

DEPARTMENTS / DÉPARTEMENTS

Editor's message

The two feature articles in this issue are very timely as they highlight important trends and innovations for health librarians. The third and final article in Eugene Barksy's insightful "Introducing Web 2.0" series is presented. The article titled "Introducing Web 2.0: social networking and social bookmarking for health librarians" is coauthored with Michelle Purdon. The authors discuss a wide range of interesting tools, and I highly recommend that you take the time to discover what is new on the social side of the Web. Heather Morrison and Andrew Waller contributed an excellent paper titled "Open access for the medical librarian". The authors highlight the history, trends, challenges, and opportunities facing the open access publishing model. These two articles demonstrate just how quickly technology is moving. If you have been instrumental in implementing a Web 2.0 innovation or have led a project incorporating technology for a new service, let me know. A report about your project in the *Journal of the Canadian Health Libraries Association* would be welcomed.

Check out Linda Slater's "A word from the President". Linda's column provides an interesting report on the Margaret Ridley Charlton plaque dedication that took place on 1 May 2006. Librarians do make a difference and provide significant contributions! In Susan Murray's "Consumer health information" column, she unveils the top 10 Canadian consumer health Web sites. I am certain that you will want to add these top 10 sites to your list of favorites. Gillian Griffith, in her "News and notes" column, provides you with details about a new Canadian digitizing project as well as meetings, conferences, and workshops to help you keep up-to-date with all the latest advances in technology and health librarianship. Gillian's second column, "Current research", provides an overview of research being conducted. Finally, three of our colleagues — Marybeth Gaudette, Barbara Gray, and Melanie Wise — have written interesting and informative book reviews. Check out the reviews and determine if you want to read the books!

Sandra Halliday

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A word from the President

Margaret Ridley Charlton

It's official! She's historically significant!

I had the honour of being invited to a very special ceremony that took place in Montreal on 1 May 2006. On this date, a Parks Canada plaque was unveiled at the Osler Library, McGill University, commemorating Margaret Ridley Charlton's contribution to health sciences librarianship as well as her contribution to the study of the medical history of New France. Margaret Ridley Charlton died on 1 May 1931; this was the 75th anniversary of her death. The ceremony was brief but meaningful with greetings from the Historic Sites and Monuments Board of Canada offered by its Chair, Jean-Claude Marsan; a stirring rendition of "O Canada" sung by McGill Faculty of Music student Jessica Wise; welcoming remarks from David Crawford, McGill Librarian Emeritus, on behalf of Dr. Abraham Fuks, Dean of the McGill Faculty of Medicine; historical notes provided by Frances Groen, Emeritus Trenholme Director of Libraries; and speeches delivered by Janine Schmidt, McGill's Trenholme Director of Libraries, and Francine Émond, Director, Western Québec Field Unit, Parks Canada. The plaque was then unveiled by the speakers (Fig. 1), and the text imprinted on it was read by Jean-Claude Marsan (Fig. 2). The ceremony was followed by a tour of the Osler Library and a reception. The plaque will

be mounted outside the main building of McGill's Faculty of Medicine, which houses both the Osler Library of the History of Medicine and the Life Sciences Library.

For those who aren't familiar with the career of Ms. Charlton (as David Crawford pointed out during his address, it wouldn't be fitting to refer to her as "Margaret"), a brief overview of her life and achievements is available on the McGill Osler Library Web site [1]. In reading this overview, I was intrigued by the following statement contained therein:

She remained at the McGill Medical Library in this position until 1914, when she resigned *under less than happy circumstances*, and moved to Toronto as Librarian of the Toronto Academy of Medicine. In 1922 she resigned from the Academy, *also under less than happy circumstances*, and returned to Montréal to live with her sisters. (Italics mine.)

Frances Groen's article [2] on Ms. Charlton's life and career provides some clarification of these "less than happy circumstances". The minutes of the McGill Faculty of Medicine Library Committee note at various times laxity in procedures for circulating journals, a cataloguing backlog, and errors in the library accounting books. Possibly a more important factor in creating the "less than happy circumstances", though, appears to be Ms. Charlton's personality. Accounts from the time paint her as a woman who "did not conceal her fervid likes and dislikes" [2] and who may have been

Fig. 1. Left to right: David S. Crawford, Francine Émond, Frances Groen, and Janine Schmidt after unveiling the plaque. Photo courtesy of Parks Canada.



Fig. 2. The Plaque. Photo courtesy of Parks Canada.



“uncivil” to certain library users. However, one of her champions, Dr. Frederick Gault Findley, Honorary Librarian during most of Ms. Charlton’s tenure at the McGill Medical Library, noted in a letter that her “vagaries” were “more than balanced by her energies and abilities” [2], and Frances Groen notes that Ms. Charlton resembles “other outspoken Canadian women of her period.... Although recognized for their work, they were frequently viewed askance by their contemporaries” [2].

In modern society, it is thankfully becoming less and less the case that women with strong opinions or women who advocate for change are “viewed askance”. It is also the case that librarians, whether female or male, are demanding a place at the table when discussions of organizational and technical change take place, particularly when these changes have the potential to affect our ability “to provide timely, relevant, and accurate information to our user communities”. That being said, it still takes a certain amount of fortitude to ensure that one’s voice is heard, particularly for those of us whose nature it is not to rock the boat. Perhaps, then, at times when we are tempted not to risk speaking or acting for fear of looking foolish, annoying the powers that be, or any of the many other reasons we might give for letting change happen to us rather than seizing the opportunities change has to offer, we should look to the example of Margaret Ridley Charlton, who from all accounts did not appear to worry about whose boat she was rocking and whose accomplishments in the fullness of time far overshadow any “vagaries” of her personality. Whether Margaret Ridley Charlton was an unpleasant woman redeemed by her professional expertise or simply an accomplished woman whose assertive behaviour was an affront to the social practices of her time, we’ll never know unless and until further details of her life are uncovered.

As most association members know, the Canadian Health Libraries Association / Association des bibliothèques de la santé du Canada has honoured Ms. Charlton by naming our award of outstanding achievement after her. In addition, her image was included on the Medical Library Association’s 75th anniversary medal struck in 1976, which depicted the three cofounders of MLA (two of whom were Canadians — Ms. Charlton and William Osler). While the health science library community has already acknowledged Ms. Charlton’s contribution to our profession, it is extremely gratifying to see the contributions of this remarkable woman recognized by the broader community. Kudos to David Crawford who initiated the submission [3] to the Historic Sites and Monuments Board of Canada proposing that Ms. Charlton be honoured.

Linda Slater

CHLA / ABSC President

References

1. Crawford DS, editor. *Margaret Ridley Charlton* [Web page]. Montreal; 2004 [cited 2006 June 25]. Available from <http://www.health.library.mcgill.ca/osler/charlton/>.
2. Groen F. Margaret Ridley Charlton, medical librarian and historian: An evaluation of her career. *Fontanus*. 1989; 2:55–63. Available from http://digital.library.mcgill.ca/fontanus/search/issue.php?issue=Fontanus_Vol_02_1989. Reprinted in BMC, 2001 Spring;22(3):108–11.
3. *Historic Sites and Monuments Board of Canada Submission Report – Margaret Ridley Charlton* [Web page]. [cited 2006 June 25] Available from <http://www.health.library.mcgill.ca/osler/charlton/charlton.pdf>.

DÉPARTEMENTS / DEPARTMENTS

Le mot de la présidence

Margaret Ridley Charlton

C'est officiel! Elle passe à l'histoire!

J'ai eu l'honneur d'être invitée à une cérémonie très spéciale qui s'est tenue à Montréal le 1 mai 2006. Ce jour-là, Parcs Canada dévoilait à la bibliothèque Osler de l'université McGill une plaque commémorative de l'apport de Margaret Ridley Charlton à la bibliothéconomie en sciences de la santé de même qu'à l'étude de l'histoire de la médecine en Nouvelle France. Décédée 1 mai 1931, c'était ce jour-là le 75^e anniversaire de sa mort. La cérémonie fut brève mais débordante de symboles, ponctuée des vœux offerts par la Commission des lieux et monuments historiques du Canada, prononcés par son Président, Jean-Claude Marsan, d'une vibrante prestation de Jessica Wise, étudiante en musique de l'université McGill, de l'hymne national « Ô Canada », par l'allocution de bienvenue de David Crawford, Bibliothécaire émérite de McGill, au nom du Dr. Abraham Fuks, Doyen de la faculté de médecine de McGill, un exposé de notes historiques offert par Frances Groen, Directrice Trenholme émérite des bibliothèques et les adresses de Janine Schmidt, Directrice Trenholme des bibliothèques de McGill et de Francine Émond, Directrice de l'unité divisionnaire de l'ouest du Québec de Parcs Canada. La plaque a alors été dévoilée par les conférenciers d'honneur (Fig. 1), et le texte gravé a été lu

par Jean-Claude Marsan (Fig. 2). La cérémonie a été suivie d'une visite de la bibliothèque Osler et par une réception. La plaque sera éventuellement appliquée à l'extérieur de l'édifice principal de la faculté de médecine de l'université McGill qui héberge la bibliothèque Osler dédiée à l'histoire de la médecine ainsi que la bibliothèque des Sciences de la vie (« Life Sciences Library »).

