

DEPARTMENTS / DÉPARTEMENTS

Editor's message

This issue of the *Journal of the Canadian Health Libraries Association* (JCHLA) highlights thought-provoking articles, interesting book reviews, and timely columns. In their paper "Ensuring access to consumer health information pamphlets at Capital Health", Penny Logan and Eleanor King provide an excellent description of a major project they embraced to ensure patients receive the required educational information. Trish Chatterley, who contributed the feature "The Flower Report: Libraries without walls — (almost) 20 years later", is to be commended for accepting the challenge to update the often referenced 1987 article by M.A. Flower. "Direct to you: innovative information services to support nurses' continuing competence in Manitoba" is the title of the paper written by Lisa Demczuk, Anlyn Cohen Baker, Christine Shaw-Daigle, and Melissa Raynard. The authors describe an innovative program that benefits both nurses and hospital libraries. In their article "Availability of electronic libraries in the health sciences in the Arabian Gulf region", Karen Neves and Hakin Bishawi highlight and document the library services and programs in the Arabian Gulf region.

Three books were reviewed for this issue: *The Accidental Library Manager* (reviewed by Elyse Pike), *Creating Database-Backed Library Web Pages* (reviewed by Jackie MacDonald), and *New Directions in Reference* (reviewed by Jeff Mason). Susan Murray's "Consumer health information" column helps health information professionals stay current with the latest

CHI tools and resources. Furthermore, checkout the two columns by Teresa Lee (JCHLA's new Assistant Editor) — "News and notes" and "Current research".

This issue of JCHLA marks the beginning of a transition, as this was my last issue as Editor. Gillian Griffith, in the role of "editor-in-training" was responsible for editing a significant portion of this issue. Thanks Gillian for your columns throughout the past year and for your enthusiasm in embracing your upcoming responsibilities as the Editor of JCHLA for 2007. Also, I want to thank Susan Murray for contributing the highly relevant CHI columns in 2006. This is the last issue of JCHLA that will contain the "A word from the President" column. To learn more about the reasons behind this decision, see "A word from the CHLA / ABSC Board".

Working as the Editor of JCHLA provided me with the opportunity to correspond and, in some instances, meet the authors of the papers, columns, and book reviews that were published. It was enjoyable to work with health information professionals across Canada. JCHLA is an open access journal that provides you with a forum to highlight your creativity and knowledge, and to demonstrate how indispensable libraries and librarians are. Embrace the opportunity to publish in JCHLA.

Sandra Halliday

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A word from President

In my last “A word from the President” I reported on an event held at McGill on 1 May 2006 to dedicate a Parks Canada plaque in honour of Margaret Ridley Charlton, a historical figure of whom we as health librarians can be justly proud.

Normally, when we think of historical figures, they are, like Ms. Charlton, figures of the past who are no longer among us. I would like to use this, the last “A word from the President” column to appear in the *Journal of the Canadian Health Libraries Association*, to honour a historical figure who is still very much alive and “among us”, as the photo of her boating this summer will attest. I’m referring to none other than Muriel A. Flower (known to her friends as Babs), author of *Libraries Without Walls: Blueprint for the Future* (also known as *The Flower Report*), a document which turns 20 years old in 2007 and that served as the catalyst for much of the change that has occurred in Canadian health sciences libraries in the years since it was published.



Photo: Courtesy of David Crawford.

As coincidence would have it, as the report she produced approaches a milestone year, Ms. Flower herself reached her own milestone, turning 90 years young on 1 November 2006.

Ms. Flower spent much of her health sciences library career as the nursing librarian at McGill before taking on the monumental task of heading the committee that carried out the data gathering for *The Flower Report*. It should also be noted that she was one of the “Group of Sixty” initial members who joined the Canadian Health Libraries Association / Association des bibliothèques de la santé du Canada (CHLA / ABSC) in its first year of existence, was responsible for local arrangements for the first CHLA / ABSC annual meeting held in Montréal in conjunction with the Canadian Library Association in 1977, and served as CHLA / ABSC’s second (first-elected) president in 1977–1978. Truly someone who has made more than a passing contribution to our Association and to our profession!

I’m sure all CHLA / ABSC members will join me in wishing you a Happy Birthday, Babs! Long may you ride the waves!

Linda Slater
CHLA / ABSC President

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Le mot de la présidence

Dans mon dernier « Le mot de la présidence », je faisais rapport d'un événement qui s'est tenu le 1 mai 2006 à l'université McGill, le dévoilement d'une plaque commémorative de la Commission des lieux et monuments historiques du Canada en l'honneur de Margaret Ridley Charlton, personnage historique dont nous, bibliothécaires de la santé, pouvons être fiers à juste titre.

En règle générale, lorsque nous pensons à des personnages historiques, ils sont, comme Mme Charlton, des acteurs du passé qui nous ont déjà quittés. Qu'il me soit donc permis, dans ce dernier « Le mot de la présidence » à paraître dans le *Journal de l'Association des bibliothèques de la santé du Canada*, de rendre hommage à un personnage historique encore très vivant et très présent parmi nous, comme en fait foi hors de tout doute sa photo de randonnée nautique croquée cet été. Il s'agit de nulle autre que Muriel A. Flower, que ses amis surnomment affectueusement Babs, auteure de « *Libraries Without Walls: Blueprint for the Future* », également connu sous le titre « *The Flower Report* », un document qui aura vingt ans en 2007 et qui a servi de catalyseur pour une grande partie des changements survenus dans les bibliothèques de la santé au Canada depuis les années de sa publication.



Photo : Gracieuseté de David Crawford.

Comme il en est souvent des coïncidences, alors que son rapport est sur le point d'atteindre un anniversaire de publication marquant, Mme Flower atteindra elle aussi personnellement une année marquante, le 1 novembre 2006, celle d'une jeunesse qui se perpétue depuis 90 ans.

Mme Flower a voué une grande partie de sa carrière comme bibliothécaire en sciences infirmières à l'université McGill avant d'accepter la lourde tâche de la direction du comité chargé de colliger les données pour le Rapport Flower. Soulignons de plus qu'elle faisait partie du « Groupe des soixante » tout premiers membres qui ont joint l'Association des bibliothèques de la santé du Canada (ABSC / CHLA) à sa première année d'existence, qu'elle a assumé la responsabilité de l'organisation de la première assemblée annuelle de l'ABSC / CHLA qui s'est tenue à Montréal, concurrentement à celle de l'Association canadienne des bibliothèques (CLA) en 1977, et qu'elle a été la deuxième présidente de l'ABSC / CHLA (première présidente élue) pour l'exercice 1977–1978. Elle est sans conteste quelqu'un qui a fait plus qu'une contribution passagère à notre profession et à notre Association!

Je n'ai aucun doute; tous les membres de l'ABSC / CHLA se joignent à moi pour te souhaiter un joyeux anniversaire, Babs! Puissent ces vagues te bercer encore longtemps!

Linda Slater
Présidente, ABSC / CHLA

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A word from the CHLA / ABSC Board

The continued existence of the “A word from the President” column in the *Journal of the Canadian Health Libraries Association (JCHLA)* was discussed by the Canadian Health Libraries Association / Association des bibliothèques de la santé du Canada (CHLA / ABSC) Board in the context of an overall communications plan. Given the numerous vehicles the Board has at its disposal to communicate with members, the Board wondered whether the column ends up being redundant. The Board also received a clear message from the membership that it would like to see JCHLA become more scholarly. To that end, the Board considered whether having a president’s column might take away from the scholarly nature of the journal and lend it a more “newsletter-y” tone, not to mention that it may impart the impression that the Board influences what does and does not get published in the journal. For these reasons, the Board has decided to stop including the “A word from the President” column in JCHLA, and instead CHLA / ABSC presidents and other Board members will communicate via direct e-mail to members, the CHLA / ABSC Web site, and CANMEDLIB.

Linda Slater

President

On behalf of the 2006–2007 CHLA / ABSC
Board of Directors

Le mot du Conseil d’administration de l’ABSC / CHLA

Dans le cadre d’un plan global de communication, le Conseil d’administration de l’Association des bibliothèques de la santé du Canada / Canadian Health Libraries Association (ABSC / CHLA) s’est penché sur le maintien de la chronique « Le mot de la présidence » dans le *Journal de l’Association des bibliothèques de la santé du Canada (JABSC)*. En raison de la multiplicité de véhicules mis à sa disposition pour communiquer avec les membres de l’Association, le Conseil d’administration s’est interrogé à savoir si la chronique ne risquait pas en bout de ligne de créer de la redondance. Les membres de l’Association ont donné au Conseil d’administration un message clair à l’effet qu’ils souhaitent que le JABSC devienne davantage une publication érudite. À cette fin, le Conseil d’administration a tenu compte du fait que la présence d’une chronique de la présidence puisse atténuer la nature érudite du journal en donnant à ce dernier davantage l’allure d’un bulletin, en plus de la possibilité que se dégage l’impression que le Conseil d’administration puisse influencer sur les décisions du contenu à publier. Conséquemment, le Conseil d’administration a décidé de cesser d’inclure la chronique « Le mot de la présidence » dans le JABSC et que dorénavant, les membres du Conseil communiqueront directement avec les membres de l’Association par le truchement des courriels, du site Internet de l’ABSC / CHLA et de CANMEDLIB.

Linda Slater

Présidente

Au nom du Conseil d’administration de l’ABSC / CHLA
pour l’exercice 2006–2007

The Flower Report: Libraries without walls — (almost) 20 years later

Trish Chatterley

Abstract: In the 1987 report *Libraries Without Walls: Blueprint for the Future*, Muriel Armstrong Flower put in writing her vision for a library that was open to all Canadians. This paper discusses Flower's recommendations and their outcomes and offers commentary about the current state of Canadian health sciences librarianship. It also outlines recent progress made towards equality of access to health information for all.

In 1987, Muriel Armstrong Flower put in writing her vision for a library without walls — a library that was open to all Canadians. A joint project of the Special Resource Committee on Medical School Libraries (SRCMSL) of the Association of Canadian Medical Colleges (ACMC) and the Canadian Health Libraries Association / Association des bibliothèques de la santé du Canada (CHLA / ABSC), the report provided a summary of issues faced by health sciences libraries as well as recommendations for future progress [1]. Almost 20 years later, Canadian health sciences libraries are well on their way to making Flower's vision a reality. This paper discusses the outcome of Flower's recommendations and offers commentary about the current state of Canadian health sciences librarianship.

Libraries Without Walls: Blueprint for the Future, itself an update of an earlier report written by Beatrice Simon in 1964, presented the results from a nationwide survey of health sciences libraries. This report was peppered with Flower's recommendations for the future. Of those, five were explicitly stated as essential to ensure progress in Canadian libraries:

- (1) that a task force on harnessing technology for health sciences information be established, with the Canada Institute for Scientific and Technical Information (CISTI) and SRCMSL leading the endeavour to design an interactive, integrated, and nationwide library system
- (2) that deans of medicine at each medical school establish an information management council to deal with information provision in the health sciences region served
- (3) that a joint SRCMSL-CHLA committee be established to study interlibrary loans in the health science sector and to make recommendations on ways to manage volume, to rationalize costs, and to improve delivery time
- (4) that a working party be struck to review and explore present and potential future sources of financing for health science libraries in Canada

- (5) that the Health Sciences Resource Centre at CISTI be maintained and strengthened with the institution of a CISTI Fellowship Program and secondments for the head librarian

It seems as though only one of the five recommendations came to fruition. A joint SRCMSL-CHLA committee was established in 1989 to "examine methods of handling interlibrary loan traffic, improving delivery time, and rationalizing costs" [2]. The committee discovered that the systems in operation at the time were inadequate to meet demand and that there was no mandate to ensure equitable access to interlibrary loan services across types and sizes of libraries. The work of the committee was continued by a CHLA / ABSC Task Force on Resource Sharing in the mid-1990s, following the introduction of DOCLINE to Canada in 1993, and by a second task force later in the decade.

