This site explores the complex history surrounding the invention of the atomic bomb - a crucial turning point for all mankind.
<http://www.howstuffworks.com> - a versatile site for all sorts of topics one is not familiar with.
<http://www.mapquest.com> - If you need a road map of Mauritius e.g.
<http://www.nationalgeographic.com/resources/ngo/maps/> another wealth of maps
<http://www.yourdictionary.com/> - Find a dictionary
<http://www.m-w.com/> - The famous Miriam-Webster serves many questions
<http://.archive.org> - A project to store old websites and data
http://www.europa.eu.int/index_ns_en.htm - Text version of the European Union portal

Finally some celebrations of the past months:

Ethernet turned 30 http://www.infoworld.com/article/03/05/09/19FEether_1.html?
Intel turns 35: http://www.infoworld.com/article/03/07/18/28FEintel_1.html
10 Years passed since Mosaic (later Netscape) made the WWW an easy step for the masses.
Read more at <http://www.wired.com/news/culture/0,1284,58658,00.html>
Laptop inventor and Chemist Adam Osborne died in March 2003 read more under <http://www.theage.com.au/articles/2003/03/26/1048354624797.html>

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Dear Colleagues,

In this issue I suggest the reading of an article which provides information about the Public Libraries Mobilising Advanced Networks (PULMAN) project, funded under the European Commission Information Society, and two articles on the matter of free access to the literature which are apparently in contrast. The editors of BMJ declare that from 2005 some users will have to pay for some content in bmj.com (T. Delamothe and R. Smith. BMJ, 2003, 327, 241), but that the aim of original biomedical research being freely available to everybody, everywhere could be very close (T. Delamothe et al., BMJ, 2003, 326, 946). The switch from paying for access to paying for dissemination could result in no financial savings within

scientific publishing, even though the end results would be the availability to all. Obstacles to the acceptance of this new model are scientific and medical publisher and surprisingly academic institutions (T. Delamothe et al., BMJ, 2003, 326, 946).

Giovanna F. Miranda

JOURNAL ISSUES

Since the Newsletter of May 2003, the following journal issue of *Health Information and Libraries Journal* has been received: **Vol. 20, 2003, n. 2, Vol. 20, Suppl. 1, June 2003 and Vol. 20, n. 3, September 2003**

Vol. 20, n. 2.

C.A. Beverley, A. Booth, P.A. Bath. The role of the information specialist in the systematic review process: a health information case study. p. 65 – 74.

This paper describes ten possible roles for information professionals in the systematic review process, using a case study of a review of the health information needs of visually impaired people carried out by the Centre for Health Information Management Research at the University of Sheffield.

C. Plaice and P. Kitch. Embedding knowledge management in the NHS south-west: pragmatic first steps for a practical concept. p. 75 – 85.

This article seeks to identify the drivers for knowledge management in the NHS, to highlight national initiatives and to focus on the steps libraries in the south-west of England have taken to make knowledge management a reality.

N. Deshpande, M. Publicover, H. Gee, K.S. Khan. Incorporating the views of obstetric clinicians in

implementing evidence-supported labour and delivery suite ward rounds: a case study. p. 86 – 94.

The paper demonstrates an approach to implementing evidence-based practice in a specific setting by first analysing any barriers and then constructing an appropriate strategy to overcome them.

P. Williams, D. Nicholas, P. Huntington. Non use of health information kiosks examined in an information needs context. p. 95 – 103.

The aim of the study was to explore non use of the information kiosk within the context of patient's information to make tentative suggestions regarding future information provision mediated electronically.

Brief communications p. 104

Suppl. 1, June 2003.

A. Brettle. Information skills training: a systematic review of the literature. p. 3 - 9.

The objectives of this study were to undertake a systematic review to determine the effectiveness of information skills training, to identify effective methods of training, and to determine whether information skills training affect patient care. There was limited evidence to show that training improves skills and patient care.

M.A. Winning and C.A. Beverley. Clinical librarianship: a systematic review of the literature. p. 10 – 21.

The aim of the study was to determine, from the literature, whether clinical librarianship services are used by clinicians, have an effect on patient care, and/or clinicians' use of the literature in practice and/or are cost-effective. There is insufficient evidence available on clinician's use of literature in practice and on the effect on patient care.