Pour celles et ceux qui ne seraient pas au fait de la carrière de Mme Charlton (comme le mentionnait David Crawford dans son allocution, il ne conviendrait pas de l'appeler simplement « Margaret »), un aperçu de sa vie et de ses réalisations est disponible sur le site Internet de la bibliothèque Osler de McGill [1]. En lisant ce court document, j'ai été intriguée par ce passage particulier qu'on y trouve :

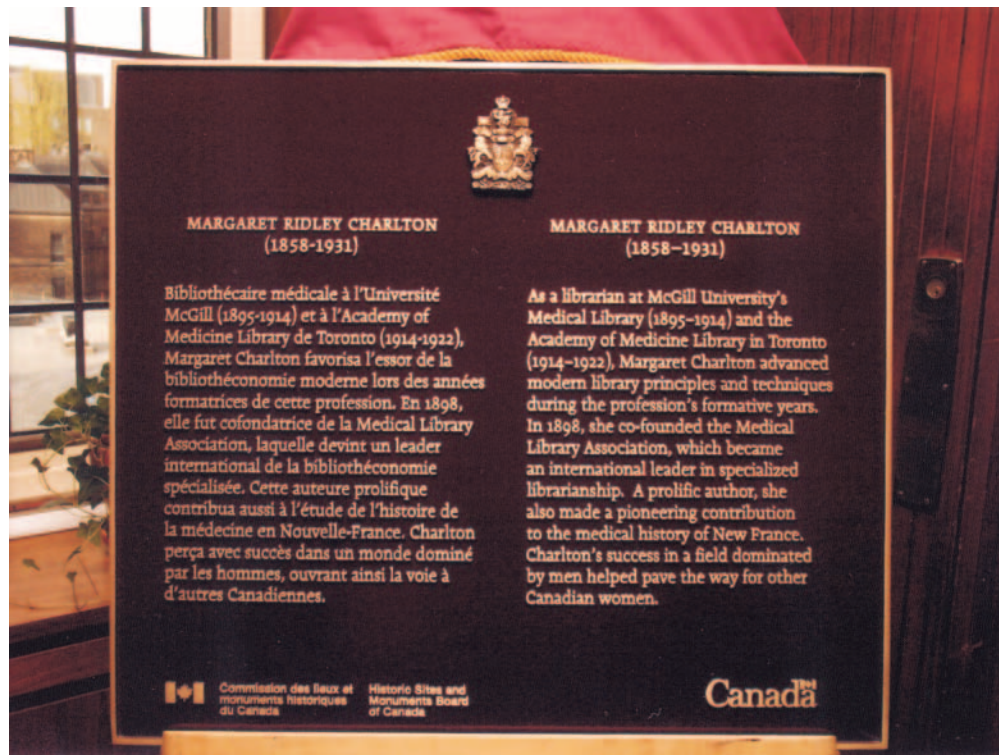
Elle est demeurée à ce poste de la bibliothèque médicale de McGill jusqu'en 1914, alors qu'elle démissionnait *dans des circonstances pour le moins malheureuses*, et déménageait à Toronto comme bibliothécaire à l'Académie de médecine de Toronto. En 1922, elle démissionnait de l'Académie, *là encore dans des circonstances pour le moins malheureuses*, et revenait à Montréal pour vivre avec ses sœurs. (L'italique est de moi.)

L'article de Frances Groen [2] sur la vie et la carrière de Mme Charlton met quelque peu en lumière ces « circonstances pour le moins malheureuses ». Les procès-verbaux du co-

Fig. 1. De gauche à droite : David S. Crawford, Francine Émond, Frances Groen et Janine Schmidt après le dévoilement de la plaque. Photo : courtoisie de Parcs Canada.



Fig. 2. La plaque commémorative. Photo : courtoisie de Parcs Canada.



mité de la bibliothèque de la faculté de médecine de McGill mentionnent à divers moments du laxisme dans les procédures de distribution des journaux, des retards dans le catalogage et des erreurs dans les livres comptables de la bibliothèque. Il est probable qu'un des facteurs importants générateurs de ces « circonstances pour le moins malheureuses » ait été la personnalité même de Mme Charlton. Certaines anecdotes de ce temps-là la dépeignent comme une femme qui ne cachait pas ses sentiments à l'égard de ce qui lui plaisait et de ce qui ne lui plaisait pas [2] et qui pourrait avoir été abrupte à l'endroit de certains usagers de la bibliothèque. Cependant, un de ses champions, le Dr. Frederick Gault Findley, Bibliothécaire honoraire tout au long du règne de Mme Charlton à la bibliothèque médicale de McGill, mentionnait dans une lettre que les « errances » de Mme Charlton était plus que largement compensées par son énergie et ses compétences [2], et Frances Groen mentionne que Mme Charlton était tout à fait à l'image des Canadiennes de cette époque qui n'avaient crainte de s'exprimer. Bien qu'elles étaient appréciées pour leur travail, elles « inspiraient fréquemment la méfiance » chez leurs contemporains [2].

Dans notre société moderne, il est heureusement de moins en moins fréquent que des femmes qui affirment leur opinion ou qui font la promotion de changements « inspirent la méfiance ». C'est aussi vrai que les bibliothécaires, hommes ou femmes, exigent une place à la table lors des discussions sur des changements d'ordre organisationnel ou technique, particulièrement lorsque de tels changements sont susceptibles de se répercuter sur notre capacité à offrir de l'information précise, pertinente et en temps opportun à nos communautés d'utilisateurs. Ceci étant dit, il faut encore une certaine vigueur pour s'assurer que sa voix soit entendue, particulièrement

pour celles et ceux d'entre nous dont les gènes ne favorisent pas la controverse. Peut-être alors, dans ces moments où nous serions enclins à nous taire ou à éviter le risque de paraître impertinents, exaspérants, quelles que soient les raisons évoquées pour laisser les changements se produire plutôt que de saisir les occasions qu'ils offrent, devrions-nous prendre exemple sur Margaret Ridley Charlton qui, selon toute vraisemblance, ne semblait nullement se soucier de qui elle ébranlait les convictions, elle dont les réalisations tout au long de sa carrière ont amplement compensé les « errances » dues à sa personnalité. À savoir si Margaret Ridley Charlton était une femme désagréable dont les compétences professionnelles éludaient les imperfections ou si elle était simplement une femme accomplie dont le comportement d'affirmation constituait un affront eu égard aux convenances sociales de son époque, nous demeurerons sans réponse, à moins que ne soient dévoilés plus de détails sur sa vie.

Comme le savent la plupart des membres de l'association, l'Association des bibliothèques de la santé du Canada / Canadian Health Libraries Association a honoré Mme Charlton en donnant son nom à notre Prix pour réalisation exceptionnelle. De plus, elle figure sur le médaillon de l'Association des bibliothèques médicales (« Medical Library Association (MLA) ») gravé lors de son 75^e anniversaire en 1976, comme l'un des trois membres fondateurs de la MLA (dont deux Canadiens — Mme Charlton et William Osler). Bien que la communauté des bibliothèques des sciences de la santé ait reconnu la contribution de Mme Charlton à notre profession, il est très gratifiant de constater que les réalisations de cette femme remarquable sont reconnues par une communauté élargie. Mille mercis à David Crawford qui est l'initiateur de la proposition [3] auprès de la Commission

des lieux et monuments historiques du Canada d'honorer Mme Charlton.

Linda Slater

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References

1. Crawford DS, editor. *Margaret Ridley Charlton* [page Web]. Montréal; 2004 [cité 2006 juin 25]. Disponible à <http://www.health.library.mcgill.ca/osler/charlton/>.

2. Groen F. Margaret Ridley Charlton, bibliothécaire médicale et historienne : Une évaluation de sa carrière. *Fontanus*. 1989; 2:55–63. Disponible à http://digital.library.mcgill.ca/fontanus/search/issue.php?issue=Fontanus_Vol_02_1989. Réimpression par transfert électronique, BMC, 2001 Printemps;22(3):108–11.

3. *Historic Sites and Monuments Board of Canada Submission Report – Margaret Ridley Charlton* [page Web]. [cité 2006 juin 25] Disponible à <http://www.health.library.mcgill.ca/osler/charlton/charlton.pdf>.

Introducing Web 2.0: social networking and social bookmarking for health librarians

Eugene Barsky and Michelle Purdon

In this last article in our series [1,2] introducing Web 2.0 applications to Canadian health librarians for the *Journal of the Canadian Health Libraries Association*, we would like to sum up Web 1.0 and Web 2.0 this way: Web 1.0 was almost all about commerce; Web 2.0 is almost all about people.

Web 2.0 is about the architecture of participation. Using Web 2.0 applications, we provide a service, not a product. We encourage user contribution, we create collective intelligence, we make it easy to reuse and remix content, we focus on customer self-service, and finally we create a feeling of belonging to a community, as well as a sense of empowerment and ownership.

Web 2.0 is about democracy. By now we have several examples that prove even amateurs can surpass professionals, when they have the right kind of system and tools to channel their efforts. Of these, Wikipedia (<http://wikipedia.org>) is certainly the most well-known example. Experts have given Wikipedia mixed reviews, but we believe they miss the critical point — that it's good enough for people to use and that it *facilitates* use. And it's free, which means people can actually read it, and they do — daily, in droves. The most dramatic example of Web 2.0 democracy is not in the selection of ideas but in their production. Have you ever noticed that content you read on individual blogs is as good as or better than the content you usually read in newspapers and magazines?

We believe that Web 2.0 is not only about a crowd of geeks paying US\$2800 per person to attend the sold-out 2005 Web 2.0 Conference in San Francisco, where 800 people jostled in the doorways of sessions and workshops. It is about us — users generating content, rather than simply consuming it. And it is about open programming interfaces that allow everybody to participate.

Looking at the recent Web 2.0 Awards (<http://web2.0awards.org>), therefore, we feel very proud. At the Irving K. Barber Learning Centre at the University of British Columbia Library, where one of this article's authors hails from, we use many of the award-winning applications to serve our clients' information

needs. We use Bloglines (<http://bloglines.com>) to subscribe to relevant really simple syndication (RSS) feeds in our areas of interest. We use PubSub (<http://pubsub.com>) to search future content appearing on our topics of interest and convert it to RSS feeds for future use. We use Furl (<http://furl.net>) for Web site social bookmarking. We share photos and make notes about them on Flickr (<http://www.flickr.com>). We use Odeo (<http://www.odeo.com>) to record and share simple podcasts. We create discussion groups for our clients on MySpace (<http://www.myspace.com>). We use Rollyo (<http://rollyo.com>) to create specialized search engines. Moreover, we blog, read RSS feeds, and share content, and yes, we are still alive and have some time for fun. In this article, we will follow the theme of the excellent Canadian Health Libraries Association / Association des bibliothèques de la santé du Canada 2006 Conference in Vancouver and share with you some pearls we have come to know about social networks and social bookmarking and folksonomies.

Social networks

So what's the buzz about social networks? Or more to the point, what exactly *are* online social networks? Well, we see these as relatively new kinds of virtual communities that are structured to delineate and build on relationships that members have with each other by virtue of their being part of that community.