The other suggested improvements based on Flower's proposals were never instituted. In retrospect, when looking at the evolution of health sciences librarianship, they may not have been crucial to progress, and there were often other measures taken that produced an equivalent effect. Although the task force on harnessing technology was never generated, the CISTI Committee on Health Sciences Information was formed to provide specialized advice regarding plans, priorities, programming, and services in general [3]. The task force was not required, as the adoption of technology has simply followed a natural course in the library world. Information management councils in health sciences centres were never established, but nevertheless regional systems for information provision have been formed around most medical school libraries. Instead of the Health Sciences Resource Centre (HSRC) at CISTI being maintained and strengthened in subsequent years, the centre was in fact closed in 1993 [4]. However, though many librarians might have disagreed with the decision at the time, in the long term there was no ill effect. The main role of HSRC staff was to facilitate access and provide passwords and training on the old National Library of Medicine ELHILL search system. With the advent of numerous other health sciences databases available through online vendors such as Ovid, EBSCO, ProQuest,

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Dialog, and others, and free Web-based access to PubMed as of June 1997, support requirements for ELHILL declined dramatically even before the system was withdrawn in 1999, thereby eliminating one of the main services of the HSRC.

The HRSC's other main purpose, to respond to requests for information resources, also became less important when CISTI became the Canadian coordinator for DOCLINE to oversee and support the smooth provision of interlibrary loans (L. Slater, personal communication, 2006). A working party to investigate sources of financing was never struck. Given the immensity of such a task, it is unlikely that it could have been accomplished effectively by a group at that level. Library budgets were being reduced because of institutional budget cuts. This problem was compounded by drastic increases in journal subscription prices and the concurrent drop in the value of the Canadian dollar. More recently, the funding situation in Canada was dealt a devastating blow in January 2006 with the announcement by Health Canada that it would be cutting the budget of its six Ottawa-based health sciences libraries to the point where library staff might have to be reduced by as much as 60% [5]. The need for a task force to investigate potential funding sources may be more necessary now than ever, especially for hospital, association, and government libraries, as the proliferation of information resources on the Internet continues to be seen by many as a valid alternative to developing library collections.

Despite the lack of progress in implementing the Flower Report's recommendations, products and services in health sciences libraries have improved immensely over the past 20 years. No one could have imagined just how far technological advances would take the field of librarianship. From a time in 1987, when computers were just starting to be phased into university curriculum, to today, when students are technological whizzes with their laptops, personal digital assistants (PDAs), and cell phones, provision of library services has of necessity been radically altered. Flower recognized even then that librarians would do more of a teaching role as computers began to take over many staff and user functions and online searching became more complex. This trend continues today. There has been much speculation about whether or not the abundance of information made freely available over the Internet will lead to the obsolescence of libraries and librarians. This is not true; our roles will simply have to be revised. Most processes are now automated, and as they become more rapid and efficient, librarians have more time to become increasingly involved in instruction. Patrons have become confused by the plethora of resources available to them and therefore must be taught which resources to use and how to use them. They must be instructed to appraise literature critically and not simply turn to their favourite search engine to seek answers to their questions. Librarians must now package and present resources in ways that make sense to library users so we do not end up with a generation of doctors and nurses who use Google to make diagnoses and choose appropriate therapies.

There must be a means to learn the new and ever-changing responsibilities of the health sciences librarian. Flower recognized the need for "professional preparation and continuing education" [1], a need that is just as essential today. Health sciences librarianship is indeed a specialty that requires special training. Thankfully, this need has been recog-

nized by many library schools across Canada. A quick look at the curricula will reveal courses under various titles related to health sciences literature and information sources at the University of British Columbia, University of Alberta, University of Toronto, University of Western Ontario, McGill University, and Dalhousie University. Although not required courses, they provide an excellent introduction to the field for anyone interested in pursuing a career in health sciences librarianship. Courses in information technology are now mandatory everywhere as computers and technological innovations are now integral elements of library functions and service.

In 1987, Flower reported that only five of 16 medical school libraries in Canada had online public access catalogues (OPACs) and that fax machines were the latest new development. An interlibrary loan experiment between the University of Alberta and the Nova Scotia Provincial Library had recently been undertaken, the results of which indicated that an extremely high volume of reciprocal borrowing would be required to justify the high cost of facsimile equipment. In 2006, this is amusing as fax machines today have largely been replaced by newer and better quality equipment. Ariel systems enable much higher resolution copies of articles to be sent across countries and continents. OPACs have become the norm with card catalogues still existing in only the smallest of libraries, and those OPACs are now accessible on any personal computer with an Internet connection.

Flower reported that library patrons' expectations for rapid delivery of information were already on the rise as many had "microcomputers" on their desks and were eager for the library to participate in electronic communication. The invention of the Internet has been a great enabler for libraries, allowing almost immediate access to large bodies of literature. Flower stated that "it should be possible to identify the item required, find it in the collection, order it, and have it on their desk tomorrow" [1]. Now, especially in larger institutions, it is possible to have required items in users' hands within minutes. The vast majority of journals are now available electronically, and most patrons expect that they will be able to find what they want online, sometimes becoming irritated when they actually have to come to the physical (rather than virtual) library if an item they want is only available in print. Most databases are available via Web-based platforms, enabling patrons to conduct their own searches instead of requiring librarians to conduct expensive, pay-per-minute searches for them. The Internet has improved efficiency in other ways as well, facilitating global communication and remote access to the library's resources.

Though she could not have fully foreseen what shape the electronic revolution would take, it is this revolution that led Flower to believe that it would be possible to achieve nationwide cooperation and equal access to health information for all. In the past, hospital libraries were at a disadvantage when compared with academic ones, usually with smaller budgets and hence smaller collections and staff complements. While this situation is often still true today, the formation of consortia and regional library systems has served to alleviate this inequity. Flower envisioned a nation wherein the 16 medical school libraries across the country would serve as the nuclei of regional, integrated partnerships [1]. The two types of libraries would complement each other,

with the university's resources in support of teaching and research being supplemented by the hospital's clinical and patient care materials. Of the now 17 medical schools (the Northern Ontario School of Medicine joined the Association of Faculties of Medicine of Canada in 2004) [6], all but one school have such regional systems in place.

These regional library systems are often further supported by provincial resource-sharing initiatives, many of which were created to alleviate the problems caused by budgetary cuts, that aim to foster equitable access to health information. For instance the Health Knowledge Network in Alberta, the Saskatchewan Health Information Resources Partnership, and the Atlantic Health Knowledge Partnership, among others, facilitate licensing of and therefore access to various electronic resources for members of health and library institutions and organizations across their respective provinces that might otherwise not be able to afford such products. By delivering patient care information and the results of the latest research ventures, such a system allows health practitioners across the country to provide evidence-based practice to their patients. The National Network of Libraries for Health, should it be established as we all hope, will provide a similar service but on a national scale, bringing electronic access to health care providers in disparate situations across the country.

International networks are also working towards the goal of ensuring equitable access. The Health InterNetwork Access to Research Initiative (HINARI), is a World Health Organization initiative that provides institutions in developing countries with free or very low-cost electronic access to the world's major biomedical and social sciences journals. Now the remaining problem is the provision of enough computers and Internet connections to enable access to the online resources. Currently over 70 publishers contribute their content to HINARI and this number is continually increasing [7]. Perhaps one day, there will be a global network providing free electronic access to everyone around the world. The various open access initiatives are already making progress towards such a goal. Online repositories such as BioMed Central and the Directory of Open Access Journals (DOAJ)

are working to enable free access for all to high quality information and research. As these ventures continue to increase in number and scope, we come ever closer to worldwide information equality.

In 1987, Muriel Flower had a vision for the future: electronic access to resources would enable Canadians to have equal access to online health information [1]. Although many of her recommendations were not implemented, I think she would still be impressed by the advancements in health sciences librarianship both in Canada and around the world. Although we have not yet fully achieved a universal library, monumental progress has been made toward that end and perhaps in another 20 years, we will indeed have not just a national, but an international library without walls.

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Ensuring access to consumer health information pamphlets at Capital Health

Penny Logan and Eleanor King

Abstract: Program objective – The objective of the program was to create a catalogue of patient education pamphlets and provide a stable in-house platform for the database that is sustainable with current staff resources. Rationale – Capital Health has an excellent selection of more than 1000 pamphlets specifically for patients. These pamphlets need to be accessible from the Internet, and they need to be housed on a Capital Health Web page. Main components – The main components were cataloguing the content, designing a user-friendly Web page, ensuring ongoing cataloguing is sustainable, and educating users. Setting – Capital Health, Halifax, Nova Scotia. Participants – Eleanor King, Patient Education Coordinator, Capital Health; Myrna Lawson, Library Technician; Penny Logan, Manager Library Services; Pearl Murphy, Web Coordinator; Boyd Sharpe, Systems Analyst; Deb Cameron, Graphic Designer. Program – The program was to ensure Web access to patient pamphlets. Results – 679 patient pamphlets were catalogued and presented on a user-friendly Web page in a searchable database that is controlled in-house and that can easily be kept up-to-date with current staff and systems. Conclusion – Library software and expertise can be used for more than just a catalogue of books and journals. By using already-available software and expertise, maintaining the pamphlets database can be accommodated without additional expense.

This paper does *not* describe the huge, time-consuming process that goes into developing patient pamphlets: the committees, the rewrites, the editing, and the creation of abstracts. That is the heavy and essential work of the Patient Education Coordinator at Capital Health. For that information, please contact Eleanor King. This paper describes how the library is involved in making sure this essential information is made available to the broadest possible publics.

Capital Health is a health district in Nova Scotia that includes 10 facilities, covers more than 2000 square miles, and serves a population of 350 000. A series of patient pamphlets has been developed that give general health information as well as specific instructions for patients, from “how to get to clinics” to “how to care for your wound at home”. The 1000 patient pamphlets continue to be used in paper form, but there is increasing demand from both health professionals and the public to make these materials available on the Internet.

The electronic files for the pamphlets are created in-house and the files are housed on a Capital Health server. However, access to them has been via the Nova Scotia Health Network (NSHN) with the assistance of Dalhousie University. The NSHN-branded Web site is provided by the Dalhousie Department of Academic Computing Services. The department supervises com-

puter science students employed on a work-term basis. The students maintain the Web page, which is hosted on a Dalhousie server. NSHN contains several links and patient information from several hospitals. To provide some subject access, a check-off template was developed by the Dalhousie Department of Medical Informatics so that an NSHN employee could easily assign each pamphlet to a category, as provided by the Patient Education Coordinator. This check-off template is displayed on the Web page and is meant to act as a search aid.

Several things happened that provided the impetus for Capital Health to take on a more active role in the process. One person at NSHN is responsible for looking after the pamphlet process, so illness or vacation meant the pamphlets were not immediately available. The NSHN Web page gives access to pamphlets from many different agencies and at differing levels of readability and quality. The Capital Health Patient Education Committee suggested in 2004 that users needed a more straightforward search page, but no action has been taken to change the search page. The biggest impetus for change was the announcement from the NSHN that it was facing some financial constraints, and there were questions about whether it would continue.

The Health Sciences Library took up the challenge to find a way to ensure the ongoing maintenance of and access to the pamphlet files. This had to be accomplished while operating within the library’s current staffing and resource levels in a system that can be sustained over time and that can be maintained wholly within the resources of Capital Health should the need arise.

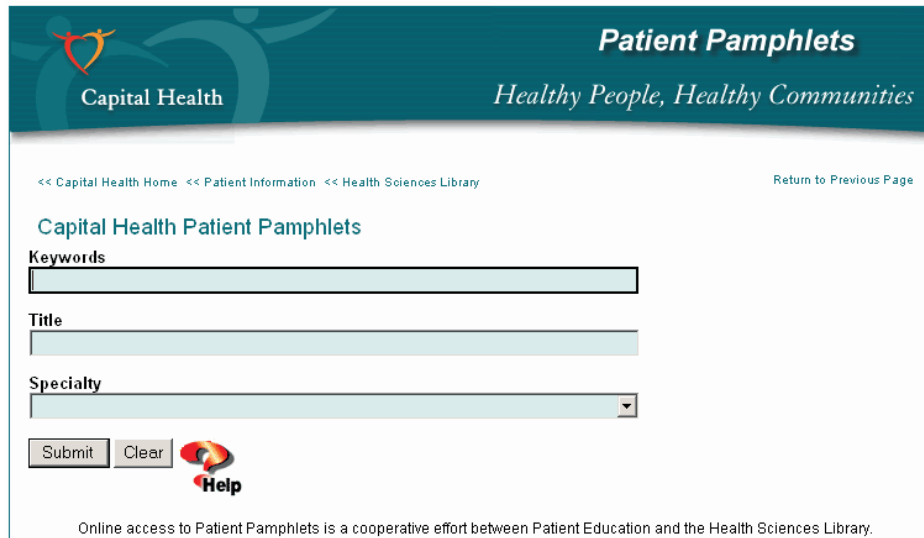
This project involved identifying which pamphlets will be catalogued, cataloguing the pamphlets, creating a new pa-

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Fig. 1. Patient pamphlet search page.



