

May-June
Volume 2 - Issue 6

NER'eastah

Newsletter of the New England Regional Medical Library

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Comments to:
Rebecca.Chlapowski@umassmed.edu

[University of Massachusetts Medical School](#)
222 Maple Avenue Shrewsbury, MA 01545
Phone: 800-338-7657
508-856-5979
Fax: 508-856-5977

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Director's Corner

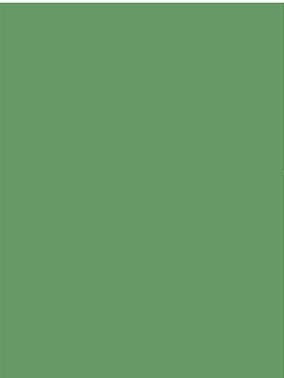
On June 17th, the [NN/LM](#), [NER](#) participated in the NN/LM site visit for our RML program. Site visit team members included: Ken Walker, MD (Chair); Kathy Hoffman, MSLS; Sandra Martin, MSLS; Mary Mylenki, MSLS; and NLM staff members Lynn Furtaw, Betsy Humphreys, and Angela Ruffin. The goal of the site visit was to engage the region in an open and frank dialog around the following four points:

- 1) The NER's progress in accomplishing NN/LM goals within the region
- 2) The level of funding and activity in each of the six New England states
- 3) Program priorities for the remaining three years of the contract
- 4) Major challenges facing the RML in achieving these priorities

The format of the site visit included a morning session with [UMMS](#) administration, represented by John Sullivan, MD, Office of Research, since the library falls functionally within that division of the Medical School. Javier and I also gave a presentation outlining the accomplishments and funding activities of the NER over the past two years. Judith Messerle, Countway Librarian, and Patty Kahn, Hospital Librarian at Penobscot Bay Medical Center, added to the morning discussion by commenting on the issues and challenges facing academic and hospital libraries, respectively. Judy and Patty eloquently spoke to concerns about ILL costs, lack of online access to full text journals by the small hospital libraries, budget cuts, licensing, the impact of consumer health and outreach on their libraries, etc. Their presence really added to the morning session.

In the afternoon, several network members representing NER subcontractors, awardees, NER committees, and general membership joined us. Again, their presence greatly enhanced the afternoon session. Representatives spoke about their projects, lessons learned as well as issues of concern with respect to NER, NN/LM, and NLM, and they expressed their support for our efforts in the region and in NER staff. NER members who spoke at the afternoon session were: Nancy Harger, Kenny Marone, David Ginn, Eric Albright, Fan Becker, Betty Cohen, Mark Gentry, Chris Bell, Patty Kahn, Sharon Gray, Anne Connor, and Dina McKelvy.

On behalf of all of us at NER, I want to thank everyone who took the time to come to the site visit and speak with the visiting team. It really helps for the site visit team to hear directly from NER members and not just from NER staff. As for us, the experience of going through the site visit was a valuable one. We were able to reflect on how much we have accomplished in such a short time being your RML and at the same time, see where we need to focus some efforts in the future.



Elaine Martin, Director

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AD-Perspective

2003-2004 Awards

With this issue the RML announces its 2003-2004 awards opportunities to NN/LM members. Awards are offered to network members in support of technology, outreach and professional development. This year awards are in the following categories:

Technology Awareness...for putting on an all-day education program

Internet Connectivity...for improving technology: hardware, software, access

Ariel/Electronic Document Delivery...for technology geared towards ILL related services

Express Outreach...for smaller outreach projects, professional development, course development, Award limits, and instructions

More ideas can be found on the [Funding Opportunities](#) section of our Web site. If you are thinking about a project, please send me a note at javier.crespo@umassmed.edu, or call 508-856-2223. Find out if one of our awards can be a good match.

We'll be making another announcement about the availability of our competitive outreach project grants in the coming months. Outreach grants fund extended projects geared to health professionals or consumers and involve collaborations with organizations like community groups, health agencies, and public libraries.

MLA Satellite Teleconference

The Regional Medical Library is pleased to host the upcoming MLA Satellite Teleconference, Reading Between the Lines: Focusing on Health Information Literacy. The location will be the UMass Worcester campus.

Date: Wednesday, September 10, 2003

Time: 2:00pm-4:00pm

Place: University of Massachusetts Medical School in Worcester

Room: Amphitheater 1

There is no charge for the teleconference, but please register by September 5th.