Informal social networking has existed since the inception of the Web, but sites dedicated to social networking have been expanding exponentially since 2003. These sites collect data about members and then store this information as user profiles. The data, or profiles, can then be shared among the members of the site. Social network sites offer a free and easy way to create personal Web pages and fill them with content such as blogs, digital photographs, favourite music, short video clips, and much more. Social networks are formed as members link their Web pages to those of their friends and search through the vast number of sites in search of new friends who might share common interests.

Membership on social networking sites has become ubiquitous. MySpace.com is one of the most popular sites on the Internet (second only to Yahoo in the number of page views per day), boasting more than 80 million members who collectively host more than 16 million Web sites. This is two or three times the traffic on Google per day! For its part, Facebook.com is currently rated as the top site for 18-to-24-

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year-olds, with more than 7.5 million members. These are astounding numbers, considering that both MySpace and Facebook were each launched just over 2 years ago.

While MySpace.com and Facebook.com are US-based sites, the social networking phenomenon is an international one. In South Korea, Cyworld.com is threatening to swallow the country. Less than 4 years after its launch, 15 million people — the equivalent of almost a third of South Korea's population — are Cyworld members. Among those in their late teens and early twenties, 90% are hooked. So as you can see, these social network Web sites are extremely popular, particularly with teens and young adults. Some of the more popular social network Web sites include the following:

- (i) MySpace (<http://www.myspace.com>) – Currently, it is the world's fourth most popular English-language Web site and the fifth most popular in the world. MySpace can play and store music (<http://music.myspace.com>) and also offers powerful invitation management capabilities. MySpace was purchased in 2005 by media pioneer Rupert Murdoch for over US\$580 million.
- (ii) Facebook (<http://facebook.com>) – Facebook allows membership only for people with e-mail accounts ending in “.edu” (denoting US college and university accounts), although membership was recently expanded to include high school students. Uniquely, Facebook's online communities are organized by campus, and it is estimated that about 85% of students in supported institutions have a profile on Facebook.
- (iii) Friendster (<http://www.friendster.com>) – Friendster was one of the first sites to allow users to create personal profile pages online, post photos, and link to other friends. It grew quickly for a while, but its servers couldn't handle the heavy traffic, and its popularity has since declined.

So how can you use these resources in your everyday practice, you may ask at this point? Well, we see a number of ways that our community might use these tools. Our personal belief is that our work is very much about communities, and increasingly, not only in the sense of the geographic area of the building (i.e., the library) but also in the way that we share knowledge with our clients and each other. We can use these tools to assist our clientele to share information with each other. By creating discussion groups and communities of practice (COPs) on MySpace or similar resources, we can meet some of the information needs of the health professionals we work with. For instance, this summer, one of the coauthors of this paper created a neurological physiotherapy discussion group for his clients who wanted to discuss treatment of neurological injuries. Librarians working with the general public might also consider recommending or even setting up support groups for a particular condition or a disease, like the MySpace “Cure Diabetes” group (<http://groups.myspace.com/cureDiABETES>).

Specifically geared for use in the library environment is LibraryThing (<http://www.librarything.com/>). This is a library social network site and a place for members to register the books they have read, will read, or are in the process of reading. But it is also much more. LibraryThing promotes social interactions, book recommendations, self-classification, and monitoring of new books. It's certainly worth a try!

Social bookmarking and folksonomies

Social bookmarking tools appeared at about the same time as social networks and have created quite a stir in their own right. Wikipedia defines social bookmarking as the practice of “classifying resources by the use of informally assigned, user-defined keywords or tags” (http://en.wikipedia.org/wiki/Social_bookmarking). In essence, users can collect their favourite resources in an online, open environment, which others are free to read and use. The end result is the sharing of resources and the easy distribution of those resources. While many are just starting to be noticed, there are a couple of tools that could be of particular interest:

- (i) Delicious (<http://del.icio.us/>) is an interesting site that allows anyone to place their favourite links onto their own page within the Delicious domain. After a simple sign-up procedure, users can easily start adding Web sites to their account. Once a user chooses a site to bookmark, the URL, description, “extended”, and “tags” information can be provided. At this time, both the extended and tags sections are optional. The extended section of the bookmark allows the user to annotate the sites. This is useful because Delicious also offers a search feature that allows users to search their own bookmarks. What makes Delicious worth using as a community-based tool, however, is the tags section. For each bookmark, users can assign tags. Once that tag is placed, a separate URL will be created for any new bookmarks that are given that tag, no matter who bookmarked it. This is where the community and sharing features come in. Any Web site posted on Delicious that has the same tag in it will be placed on that particular URL. For instance, the Google Scholar URL on Delicious lists all sites that were assigned to this category by different people (http://del.icio.us/tag/google_scholar).
- (ii) Furl (www.furl.net) is another free online bookmarking tool that allows users to easily post and annotate Web sites. Each post can be placed into categories via the posting options, and these are displayed within the Furl URL that is created.

Social bookmarking tools are excellent resource discovery tools; when searching for a particular subject, you may see that other users tagged a particular Web page and other sites under similar tags. This allows you to see the collective list of resources from all the users who share the same research interest. The advantages of social bookmarking utilities are apparent; these tools are Web-based and searchable, and they facilitate the development of communities of interest and expertise.

It is important to remember, however, that social tagging tools — folksonomies — are built from the bottom up; they are built by people like you and us. They are democratic and inclusive, but as such they provide a snapshot of current users' behaviour and preferences, and they are not stable or controlled. For example, a look at the popular tags list on Furl gives you immediate insight into what users are working on right now (<http://www.furl.net/furledPopular.jsp>).

Again, how might we as librarians use these relatively new tools in our practice? Well, we can use social bookmarking tools to create Internet subject guides. An example of this is the University of Pennsylvania Library's so-

cial tagging cloud (frequently used tags appear in larger fonts) (<http://tags.library.upenn.edu/>). This page provides up-to-the-date information on user behaviour at the university's library. Moreover, how about tagging your own online public access catalog (OPAC)? No, we are not suggesting removing the traditional subject taxonomies but rather just enhancing these by allowing users to tag their favourite materials and allowing other people, in turn, to use their tags.

Please do remember though that folksonomies and tagging are in their infancies. New features are constantly popping up. More than ever, this is a time of experimentation and rapid development, but don't we all love change? This is yet another, extremely interesting trend to watch and experiment with.

To conclude, we want to encourage you to use some of the Web 2.0 applications. Play around, try new things, and see if they work for you and for your institution. Many won't work or won't be appropriate, but don't be afraid to drop them and try something else. Almost all Web 2.0 applications are free, friendly, and easy to use. They are worth a try. Have fun!

References

1. Barsky E. Introducing Web 2.0: RSS trends for health librarians. *J Can Health Libr Assoc.* 2006;27(1):7-8.
2. Barsky E. Introducing Web 2.0: weblogs and podcasting for health librarians. *J Can Health Libr Assoc.* 2006;27(2):33-4.

Open access for the medical librarian¹

Heather Morrison and Andrew Waller

Abstract: In this article open access is defined, and the resources and issues of greatest relevance to the medical librarian are discussed. The economics of open access publishing is examined from the point of view of the university library. Open access resources, both journals and articles in repositories, are already significant and growing rapidly. There are close to 2300 fully open access, peer-reviewed journals listed in the Directory of Open Access Journals (DOAJ) (320 health sciences titles are included). DOAJ is adding new titles at the rate of 1.5 per day. An OAIster search of resources in repositories includes more than 7.6 million items (a rough estimate of the number of articles in repositories, although not all items are full text), and this number will exceed one billion items before the end of 2007. Medical research funders, including the US National Institutes of Health, the Wellcome Trust, the UK Medical Research Council, and the Canadian Institutes of Health Research, either have implemented or are considering open access policies. This will drive greater growth in open access resources, particularly in the area of medicine. There are implications and leadership opportunities for librarians in the open access environment.

Introduction

The open access (or OA) movement is one of the more notable developments to have emerged in the library world in the last few years. It has implications for all types of libraries and librarians, particularly in the health sciences. This paper presents some basic information about OA as well as a survey of recent OA policy developments, particularly those relevant to the medical field.

Open access: a definition

There are several definitions of open access. One of the better definitions is from the Budapest Open Archives Initiative (BOAI) (www.soros.org/openaccess). The BOAI states that OA involves “free availability on the public internet, permitting any users to read, download, copy, distribute, print, search, or link to the full texts of these articles, crawl them for indexing, pass them as data to software, or use them for any other lawful purpose, without financial, legal, or technical barriers other than those inseparable from gaining access to the internet itself” [1].

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¹This article is based on a presentation given at the Canadian Health Libraries Association Conference, 14 May 2006, Vancouver, B.C.

The focus of the OA movement is scholarly, peer-reviewed research articles, which authors have traditionally given away, although the concept can apply to other types of resources, such as theses, dissertations, and grey literature.

Open access is free availability immediately on publication. There are other initiatives to increase access. For example, publishers can allow content to be freely accessed after an embargo period (usually 6–12 months); this can be better described as free back issues, rather than OA.

Reasons for open access

There are many reasons for supporting OA, including the following:

- (i) Access to research information – The results of research and other scholarly activities must be disseminated to be useful. If an article that reports the results of research is hidden behind some sort of toll (toll access or TA), i.e., it requires a subscription or pay-per-view to access, this limits the amount of dissemination that is likely to occur, essentially to those libraries and users that can afford the subscription and (or) pay-per-view costs. The difference in dissemination is illustrated by a substantial body of research showing that OA articles are cited more often than articles hidden behind tolls [2,3].
- (ii) Access to taxpayer-funded information and equity of access – Much of the research that is carried out in universities and elsewhere is funded with taxpayer dollars, usually supplied via large funding bodies. It is argued that no user should have to pay again, through either an individual or institutional subscription, for content that they have already paid for with their taxes. In the United States, there is a strong push along these lines from organizations such as the Alliance for Taxpayer Access

(www.taxpayeraccess.org). In addition, there are strong arguments that the results of government-funded medical research, information that can affect people's lives, should be freely available to all, not just to those who can afford to pay. Open access can help to make more of this vital material available to all who need it, regardless of means.