Capital Health Patient Pamphlets

Keywords

Title

Specialty

Submit Clear Help

Online access to Patient Pamphlets is a cooperative effort between Patient Education and the Health Sciences Library.

tient pamphlet Web page that is identified with Capital Health, ensuring that the new Web page is user-friendly, setting up a process so that new pamphlets can easily be incorporated into the library's cataloguing processes, and educating Capital Health staff about the new access point.

Of the 1000 pamphlets, 679 were selected for cataloguing. Those not catalogued are specialized pamphlets that require a health care professional intervention and are not meant to be publicly available. The library uses CS/TextWorks® and WebPublisher PRO (Inmagic, Inc., Woburn, Mass.) for its catalogue. This software is well known to all library staff, and thus it was straight forward to create a separate "textbase" for the patient pamphlets. The library technician worked on the project when she could find time, and the initial cataloguing was completed in May 2006. The textbase and the public Web page were modeled on the library's public catalogue so that it would take the fewest resources to implement and maintain and so that it would be familiar to our users. Because this had to be accomplished with current staffing and resources, there was an effort to catalogue at a minimum level while ensuring maximum accessibility for both Capital Health staff and the public.

The cataloguing fields we used were Title, Author, Notes, Abstract, Specialty, Language, and Year. On the public Web site the search screen has been limited to just three fields: Key words, Title, and, Specialty (Fig. 1).

Several groups were consulted (including the Patient Education Committee) to get input into how the page should look, and modifications were made to ensure that the Web page is considered user-friendly.

In addition to ensuring that there is enough white space on the page, the text in the online Help file was modified so that the language is at a level appropriate for patient education materials. And, although we enter data into the Abstract field when we catalogue, on the search results page that field is labeled "Notes".

A paper catalogue to the pamphlets has been in use for many years and is based loosely on the National Library of Medicine classification system. We wanted to show our users the same kind of list that they see in the paper catalogue.

The list is not restricted to subjects; it includes both subjects and places. We decided to put strict cataloguing rules aside in favour of showing our users a Web version of the index that is as close as possible to the paper index they use. We created a field called Specialty that shows all the classifications. It displays as a drop-down menu with the following terms: breast disease, Cancer Care Nova Scotia, cancer general, cardiovascular system, dermatology, diagnostic imaging, emergency, endocrine system, food and nutrition, gastrointestinal system, geriatrics, gynaecology, Hants Community Hospital, hematology, hospitals, infectious disease, intensive care unit, medications, musculoskeletal system, nephrology, nervous system, nursing, nursing units, ophthalmology, oral surgery, otorhinolaryngology, pain management unit, palliative care, physiotherapy, psychiatry, respiratory system, surgery, and urogenital system.

The search results appear on a screen with the following headings: Title, Year, Notes, and View. Clicking on View Pamphlet opens a PDF document displaying the full text of the pamphlet (Fig. 2).

The library worked with the Information Technology (IT) Department to find the most appropriate place within the current process for the library to be notified that a new pamphlet is available so that it can be catalogued. The IT Department has been invaluable both in its expertise and in its enthusiasm to see this project through.

There are many advantages to this arrangement:

- (i) In-house expertise (no new expenditure for software)
- (ii) Improved understanding by others of the capability of the library
- (iii) Ability to instantly make changes to the database
- (iv) Capital Health can ensure quality control
- (v) Many in-house experts (no holdups because of vacation or illness)
- (vi) Part of regular processes
- (vii) Can make changes to accommodate what our users want (even if we have to "bend" some cataloguing rules)

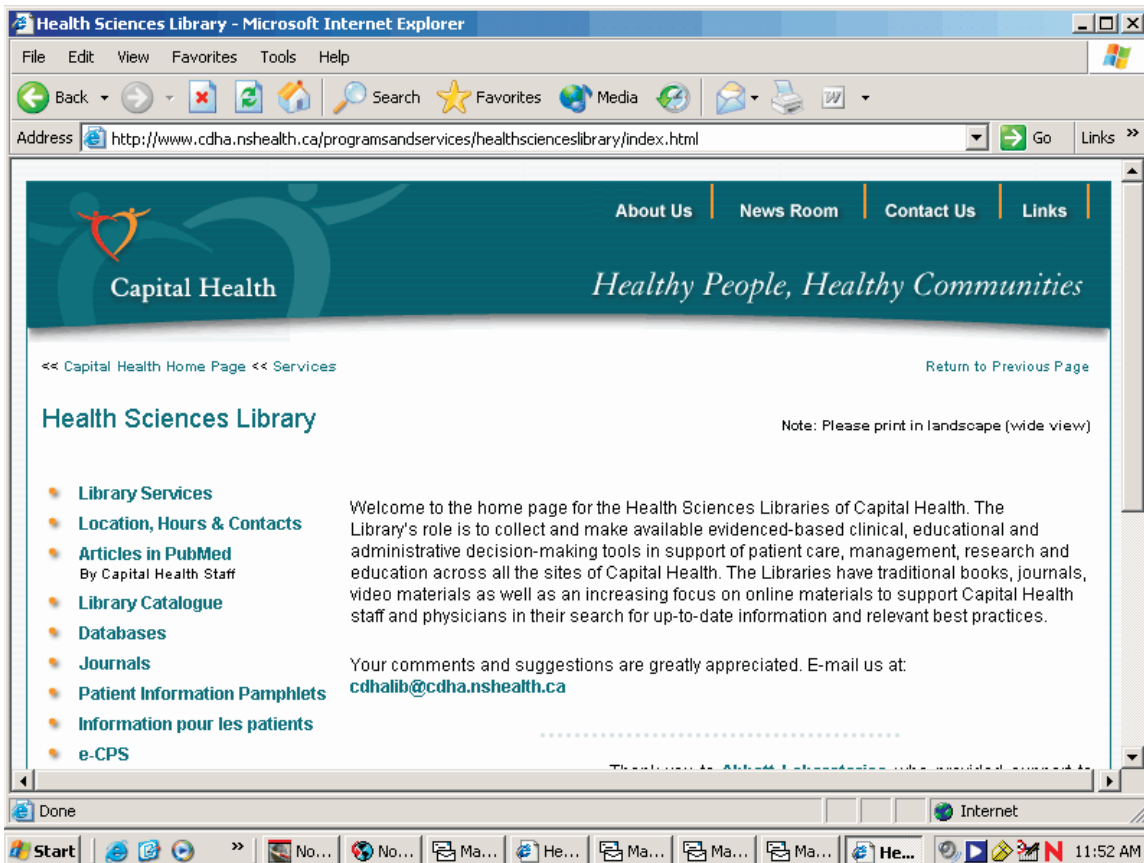
The two systems continue to work in parallel. The pamphlets are still available through NSHN. The original pro-

Fig. 2. Section of the search results page.

Your search found 21 records.

Title	Year	Notes	View
Angiogram	2004	This pamphlet was prepared by Capital Health, Nova Scotia. During this test, a colorless dye is injected into blood vessels so they can be seen on x-ray. We have described getting ready for the test, what happens during the test and the care after the text. Problems that need immediate medical attention are given.	View Pamphlet
Barium enema	2006	This pamphlet was prepared by Capital Health, Nova Scotia. We have described getting ready for this test and what happens during the test. It is very important to follow the instruction you are given to prepare for this x-ray. The test is like an enema except barium is used to show the bowel under x-ray. The radiologist controls the barium. The patient is asked to turn from side to side as films are taken.	View Pamphlet
Bone scan	2006	This pamphlet was prepared by Capital Health, Nova Scotia. A bone scan is done in the Nuclear Medicine Department. A radioactive material is given. Pictures are then taken with a gamma camera. The dosage of the radioactive material is so small that it will not harm you. If you are unable to keep your appointment, please call immediately so that another patient can be booked.	View Pamphlet

Fig. 3. Link to the French language page.



cess remains with the addition of alerting the library when a pamphlet is uploaded to the server.

Over the summer of 2006, some of the patient pamphlets were translated into French. Because we have knowledge of the software, it was very easy for library staff to add them to the catalogue along with a Language field. This both allows people to search by language and allows for future capacity because we can accommodate any number of languages.

Several training sessions have been given to Capital Health staff, and in regular library training, special mention is made of the link to the Patient Education Pamphlets Web page that appears on the main menu of the library's home

page. A separate link to "Information pour les patients" directs users to the French language page (Fig. 3).

Our IT systems do not allow us at this time to measure how much traffic we get on the patient pamphlets page, but as our systems are improved, we will be looking at that statistic as an outcome that can be measured year over year.

This has been a great cooperative effort with the result that the library has increased its role in the Capital Health information processes, we have extended our contacts through the Patient Education Committee and the IT department, and we have ensured the continued access to these essential patient education materials.

Direct to you: innovative information services to support nurses' continuing competence in Manitoba¹

Lisa Demczuk, Analyn Cohen Baker, Christine Shaw-Daigle, and Melissa Raynard

Introduction

The libraries in Winnipeg, Manitoba, community hospitals identified an ideal opportunity to develop new programs and services to reach practicing nurses in their own setting. In 2004, the College of Registered Nurses of Manitoba (CRNM) began the implementation of a Continuing Competence Program that requires nurses to annually demonstrate, as part of their registration renewal, a commitment to life-long learning, and their participation in professional development activities [1]. The libraries recognized that many nurses, because of the time constraints of clinical responsibilities, shift work, and family life, have difficulties visiting the physical library in person to find resources to support learning and self-development. To bring relevant information directly to the nurses to support their continuing competence information needs, the librarians of the Winnipeg community hospitals developed four innovative onsite and virtual library programs and services.

Background and setting

Registered nurses across Canada are part of the competency movement aimed at increasing the professionalism, accountability, and self-regulation of the nursing workforce [2]. The Canadian Nurses Association, in a joint statement

with the Canadian Association of Schools of Nursing, describes continuing competence as “the ongoing ability of a nurse to integrate and apply the knowledge, skills, judgement, and personal attributes required to practice safely and ethically in a designated role and setting”. The individual nurse is “responsible for demonstrating commitment to continuing competence through life-long learning, reflective practice, and integrating learning into nursing practice” [3].

The province of Manitoba followed the trend of the other provinces and territories and adopted many of the principles of continuing competency programs as laid out in *A National Framework for Continuing Competence Programs for Registered Nurses* [4]. Beginning in 2004, the Continuing Competence Program has been administered through the CRNM as part of nurses' annual registration renewal. This is a substantial departure from the past practice that required the annual documentation of only nursing practice hours to demonstrate continuing competence [5]. The new program focuses on the maintenance and enhancement of competence throughout a nurse's career. The foundation of the program is life-long learning and reflective practice or self-assessment. Rather than require the completion of formal continuing education units, nurses practicing in Manitoba must document self-assessment of their current practice and provide a self-development plan that includes evidence of professional development learning activities [6]. The possible activities that nurses can engage in cover a broad scope. Some of the activities suggested by the CRNM are the following: borrowing journals, books, or articles from the facility library; conducting literature reviews; participating in a journal club; attending conferences, seminars, workshops, and in-services [7].

The libraries of the Winnipeg community hospitals are units of the University of Manitoba Neil John Maclean Health Sciences Library. The libraries are located in the Concordia Hospital, Grace Hospital, Seven Oaks General Hospital, and the Victoria General Hospital and were organized through an affiliation agreement with the Winnipeg Regional Health Authority (WRHA) and the University of Manitoba (UM). This agreement enabled the hospital libraries to access the print and electronic resources of the University of Manitoba Libraries (UML) system and maintain Web

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

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sites as part of the UML Web pages. The health care professionals of the community hospitals and the WRHA (including more than 7000 nurses) are all eligible to receive library and information services and have benefited by the expansion of access to health databases, electronic journals, and e-books through the UML.

Program description

The programs and services introduced by the community hospital libraries were intentionally developed and delivered to both support the registered nurses in their continuing competency requirement to demonstrate and document professional development activities and to make it as easy as possible for the nurses to get that information. The four programs and services are webliographies hosted on the UML Web pages; Competency Collection Information Pathfinder; On the Unit; and *Info-RN: a newsletter for nurses*.