See <http://nnlm.gov/ner/mlateleconf.html> for additional information about the teleconference, a link to the online registration form, and directions to the UMass Medical School Campus.

Javier Crespo, Associate Director

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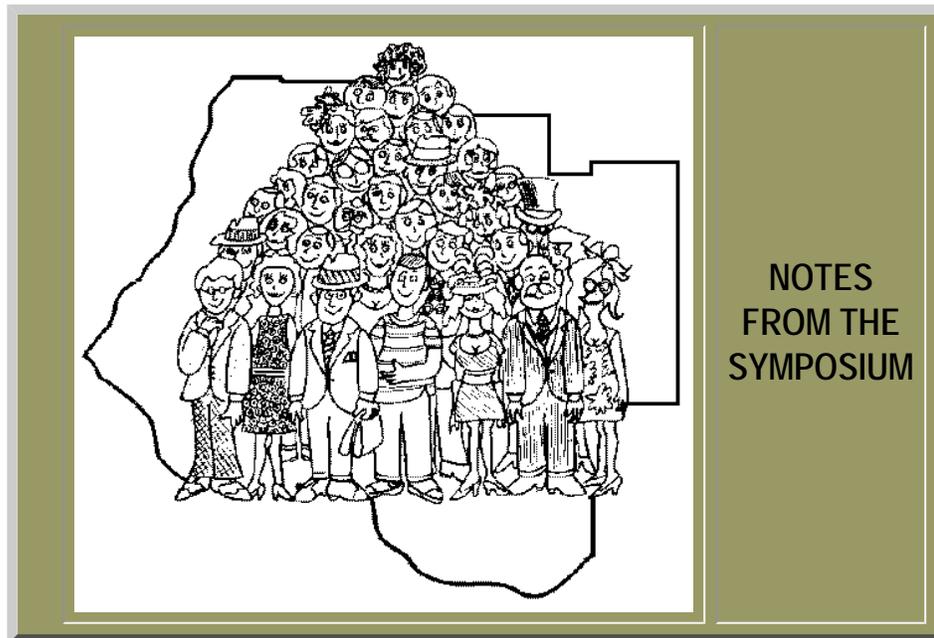
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ILL Advised



On Monday, June 2, I had the privilege of attending a stimulating symposium at NELINET headquarters in Southborough, Mass. The symposium entitled: "*Principles, Money, and Access: An Institute on Building New Scholarly Publishing Relationships*," was co-sponsored by NELINET, the Boston Library Consortium (BLC), and the National Network of Libraries of Medicine - New England Region (NN/LM-NER). There were 66 attendees for this day-long program. Even though the current state of scholarly publishing was explored from a number of perspectives, it would be fair to say that due emphasis was appropriately placed on the publishing industry's relationships with libraries and consortia.

The program consisted of five segments:

- I. Opening Keynote
- II. Publisher Session
- III. Academics & Funding Agencies Session
- IV. Alternative Publishers Session
- V. Closing Keynote

For each segment you will find: [A.] a **synopsis**; [B.] **some highlights**; and [C.] a **slide summary** (wherever possible). Please keep in mind that no attempt has been made either to replicate a presentation in its entirety or to revise a

presentation through added interpretation and "spin". Please accept apologies in advance for any oversights, omissions, or mischaracterizations.

Further inquiries or comments may be forwarded to Mark Goldstein in the NER office at mark.goldstein@umassmed.edu.

Thanks!

I. Opening Keynote

(A.) SYNOPSIS: David Worlock, Chairman of the Electronic Publishing Services Ltd. in London, presented a slide presentation entitled: "Seeing Yourself Through Someone Else's Eyes." Mr. Worlock has a background in publishing. He started his remarks noting that due to the fact that we're all living in a networked society, "we're now all publishers, involved in every aspect of publishing [and] ... we are all users." He also remarked that there has been a tilt towards the "power users" in our networked environment, and lamented the fact that ... "we don't have effective ways to measure the impact of e-publishing ... it is only a *'pseudo-science'* at present."