- (iii) Facilitates evidence-based medicine – Increased access for the practicing professional facilitates the practice of evidence-based medicine by making the evidence more accessible.
- (iv) Author control – In the traditional world of scholarly journal publishing, the author has typically signed over all, or almost all, copyright to the publisher. In an OA environment, the author generally keeps the copyright and only grants the publisher the right to publish the article in that journal; all other rights are retained. Hence, in some ways, an author has more control in an OA situation than in the traditional environment.
- (v) Library costs – Another impetus behind OA relates to the cost of toll access. Here is the situation: Using tax dollars, scholars are conducting research and publishing their research in journals that require up-front payment to be accessed by users. Who is providing the payment? Libraries are, via frequently very expensive subscription costs that increase at an average of 8%–12% annually, if not (much) more. These prices have had dire effects on the budgets of academic libraries for many years. Open access eliminates this total dependence on these up-front costs for access, something that may help libraries deal with serial budget difficulties.

It should be stressed that this does not mean that OA content is free to produce nor does it necessarily mean that libraries are off the hook for that payment. Open access advocates cannot be naïve about this; it costs to produce and distribute peer-reviewed scholarly material (though there are also ways to make the production cheaper).

The main tracks of open access

Generally speaking, there are two main tracks of open access: author self-archiving and open access publishing.

Author self-archiving

This involves authors (or a proxy) depositing a preprint and (or) a postprint of their articles in an open access repository (OAR). The Registry of Open Access Repositories (ROAR) currently lists more than 700 archives (<http://archives.eprints.org/>). These repositories can be cross-searched using tools such as OAIster (www.oaiaster.org), as a result of the Open Archives Initiative (OAI) (www.openarchives.org) protocol for metadata harvesting. There are more than 7.6 million items included in an OAIster search (not all are full text, some are bibliographic records only); the total is expected to exceed one billion items before the end of 2007 [4]. Users can also easily retrieve articles in repositories using common search tools such as Google and Google Scholar. Having articles in OARs provides a measure of preservation, as well as access.

Open access repositories can be institutional repositories, which are designed to collect and preserve the digital scholarly output of a university or similar body, or they can be

subject-based repositories. The most important repository in the medical field is the subject repository PubMed Central (PMC) (www.pubmedcentral.com). A United Kingdom PMC (UKPMC) is in development.

There are 15–18 institutional repositories in Canada (maybe more) and many elsewhere in the world. Some are connected to hospitals; for instance, the Landspítali University Hospital in Iceland (<http://landspitali.openrepository.com/lsh>) has an archive for the work of its staff.

The question that is most often asked, especially by university researchers, about author self-archiving is How are the journal publishers with this? The answer is that the majority of publishers are fine with this, according to the publisher copyright policies and self-archiving page on the SHERPA Web site (www.sherpa.ac.uk/romeo.php). Most journal publishers, commercial and otherwise, big and small, allow deposition of preprints, postprints, or both.

For librarians, there are a number of library and information science (LIS) repositories, the largest of which is E-LIS, the OA archive for library and information studies, where searching and depositing articles is free (<http://eprints.rclis.org/>). E-LIS services include Metalis, a cross-search of LIS OA repositories.

Open access publishing

Open access publishing involves making articles open access in the process of publication. Some OA journals are new, while others have been converted from a subscription model. While author self-archiving is a very important path to OA, and some believe it is the only means necessary, OA publishing has tended to be the focus of discussion.

There has been a great deal of activity in OA publishing. The Directory of Open Access Journals (DOAJ) (www.doaj.org), a librarian-vetted list of fully OA, peer-reviewed scholarly journals, currently lists nearly 2300 titles and has been adding titles at an average rate of 1.5 per day [4,5]. The DOAJ includes 320 health sciences journals. Free Medical Journals (www.freemedicaljournals.com) lists 1450 journals, though some of these are free only after a certain period of time and so are not truly OA. BioMed Central (BMC) (www.biomedcentral.com), one of the best known of the OA medical publishers, publishes around 175 OA titles. Other important OA publishers to be aware of include the Public Library of Science (PLOS), Hindawi Publishing, and Medknow Publications.

Traditional publishers are also entering the field, presenting either fully OA journals, such as *Evidence-Based Complementary and Alternative Medicine* (<http://ecam.oxfordjournals.org/>) from Oxford University Press, or “hybrid” journals, where journal issues feature a mix of OA and toll access articles.

Library and information science (LIS) journals are also publishing as OA; there are more than 60 LIS OA journals listed in DOAJ. Kudos to the *Journal of the Canadian Health Libraries Association* for moving to OA publishing with the Spring 2006 issue. Other OA LIS journals that may be of interest to the medical librarian include the *Journal of the Medical Library Association*, fully archived in PMC (<http://www.pubmedcentral.nih.gov/tocrender.fcgi?action=archive&journal=93>); *Evidence Based Library and Information Practice* (<http://ejournals.library.ualberta.ca/index.php/EBLIP/>), *Partnership: the Canadian Journal of Library and Informa-*

tion Practice and Research (forthcoming); and *Biomedical Digital Libraries* (<http://www.bio-diglib.com/>), a BMC journal.

Much of the discussion around OA publishing boils down to economics. How are quality OA publications created while still paying for the processes of publication and peer review? There are numerous possible ways of doing this; many could be used in combination. These include, but are not limited to, the following: (i) advertising, (ii) governmental support, (iii) grants, (iv) institutional support, (v) memberships, (vi) sponsorships, and (vii) submission charges.

The submission charge option has gathered a lot of interest and discussion, both pro and con. It is important to note that less than half of OA journals (47%) charge submission fees [6], and many non-OA journals do charge a variety of submission fees (e.g., page charges, illustration charges, etc.). In fact, until about 20 years ago or so, some publishers charged authors completely for the costs of publication. BMC uses the submission-charges option, and traditional publishers are experimenting with submission charge-based OA publishing, whether for entire journals or as an option for individual articles (the “open choice” model). Some publishers charge a flat per-article fee; others have different charges for different journals, or the charges vary depending on whether or not the library is a subscriber or member. The following are examples of publisher submission charges: American Institute of Physics Author Select, US\$2000 per article; Blackwell Open Online, US\$2500 per article; Elsevier “sponsored articles”, US\$3000 per article; Proceedings of the National Academy of Sciences, US\$1000 per article; Public Library of Science, US\$2000–\$2500 per article; Springer Open Choice, US\$3000 per article.

Issues regarding open access

The following are a few of the key issues regarding open access, in brief:

- (i) Economic model for open access (publishing) – In many ways, this is the big question: OA is access-driven, but, especially in terms of publishing, how do we pay for it? It is likely that some OA options won’t work with some disciplines but are quite compatible with others. For example, Mary Waltham’s recent study indicated that a submission fee approach to OA is a very good model for some learned societies, but would not work for others [7].
- (ii) Getting content into repositories – For institutional repositories, the number of articles deposited has been low, as little as 15% of articles that could have been deposited [8]. Evidence suggests that the only way to be successful is to mandate (“requirement policy”), at an institutional level, that articles have to be deposited. According to one survey, given a requirement, 81% of researchers will deposit their articles willingly (and others, grudgingly) [9], but those who work in universities know that mandating faculty to do anything can be difficult.
- (iii) The library situation – If libraries are paying submission charges for their institutions or end up becoming OA publishers themselves, will subscription payments end up being replaced by production-based payments? What effect will this have on collections? Would this be a

good thing or a bad thing? Also, what’s the end game for libraries? If libraries end up in an all-OA world, what’s to stop administrators from saying “It really is all free on the Internet now! Let’s cut the library budget.” How do libraries position themselves so that this doesn’t happen, and they don’t end up marginalized?

Open access policy

Research funders

The research funding community is leading in the development of OA policy for several very good reasons. Open access is the optimum method for disseminating the research that the agency has funded. As discussed previously, there is substantial evidence that OA articles are cited more often (more impact). For the research funder, this means (i) more research impact — more researchers to view the results and carry on the next steps; (ii) more real-world impact, particularly in an area like medicine, where expanding access enhances the ability of the practitioner to practice evidence-based medicine; and (iii) more visibility for the work of the funding agency per se, which can only help to ensure ongoing support for the work of the agency. It is not surprising then that research funders tend to be strongly in favour of OA.

US National Institutes of Health: Public Access Policy

The world’s largest funder of medical research is the US National Institutes of Health (NIH). On 2 May 2005, the NIH implemented a Public Access Policy stating that NIH “requests and strongly encourages all investigators to make their NIH-funded, peer-reviewed, author’s final manuscript available to other researchers and the public through the NIH National Library of Medicine’s (NLM) PubMed Central (PMC) immediately after the final date of journal publication”. Elsewhere, the policy statement allows for a delay period of up to 12 months, a compromise designed to assuage the concerns of publishers with immediate OA [10].

The NIH experience demonstrates why compliance with an OA policy must be required, not just requested. Even with strong encouragement, compliance with the policy has been less than 4% [11]. The NIH developed a Public Access Working Group to address the deficiencies in this policy, and the recommendations of this group were to change the request to a requirement and to shorten the maximum permissible delay to 6 months from 12 months. Legislative efforts are currently underway in the US to address these deficiencies.

US Federal Research Public Access Act of 2006

Recently, a bill called the *Federal Research Public Access Act of 2006* (FRPAA) was introduced in the US Senate by Senators Cornyn and Lieberman. If passed, this act would apply to all US federal funding agencies with extramural research portfolios of US\$100 million or more (11 agencies in all). Each agency would be required to implement a public access policy requiring research grantees to supply an electronic copy of their manuscript accepted for publication for OA within 6 months of publication. More information about FRPAA is available from the Scholarly Publication and Research Coalition Web site at <http://www.arl.org/sparc/resources/frpaa.html>

or the Alliance for Taxpayer Access Web site at <http://www.taxpayeraccess.org/frpaa/index.html>.

When FRPAA was introduced, it was simultaneously endorsed by a number of the major library associations in the United States: the American Library Association, the Association of College and Research Libraries, the Association of Research Libraries, the Medical Library Association, the Special Libraries Association, and the American Association of Law Libraries. Could Canadian library associations work together in harmony to advocate for OA in this way?

Wellcome Trust

The second largest medical research funder in the world is the UK-based Wellcome Trust. The Wellcome Trust was the first research funder to implement a truly strong OA policy (the Wellcome Trust position statement in support of open and unrestricted access to published research is available at http://www.wellcome.ac.uk/doc_WTD002766.html). Wellcome Trust grantees are required to deposit a copy of the peer-reviewed articles resulting from their funded research for OA in PMC within 6 months of publication. The Wellcome Trust policy applies to all grants awarded since October 2005. Articles covered by this policy are already beginning to appear in PMC. The Wellcome Trust is in the process of setting up UKPMC, which will mirror and complement the original PMC.