Webliographies are like roadmaps, convenient routes to information sources on selected topics. The webliographies are online resource guides to books held in the UM libraries, journal articles, and reputable Web sites. Each webliography (there are now 30) is created and regularly updated by individual librarians. The topics are chosen and the webliography developed with input from nurses in response to nurses' information needs. The webliographies are presented in an alphabetical title list that links to the full resource and are easy to access from the UML Web pages (<http://umanitoba.ca/libraries/units/health/links/webliographies.html>). The webliographies are also designed to easily connect the listed information to the full source. Each book title is linked to BISON, the UML catalogue, allowing a nurse to request a specific title, have it delivered and held at the hospital library of his or her choosing. The library can then have the book delivered right to the nurse's unit. Each article citation listed in the webliography is embedded with a UM Links icon that, depending on licensing restrictions, provides the SFX link to any available full text of the article, to the UML catalogue for a search of a print holding of the journal, and to a document delivery request form that lets the nurse request a copy of the article from his or her hospital library.

For nurses who are not yet ready to access information in the online environment, the Competency Collection Information Pathfinder is a customized package of print information that is put right in the nurse's hands. Each folder includes multiple copies of a current bibliography of books and articles on a specific topic. One copy of selected articles and book chapters, along with information on how to request further articles and the complete books, is provided in the package. The Competency Collection is placed in a convenient location in the nursing ward or unit. It can be used for self-study, and the bibliography list makes it easy for the nurse to note what has been read and include the proper citation for documentation of continuing education. The collection is easily produced and customized for specific units based on their direct clinical care issues and expressed need for information.

The Competency Collection is an effective, although passive, means of bringing clinical and continuing education information to nurses. The On the Unit service is a more active method of connecting with the nurses. In this service,

the community hospital librarians make regular visits (bi-weekly or monthly) to selected units within the hospital. These visits, usually lasting 1 h, take place at a time most suited to the constraints of the unit's work flow and afford the majority of nurses the opportunity to take advantage of the service. The librarian brings a variety of resources "on the unit" — new books, recent journal issues, and a selection of printed articles — all of which can be immediately borrowed by nurses. The librarian also answers questions, takes requests for literature searches, demonstrates Web pages and information retrieval techniques, and markets library services. Not only does the On the Unit service provide another access point to the library resources, but it has enabled nurses to put a face to the library, thereby increasing their comfort level with seeking information.

The final new service, *Info-RN: a newsletter for nurses*, is a specially designed electronic newsletter that highlights nursing resources, both print and Internet-based, and library services that are targeted towards nurses. Produced three times per year, the newsletter is posted to the Web pages of the community hospital libraries and the Neil John Maclean Health Sciences Library (<http://www.umanitoba.ca/libraries/units/health/newsletter/index.html>) and is distributed via e-mail to the hospital nurses and University of Manitoba Faculty of Nursing staff and students. The format of the newsletter permits direct linking, as allowed by license restrictions, to any featured electronic resources or Web sites. New books and audio-visual materials that are reviewed are also linked within the newsletter to their catalogue record, allowing nurses to request these items directly from the newsletter. This low-cost, easily distributed publication has been well received by nurses, many of whom have suggested topics for future issues.

Outcomes and discussion

The hospital libraries have received a positive response to the new program and service initiatives. Each of these initiatives, the webliographies, Competency Collection, On the Unit, and *Info-RN*, have succeeded in bringing authoritative information directly to nurses. Each initiative addresses the particular information needs of nurses working on the wards or units of the Winnipeg community hospitals. The benefits of these varied information programs and services are reflected in several ways. First, in spite of their hectic ward work, nurses are provided with literature and resources that they can read, critically reflect upon, and directly cite as evidence of learning activities undertaken to meet their individual self-development plans. Second, many of the webliographies, Competency Collection resources, and *Info-RN* features have direct clinical applications for nurses in their patient care, planning, and administration. Third, essential library research and information literacy skills are being communicated to nurses. This directly supports the CRNM competency goal of nurses that embraces the principles of life-long learning. This has been achieved during the On the Unit librarian visits and in the *Info-RN* newsletter, which has included features on searching PubMed, using the UML catalogue to search for and request titles, creating citation lists and bibliographies with RefWorks, evaluating health sites on the Web, and so forth. Any nurse who wishes more in-depth instruc-

tion can request an individual tutorial with a librarian and receive a participation certificate of the session, suitable for documenting the learning activity.

The new program and service initiatives have been beneficial for the community hospital libraries as well as the nurses. The libraries have shown themselves to be an invaluable resource by reaching out to support nurses as they undertake their new continuing competence requirements. The nurses in the community hospitals have become familiar with the libraries and the resources and services. As well as being recipients of the information delivered directly to them, the nurses are becoming more active in approaching the library themselves. The new role for nurses in Manitoba, in adopting the principle of life-long learning and demonstrating professional development learning activities, has also meant a new role for the hospital libraries of the Winnipeg community hospitals.

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Availability of electronic libraries in the health sciences in the Arabian Gulf region

Karen Neves and Hakim Bishawi

Abstract: Health sciences libraries the world over have experienced an increase in the popularity and use of electronic resources in their collections. As the Internet has begun to invade even the remotest of areas, libraries in the health sciences are experiencing ever-increasing pressure to expand into the electronic environment. The Arabian Gulf region is no exception. In the Gulf Cooperation Council (GCC) countries (United Arab Emirates, Saudi Arabia, Bahrain, Qatar, Kuwait, and Oman) libraries are asked to serve the information needs of health practitioners with a diverse range of financial, electronic, and human resources. In some countries, both funding and infrastructure are excellent. In others, a lack of hardware, software, or financial resources have taken their toll on services. Through the use of online and fax questionnaires, this paper examines the availability of electronic resources in health libraries in the Gulf region and will look at the state of the art for such characteristics of digital libraries as a significant Web presence, ability to access resources at a distance, and the provision of library services using electronic media.

Introduction

While a small body of literature exists documenting the state of libraries and library cooperation in the Gulf Cooperation Council (GCC) countries, little has been published regarding health libraries in particular. Intergovernmental cooperation among GCC countries (United Arab Emirates (UAE), Saudi Arabia, Bahrain, Qatar, Kuwait, and Oman) has been well established since the inception of the group in 1981, but little formal study has been done on the growth and development of health sciences libraries in the region. For that reason, this survey was undertaken to provide a snapshot of the state of health libraries in the Arabian Gulf and, perhaps, to provide a benchmark by which further studies could gauge the progress of health libraries in these countries.

Before proceeding with a survey, the authors searched PubMed, Embase, Current Contents, and Google Scholar to identify any previous studies on health libraries or on library cooperation in general in the region. Very few studies were retrieved; only three studies regarding health libraries in Kuwait and Saudi Arabia were found. No studies were found covering libraries in all GCC countries.

Of the three studies retrieved on health libraries, two were done in Kuwait, one in 1984 [1] and the other in 2001 [2], and one study was conducted in Saudi Arabia in 1998 [3]. In general, these studies reflect the growth of electronic communication media but not the same exponential development as seen in Western countries over a similar time period. The 1984 study [1] briefly discusses the lack of access to

MEDLINE in Kuwaiti libraries but refers to no other computerized resources. The 1998 study from Saudi Arabia [3] refers to “CD-ROM technology” and “commercial online databases”, including MEDLINE. However, only six of the libraries surveyed (50%) offered librarian-mediated searches via MEDLINE online, and 50% had MEDLINE on CD-ROM. By the 2001 study [2], of 17 libraries in Kuwait, only 52.9% of respondents provided online services, and 41.2% provided CD-ROM access. Interestingly, only four libraries (23.5%) provided Internet access, and no hospital libraries offered this facility to its users. By 2001, it appears there was little growth in the availability of online resources.

Although the lack of previous studies encompassing health libraries in all GCC countries makes it difficult to judge the scope of growth regionwide, the results of this most recent survey seem to show an explosive growth in the availability of electronic resources in the Arabian Gulf region when compared with the 2001 study from Kuwait [2], with the majority of libraries (90%) now offering electronic services, including Internet access, to their users. While the number of libraries offering electronic access has increased, so have the variety of available products and the platforms on which they are being offered, creating an exciting emerging market for e-resources with the potential for further growth.

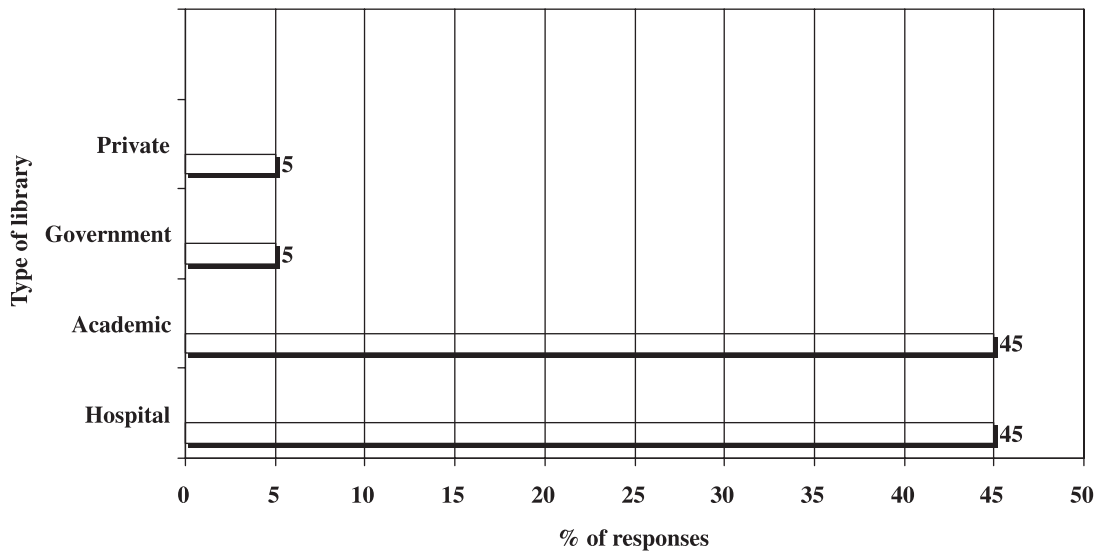
Methodology

Notification of the survey was circulated to all known members of the health library community ($n = 39$) in every country of the Arabian Gulf region by e-mail, using the World Health Organization – Eastern Mediterranean Regional Office (WHO–EMRO) listserv, and by fax from lists of known medical libraries in the region. These lists were obtained from the document delivery departments of both the UAE National

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Fig. 1. Responses by type of library ($n = 20$).

Medical Library and Tawam Hospital. Currently, no known up-to-date official list of health libraries in the GCC exists.

The questionnaire (Appendix A) consisted of 26 items, covering topics such as type of library, location, type of electronic resources held, remote access, virtual reference services, and participation in interlibrary loans. The questionnaire was distributed in English only, with an accompanying cover letter explaining the purpose of the study, data use, and confidentiality.

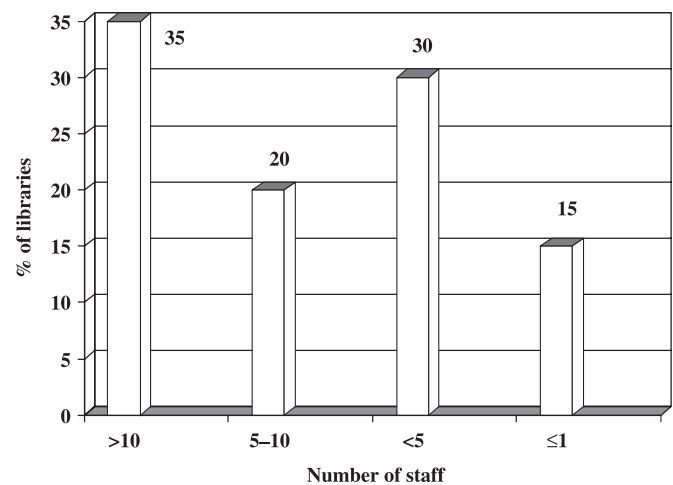
E-mail distribution included a full copy of the questionnaire (with a cover letter), which respondents could complete and e-mail or fax back to the authors. Alternatively, respondents could use a link to the SurveyMonkey Web site (www.surveymonkey.com) to complete the survey on the Web. Fax distribution, chosen so that the survey could reach those libraries that may not have electronic access, included a cover letter and full copy of the questionnaire, with instructions requesting that respondents complete the questionnaire and fax it back to the authors.

A total of 22 responses were received: 45% online and 55% by fax. Two responses were excluded because of duplication (two institutions had completed the questionnaire twice). The total number of valid responses used in the analysis was 20.