(B.) HIGHLIGHTS: Mr. Worlock proffered a plethora of predictions:

- The "open access" business model would become widely acceptable.
- Once all publishers adopt the open business model, money would come out of different pockets, but the net change reflected in the profit margins would remain "neutral".
- The publishing business and its revenue base would shrink in size: commercial publishers would experience falling revenues, but not falling margins; and markets would stay very much in place.
- With diminished business, future publishers would emphasize "packaging" (or "the repackaging of content research.")
- There would be a wider group of network resources (for example, knowledge management systems, content sharing systems, etc.)
- All archiving would become localized.
- Publishers would come under pressure to collaborate with each other; whole barriers representing a publisher's rights to ownership would eventually come crashing down.
- Every university would become a publisher and every user environment would become an archival environment.
- Commercial publishers would become "hybrid-publishers, linked together in a mixed economy of hybridism and value-addedness."
- The rise of "duopolies" would continue: Kluwer-Reuters; Westlaw-Lexis; MSN-AOL, etc., where ... "users want choice, but not that much." Besides, collaboration would have a better chance of succeeding with a factor of two.
- Consortia would last for subscription-based journals, but not for the "open access" and "pay-per-view" business models.
- Reed-Elsevier would continue to lead the market with little competition.

(C.) SLIDE SUMMARY: Mr. Worlock's slide presentation made a number of interesting observations:

- Slide count: 17
- Traditionally, content was "king", but now access and context have acquired more weight in our ever-evolving information world.
- There are currently 190 universities on board with Internet-2, which he described as "one of the huge missing links."
- "Copyright is no longer effective for the new world of trade." Compiled during the "glory days" of journal pricing, ARL statistics indicate ... "that from 1986-2001, there was found to be a +215% increase in journal subscription prices and a drop of -5.1% in the number of titles subscribed."
- There has been an exponential growth in academic library expenditures for scholarly published material.
- Within the field of global scientific publishing market players, even the recent merger of Springer Verlag with Kluwer Academic would fail to stack up against the combined sales revenues of Reed Elsevier.
- Several slides detailed the formation of Ingenta, an international library consortium that concentrates on metadata

quality. It has become the world's largest paper document supplier - larger than the British Library - and has acquired the most comprehensive collection of academic and professional publications available for online, fax and Ariel delivery.

- Publishers are currently perceived as "the guardians of peer-review panels." Good work continues to be done in the field of metrics, and "we need to measure usage as a form of peer review."
- Yet, in spite of the networked environment, there is "alarmingly poor quantitative analysis" taking place. Whenever we get around to overhauling peer review, "it must be a way of preserving the status quo."

II. Publisher Session

(A.) SYNOPSIS: Three panelists headed the Publisher Session: Bob Bovenschulte, Director of the Publications Division of American Chemical Society; Marc Brodsky, Executive Director and CEO of American Institute of Physics; and Karen Hunter, Senior Vice President of Strategy at Elsevier. All three presenters shared their respective views on the future of scientific scholarly publishing from the vantage point of commercial publishing.

(B.) HIGHLIGHTS:

- Bob Bovenschulte offered a definition for an "all-inclusive, totally functional, super-connected scientific information machine." Although the "machine" was described within the framework of an ideal, most of the criteria have already been met in current terms.
- Marc Brodsky spoke largely about AIP (American Institute of Physics), its company history, membership, and goals (i.e., those relevant to libraries.) He spoke about the need to embrace ... "new business models, based on a fair distribution of the burden of cost." For example, he provided an overview of the 5-tier pricing system that AIP is expected to introduce next year.
- Karen Hunter, with 27 years in publishing, shared a number of her observations on scholarly publishing, from the enormous changes that have taken place in the field in the past and present, to an outlook on the future. She spoke about how ... "long-term plans and five-year horizons" ... have receded to two or three years; and how "strategic plans" have given way to "strategic bets". Ms. Hunter's presentation referenced twelve personal observations that she made while attending a 2003 STM conference on "universal access".

(C.) SLIDE SUMMARY:

- Slide count: 21
 - Mr. Bovenschulte's slide presentation covered a series of scorecard ratings solicited from 31 ACS (American Chemical Society) editors-in-chief. He made note that at ACS, the market had shifted towards greater "granularity", that ... "it's not just about chemistry anymore." There are a number of subjects with crossovers into other disciplines.
 - Slide count: 17
 - Mr. Brodsky's slide presentation described AIP and their commercial endeavors with libraries. A final slide summarized that the web's ability to change (almost) everything, while other things remained constant.
 - Ms. Hunter had no slides, confessing that she had developed an allergic reaction to Microsoft's PowerPoint.
-

III. Academics & Funding Agencies Session

(A.) SYNOPSIS: Two panelists headed the Academics & Funding Agencies Session for the Institute: Selma Botman, Vice President for Academic Affairs at the University of Massachusetts; and Jonathan Lord, Assistant Director for Collection Development at the University of Virginia Health Sciences Library. Both Ms. Botman and Mr. Lord discussed experiences within their respective academic environments and the ways they are coping with the deep budget cuts.