UK Medical Research Council

Effective 1 October 2006, recipients of new UK Medical Research Council funding awards are required to deposit peer-reviewed research results for OA in PMC (UKPMC, when available) at the earliest opportunity and certainly within 6 months of publication (http://www.mrc.ac.uk/open_access).

Canadian Institutes for Health Research

The Canadian Institutes for Health Research have a policy in development called Access to Products of Research. A survey was conducted in May 2006, and the results are expected shortly.

Policy and open access archives (institutional repositories)

Organizations are beginning to develop policies for their OA archives (institutional repositories) as well. Presently, 22 organizations have institutional policies requiring OA (see the Registry of Open Access Repositories Material Archiving Policies at <http://www.eprints.org/openaccess/policysignup/>). Organizations that have institutional repositories in place are beginning to find, like the NIH, that simply providing the archive and strongly encouraging researchers to deposit their articles is not sufficient. To fill the archives, a *requirement* to deposit articles is essential. Once the requirement is in place, the archives fill up quite quickly. CERN, the world's largest particle physics laboratory, for example, now has more than 360 000 full-text documents in its repository.

Conclusions

There is a great deal happening in open access that the medical librarian needs to be aware of. The resources themselves are significant and growing, with close to 2300 fully OA, peer-reviewed scholarly journals (320 of which are in

the medical field), and OA titles are increasing at the rate of 1.5 per day. The extent of the growing resources in OA repositories is exemplified by the more than 7.6 million items encompassed by an OAIster search (not all items were full text), and this number is anticipated to grow to more than one billion items by the end of 2007. Open access policies are either in place or in consideration by all the major medical research funding agencies, such as the US National Institutes of Health, the Wellcome Trust, the UK Medical Research Council, and the Canadian Institutes of Health Research, among others. Implementation of OA policies will drive even greater growth in OA resources in general and in the medical field in particular. There are leadership roles for librarians in the OA environment. Librarians have long been leaders in OA advocacy and in educating faculty. There will be new roles for libraries, both academic and special, in building and filling institutional repositories, and some libraries are getting involved in publishing as well. There are also roles for libraries in finding solutions to the economics of OA, as well as potentially expanded roles in information literacy and research-level reference assistance, as the resources available to our users expand through OA.

References

1. *Budapest Open Archives Initiative* [Web page]. [Updated 2002 Feb 14; cited 2006 June 30.] Available from <http://www.soros.org/openaccess/read.shtml>.
2. Eysenbach G. Citation advantage of open access articles. *PLoS Biol* [serial on the Internet]. 2006 May [cited 2006 Jun 30];4(5). Available from <http://biology.plosjournals.org/perlserv/?request=get-document&doi=10%2E1371%2Fjournal%2Epbio%2E0040157>. Eysenbach G. The open access advantage. *J Med Internet Res* [serial on the Internet]. 2006 [cited 2006 Jun 30];8(2). Available from <http://www.jmir.org/2006/2/e8/>.
3. Hitchcock S. *The effect of open access and downloads ('hits') on citation impact: a bibliography of studies* [Web page]. Southampton (UK): The Open Citation Project [cited 2006 July 2]. Available from <http://opcit.eprints.org/oacitation-biblio.html>.
4. Morrison H. Dramatic Growth June 2006 [Web page]. *The Imaginary Journal of Poetic Economics* [updated 2006 June 30; cited 2006 Jul 2]. Available from <http://poeticconomics.blogspot.com/2006/06/dramatic-growth-june-2006.html>.
5. Morrison H. The dramatic growth of open access: implications and opportunities for resource sharing. *Journal of Interlibrary Loan, Document Delivery & Electronic Reserve* [serial on the Internet]. 2006 [cited 2006 Jul 2];16(3). Available from <http://eprints.rclis.org/archive/00004558/>.
6. Kaufmann-Wills Group. Variations on Open Access: a study of the impact of alternative business models on financial and non-financial aspects of scholarly journals. Preliminary results [Web page]. London Book Fair; 2005 Mar 14 [cited 2006 July 2]. Available from <http://www.alpsp.org/openacc.htm>.
7. Waltham M. *JISC: Learned society open access business models* [Web page]. 2005 Jun [cited 2006 Jul 2]. Available from <http://www.marywaltham.com/JISCReport.pdf>.
8. Hajjem C. *Étude de la variation de l'impact de citations des articles en accès libre* [Web page]. 2005 Jul 28 [cited 2006 Jul 2]. Available from <http://www.crsq.uqam.ca/lab/chawki/graphes/EtudeImpact.htm>.
9. Swan A, Brown S. *Open access self-archiving: An author study* [Web page]. Truro (UK): Key Perspectives Limited; 2005.

Technical Report, Joint Information Systems Committee (JISC), UK FE and HE funding councils [cited 2006 Jun 30]. Available from <http://cogprints.org/4385/>.

10. US National Institutes of Health. *NIH Public Access Policy* [Web page]. Bethesda (Md.): National Institutes of Health [updated 2005 May; cited 2006 Jul 2]. Available from <http://www.nhlbi.nih.gov/funding/policies/public-access.htm>.
11. US Department of Health and Human Services, National Institutes of Health. *Report on the NIH Public Access Policy* [Web page]. Bethesda (Md.): National Institutes of Health; 2006 Jan [cited 2006 Jul 2]. Available from http://publicaccess.nih.gov/Final_Report_20060201.pdf.

Additional resources

For further information and links to key resources, please see Peter Suber's Open Access Overview at <http://www.earlham.edu/~peters/fos/overview.htm>. For daily news, see Peter Suber's Open Access News at <http://www.earlham.edu/~peters/fos/fosblog.html>. Open access resources and news most pertinent to librarians can be found on the OA Librarian blog at <http://oalibrarian.blogspot.com> (please note that the authors are part of the OA Librarian blog team).

Consumer health information

Compiled by Susan Murray

Top 10 Canadian consumer health Web sites

We finally have a Canadian top 10 list! In April 2006, messages soliciting suggestions for the top 10 consumer health Web sites were posted on librarian and health promotion listservs, such as CANMEDLIB, THLA, CHIPIG, CASLIS, OPLA, and Click4Health. More details can be found on the Consumer Health Information Providers Group (CHIPIG) site at www.chipig.ca (see more information below) Also, an article will be submitted for an upcoming issue of the *Journal of the Canadian Health Libraries Association*. Here are the top 10 Canadian consumer health Web sites:

- (1) Canadian Health Network
(www.canadian-health-network.ca)
- (2) Women's Health Matters
(<http://www.womenshealthmatters.ca>)
- (3) Dietitians of Canada
(<http://www.dietitians.ca>)
- (4) Canada Health Portal
(http://chp-pcs.gc.ca/CHP/index_e.jsp)
- (5) Health Care Information Resources
(<http://hsl.mcmaster.ca/tomflem/top.html>)
- (6) [sexualityandu.ca](http://www.sexualityandu.ca)
(www.sexualityandu.ca)
- (7) AboutKidsHealth
(<http://www.aboutkidshealth.ca/>)
- (8) Passeporte Santé
(<http://www.passeportsante.net/>)
- (9) Canadian Mental Health Association (Ontario)
(<http://www.ontario.cmha.ca/>)
- (10) BC Health Guide
(www.bchealthguide.org)

Consumer Health Information Providers Interest Group (CHIPIG)

The Consumer Health Information Providers Interest Group (CHIPIG) is a voluntary association of persons who share an interest in the provision of health information to the general public and is an affiliate of the Canadian Health Libraries Association / Association des bibliothèques de la santé du Canada. Anyone with an interest in consumer health information is welcome to join. Contact Kimberley Meighan at kimberley.meighan@sickkids.ca for details. For more information about CHIPIG, check the Web site at www.chipig.ca.

Collection development

Bibel B. Best consumer health books of 2005. *Libr J*. 2006 May 1:58–60.

This article provides annotations for 19 notable consumer health books from 2005. Several books commemorate the 50th anniversary of the development of the polio vaccine.

In the same May 1 issue of *Library Journal*, "Fads be-gone!" (pp. 54–56) authors Williams and Kuzyk characterize 2006 as the age of common sense in consumer health publishing. The authors discuss books that have realistic and emotional approaches to deal with health conditions such as diabetes, dieting, exercise, and pregnancy. There is also a trend to creating books by strong authority figures for consumers who are becoming more educated and are more discriminating in their choice of health information.

The 2006 Reference Supplement to *Library Journal* includes forthcoming books on consumer health and medicine; they are listed at the end of the science and technology subject listings (<http://www.libraryjournal.com/index.asp?layout=articlePrint&articleid=CA6288818>). In addition, *Library Journal* has collection development essays and features health topics at least once a year. The 15 January 2006 issue featured men's health (<http://www.libraryjournal.com/index.asp?layout=articlePrint&articleid=CA6298438>).

Pew Internet & American Life Project – Finding answers online in sickness and in health

http://www.pewinternet.org/PPF/r/183/report_display.asp

Recent research from the Pew Internet & American Life Project shows that, as more Americans come online, more rely on the Internet for important health information. Fully 58% of those who found the Internet to be crucial or important during a loved one's recent health crisis say the single most important source of information was something they found online.

Authors wanted!

The Journal of Consumer Health on the Internet provides the table of contents for the quarterly issues. In addition to feature articles, there are book reviews and several columns: Web Sitings (which I edit), Consumer Health Searcher, Alternative and Complementary Therapies, and the Editor's

Select Sites. Upcoming Web Sitings columns feature the Canadian Health Network (10/2), and AboutKidsHealth! an initiative launched by the Hospital for Sick Children (10/3).

I am always looking for authors for the Web Sitings column; it's an in-depth examination of a Web site of your choice. If you are interested in authoring a column, please contact me at smurray@torontopubliclibrary.ca. The table of contents, with generous annotations, is available on the Haworth Press site at <http://www.haworthpress.com/store/product.asp?sku=J381>. Click on "Complete contents for current & past issues".