Results

Of the valid responses, there was an even split between hospital and academic libraries; 45% came from each sector (Fig. 1). One response came from a government library, and one came from a private company. Forty percent of responses were received from the UAE, followed by Saudi Arabia with 25%, Oman with 16%, Qatar with 10%, and Bahrain and Kuwait with 5% each.

Ninety percent of the libraries indicated that they serve a population of doctors and other health professionals, while 15% also indicated that they serve students and faculty. This question allowed for multiple responses. Eighty percent indi-

Fig. 2. Staffing levels in libraries ($n = 20$).

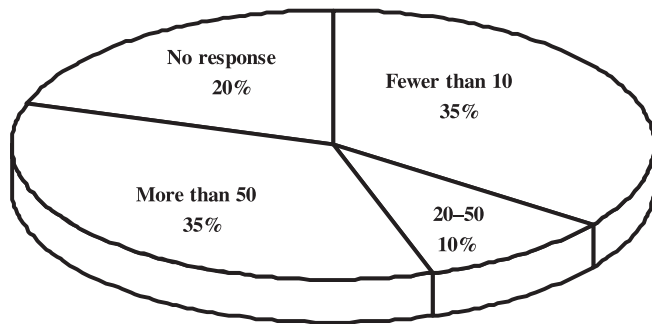
cated that they do not currently serve the information needs of patients.

Regarding the staffing levels among respondents, 35% had more than 10 staff. Of these, 71% were academic libraries, and 29% were hospitals. Fifteen percent of respondents had only one staff member. Of these, 67% were hospitals, and 33% considered themselves academic libraries. The balance of respondents ranged between these two, with 30% of respondents having fewer than five staff and 20% having 5-10 employees (Fig. 2).

Profile of electronic resources

Questions in this section of the survey were aimed at determining how many libraries had access to electronic resources, what type of products they were supplying, and how they were providing access. Ninety percent of respondents indicated that they have access to electronic resources. Of these, 58% said they offer remote access to their products.

Seventy percent of respondents have access to electronic books. Of the libraries that offer access, 35% have fewer

Fig. 3. Number of e-books to which libraries have access.

than 10 titles, 10% have 21–50 titles, and 35% have more than 50 e-books (Fig. 3). Ninety percent of those surveyed indicated that they have electronic access to journals. However, 25% have fewer than 100 titles, 38% have 100–500 titles, 6% have 500–1000 titles, and 44% have more than 1000 titles (Fig. 4).

Only 65% of respondents reported that they have access to databases. Ten percent indicated that they have no database access, and 25% declined to respond to the question. Of the libraries with database access, 54% indicated that they have access to fewer than 10 databases, 15% have access to 10–20, 8% have access to 20–50, and 23% have access to more than 50 databases. The authors believe this indicates a problem with this question, perhaps based on a language barrier or incomplete understanding of what constitutes a “database”.

Web presence

Sixty-five percent of respondents indicated that they have a library Web site. Of those, 54% have a webmaster, 23% are served by their institution’s information technology department, and 23% reported a library staff member as caretaker of the site.

Electronic library catalogue

Seventy-five percent of the libraries surveyed indicated that they have an electronic version of their online public access catalogue (OPAC), and 60% of those have a webcat. All respondents with webcats indicated that their catalogue was open access. Of those with webcats, 89% indicated that books could be renewed remotely using the OPAC.

Library instruction

This question allowed for multiple responses and was aimed at determining the extent and nature of the libraries’ instructional programming. Respondents were asked whether they provided information literacy instructional programs and whether these programs were provided to individuals, small groups, large groups, or all of these. Eighty percent of the respondents reported conducting some form of library instruction, with 63% of those engaging in multiple forms of instruction. Thirty-eight percent were engaging in all forms of the instruction listed, but the majority (81%) were doing individual and small group sessions only.

Virtual reference

Only 65% of respondents indicated that they were engaging in virtual reference. Of those, 100% were accepting and answering questions using e-mail, 23% of respondents use a Web form, and none were using virtual reference software.

Document delivery

Ninety-four percent of libraries reported that they use document delivery. The most common method for sending and receiving interlibrary loan (ILL) requests, with 88% of libraries using it, is e-mail. Only 18% of libraries are using Web forms. Of the libraries indicating participation in document delivery, 24% reported using multiple formats for requests. To send and receive the requested articles, 71% of positive respondents use e-mail, 59% use Ariel, and 12% use Web-based delivery systems. Thirty-five percent use both e-mail and Ariel (Fig. 5).

The majority of respondents (33%) are exchanging services with other GCC medical libraries, while 8% also exchange services with other types of GCC libraries as well. The regional WHO library and the British Library are each used by 18% of respondents, while 15% use the Canada Institute for Scientific and Technical Information (CISTI) and 8% use the National Library of Medicine (US) (Fig. 6). Of the libraries participating in document delivery, 42% indicate being net lenders, with a greater number of items being sent from their collections, while 53% say they are net borrowers. Five percent did not respond to this question.

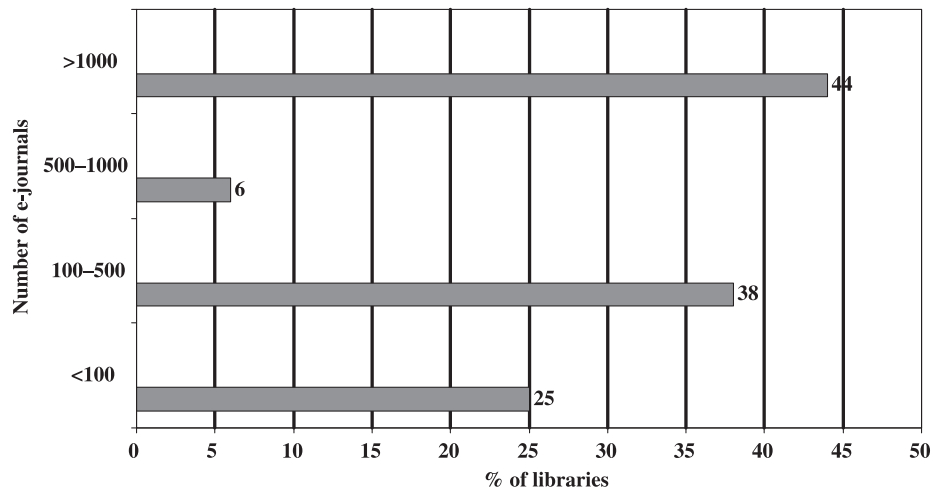
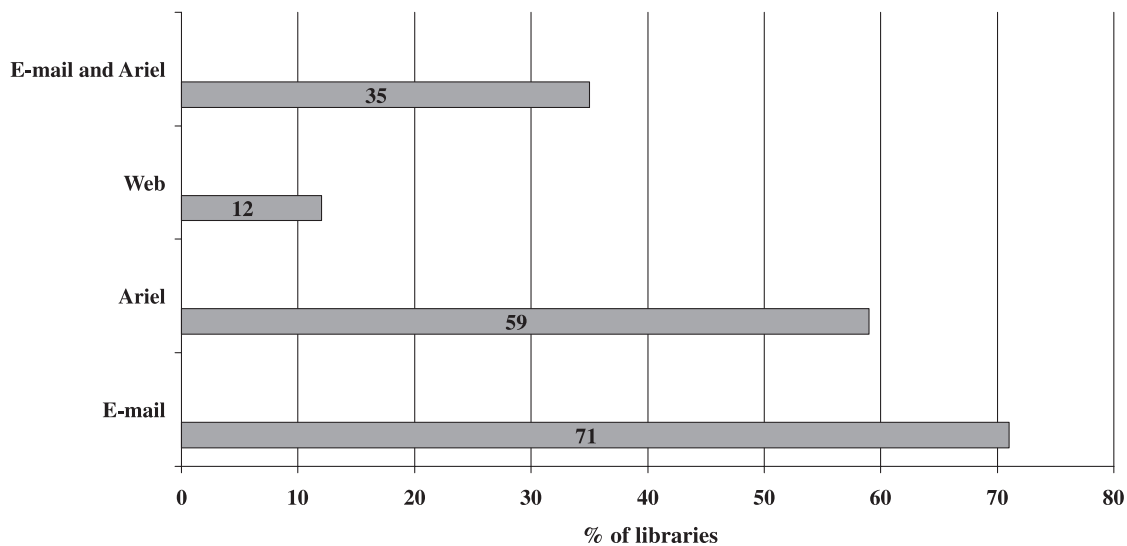
Discussion

By far, the majority of health libraries in the Gulf region currently offer access to their library’s electronic resources. In contrast to previous studies where a minimal number of libraries offered electronic access, more than 90% of respondents to this survey now report moving into the electronic environment with more than half of all respondents offering access remotely.

Although the questionnaire identified the types of libraries responding to the survey as well as the number of staff, the educational level of staff members — whether or not staff had Master’s degrees and how many did — was judged by the authors to be a very sensitive cultural issue, so it was not addressed at this time. Staffing levels generally reflected the pattern in North America, with the majority of academic libraries (71%) having more than 10 staff and far fewer hospital libraries (29%) with the same number. However, 44% of hospital libraries have more than five staff members. Only 22% had solo librarians.

Sadly, very few libraries (20% of those surveyed) offer services to nonhealth professionals. Whether this has to do with the policies of individual libraries or is dictated by cultural issues remains to be seen. In both libraries in which the authors work, it is extremely rare to see patients or members of the public in the library, although the UAE National Medical Library does serve nonhealth professionals as part of its mandate.

Electronic books and journals now seem to have become a common part of the suite of most libraries’ resources, with

Fig. 4. Number of e-journals to which libraries have access.**Fig. 5.** Methods used by libraries for sending and receiving documents via interlibrary loan.

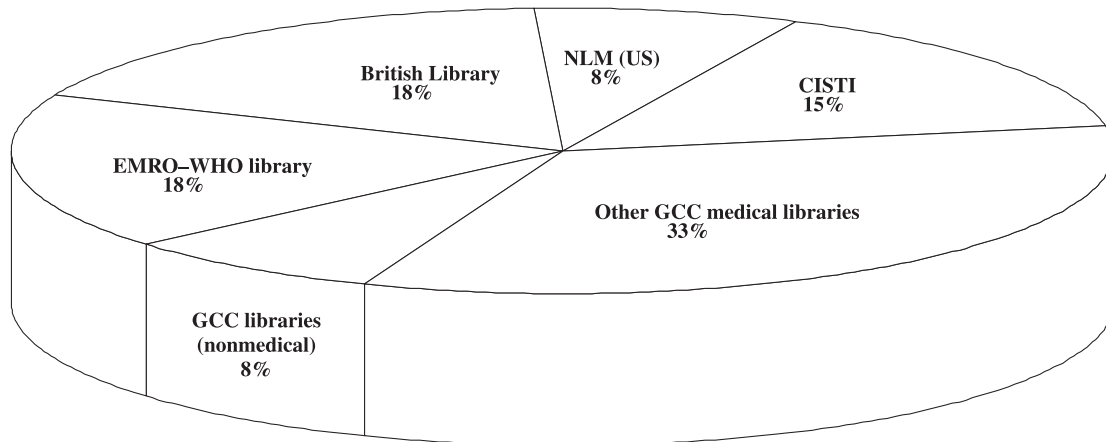
90% of respondents having e-journals and 70% having e-books. The majority (44%) of that 90% have more than 1000 e-journal titles. Of those with e-books, there is an even split between those who have fewer than 10 titles (35%) and those who have more than 50 (35%). It has been interesting to observe that there was some initial resistance at the UAE National Medical Library (NML) when e-books began to be added to the collection, with several patrons noting that they would not be well used because they were not convenient. With concerted efforts at product promotion and user education, these books have now become an indispensable part of the NML collection, with more titles being added regularly. It would not be unrealistic, in this case, to expect that 70% to grow in future surveys if this pattern holds true for other libraries.

The authors were disappointed in the response to the question regarding databases, with only 65% of the libraries indicating that they have access. Of these responses, the majority indicated that they have fewer than 10 databases. Only 23% indicated having more than 50. As noted, the authors feel

that this suggests a problem with this question, having to do with either a language issue or an incomplete understanding of the meaning of the term "database".

A significant number of libraries now indicate having a general Web presence, including a Web OPAC. Sixty-five percent reported that they have a library Web site, with more than half of those having their own webmaster. Of the 75% who indicated having an electronic OPAC, 60% have their OPAC on the Web, and all of these libraries have open access to their catalogue.