(B.) HIGHLIGHTS

- Ms. Botman gave an impassioned speech touching on the difficulties she and the UMass administration has been facing to maintain the academic status quo for students and faculty alike. She noted that within the coming fiscal year, ... "not a single dollar would be allocated to a higher educational library in the state." She spoke about "difficult times" ahead and a "massive economic crisis." Faced with a \$3B deficit ... "public officials will have to make choices ... to preserve civil society." Libraries will suffer a defeat, even though ... "the library embodies the academic and research missions of the university." Ms. Botman cited ARL statistics, showing library expenditures for serials in the period between 1986 and 2001 increased by 282%, while the CPI (Consumer Price Index) for the same period increased by only 62%. It has become increasingly more difficult to support higher educational institutions when publishers continue to raise the cost of access to knowledge, while librarians can no longer control the flow of materials. She admonished all present that ... "knowledge is not a privatized community," ... that the "profit motive" needs to be balanced against "the fundamental concepts of higher education." She lamented that between 1996 and 2001, the UMass Amherst campus had dropped in ARL's North American university ranking from 76 down to 105. Ending on a more optimistic note, Ms. Botman viewed the tension existing between academic (university) librarians and publishers as more of a "condition" than a "problem," where "harmony and fairness" have a chance to take hold. She also acknowledged that ... "academic administrators know painfully little about the complexity of running an academic library."
- Jonathan Lord spoke about his experience in collection development at UVA, where the library helped to get a dozen or so faculty signed on to publish in BioMed Central. This was a direction set forth by the Provost at the school back in 1998. Mr. Lord reminded everyone that it takes both time and persistence to get people to attend events and to take an interest in new initiatives. You have to start with one person and grow the relationship. Although the UVA Health Sciences Library has no direct relationship with BioMed Central, it is the library's intent to encourage open access publishing.

(C.) SLIDE SUMMARY:

- Ms. Botman had no slide presentation.
- Slide count: 32
- Mr. Lord's slide presentation was entitled "Promoting New Publishing Models at the University of Virginia." Most of the slides review faculty feedback on the BMC (BioMed Central) business model.

IV. Alternative Publishers Session

(A.) SYNOPSIS: Two panelists headed the Alternative Publishers Session: Adrian Alexander, Treasurer of BioOne, Inc. /Executive Director of the Greater Western Library Alliance; and Jan Velterop, Publisher of the BioMed Central Group.

(B.) HIGHLIGHTS

- Mr. Alexander offered an overview of BioOne, a publishing collaborative established in 1999. He covered all aspects of the non-profit corporation: its founding; its organizational plan and cost recovery-based model; its progress since launching; its future initiatives and challenges.
- Mr. Velterop offered an overview of BioMed Central. He posed the question: "isn't science 'open source knowledge'?" After all, he reminds us, ... "science benefits from the unrestricted access to information ... elitist in its pursuit, yet equitable in the sharing of its results." Mr. Velterop also posed an evocative thought on the topic of copyright, commenting that ... "journals are artificially scarce and their distribution limited by copyrights and the like ... how does that benefit science or scientists"? Another interesting observation was that the network browsers [Netscape and IE Explorer], not the Internet, made sharing a reality."

(C.) SLIDE SUMMARY:

- Slide count: 19
- Mr. Alexander's slide presentation was entitled "BioOne - A Collaborative Electronic Publishing Initiative."
- Slide count: 27
- " Mr. Velterop's slide presentation was entitled "BioMed Central."

V. Closing Keynote

(A.) SYNOPSIS:

James Neal, Vice President for Information Services and University Librarian at Columbia University provided the Closing Keynote presentation at the symposium, entitled "Building New Scholarly Publishing Relationships: Some Closing Ideas." Mr. Neal prefaced his remarks by inviting the attendees to a "roller coaster ride" - an apt description - for despite the time constraints endured (the program had been running a bit late), his presentation was delivered with enormous vitality and verve, that touched on all of the multi-faceted topics of the day.