Consumer health information (CHI) readings

Medical Library Association (www.mlanet.org)

MLA News, a publication of the Medical Library Association (MLA), has a quarterly CHI column and often features topics relevant to consumer health. However, while the *Journal of the Medical Library Association* is available at no cost, you must be a member to access the *MLA News*. Recent columns have featured companion animals (January 2006) and partnerships (May 2006). MLA has also prepared "Deciphering Medspeak" brochures on breast cancer, diabetes, and heart disease. Each brochure includes a glossary and recommended Web sites (<http://www.mlanet.org/resources/medspeak/index.html>).

CAPHIS (<http://caphis.mlanet.org>)

Consumer Connections, the newsletter of the Consumer and Patient Health Information Section of MLA, is available on the CAPHIS site. Volume 22(1) includes short feature articles, a range of book reviews, and information on CAPHIS programs at MLA 2006 in Phoenix (<http://caphis.mlanet.org/newsletter/22n1ConsConnect2006.html>).

Powell JA, Lowe P, Griffiths FE, Thorogood M. A critical analysis of the literature on the Internet and consumer health information. *J Telemed Telecare*. 2005;11 Suppl. 1:41-3.

While there have been many articles on measuring the quality of online information, this study explores how consumers are actually using the Internet for health care.

McMullan M. Patients using the Internet to obtain health information: how this affects the patient-health professional relationship. *Patient Educ Couns*. 2006 Jan 4; [Epub ahead of print].

The review showed that the majority of health-related Internet searches by patients are for specific medical conditions. They are carried out by the patient (1) before the clinical encounter to seek information to manage their own health care independently and (or) to decide whether they need professional help; (2) after the clinical encounter for reassurance or because of dissatisfaction with the amount of detailed information provided by the health professional during the encounter.

Kivits J. Informed patients and the internet: a mediated context for consultations with health professionals. *J Health Psychol*. 2006 Mar;11(2):269-82.

This article investigates how consumers' use of the Internet to find health information may affect their relationship with health professionals. Interviewees emphasize the primary role of the doctor-patient relationship for delivering health and medical information, their Internet searches complementing rather than opposing professional expertise.

Current research

Compiled by G. Griffith

Allison MM. Comparison of CINAHL® via EBSCOhost®, Ovid®, and ProQuest®. *Journal of Electronic Resources in Medical Libraries*. 2006;3(1):31–50.

CINAHL® database characteristics were examined in three vendor products. A number of unanticipated variations concerning category terms, field tags and their definitions, and search results are noted and discussed. Interface highlights are also explored. Knowing the characteristics of the vendor interface being used allows the searcher to accommodate unique variations when helpful or necessary. Usefulness of interface characteristics and features, display settings, and content are framed by the user's experiences, needs, and preferences. This investigation will be of assistance to those who wish to compare characteristics of three major CINAHL versions and will be of interest and value to any CINAHL user.

Coumou, HC, Meijman, FJ. How do primary care physicians seek answers to clinical questions? A literature review. *J Med Libr Assoc*. 2006;94(1):55–60. UI: 16404470.

Objectives: The authors investigated the extent to which changes occurred between 1992 and 2005 in the ways that primary care physicians seek answers to clinical problems. What search strategies are used? How much time is spent on them? How do primary care physicians evaluate various search activities and information sources? Can a clinical librarian be useful to a primary care physician? **Methods:** Twenty-one original research papers and three literature reviews were examined. No systematic reviews were identified. **Results:** Primary care physicians seek answers to only a limited number of questions about which they first consult colleagues and paper sources. This practice has basically not changed over the years despite the enormous increase in and better accessibility to electronic information sources. One of the major obstacles is the time it takes to search for information. Other difficulties primary care physicians experience are related to formulating an appropriate search question, finding an optimal search strategy, and interpreting the evidence found. Some studies have been done on the supporting role of a clinical librarian in general practice. However, the effects on professional behavior of the primary care physician and on patient outcome have not been studied. A small group of primary care physicians prefer this support to developing their own search skills. **Discussion:** Primary care physicians have several options for finding quick answers: building a question-and-answer database, consulting filtered

information sources, or using an intermediary such as a clinical librarian.

Dunn K, Crow SJ, Van Moorsel TG, Creazzo J, Tomasulo P, Markinson A. “Mini-Medical School for Librarians”: from needs assessment to educational outcomes. *J Med Libr Assoc*. 2006;94(2):166–73. UI: 16636709.

Purpose: This study evaluates the outcomes of the “Mini-Medical School for Librarians” or “Medical School Experience”, a continuing education symposium designed to improve librarians' understanding of medicine and medical education. **Subjects:** The subjects are the symposium participants, a group that consisted of 58 medical librarians and other information professionals. **Methodology:** Pre- and post-symposium self-evaluation surveys gauged participants' self-assessed confidence with the course content. A follow-up survey was administered 6 months after the symposium. A learning action plan recorded both the intended and actual applications of course content to professional settings. **Results:** The *t*-test analysis of paired pre- and post-symposium responses reveal a significant positive change in the mean self-assessed confidence with course content immediately following the symposium. Pairings of post-symposium and follow-up survey responses indicate a slight reversal in attendees' confidence in the months following the symposium, but pairings of pre-symposium and follow-up survey results demonstrate that the longitudinal impact of the program on self-assessed confidence with course content was positive and significant. Analysis of the learning action plan revealed a disparity in how participants planned to use the information they learned in the course and how they actually used it. **Conclusions:** Continuing education programs that address the content and structure of medicine can be an effective means by which to inform both the novice's and mid-career medical librarian's understanding of medicine and medical education.

Kille A. Wikis in the workplace: How wikis can help manage knowledge in library reference services. *LIBRES (Library and Information Science Research Electronic Journal)*. 2006;16(1). Available at http://libres.curtin.edu.au/libres16n1/Kille_essayopinion.htm.

This article explores how wikis can be used in library reference services to manage knowledge and why they should be used in this environment. The article begins with a description of wikis, then covers knowledge management and

the systems that support knowledge management, specifically collaborative and conversational technologies. Next, the author discusses how wikis can be used as a knowledge management system and explores the organizational applications. Finally, a discussion follows on how wikis can be used to support knowledge management in library reference services with some examples of wikis as both private and public knowledge repositories and as collaborative workspaces.

Morrison H. Evidence based librarianship and open access. *Evidence Based Library and Information Practice*. 2006;1(2):46–50. Available at <http://ejournals.library.ualberta.ca/index.php/EBLIP>.

Evidence based practice, whether in librarianship or any other profession, depends on access to the evidence and access to opportunities to share one's own evidence. Open access (OA) is the perfect complement to evidence based librarianship. OA provides the optimum access to the evidence for librarians everywhere and the optimum means of dissemination. This article compares examines access to the library and information science (LIS) literature in the print and electronic media, and the impact of open access.

Medeiros N. House of horrors: exorcising electronic resources. In: Bluh, P, Hepfer, C, editors. *Managing electronic resources: contemporary problems and emerging issues*. Chicago: American Library Association; 2006. pp. 56–66. Full text available as PDF at <http://eprints.rclis.org/archive/00006168/>.

Providing access to, managing administrative elements of, and exercising authority over licensed electronic resources are challenges of increasing proportion for libraries of all types and sizes. This paper reviews the evolution of end-user access to e-resources. Management of administrative metadata is detailed. The paper concludes with a lament about the near-total lack of control libraries possess regarding their licensed electronic resources and the arsenal libraries will need to counteract this damaging situation.

Ripple AS. Expert Googling best practices and advanced strategies for using Google in health sciences libraries. *Med Ref Serv Q*. 2006;25(2):97–107.

Google is the search engine of choice for most Internet users. For a variety of reasons, librarians and other expert

searchers do not always use Google to its full potential, even though it provides capabilities not possible in traditional bibliographic databases and other search engines. Applying expert searching principles and practices, such as the use of advanced search operators, information retrieval strategies, and search hedges to Google will allow health sciences librarians to find quality information on the Internet more efficiently and effectively.

Shedlock J, Walton LJ. Developing a virtual community for health sciences library book selection: Doody's Core Titles. *J Med Libr Assoc*. 2006;94(1):61–6. UI: 16404471.

Purpose: The purpose of this article is to describe Doody's Core Titles in the Health Sciences as a new selection guide and a virtual community based on an effective use of online systems and to describe its potential impact on library collection development. **Setting/participants/resources:** The setting is the availability of health sciences selection guides. Participants include Doody Enterprise staff, Doody's Library Board of Advisors, content specialists, and library selectors. Resources include the online system used to create Doody's Core Titles along with references to complementary databases. **Brief description:** Doody's Core Titles is described and discussed in relation to the literature of selection guides, especially in comparison to the Brandon/Hill selected lists that were published from 1965 to 2003. Doody's Core Titles seeks to fill the vacuum created when the Brandon/Hill lists ceased publication. Doody's Core Titles is a unique selection guide based on its method of creating an online community of experts to identify and score a core list of titles in 119 health sciences specialties and disciplines. **Results/outcome:** The result is a new selection guide, now available annually, that will aid health sciences librarians in identifying core titles for local collections. **Evaluation method:** Doody's Core Titles organizes the evaluation of core titles that are identified and recommended by content specialists associated with Doody's Book Review Service and library selectors. A scoring mechanism is used to create the selection of core titles, similar to the star rating system employed in other Doody Enterprise products and services.

BOOK REVIEW / CRITIQUE DE LIVRE

Medical library downsizing: administrative, professional and personal strategies for coping with change. By Michael J. Schott. New York: Haworth Information Press, 2005. 153 pages (soft cover). ISBN 0-7890-0420-8. US\$19.95.

Despite the sense of foreboding that is conjured up by its title, *Medical library downsizing: administrative, professional and personal strategies for coping with change* is an enjoyable and thoughtful read. Michael Schott has filled this book with so many good ideas and solutions for managing a library, reading this book might just make the librarian and their library services such an invaluable commodity that they escape the radar in a time of restructuring, downsizing, or as the author prefers to call it “a bad corporate event (BCE)”.

This is a quick and witty read; however, the author by no means makes light of the serious nature of the subject matter. He covers it all: the rumours, the hostilities, the lack of communication, and the sleepless nights. What makes the topic so palpable is the format in which the book is written. The chapters are succinct, punctuated with comic strips, quotes, and personal highlights. The text is interspersed with military jargon, popular culture references, and irreverent acronyms.