G.Y.T. Cheng. Educational workshop improved information-seeking skills, knowledge, attitudes and the search outcome of hospital clinicians: a randomised controlled trial. p. 22 – 33.

A double-blind randomised controlled trial was conducted on a group of Hong Kong hospital clinicians. End-user training was more effective than no training in improving clinical question formulation, in raising awareness, knowledge, confidence and use of databases, but made no impact on preference for secondary databases.

J. D. Eldredge. The randomised controlled trial design: unrecognised opportunities for health sciences librarianship. p. 34 – 44.

The randomised controlled design offers the potential answer for more evidence-based librarianship. The results show that the randomised controlled trials within health sciences librarianship inhabit a limited number of subject domains such as education.

A. Booth and A. Brice. Clear-cut?: facilitating health librarians to use information research in practice. p. 45 – 52.

Librarians in most of the NHS regions in England, as well as at a national level, suggest three particular barriers to greater librarian participation in critical appraisal: lack of clinical knowledge, poor knowledge of research method and designs, and lack of the confidence in managing statistics. Two pilot workshops in Sheffield and Oxford based on a format used by the Critical Appraisal Skills programme were evaluated. Although the scenario selected required no clinical knowledge, barriers remain regarding statistics and research methodology.

M. Kirkwood, A. Wales, A. Wilson. A Delphi study to determine nursing research priorities in the North Glasgow University Hospitals NHS Trust and the

corresponding evidence base. p. 53 - 58.

The aims of the study are to identify and prioritise research questions of importance to nurses and to investigate and describe the existing evidence base for the highest priority question identified. The Delphi technique proved a useful method to determine and prioritise research areas in nursing.

G. C. Haldane. LISTENing to healthcare students: the impact of new library facilities on the quality of services. p. 59 – 68.

The librarians of Homerton College School of Health Studies commenced the LISTEN Project, a long-term study to monitor the effects of planned interventions on the quality of library provision. The physical accommodation and location of library services remain important to healthcare students. Education providers must ensure the best mix of physical and electronic services for students who spend much of their time on clinical placement.

Brief communications p. 69

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C. Ebenezer. Usability evaluation of an NHS library website. p. 134-142.

This article describes a variety of standard methodology to evaluate the usability of the NHS library.

M. Jackson and J. Peters. Introducing touch screens to black and ethnic minority groups – a report of processes and issues in the Three Cities project. p. 143- 149.

The aim of the study was to improve access to health information for ethnic minority groups by providing this in their own language, in an audiovisual format through a touch screen computer.

S. Vincent, S. Greenley, O. Beaven. Clinical evidence diagnosis: developing a sensitive search strategy to retrieve diagnostic studies on deep vein thrombosis: a pragmatic approach. p. 150 – 159.

The evaluation of a search strategy to retrieve diagnostic studies on specific tests for deep vein thrombosis.

B. Coleman. Producing an information leaflet to help patients access high quality drug information on the Internet: a local study. p. 160 – 171.

The development of a patient information leaflet to help local patients meet their drug information needs using Internet.

P. Wilson, J. Glanville, I. Watt. Access to the online evidence base in general practice: a survey of the Northern and Yorkshire Region. p. 172 – 178.

The aims of the article were to assess the awareness and use of NHSnet within general practice and to investigate the presence of skills necessary to maximize the benefits of NHSnet connections.

Brief communications p. 179

BOOKS REVIEW

Distance learning. Information access and services for virtual users. Ed. H. Iyer. The Haworth Information Press, Binghamton, NY (USA). 2003. \$49.95 hard ISBN 0-7890-2052-1 (\$39.95 soft, ISBN 0-7890-2053-X), pp 152.

This book examines ways to develop information literacy courses and employ appropriate teaching methodologies. The articles can be categorized into two areas: access to information resources for distance learners and studies of distance learning programs.

Education for cataloging and the organization of information. Pitfalls and the pendulum. Ed. J. S. Hill. The Haworth Information Press, Binghamton, NY (USA). 2003. ISBN 0-7890-2028-9. \$79.95 hard (\$49.95 soft, ISBN 0-7890-2029-7), pp 398.