(B.) HIGHLIGHTS:

- Mr. Neal took the attendees on a breathtaking ride through the formation of scholarly publishing relationships - past, present, and future. He noted that ... "libraries and their communities are becoming more aggressive in scholarly publications." Libraries are becoming true R&D organizations. With the disappearance of the former "top-down" applications in technology, we need ... "to adopt more 'bottom-up' approaches, ones that are more entrepreneurial." There are sophisticated approaches to information retrieval and search capabilities of which we should be taking advantage. He also added that ... "we need to be less naïve about how technology is transforming our society." Digital information online provides interdisciplinary changes that provide "a collaboration [...] a conversation between author and reader."
- On the topic of the fair price for information, Mr. Neal cited the story of the little girl at the beach with painted rocks in her pail. When asked how much she was charging people for one of the painted rocks, she replied she was charging them "whatever they had" (which loosely translates to: "whatever they could afford.") Could we eventually witness the ... "'Napsterization' of the scholarly communication world"? Mr. Neal ended his presentation by reminding all of us that it ...

"will take time to transform the scholarly publishing environment."

(C.) SLIDE SUMMARY:

- Slide count: 79
- Unfortunately, there are too many slides in Mr. Neal's presentation to offer a summary that would do it justice.

Mark Goldstein, DOCLINE Coordinator



QUESTIONS & ANSWERS



I've just received several "good questions" regarding the recent introduction of links to full-text (as part of the LinkOut program), and thought it would be instructive to share both the questions and responses with the entire regional membership:

Q: Can libraries print free full-text articles out for the purposes of ILL -- or -- do libraries have to consult their own contractual arrangements with the publisher?

A: The copyright of the full-text remains with the provider or publisher. NCBI / NLM only presents links to the full text.

Q: Is it a copyright violation to copy for an ILL patron?

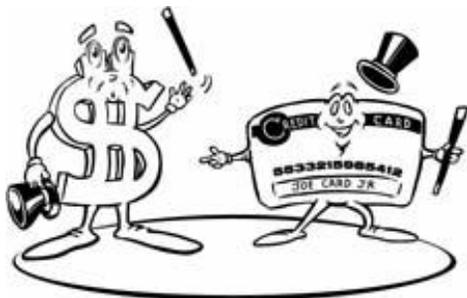
A: The copyright of the full-text remains with the provider or publisher. Any ILL activities should be done in accordance with the copyright law, or any agreement libraries may have with the copyright owner.

Q: Rather than the library generating an ILL, wouldn't it be better just to refer patrons to PubMed, where they can print the article for themselves?

A: Yes, referring users to PubMed is a better way to go.

Do you have additional questions on this topic?
Would you like to know more about LinkOut?

Contact Mark Goldstein directly at:
(mark.goldstein@umassmed.edu) 508-856-5964 508-856-5979 (Fax)



NLM GOES "LIVE" WITH EFTS

In August 2003, DOCLINE EFTS participants will receive their NLM bills via EFTS. Starting with the April-June quarterly billing period, NLM is transitioning billing to EFTS for any EFTS client on DOCLINE. EFTS customers are encouraged to review their EFTS account balance to ensure that there are sufficient funds to cover their NLM billing charges for the quarter.

If you wish to become an EFTS participant in time for NLM to bill you for April-June 2003 transactions, please contact **Colleen Giblin at the EFTS Office, 1-866-561-5045, by June 30, 2003**. When your account with EFTS is activated, the EFTS office will notify the NER office on your behalf.

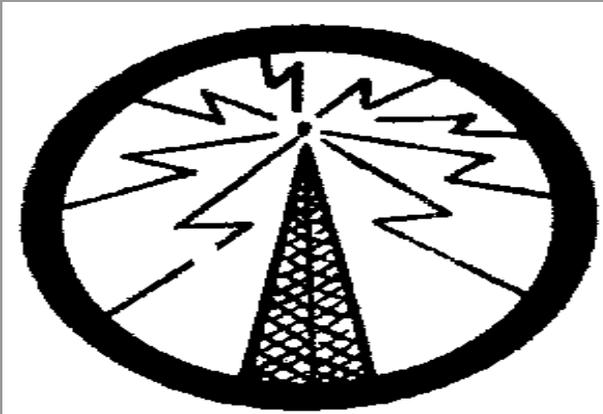
EFTS is a banking function with institutional financial responsibilities between the University of Connecticut Health Center (UCHC) and the EFTS participating institution. EFTS participation has to be negotiated with the EFTS office at UCHC. The EFTS office can update your library's DOCUSER record to indicate your participation in EFTS.