Chapters are organized to follow through the various stages of the downsizing process. Each chapter provides a synopsis of what can be expected during that period of unrest from “Before the announcement” to “When hostilities cease”. Among the author’s good advice is to always have an updated résumé prepared and review the library’s mission and vision statements to make sure that they are both obtainable and compelling. Policies and procedures should be in order, and all evaluations and benchmarking material should be at the ready. Schott also advises the reader to make use of the time at hand, providing a series of case studies to illustrate

opportunities that can be seized during this time of confusion. When traffic no longer visits the library, why not use the time to upgrade skills or create or revise a library Web page? This is also the time for “Planning your campaign” for the leaner future. There are tips on developing a strategic plan, reviewing budgetary needs, and preparing an outstanding presentation for upper management.

The book does not belie the sober aspects of downsizing. Sections are devoted to managing change, laying off staff, and dealing with one’s own job dismissal. Honest, forthright advice is presented on what to do after one is laid off, from negotiating the best severance package to getting one’s résumé into circulation. Emphasis is also given on the need to address the emotions of the survivors of downsizing with the author offering tips on how to diffuse hostility before the work environment turns toxic. Schott even deals with the “uh-oh factor”, those inevitable mistakes made in the haste to cut back; he presents a series of scenarios and solutions guaranteed to get library services back on track.

The final chapter serves as a cautionary warning to all medical librarians; they must make themselves visible, their skills and knowledge accessible, and promote their services as a mission-critical part of the organization. Although taken from the perspective of a hospital library, this book should be considered a vital resource to any librarian regardless of their sector of employment.

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BOOK REVIEW / CRITIQUE DE LIVRE

The NextGen Librarian's Survival Guide. By Rachel Singer Gordon. Medford, N.J.: Information Today, 2006. 208 pages. ISBN 1-57387-265-3. CAN\$32.95. xiv, Companion Web site at <http://www.lisjobs.com/nextgen/>.

It could well be said that each successive generation of young people imagines it is coming of age at a truly portentous time. Today's young librarians are no exception. We've joined the profession at a time of flux, as technology is changing and challenging the role of librarians, and as shifting demographics and economics offer inscrutable omens on the prospects of a career in this field. For next generation librarians — those under 41 years old — and for their managers, Rachel Singer Gordon's *The NextGen Librarian's Survival Guide* offers a sensible approach to understanding how this generation of new librarians can join, shape, and enrich the profession.

The NextGen Librarian's Survival Guide is the latest offering by the Gen-X librarian and writer Rachel Singer Gordon, whose body of work includes *The Accidental Library Manager*, contributions to *Library Journal's* Next Gen column, the library job Web site Lisjobs, and a newsletter on career development. Gordon's publications range from the practical to the cerebral (her new blog is called Liminal Librarian), and the *Survival Guide* offers a bit of both, blending sensible career advice with a broader discussion of the demographic and social values that influence NextGens' career paths.

In her first chapter, the author outlines why the issues of next generation librarians are particularly worthy of attention today. Gordon lists the oft-discussed "graying of the profession", but she also cites other factors: the flatter hierarchy in many library workplaces means young librarians are entering management positions earlier in their careers, technical changes are continuing to transform how we manage information, and external forces are pressing librarians to demonstrate their value and relevance. Gordon argues that today's young librarians have unique qualities and values that library managers should take into account during recruitment, day-to-day management, and succession planning. Her last chapter, directed at library administrators, urges managers to pay attention to, include, and train this new generation of librarians.

So who are NextGen librarians? After acknowledging that generalizations about a cohort glosses over significant differences among its members, Gordon outlines the generations in today's workplaces. In Gordon's working definition, NextGen librarians are members of Generation X, born between 1965 and 1978, and Generation Y (also known as "Millennials"), born between 1979 and 2000. (NextGens follow the Baby Boomers (1946–1964) and the Veterans (1922–1945).) What characteristics define NextGens? Gordon offers some evidence-based generalizations: they are more ethnically and culturally diverse than preceding generations, more comfortable with new technologies, and more interested in work-life bal-

ance. Gordon also discusses the stereotypes of NextGens that work for and against them: NextGens are tech-savvy, they're enthusiastic, they have fresh ideas and energy; NextGens are not loyal to their employer, they aren't grateful for their jobs, they don't respect the experience of older colleagues, and they can have a misplaced sense of rebellion. Gordon quotes one librarian who wrote, "It's kind of hard for me not to be snarky about the whole NextGen librarian thing. For some people, it's all about fighting for your right to show up to work with Hello Kitty barrettes in your pink and blue hair and still be treated as an 'adult'".

Colourful quotations such as this are woven through the *Survival Guide*, enriching and informing Gordon's discussions. The first-person comments come from librarians who responded to one of two online surveys conducted in early 2005; one survey was for librarians under 40 years old and one was for those over 40 years old. Survey responses show that just as NextGens are subject to generalizations and stereotypes, so too are their (largely Baby Boomer) colleagues. Some NextGens believe that their Boomer colleagues are overly absorbed in their jobs, reluctant to change, uncomfortable with new technology, and sceptical of the abilities of NextGens. Other NextGens quoted by Gordon recognize value in older librarians' experiences and look for ways to bridge the gap that can separate generations within a workplace. That Gordon is willing to air these uncensored (and sometimes unpleasant) comments for the sake of better mutual understanding allows readers of all ages to gain a sense of how their colleagues think and feel and how generational stereotypes — justified or not — can inform our behaviour.

How can NextGens survive and thrive in the library profession? Gordon's writing, proscriptive and descriptive, guides NextGens along their professional development. The *Survival Guide* includes chapters on surviving library school, surviving the job hunt, surviving the entry-level job, and "Moving up", a chapter on career advancement. Gordon is frank about potential problems next generation librarians may face: your library school curriculum may not prepare you for the demands of the workplace, you may not get your dream job right away, your resume won't stand out unless you offer something more than an MLIS. Gordon contextualizes her advice by citing the demographic trends that influence the job market. She contends that the much-hyped wave of librarian retirements originally anticipated for 2010–2015 will likely happen several years later than predicted and that it's possible that these retirements won't result in more opportunities for young librarians (many of the jobs may not be refilled or may be restructured for paraprofessional staff). Gordon also cites an American Library Association (ALA) study showing that from 1983 to 2001, the number of graduating librarians tripled, creating tight competition for entry-level positions.

A notable strength of *The NextGen Librarian's Survival Guide* is the author's attitude; Gordon is enthusiastic about and committed to the profession of librarianship and encour-

ages her peers to follow suit. “You reap what you sow”, Gordon writes, “Get involved, get connected, give back to the profession”. A weakness of the *Survival Guide*, from the perspective of Canadian readers, is its almost exclusive reference to American studies, statistics, survey respondents, and organizations (the ALA and its New Members’ Round Table get many mentions). Canadian readers may wish that data from Canadian research, such as findings of the 8Rs Canadian Library Human Resource Study, were reflected in the book.

Regardless of whether librarianship is truly at a crossroads, individual librarians who want to “survive” and excel

in their careers can always make use of advice and insight. It’s likely that many librarians, and notably those under 41 years old, will find Rachel Singer Gordon’s *The NextGen Librarian’s Survival Guide* both validating and helpful.

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BOOK REVIEW / CRITIQUE DE LIVRE

The New OPL Sourcebook: A Guide for Solo and Small Libraries. By Judith A. Siess. Medford, N.J: Information Today, Inc., 2006. US\$39.50.

As the lone librarian for a provincial health region, I eagerly anticipated reviewing *The New OPL Sourcebook: A Guide for Solo and Small Libraries* for any new ideas (and fresh ways of looking at old ones) that it could offer to both improve my efficiency and entice more people to use the library's services. I was not disappointed on either count.

Judith A. Siess divides the latest edition of her book into two parts, the first of which covers what she calls the "Basics" of being an OPL. (She defines the term "OPL" as meaning a "one-person librarian", which is a rather amusing definition if you think about it long enough.) In Part I, advice is given on how to manage oneself, the library, and the customers — "customers" being her term of choice for users of library services. Part II consists of a lengthy directory of resources.

Siess is at her best in Part I when discussing time management, planning, communications, marketing, finance, and downsizing. It would be a challenge to any librarian, not just an OPL, to read through her suggestions and case studies without stopping several times a chapter to jot down "must do" reminders. Her main thrust throughout is that an OPL must constantly be proactive in positioning and presenting the library as essential to the success of the institution it serves.

Siess's time-management suggestions emphasize the concept of working smarter, not harder. To that end, she encourages readers to analyze where their efforts are being squandered on less mission-vital activities and thoughtfully supplies an example of a form to be used for that purpose. She also provides tips aplenty on how to manage phone calls, e-mail, filing, meetings, difficult people, and when to say "no". The judicious outsourcing of tasks is also an option she suggests OPLs explore for the sake of saving time, but because she fails to provide an explanation of what she means by "internal outsourcing", readers may be mystified as to how to act on that particular suggestion.

In the chapter "Communication, Marketing, and Advocacy", she suggests various ways to improve communication with management, customers, and, so important in this day and age, the IT department. Unfortunately, while trying to emphasize the necessity of finding ways to work with, and not against, the folks in IT, she refers to them as "nerds" in the title to her discussion and employs a quote using that term. This is truly regretful, as stereotyping of individuals is in and of itself a bar to achieving totally open and productive communication. Her lapse into stereotyping is even ironic given the fact that elsewhere in the book Siess admits to being "horrified" by the novelty action-figure that depicts a typical librarian as a severely dressed and coifed middle-aged woman in the act of shushing.

OPLs will find in *The New OPL Sourcebook* no shortage of innovative ideas on how to promote and advocate for their libraries. And while not all of her suggestions are original,

it's the creative way in which Siess suggests implementing them that generates an eagerness to try them out.

Siess also offers sage advice on how to avoid being overwhelmed by the onslaught of new technologies but reminds us to be proactive in developing a plan for the library to adapt to the future before management presents its plan. Less helpful is her discussion of current technologies and communication innovations themselves. For instance, Siess insists that OPLs must "take the lead" in introducing really simple syndication (RSS) and blogs into the home organization, but nowhere does she explain what they are or how they can be of use.