Libraries are also making good use of electronic resources for interlibrary loans and reference. Most commonly, documents are being sent, for ILL purposes, via e-mail but use is also being made of Ariel and Web forms. ILL is a good example of regional cooperation, as by far the greatest number of respondents (41%) are exchanging documents within the GCC region. This number includes both GCC health sciences libraries (33%) and GCC nonhealth sciences libraries (8%). Outside of this, respondents are most commonly using the WHO, the British Library, and CISTI to obtain docu-

Fig. 6. Document delivery partners.

ments. No libraries are using virtual reference software to conduct reference transactions, although all respondents admitted sending and receiving questions via e-mail.

ILL has long been a good example of cooperation among GCC libraries and is well established through a network of libraries in this region [4,5]. Electronic resources in libraries other than those in the health sciences have been surveyed and, in general, the trends mirror those in our survey. Web catalogue use is on the rise, e-mail is the medium of choice for both reference and ILL, and Web forms are offered to supplement e-mail in these areas [6].

Although this region has seen conflict in recent years, and this has had effects on particular states within the Gulf, including depleted staff, loss of funding for libraries, disruption of technological growth and interstate cooperation [7,8], library services seem to have recovered well. If the growth indicated in the current survey continues in health libraries, and with the advent of such new initiatives as the Dubai Healthcare City and partnerships with foreign institutions such as Harvard University (which is currently establishing a medical school and library in Dubai, UAE) and Johns Hopkins University (which has recently assumed management of one of the country's leading hospitals, Tawam Hospital in Al Ain, UAE), this region should continue to see exponential increases in the provision of services in health libraries.

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Appendix A appears on the following page.

Appendix A**Survey on the availability of electronic resources in health libraries in the GCC**

Principal investigators:
Hakim Bishawi, Librarian, Tawam Hospital, Al Ain, UAE
Karen Neves, Director, National Medical Library, Al Ain, UAE

What kind of library are you working in?

Hospital__
Academic (university or college)_____
Government ministry_____
Private company_____
Other, please specify_____

Which population of users do you serve?

Doctors and other health professionals_____
Patients_____
All of the above_____
Other, please specify_____

How many staff do you have?

No full time staff members_____
One full time staff member_____
Less than 5 staff members_____
5-10 staff members_____
More than 10 staff members_____

In which GCC country are you located?

Bahrain_____
Kuwait_____
Oman_____
Qatar_____
Saudi Arabia_____
UAE_____

Do you provide access to electronic library resources?

Yes
No

Which resources do you have? Please check all that apply.

Electronic books_____
Electronic journals_____
Databases_____

What is the size of your electronic collection?

Electronic Books

Less than 10_____

10-20_____

20-50_____

More than 50_____

Electronic journals

Less than 100_____

100-500_____

500-1000_____

More than 1000_____

Databases

Less than 10_____

10-20_____

20-50_____

More than 50_____

Are these products available from outside your library?

Yes

No

Is your library catalogue available online?

Yes

No

Is your library catalog on the web?

Yes

No

Is it possible to renew, reserve or request books using your catalog without coming to the library?

Yes

No

If your catalog is on the web, can everyone use it?

Yes

No

Does your library have a website?

Yes

No

Do you have a full-time web master?

Yes

No

If no, who manages your website?

Do you offer any instruction in the use of the library's electronic collections?

Yes

No

If yes, what kind of teaching do you do? Please check all that apply.

Individual sessions_____

Small group sessions_____

Large group sessions_____

All of the above_____

Do you offer virtual or online reference services?

Yes

No

If yes, how do you offer the service? Please check all that apply.

Through email_____

Through a web form_____

Through virtual reference software_____

Other (please specify)_____

Do you participate in electronic document delivery/inter-library loan of journal articles?

Yes

No

If yes, how do you send and receive requests? Please check all that apply.

Email_____

Doctype_____

Web forms_____

Other (please specify)_____

How do you send and receive documents? Please check all that apply.

Email_____

Ariel_____

Web_____

Other (please specify)_____

With which libraries are you exchanging ILL/DD services? Please check all that apply.

GCC medical libraries_____

Other GCC libraries_____

EMRO/WHO library_____

British Library_____

National Library of Medicine (USA)_____

CISTI (Canada)_____

Other (please specify)_____

Do you:

Borrow more materials than you send_____

Send more materials than you borrow_____

Does your library allow patients to use your online resources?

Yes

No

Consumer health information

Compiled by Susan Murray

Canadian Health Network (CHN) update (www.canadian-health-network.ca)

You can order CHN promotional material online. A variety of attractive material is available, such as magnets, pens, posters, bookmarks, pamphlets, and several information sheets. These items are great for outreach activities and are quality health information resources that you can recommend with confidence. Consider having a supply available for your library users. Here are the directions to access the CHN promotional material:

- (1) Go to www.canadian-health-network.ca
- (2) Select "Contact Us"
- (3) Scroll down the page and locate the heading "Still have questions?"
- (4) Choose "Order promotional items"

Furthermore, in the "Still have questions?" section, please note that you or your users can send a question to CHN and receive a customized response within 5 days. Select the disease prevention, group, or topic area, and send your question to the affiliate who is responsible for that area. For example, you could direct a question about complementary and alternative health to the Consumer Health Information Service at the Toronto Public Library. Please note that only health information, not health advice, can be provided.

A special youth area was launched in October 2006, and it can be accessed from the CHN's main Web page. If you have young family members and (or) library users interested in youth health, direct them to this customized interface.

Sign up and encourage your users to register for *Healthlink*, CHN's bimonthly e-bulletin, to keep informed of the dynamic content available on CHN, including new articles and notable health dates. Click on the "Subscribe To Our *Healthlink* Newsletter" link at the top right of the CHN's main Web page.

Health literacy

"Low health literacy is irrefutably linked to unsafe and inefficient care, poor outcomes and increased costs". The US Joint Commission Accreditation of Healthcare Organizations (JCAHO) held a public policy symposium in Chicago, 26–27 June 2006, titled "Health literacy: the foundation for patient safety, empowerment, and quality health care". Julie Esparza has an article in the September 2006 *MLA News* dis-

cussing the symposium. She was particularly and rightfully concerned that the symposium, with 12 h of health literacy programming, lacked the involvement of librarians. She stated that "we need to do more to increase awareness of the significant role that we can (and already do) play in educating individuals with low health literacy levels."

There are substantial health literacy resources available on the Medical Library Association (MLA) site at http://www.mlanet.org/resources/healthlit/healthlit_resources.html.

I taught a continuing education course at the Canadian Health Libraries Association / Association des bibliothèques de la santé du Canada (CHLA / ABSC) Conference 2006 titled "Plain talk about health literacy". This course is accredited by MLA and CHLA / ABSC and can be presented if your chapter is interested in contacting me (<http://www.chla-absc.ca/2006/>). I will also be giving a presentation on this topic at the Ontario Library Association's Superconference being held 31 January – 3 February 2007 (no date yet set for the presentation). For more information, see <http://www.accessola.com/site/showPage.cgi?page=education/superconference/index.html>.

MedlinePlus

Fourteen illustrated body maps were added to provide an interactive way to navigate MedlinePlus health topics. Each of the "Body Locations/Systems" on the Health Topics home page links to an interactive body map and a listing of related health topics.

MLA to participate in Google Health Co-op

http://www.google.com/coop/topic?cx=health_devel

The MLA Consumer and Patient Health Information Section (CAPHIS) is participating in Google Health. CAPHIS volunteers will tag, label, and annotate Web sites to help people find high-quality information faster. Other organizations who have signed on to the project include the National Library of Medicine, Centers for Disease Control and Prevention, Mayo Clinic, New York Online Access to Health, New England Journal of Medicine, Harvard Medical School, and Stanford Hospital and Clinics.

Consumer health and PubMed

Tip! Do the following to limit your PubMed search to the consumer health journal subset: enter subject, such as diabetes AND consumerj[sb].

Notable new publications and products

Canadian Health, a new bimonthly journal for consumers published by the Canadian Medical Association, debuts in October 2006. The publication will be placed in over 25 000 physicians offices across Canada, primarily to general practitioners and family medicine clinics that see an average of 50 patients per day. For more information, see http://www.cma.ca/index.cfm?ci_id=10035855&la_id=1.

Another publication of interest is *The Grey House Rare Disorders Directory, 2006/07* (1st ed., Yale University School of Medicine and Yale New Haven Children's Hospital Staff, Grey House Publishing, New Haven, Conn., 2006, US\$165.00, ISBN 1-59237-123-x).

The ProQuest Family Health database covers an extensive range of subjects of value in the public library context, such as sports injuries, women's health, nutrition, midwifery, eye care, and dentistry. It covers more than 355 journals, including the following:

- (i) Professional medical journals, such as *Lancet* and *New England Journal of Medicine*
- (ii) Several Canadian titles, such as *Chatelaine* and *A Friend Indeed*
- (iii) Consumer and news magazines, such as *Men's Health*, *Exceptional Children*, *Diabetes*, *Journal of Health and Social Behavior*, *Journal of Youth and Adolescence*, *Women's Health Weekly*, *Pediatrics for Parents*, and *Occupational Health*

For a complete list of titles, enter the name of the database at <http://il.proquest.com/tls/jsp/list/tlsSearch.jsp>. For more information, see the information sheet at <http://www.il.proquest.com/cgi-in/format/printer.pl> or contact Barbara Waddell, Account Manager (e-mail: bwaddell@micromedia.ca; telephone: 416-369-2577; toll free: 800-387-2689, ext. 2577).

Consumer health information readings

<http://www.haworthpress.com/store/product.asp?sid=H676J9EAJ7WL9MLEN0NDCDFKWFDL5QMB&sku=J381&AuthType=4>

There are some articles in upcoming issues of the *Journal of Consumer Health on the Internet* that examine non-

Internet topics. Although you have to pay to view an article, a table of contents for the journal is available at the Web page listed above. Select "Complete Contents for Current & Past Volumes" from the Journal Information column located on the right side of the screen. The following are a few notable articles:

Canadian Adverse Drug Reaction Monitoring Program (CADRMP) – Adverse Reaction (AR) Database <http://www.hc-sc.gc.ca/dhp-mps/medeff/databasdon/index_e.html>. By Nandita S. Mani. 2006;10(3):93–101.

Outreach to public libraries, senior centers, and clinics to improve patient and consumer health care: an update. By Naomi C. Broering, Stacey L. Gomes, and Gregory A. Chauncey. 2006;10(3):1–19.

EBSCO Health Library. By Joann L Chateau and Fareed Nawaz. 2006;10(4): 83–93.

Consumer Health Information Service (CHIS): updated guides

Several CHIS guides have been updated (http://www.tpl.toronto.on.ca/uni_chi_index.jsp):

- (i) Consumer Health Information – Selected Bibliography of Readings
- (ii) Core Collection of Recommended Titles / Consumer Health Books – If You Have \$1900
- (iii) Periodicals Currently Held at the Consumer Health Information Service
- (iv) List of Periodicals by Subject

Our annotated guides, Healthnavigators, are being updated and moved to a new home on our Web site and may not be available when this issue goes to press. We apologize for any inconvenience. Please contact CHIS directly for print copies of the guides on these topics:

- Attention deficit hyperactivity disorder (ADHD)
- Air pollution – indoor
- Air pollution – outdoor
- Alzheimer disease
- Anaphylaxis
- Arthritis
- Asthma
- Back pain
- Breast cancer
- Complementary and alternative medicine
- Congestive obstructive pulmonary disease (COPD)
- Depression
- Fibromyalgia
- Menopause

Current research

Compiled by Teresa Lee

Hoffecker L, Reiter, CM. A review of seven complementary and alternative medicine databases. *Journal of Electronic Resources in Medical Libraries*. 2006;3(4):13–32. doi:10.1300/J383v03n04_02.

Health sciences librarians are frequently asked to provide customer access to credible complementary and alternative medicine (CAM) information. This article reviews and compares the strengths and weaknesses of seven major CAM databases: AltHealth Watch, AMED, Complementary Medicine Subset on PubMed, HerbMed, MANTIS, Natural Medicines Comprehensive Database, and Natural Standard. Factors such as the amount, quality (evidence based and (or) peer reviewed), uniqueness, currency, and timeliness of information provided in each database as well as unique features, accessibility, and ease of use are discussed.