The book represents the state of the art at present and suggests future directions. The main areas covered special types of materials and special aspects of cataloguing and alternatives to traditional modes of education for cataloguing.

NEW JOURNALS

Population Health Metrics is an open access online journal published by BiomedCentral.

This journal publishes papers on all aspects of measurement of the health population: burden of

disease and injury analysis, disease and risk factor modelling for populations, descriptive epidemiology, etc. <http://www.biomedcentral.com/>

Journal of Consumer Health on the Internet is the successor title to Health Care on the Internet. The title journal was changed to better reflect its focus. The re-titled journal will continue the numbering of the earlier title with Vol. 7, N°1.

<http://www.HaworthPress.com>

PAPERS REVIEW

Scientific literature's open sesame?

T. Delamothe et al.. BMJ, 2003, 326, 945

Paying for bmj.com

T. Delamothe and R. Smith. BMJ, 2003, 327, 241

Through the PULMAN glass: looking at the future of libraries in Europe.

M. de Groot and T. Hackett. New Library World, 2003, 104, 103.

INFORMATION SOURCES

... Web-based

Pharma GKB. Pharmacogenetics Knowledge Base is an integrated resource about how variation in human genes leads to variation in our response to drugs. Genomic data, molecular and cellular phenotype data, and clinical phenotype data are accepted from the scientific community at large. The data are then organized and the relationships between genes and drugs are categorized into the following categories: clinical outcome, pharmacodynamics & drug responses, pharmacokinetics, molecular & cellular functional assay, genotype. The Pharma GKB is housed at **Stanford University** and is part of the Pharmacogenetics Research Network (PGRN). <http://www.pharmgkb.org/>

DOAJ is a directory of Open Access Journals. This service covers free, full text, quality controlled scientific and scholarly journals. The directory is

supported by the Information Program of the Open Society Institute and covers many subjects, including biology and life science and health science, and languages.

<http://www.doaj.org>

ISIHighlycited is a free Web site giving the most highly cited individuals researchers in 21 broad subject categories in life science for the period 1981-1999.
<http://ISIHighlycited.com>

MInd: The meeting index is a free Web based database giving information on future events. The subject categories include medical/life sciences and science/technology. The site list conferences, congresses, meeting and symposia. Results are sorted by year, dates, location and name of the event.
<http://www.interdok.com/mind/>

Health education brochures in multiple languages. The Web sites provide electronic access to over 200 health education brochures in 24 different languages, included Arabic, Chinese, Japanese, Korean, Russian, Vietnamese.
<http://medlib.med.utah.edu/library/refdesk/24lang.html>

SARS. The U.S. Centres for disease Control and Prevention (CDC) in Atlanta has lots of information tailored for doctors, hospitals, and travellers. The World Health Organization's website contains quite an archive about epidemic.
<http://www.cdc.gov/ncidod/sars>
<http://www.who.int/csr/sars/country/en/>

NEWS FROM EDITORS

BioMed Central gives the cataloguing data for the almost 100 open access journals.

The text file below contains cataloguing information for all BioMed Central journals, including ISSNs, URLs and start publication. It is provided in comma delimited format to allow easy import into cataloguing system.
<http://www.biomedcentral.com/info/libraries/catalog>

The Haworth Press announces that all Haworth academic and professional journals are now available electronically. E-Haworth is open to all libraries with print subscription free of charge, providing site-wide online access to all Haworth journals with no restrictions on the number of users for either a specific issues or specific journal article. <http://www.HaworthPress.com>

John Wiley and Sons Ltd from the 1st March has taken over the sales, marketing and distribution of The Cochrane Library. <http://www.wileyurope.com/>

EBSCO has launched a new resources service called A-to-Z that provides librarians and their patrons with a comprehensive list of the library's electronic titles, with direct links to those titles. A-to-Z service allows libraries to better manage their e-resources and gives library patrons a comprehensive journal list, allowing them to easily find and link to titles available in databases, as stand-alone electronic journals or that are otherwise included in a library's collection. Even print titles from library's collection can be included in this customized service. It does not cover open Web sources. <http://atoz.ebsco.com>

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