Although not listed on the cover or the title page as a co-author, editor John Welford is acknowledged by Siess to be largely responsible for the 228-page, mostly annotated directory that comprises Part II. He certainly deserves kudos for his exhaustive research and verification of Web addresses. The "Medicine, Health, Nursing, and Medical Libraries" chapter alone is 59 pages long, with 12 pages devoted to evidence-based medicine resources. Furthermore, an investigation by this reviewer of the 67 online resources listed in the section "Consumer Health Information Web Sites" revealed only one Web address that is no longer valid. Surprisingly, however, not mentioned in this cornucopia of resources is Doody's Core Titles in the Health Sciences, a collection development tool specifically designed for small hospital libraries.

The chapter titled "Libraryland Stuff" is also jammed packed with goodies, with job hunting, grant writing, and disaster planning just a few of the 21 areas covered. However, the author missed an opportunity to optimize the usefulness of *The New OPL Sourcebook* by failing to incorporate references to Part II in Part I. For example, nowhere in her discussions of outsourcing in Part I does Siess provide a pointer to the pages in Part II that provide information on outsourcing vendors and their respective services.

Where the book disappoints is in the 53 pages of the opening chapter, "What is an OPL?" The information in this chapter is largely dated, and Siess even acknowledges the datedness to some extent when she admits in a note, "This was way back in 1996 and times have certainly changed." Rather than narrating the details of her typical work week of 10 years ago, when she herself was still an OPL, she would have better served her audience by interviewing and then relating the weekly experiences of a currently working OPL who is faced with juggling today's technologies and customer expectations. Moreover, her references to researching a CD-ROM base and checking local union serials lists do not leave the impression that she has a working knowledge of newer electronic resources; albeit this impression is somewhat negated in a later chapter. In a book that costs US\$39.50, has a 2006 publication date, and is marketed as the latest edition of a sourcebook, readers rightfully have an expectation that all content will be as up-to-date as it possibly can be.

The opening chapter gets bogged down, too, in discussing the history of the OPL movement and those involved with it.

While names of certain people and organizations may be helpful to an OPL working in a given country, an organized appendix of such information would be far more useful and would make for far less tedious reading than her long-winded, meandering narrative.

Unlike the comfortable prose style evident in the rest of Part I, her writing in "What is an OPL?" does not flow. Siess tends to jump around from one subject to another, all too often within a paragraph. And the amount of space she devotes to information on related topics can be incomprehensively lopsided. As an example, in the section "Where OPLs Work", nine and one-half pages are devoted to a rambling discussion of prison libraries, whereas the discussion of law libraries warrants just a little over a page and all other types of libraries (including hospital) less than a page. Overall, the entire first chapter requires some serious editing both as to content and construction.

It's opening chapter aside, Siess's *The New OPL Sourcebook* does an admirable job of efficiently and entertainingly addressing the essentials of running a one-person library. Especially for its time-management, marketing, and budgeting ideas and its extensive directory, it is a worthwhile resource to read and have at hand. Lastly, take Siess's third-chapter advice about not wasting time and skip Chapter 1.

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NEWS AND NOTES / NOUVELLES ET NOTES

Compiled by Gillian Griffith

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NEWS AND NOTES / NOUVELLES ET NOTES

Alouette Canada to digitize millions of books

Canadian libraries, archive services, and museums are developing standards that will allow users to more easily search and access their digitized content through a single portal. The project, which is expected to create an online resource connecting to millions of digitized books and images, is being led by a consortium called Alouette Canada. Participants include several libraries of many post-secondary institutions, the Canadian Council of Archives, and the Canadian Museum Association. Discussions have been underway since late last year and the group hopes to have the portal launched by January of 2007.

Open-access journal hits rocky times

D. Butler. *Nature*. 2006 June 22;441(7096):914.

Available at <http://www.nature.com/nature/journal/v441/n7096/full/441914a.html>.

The Public Library of Science (PLoS), the flagship publisher for the open-access publishing movement, faces a looming financial crisis. An analysis of the company's accounts, obtained by *Nature*, shows that the company falls far short of its stated goal of quickly breaking even. In an attempt to redress its finances, PLoS will next month hike the charge for publishing in its journals from US\$1500 per article to as much as US\$2500.

PubMed news

New instructional resource on MeSH

The Basics of Medical Subject Headings (MeSH) is designed to help you understand more about the Medical Subject Headings. Learn about

- (i) The structure of the MeSH hierarchy
- (ii) How indexers select terms when indexing articles for MEDLINE
- (iii) How to use MeSH to search PubMed
- (iv) The treatment of chemical and drug terms

The Basics of Medical Subject Headings (MeSH) is accessible from the National Library of Medicine (NLM) PubMed Online Training page and the Distance Education page.

Try new features in PubMed

The National Center for Biotechnology Information and other NLM Divisions are working to make the wealth of information in the Entrez databases more accessible to PubMed users. In upcoming months, searchers may encounter options designed to lead them to additional Entrez resources. Currently, searchers can find a link on the Abstract display that will take them to a new version of that format.

New version of the NLM Gateway includes two new resources

On 1 May 2006, NLM released a new version of the Gateway that includes access to two additional NLM resources. Users are now able to search the Household Products Database and the Bookshelf, a growing collection of full-text biomedical books.

Scholarly publishing: science journals artfully try to boost their rankings

S. Begley. *The Wall Street Journal*. 2006 June 5; Page B1. Available at

http://online.wsj.com/public/article/SB114946859930671119-eB_FW_Satwxeah21loJ7Dmcp4Rk_20070604.html?mod=rss_free.

Scientists and editors say scientific journals increasingly are manipulating rankings — called “impact factors” — that are based on how often papers they publish are cited by other researchers. Now there is mounting concern that attempts to manipulate impact factors are harming scientific research. Researchers and editors say manipulating the score is more common among smaller, newer journals, which struggle for visibility against more established rivals.

Meetings, conferences and workshops

NetSpeed 2006

Scheduled to take place 18–20 October 2006, in Edmonton, Alberta, NetSpeed 2006 is a conference organized by The Alberta Library for librarians, technical staff, and trustees to explore new technologies in a highly connected world. See the Web site for further information: <http://www.thealbertalibrary.ab.ca/>.

Substance Abuse Librarians & Information Specialists (SALIS) Annual Meeting

The SALIS annual meeting will take place 26–30 September 2006, in Boston, Massachusetts. For details, visit <http://www.salis.org/conference/2006conferences.html>.

World Congress on Internet in Medicine

For the first time in North America, the conference will be held in Toronto, 13–20 October 2006. MEDNET is a scientific conference organized under the auspices of the Society for the Internet in Medicine (SIM). The large trade exhibition will feature e-health technologies and Web applications for health professionals and consumers, an e-health business track, and high-profile keynote speakers. For more information, visit <http://www.mednetcongress.org>.

World Library and Information Congress (WLIC): 72nd International Federation of Library Associations (IFLA) General Conference and Council

Libraries: Dynamic Engines for the Knowledge and Information Society will take place 20–24 August 2006, in Seoul, Korea. The Health and Biosciences Libraries Section invites librarians, health informaticians, knowledge managers, educators, researchers, clinical staff, and others to submit proposals for papers, to be given in a 2 hour session as part of the program of the WLIC, which provide insight and experience of the role of new technologies in supporting access and delivery of health and health information. The theme is What's new in technology for health information?

Professional development

The Health Science Information Consortium of Toronto – Discover the leader in you: developing and realizing your leadership potential

Open to nonmembers

31 October 2006, 9:30 a.m. – 4:00 p.m.

\$20.00 (members), \$50.00 (nonmembers)

University of Toronto's Gerstein Science Information Centre, Alice Moulton Room

Instructors: Laurie Scott, Executive Director, Health Science Information Consortium of Toronto; Daniel Phelan, Manager, Collection Services Team, Ryerson University; Wayne Glover, President, AssociationsFirst

Most of us know people we consider to be great leaders. We may have encountered these people through our work, our professional activities, or our personal lives. We often recognize great leadership instinctually, without giving much thought to what qualities and skills make a great leader. This Canadian Health Libraries Association / Association des bibliothèques de la santé du Canada accredited workshop will explore a number of issues related to leadership such as what traits leaders have, why being a good leader is a very different thing than being a good manager, how you can determine your own leadership potential, how you can take on a leadership role in your job and your professional associations, and whether a leadership institute might be right for you. For more information, visit <http://www.library.utoronto.ca/hsict/continuing-education.htm#Discover>.

Special Libraries Association (SLA) Click U Live! – Smart Search Update

5 October 2006, 2:00 p.m. – 3:30 p.m. ET

\$99 (SLA members)

Live seminar

Instructor: Rita Vine, Co-Founder, Workingfaster.com

Here's a great way to catch up on the latest and most important Web search news without leaving your desk! Web search expert Rita Vine will cover the most important Web search news and developments for librarians and experienced searchers. In her session, Rita will cover a grab bag of new resources (all free), specialized search tools, and important news about Web search, designed to give you a quick update on the most important changes that affect Web searching. For more information, visit <http://www.sla.org/content/learn/learnmore/distance/2006cul/100506cul/index.cfm>.

Special Libraries Association (SLA) Click U Live! – Writing for Publication

7 November 2006, 2:00 p.m. – 3:30 p.m. ET

\$99 (SLA members)

Live seminar

Instructor: Rachel Singer Gordon, Consulting Editor, Information Today, Inc.

Writing for Publication covers the main steps involved in writing and preparing your work for publication, including finding an idea, actually doing the work, and submitting work and getting it published. Along the way, find tips on building self-confidence as a writer, handling rejection, figuring out where to start, and integrating writing with a career and other professional development activities. For details, visit <https://www.sla.org/content/learn/learnmore/distance/2006cul/110706cul/index.cfm>.

SirsiDynix Institute – Networking and Politics: Influencing Action to Get the Right Things Done

27 September 2006, 1:00 p.m.

Free Web seminar

Instructor: Donna Scheeder, Director, Law Library Services, Library of Congress

Gaining and using influence to achieve organizational goals is a critical leadership skill. Networking is an important tool for relationship building that inspires trust. Learn network building strategies as well as gain knowledge on how to understand and influence the decision-making process. Included is a discussion of a baker's dozen of practical tips on how to practice positive politics in the workplace to get the right things done. For more information, visit <http://www.sirsidynixinstitute.com>.

If you would like an upcoming course, conference, or meeting included in an upcoming issue, please send an e-mail to assistant-editor@chla-absc.ca.