Mani NS, Wu WG. Information on demand: alert services and selection guidelines for librarians. *Journal of Electronic Resources in Medical Libraries*. 2006;3(4):33–49. doi:10.1300/J383v03n04_03.

Providing on-demand information is ever popular in today's technologically advanced environment. Whether one promotes library services or provides a communication gateway within a department, several options can be considered when selecting a new information delivery method. This article focuses primarily on using weblogs, RSS feeds, podcasting, and other means to deliver information alerts in a library setting. Discussion involves the various alert services available, the advantages and disadvantages of each type of alert service, and an "information alert selection guide" to assist in the selection of an alert service for a specific institution.

Boulos MN, Maramba I, Wheeler S. Wikis, blogs and podcasts: a new generation of Web-based tools for virtual collaborative clinical practice and education. *BMC Med Educ*. 2006 Aug 15;6:41. Available at <http://www.biomedcentral.com/content/pdf/1472-6920-6-41.pdf>. PMID: 16911779.

Background: We have witnessed a rapid increase in the use of Web-based "collaborationware" in recent years. These Web 2.0 applications, particularly wikis, blogs, and podcasts, have been increasingly adopted by many online health-related professional and educational services. Because of their ease of use and rapidity of deployment, they offer the opportunity for powerful information sharing and

ease of collaboration. Wikis are Web sites that can be edited by anyone who has access to them. The word "blog" is a contraction of "Web Log" — an online Web journal that can offer a resource-rich multimedia environment. Podcasts are repositories of audio and video materials that can be "pushed" to subscribers, even without user intervention. These audio and video files can be downloaded to portable media players that can be taken anywhere, providing the potential for "anytime, anywhere" learning experiences (mobile learning). **Discussion:** Wikis, blogs, and podcasts are all relatively easy to use, which partly accounts for their proliferation. The fact that there are many free and Open Source versions of these tools may also be responsible for their explosive growth. Thus it would be relatively easy to implement any or all within a Health Professions' Educational Environment. Paradoxically, some of their disadvantages also relate to their openness and ease of use. With virtually anybody able to alter, edit, or otherwise contribute to the collaborative Web pages, it can be problematic to gauge the reliability and accuracy of such resources. While arguably, the very process of collaboration leads to a Darwinian type "survival of the fittest" content within a Web page, the veracity of these resources can be assured through careful monitoring, moderation, and operation of the collaborationware in a closed and secure digital environment. Empirical research is still needed to build our pedagogic evidence base about the different aspects of these tools in the context of medical or health education. **Summary and conclusion:** If effectively deployed, wikis, blogs, and podcasts could offer a way to enhance students', clinicians', and patients' learning experiences, and deepen levels of learners' engagement and collaboration within digital learning environments. Therefore, research should be conducted to determine the best ways to integrate these tools into existing e-learning programs for students, health professionals, and patients, taking into account the different but also overlapping needs of these three audience classes and the opportunities of virtual collaboration between them. Of particular importance is research into novel integrative applications to serve as the "glue" to bind the different forms of Web-based collaborationware synergistically to provide a coherent, whole-some learning experience.

Kroth PJ, Aspinall EE, Phillips HE. The National Institutes of Health (NIH) Policy on Enhancing Public Access: tracking institutional contribution rates. *J Med Libr Assoc*. 2006 Jul;94(3):279–83. Available at

<http://www.pubmedcentral.nih.gov/articlerender.fcgi?tool=pubmed&pubmedid=16888660>. PMID: 16888660.

No abstract available.

Albert KM. Open access: implications for scholarly publishing and medical libraries. *J Med Libr Assoc*. 2006 Jul;94(3):253–62. Available at <http://www.pubmedcentral.nih.gov/articlerender.fcgi?tool=pubmed&pubmedid=16888657>. PMID: 16888657.

Purpose: The paper reviews and analyzes the evolution of the open access (OA) publishing movement and its impact on the traditional scholarly publishing model. **Procedures:** A literature survey and analysis of definitions of OA, problems with the current publishing model, historical developments, funding agency responses, stakeholder viewpoints, and implications for scientific libraries and publishing are performed. **Findings:** The Internet's transformation of information access has fueled interest in reshaping what many see as a dysfunctional, high-cost system of scholarly publishing. For years, librarians alone advocated for change, until relatively recently when interest in OA and related initiatives spread to the scientific community, governmental groups, funding agencies, publishers, and the general public. **Conclusions:** Most stakeholders acknowledge that change in the publishing landscape is inevitable, but heated debate continues over what form this transformation will take. The most frequently discussed remedies for the troubled current system are the "green" road (self-archiving articles published in non-OA journals) and the "gold" road (publishing in OA journals). Both movements will likely intensify, with a multiplicity of models and initiatives coexisting for some time.

Glover SW, Webb A, Gleghorn C. Open access publishing in the biomedical sciences: could funding agencies accelerate the inevitable changes? *Health Info Libr J*. 2006 Sep;23(3):197–202. PMID: 16911126.

Background: Open access is making a noticeable impact on access to information. In 2005, many major research funders, including the Wellcome Trust, National Institutes for Health (NIH), and the Research Councils UK (RCUK), set out their position in a number of statements. Of particular note was the stipulation that authors receiving grants must deposit their final manuscript in an open access forum within 6–12 months of publication. **Observations:** The paper will look at the open access position statements issued by some of the major funding bodies in the biomedical sciences. The paper will also look at the models used by publishers to provide open or delayed access, such as Oxford Open from Oxford University Press, HighWire Press' delayed access policy, BioMed Central, and Public Library of Science (PLOS). There are now over 1.2 million articles in

PubMed that are freely accessible via publishers' Web sites. **Conclusion/discussion:** Could funding agencies accelerate the move to open access? The list of funding agencies supporting open access is growing. The NIH and the Wellcome Trust have been joined by many of the world's major funders in biomedical research whose goal it is to make their research findings available with no barriers.

Pearce-Smith N. A randomised controlled trial comparing the effect of e-learning, with a taught workshop, on the knowledge and search skills of health professionals. *Evidence Based Library and Information Practice*. 2006;1(3). Available at <http://ejournals.library.ualberta.ca/index.php/EBLip/article/view/54/155>.

Objective: The aim of the trial was to establish whether there is a significant difference in terms of knowledge and skills between self-directed learning using a Web-based resource and a classroom-based interactive workshop, for teaching health professionals how to search. The outcomes measured were knowledge of databases and study designs, and search skills. **Methods:** The study design was a randomised controlled trial (RCT). Seventeen health professionals were randomised into one of two groups; one group (EG) received access to a search-skills Web resource, and the other group received a search workshop (WG) taught by a librarian. Participants completed pre- and post-intervention tests involving multiple choice questions and practical searching using clinical scenarios. **Results:** Nine WG and six EG participants completed both pre- and post-intervention tests. The test results were blindly marked using a score chart developed with two other librarians. For question formulation and devising a search strategy, all participants obtained a score that was the same or better after receiving the intervention (both WG and EG), but statistical analysis showed that the only significant outcomes were for the WG devising a search strategy ($p = 0.01$) and preferring to search using MeSH after receiving the taught workshop ($p = 0.02$). The Mann-Whitney U test showed there were no significant differences in any of the outcomes ($p > 0.05$) between the WG and the EG. The statistical analyses must be viewed with caution owing to the small sample size. **Conclusions:** There were no significant differences in knowledge of databases and study design or search skills when the WG and the EG were compared. Although many participants obtained a score that was higher post-intervention, only devising a search strategy and preferring to search using MeSH were significant for the WG. The question of whether a taught workshop and an e-learning module are of equal effectiveness in teaching search skills is an important one for health librarians involved in user education and was a justifiable topic to propose and conduct research. The fact that the results are mainly inconclusive because of the small sample size is disappointing but does not diminish the importance of conducting the study.

BOOK REVIEW / CRITIQUE DE LIVRE

New Directions in Reference. Edited by Byron Anderson and Paul T. Webb. Binghamton, N.Y.: Hawthorn Information Press, 2006. 161 pages, includes index (soft cover). ISBN 0-7890-3089-6. US\$19.95. Co-published simultaneously as *The Reference Librarian*, No. 93, 2006.

Written for reference librarians from all sectors of librarianship, *New Directions in Reference* offers an eclectic collection of well-written articles by knowledgeable authors from varied library backgrounds. As a whole, *New Directions* presents reference services as an area facing changes so sweeping that no library can expect to continue doing business as usual. At the same time, it reminds librarians that the primary goals of reference services do not change, even if technology changes how reference transactions occur.

In a brief introduction to the articles, Anderson and Webb stress that the burden of any shift in reference service will fall on the shoulders of reference librarians themselves. The editors hope that, through reading about the efforts and experiences of other reference librarians, readers of *New Directions* will become more informed about possible changes they may face, be reminded of ideas they may have forgotten, or at the very least start thinking about how to prepare for the future.

Anderson and Webb have elected to organize *New Directions in Reference* into three broad categories of articles: New Roles for Librarians, Impact of Technology, and Issues in Library Services. However, significant overlap occurs between the articles presented in each category, particularly on the topic of technology. Since technology is one of the biggest change agents in libraries, it is not surprising to see some mention of technology issues in almost every article. Unfortunately, the discussion and emphasis on technology in, for example, the articles about the (United States) Government Printing Office by Hathaway, and reference services in a rural environment by Standerfer, bring in to question the need to arrange *New Directions* into broad topics at all.

New Directions in Reference succeeds in its editors' goal of presenting the reader with a variety of ideas and examples of how reference service is changing in all types of libraries. Lindbloom et al. write about a new career path to consider and detail the rewards and challenges of becoming a virtual reference librarian, an area many librarians may have only considered as adjunct to their regular reference duties, not an entire career. Meserve's article about the integration of a public and academic library is a fascinating look at what could possibly be a new trend, or might simply be another library cost-saving experiment gone wrong. Of particular interest to health librarians is the article by Burnette and Dorsch on the impact of personal digital assistants (PDAs) on medical libraries. The article includes discussion about

how to select and support a technology that is becoming increasingly important to clinicians, nurses, and allied health professionals alike. Health librarians considering adding resources or support (including instruction) for PDAs should think about reading this primer on the topic before investing their library's resources in a rapidly changing technology.

Despite the book's success in providing its readers with numerous examples of how reference services are changing, as well as meeting its goal to provide reference librarians with some creative ideas, *New Directions in Reference* misses the opportunity to provide a unified argument that explains why the "new directions" offered should be of importance to librarians. *New Directions* also lacks any guidance for reference librarians coping with change, something that would be useful in a book of this kind. It is unfortunate that the volume does not make an effort to go beyond presenting examples of libraries in action. An attempt to get deeper into the heart of what change in reference services means to librarians and libraries would be a useful addition.

The reason *New Directions in Reference* cannot move beyond its basic premise lies in the fact that *New Directions* is simply a journal volume (*The Reference Librarian*, No. 93, 2006) served up as a book. Since each article is a separate entity written independently of those preceding and following, there is no linking one part of *New Directions* to the next. The reader is left with more questions than answers and a feeling of being abruptly moved on to new ideas without any closure or discussion. The articles in *New Directions* could be better presented to the reader if they were used as case studies illustrating concepts such as new career opportunities, new technologies, and new issues (i.e., concepts based on the editors' original idea of organization) that were accompanied by some theoretical and practical discussion of why such changes are important and what librarians can do to make their lives easier.

On their own, the articles in *New Directions in Reference* present unique and timely discussion on how reference service is changing. Unfortunately, as a whole, the volume does not offer anything beyond the sum of its parts. Librarians interested in purchasing *New Directions in Reference* would be advised to review the abstracts of the articles it contains and order any items of interest if their library does not already subscribe to *The Reference Librarian*.

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BOOK REVIEW / CRITIQUE DE LIVRE

Creating database-backed library Web pages: using open source tools. By Stephen R. Westman. Chicago: American Library Association, 2006. 268 pages (soft cover). ISBN 0-8389-0910-8. US\$48.

Stephen Westman is the Digital Information Services Librarian for the J. Murrey Atkins Library, University of North Carolina at Charlotte, where he is involved in creating databases to organize and provide access to information on the Web. In this book, he provides a starting point for librarians who want to use databases as back-ends for library Web pages without using Web-authoring software. He explores the advantages of this approach and provides examples of and information on the various ways librarians have used this technology to provide information on the Web more effectively.

The book's contents are exactly as the title suggests. The writing style is clear, sentences are short, directions are systematic, and common words are used in favour of technical jargon when it is practical. Westman combines a cookbook-and-recipe approach with concepts and examples familiar to librarians as he provides information on programming, documentation, and project planning.

Westman provides an overview of available open source tools, the pros and cons of each, and then focuses on how to use his menu of recommended applications — Apache server, MySQL relational database system, PHP scripting language, and PhpMyAdmin graphical user interface. With these, he reviews the basics, provides examples of library applications, and points the reader to more basic information: the software and available tools and shortcuts that can be used with these applications.

The book is divided into 10 chapters (which includes the Introduction) that are organized to take the reader through the stages of a database-backed Web project process. The chapters are Database Basics, Setup and Administration, Introductory Programming, Creating Reports, Project Design, Programming Application, Security Related Techniques, Creating Public Interfaces, and Development Procedures. The book concludes with a very useful appendix on programming standards plus a glossary.

At a glance, the book appears to be quite technical, so it may discourage the novice. Even the experienced user may have to clear their desk and concentrate while digesting the loaded content. Experience with using database-management and Web-authoring tools to create database-backed webs or a firm understanding of relational databases and user infor-

mation needs, seeking, and uses will be helpful to those using this book. Ideally, the book will support course work, as library school graduates who successfully complete a course or two based on *Creating database-backed library Web pages: using open source tools* would be hot commodities.

Anyone familiar with the project management approach can get a sense of the level of detail Westman provides by reading the chapters titled Project Design and Development Procedures. The author provides a practical but condensed approach to project planning and management specific to database-backed library Web pages. He includes examples of forms and recommends approaches necessary for gathering specifications and reaching consensus, designing and testing the application, implementing, documenting, testing, and debugging. Though a librarian inexperienced in the project management approach might be able to follow this approach, experience with project management would make it much easier to understand.

The book will be of interest to library administrators and information managers who need to understand concepts for project planning. Librarians who already create database-backed webs using FrontPage and Access or other combinations of Web-authoring and database management tools should find Westman's recommended approach doable. For many librarians like me, Westman's approach would only be feasible if we were given permission from Information Technology Department security and network analysts to establish a server.

For a sample of some of Westman's related work, please see "Building database-backed Web applications: process and issues" in *Information technology and libraries* (Vol. 21, No. 2, 2002, <http://www.lita.org/ala/lita/litapublications/ital/2102westman.htm>). For more information on *Creating database-backed library Web pages: using open source tools* and a link to the companion Web site, please see its entry in the ALA Store at http://alastore.ala.org/SiteSolution.taf?_sn=catalog2&_pn=product_detail&_op=1919.

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BOOK REVIEW / CRITIQUE DE LIVRE

The Accidental Library Manager. By Rachel Singer Gordon. Medford, N.J.: Information Today, 2004. ISBN 1573872105. 362 pages (includes index). CAN\$33.44.

The title of this book hooked me in. I am a librarian and also recently an “accidental manager”, as an organizational reshuffle made me the proud “den mother” of 10 staff (unfortunately not library staff). So I thought this book might offer some tips to help me cope.

Rachel Gordon is a librarian who has written and published extensively on the topic of career development. She currently has three books available. Gordon’s book *The Accidental Library Manager* is aimed at the librarian who becomes a manager but without a planned step-by-step process up the career ladder. These librarians come to a management job by various routes (e.g., unexpected retirement, organizational shake-ups, deaths, or simply by being in the right place at the right time). Although they have likely had at least one “library admin and management” course in school, it quickly becomes evident that school courses and real everyday management conditions are not the same thing. However, Gordon believes that, for most people, a combination of existing library skills and a willingness to learn and grow will create the foundations for a successful management career. She states, “Your entire career as a librarian has helped you develop communication and leadership skills.” Now this book shows you how to go ahead and use them.

Management skills such as budgeting, handling personnel performance issues, collection development, and scheduling are some of the topics covered in the book. Surprisingly, there is little regarding the care and feeding of library boards, an oversight I found interesting. One chapter I found useful was an overview of a number of management styles — everything from Ranganathan’s laws to IS9000 certification. A second chapter of great interest was the result of a survey Gordon conducted. The survey looked at what library staff identified as good and bad traits in a manager. How interesting and reassuring to see how perceptive staff are.

Bottom line — Gordon states that “your job as a manager involves getting people to do their best work and reinforcing their commitment to both institutional and personal goals and objectives.” If you can do that, you can go home at the end of each day a satisfied, albeit “accidental” library manager.

For a look into this book’s content and a listing of useful links, go to the Web site at <http://www.lisjobs.com/talm/toc.htm>.

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NEWS AND NOTES / NOUVELLES ET NOTES

Compiled by Teresa Lee

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NEWS AND NOTES / NOUVELLES ET NOTES

Canadian Association of Research Libraries (CARL) news release – Research library spending on electronic serials surpasses print serials for the second consecutive year

http://www.carl-abrc.ca/projects/statistics/pdf/stats_media_release-2006-e.pdf

Spending on electronic serials by Canada's research libraries in 2004–2005 rose to just over \$94 million, a 20% increase over 2003–2004, compared to a decrease of 3% on print serials expenditures to \$69.6 million. For the second consecutive year, electronic serials expenditures have exceeded print serials expenditures.

National Network of Libraries for Health (NNLH) Concept of Operations released

<http://chla-absc.ca/nnlh/indexe.htm>

Over the past 12 months, members of the Canadian Health Libraries / Association des bibliothèques de la santé du Canada (CHLA / ABSC) Board and the NNLH Task Force have worked with a consultant to develop a Concept of Operations for the National Network. View the complete document at <http://chla-absc.ca/nnlh/coo.pdf>.

Canadian Standards Association and Canada Health Infoway team up for the advancement of International Health Information Technology Standards

http://www.infoway-inforoute.ca/en/News-Events/InTheNews_long.aspx?UID=239

Canada Health Infoway and the Canadian Standards Association (CSA) signed a memorandum of understanding to work together for the advancement of health information technology standards. These health information standards are critical to helping ensure that authorized health care providers can electronically share a patient's medical information to provide better health care services.

British Library-led partnership chosen to run UK PubMed Central: UK to launch online research archive to further biomedical discovery

<http://www.bl.uk/news/2006/pressrelease20060731a.html>

UK Scientists will be able to access a vast collection of biomedical research at the touch of a button thanks to a major new initiative that aims to promote the free transfer of ideas in a bid to speed up scientific discovery. Based on a model currently used in the United States, UK PubMed Central (UKPMC) will provide free access to an online digital archive of peer-reviewed research papers in the medical and life sciences. The Wellcome Trust, as part of a nine-strong group of UK research funders, announced that the contract to run UKPMC has been awarded to a partnership between the British Library, The University of Manchester, and the European Bioinformatics Institute (EBI).

Release of the new WorldCat.org Web site

OCLC has released the new WorldCat.org Web site. This site (and a downloadable WorldCat search box you can easily add to your Web site) opens the complete WorldCat database to the public, not just the smaller data subsets utilized by Open WorldCat partner sites such as Google, Yahoo! Search, and others. WorldCat.org builds on the success of OCLC's Open WorldCat Program, which has elevated the visibility of library materials on the open Web since the summer of 2003. The new site is available at <http://www.worldcat.org/#>.

Google allows downloading of the classics

<http://googleblog.blogspot.com/2006/08/download-classics.html>

Starting on 30 August 2006, you can go to Google Book Search and download full copies of out-of-copyright books to read at your own pace. You're free to choose from a diverse collection of public domain titles — from well-known classics to obscure gems.

Google Health Co-op call for health librarians

Google recently enlisted Howard Fuller of Stanford Library to lead a team of health librarians in the Google Health project. Volunteer librarians will tag online health content for quality. For a blog discussion on this topic, see the University of British Columbia Google Scholar Blog at <http://weblogs.elearning.ubc.ca/googlescholar/archives/030461.html>.

NLM Long Range Plan 2006–2016

http://www.nlm.nih.gov/pubs/plan/lrp06/lrp06_home.html

The NLM Board of Regents approved *Charting the Course for the 21st Century: NLM's Long Range Plan 2006–2016* on 19 September 2006.

NIH MedlinePlus magazine launched

<http://nmlm.gov/pnr/dragonfly/2006/05/11/medlineplus-magazine/>

Stating that consumers can now have access to “information that comes directly from the world’s leading medical and health research organization”, the Honorable Paul Rogers, former member of Congress and Chairman of The Friends of the National Library of Medicine, announced the launch of *NIH MedlinePlus* magazine. This quarterly publication will be distributed free of charge to patients and their families in the waiting rooms of selected practicing physicians across the nation. The magazine is available at <http://www.nlm.nih.gov/medlineplus/magazine.html>.

MEDLINE turns 35!

http://www.nlm.nih.gov/pubs/techbull/so06/so06_med_35.html

October 2006 marks the 35th anniversary of MEDLINE (MEDLARS® Online).

Meetings, conferences and workshops

CHLA / ABSC Annual Conference 2007 – Capitalizing on health partnerships

The 2007 CHLA / ABSC Annual Conference will take place in Ottawa, Ontario, 28 May – 1 June. The deadline for abstracts for contributed papers and posters is 15 December 2006. Further details on the program and registration will be posted on the conference Web site at http://www.chla-absc.ca/2007/index_e.htm. Contact information is available at chla-absc2007.cisti@nrc-cnrc.gc.ca.

Canadian Library Association (CLA) 2007 Annual Conference: Retain – recruit – restructure: regenerating the library community

The CLA's annual conference will take place in St. John's, Newfoundland, 23–27 May 2007. For details, check the conference Web site at <http://www.cla.ca>.

Medical Library Association (MLA) 2007 Annual Conference – Information revolution: change is in the air

The MLA's annual meeting will take place 18–23 May 2007, in Philadelphia, Pennsylvania. For details, check the conference Web site at <http://www.mlanet.org>.

Special Libraries Association (SLA) 2007 Annual Conference

The SLA will hold its annual conference in Denver, Colorado, 3–6 June 2007. For details, check the conference Web site at <http://www.sla.org>.

American Library Association (ALA) Midwinter Meeting 2007

The ALA's 2007 Midwinter Meeting will be held in Seattle, Washington, 19–24 January. For details, check the conference Web site at <http://www.ala.org/ala/eventsandconferencesb/midwinter/2007/home.htm>.

Association of College & Research Libraries (ACRL) 2007 Annual Conference – Sailing into the future: charting our destiny

The annual meeting of ACRL will take place 29 March – 1 April 2007, in Baltimore, Maryland. The conference is open for registration, and full details are available at <http://www.acrl.org/ala/acrl/acrl/events/baltimore/baltimore.htm>.

First International Public Knowledge Project (PKP) Scholarly Publishing Conference: preliminary announcement

The Public Knowledge Project is pleased to announce that the first international PKP conference will be held 11–13 July 2007 in Vancouver, British Columbia, Canada. The conference will promote and celebrate the quality use of the PKP open source software suite: Open Journal Systems (OJS), Open Conference Systems (OCS), and the Open Archives Harvester. For details, check the conference Web site at <http://pkp.sfu.ca/>.

The 4th International Conference on Evidence-based Library & Information Practice

The 4th Evidence Based Library and Information Practice Conference (EBLIP4) will be held 6–9 May 2007, in Chapel Hill, North Carolina. The meeting will be followed by 2 days of CE. Additional info may be found at www.eblip4.unc.edu.

The 5th Canadian Cochrane Symposium

The Canadian Cochrane Network and Centre will hold its 5th Symposium in Ottawa, Ontario, 12–13 February 2007. The theme of the symposium is “Knowledge for Health”. For further information, check the conference Web site at www.cochrane.uottawa.ca/symposia.asp.

Professional development

Northern Exposure to Leadership Institute 2007

The ninth Northern Exposure to Leadership Institute (NELI) will be held in Emerald Lake, British Columbia, 1–6 March 2007. For more information, see <http://www.ls.ualberta.ca/neli/index.html>.

FIS Professional Learning Centre – Measuring Customer Satisfaction in Information Services

This 2-day workshop, scheduled for 1–2 February 2007, aims to provide participants with a framework for measuring customer satisfaction and service quality in a library or information services setting. For more information, see <http://plc.fis.utoronto.ca>.

FIS Professional Learning Centre – Usability Evaluation

In this 8-week workshop, scheduled for 19 March 2007 – 7 May 2007, participants will learn to prepare, conduct, and report on the results of usability assessments. For more information, see <http://plc.fis.utoronto.ca>.