Information about the Electronic Fund Transfer System is available at <http://efts.uchc.edu>

In order for NLM to send billing transactions to EFTS, your library's DOCUSER record must indicate that you participate in EFTS. The EFTS fields cannot be edited by Network Libraries. To review your DOCUSER record, select DOCUSER from the DOCLINE main menu, and then select Update. Click on the Interlibrary Loan Tab. Under the **"Select ILL Information Category"** drop-down menu, select ILL Services.

NLM will continue to offer billing to its customers through the National Technical Information Service (NTIS). Billing transactions will be sent to either NTIS or EFTS depending on information in each library's DOCUSER record on the day that NLM creates its billing transactions. If a library's DOCUSER record has **"Participates in EFTS"** marked YES, then the library's billing transactions will be sent to EFTS. If a library's DOCUSER record has **"Participates in EFTS"** marked NO, then the library's billing transactions will be sent to NTIS. Once NLM prepares its billing files, it cannot be changed. Therefore, it's important that your library's DOCUSER record has the correct information regarding participation in EFTS. We encourage all DOCLINE participants to review their DOCUSER record to ensure that NLM will send your billing information to the correct organization.

--NLM

BULLETIN NEWSFLASH - THIS JUST IN!**DOCLINE 1.6 GOES LIVE!**

On Tuesday morning, July 1st, the DOCLINE Team at NLM placed the newest release of DOCLINE into production. Regarded as a minor release, an overview of enhancements for DOCLINE 1.6 may be found listed below.

FOR LOANSOME DOC PATRONS:

- Order Documents: Added ability to request a document from the NLM Gateway using the Old Medline UI from 1953 to 1965.
- Order Documents: To reduce ordering of free material, added link to full-text article on Loansome Doc Order page when article being requested is available free in PubMed Central

FOR LOANSOME DOC PARTICIPATING LIBRARIES:

- Receipt: Added indication that article is available free in PubMed Central to the end of the library holdings statement
- Receipt: PubMed UI field will display "(Old Medline)" after number when UI is from Old Medline.

FOR BORROW REQUESTORS:

- Borrow: Added ability to request material using the Old Medline UI (1953 - 1965) via Borrow / UniqueKey
- Note: Old Medline records are not in PubMed, but may be searched in the NLM Gateway. See "How to Search Old Medline Using the NLM Gateway" in the NLM Technical Bulletin (http://www.nlm.nih.gov/pubs/techbull/mj01/mj01_gw_hands_on.html)
- Borrow: To reduce ordering of free material, added link to full-text article on Process PubMed Orders page when article being requested is available free in PubMed Central
- Receipt: PubMed UI field will display "(Old Medline)" after UI number when UI is from Old Medline.
- Receipt: Verify field will indicate full-text item is "(Free in PubMed Central)" when article is in PubMed Central

FOR SERHOLD PARTICIPANTS:

- Added ability to automatically output serial holdings data from SERHOLD for importing into OCLC on a quarterly basis for libraries that authorize NLM to do so.

-- The DOCLINE Team

A LOOK TO THE FUTURE

NAHSL '03 IN OLDE STURBRIDGE

The 2003 NAHSL Conference Planning Committee looks forward to your participation at their next annual conference "Lighting the Future," October 26-28, 2003, to be held at the [Sturbridge Host Hotel](#) and Conference Center on Cedar Lake, Sturbridge, MA.

WOULD YOU LIKE TO HOST A DOCLINE or LINKOUT PRESENTATION?

If you would like to host a LinkOut presentation in your local area, please contact: Mark Goldstein at 508-856-5964 -or- mark.goldstein@umassmed.edu

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INside OUTreach

Exhibiting Schedule for the NER

The New England Region has received the national exhibiting schedule from the National Network Office for the third year of our contract. Here are the meetings we will be responsible for exhibiting at this year:

National Middle School Association
November 3-9, 2003
Atlanta, GA
<http://www.nmsa.org>

American Heart Association
November 9-12, 2003
Orlando, FL
<http://www.americanheart.org>

Healthcare Information and Management Systems Society
February 22-26, 2004
Orlando, FL
<http://www.himss.org>

National Science Teachers Association
April 1-4, 2004
Atlanta, GA
<http://www.nsta.org>

American Association of Clinical Endocrinologists
April 28 -May 2, 2004
Boston, MA
<http://www.aace.com>

Of course, those are just the national meetings. In addition to those, we will be exhibiting within the area at regional, state, and local venues. As of this writing, we will be exhibiting at these meetings, as well:

[Hispanic Health Fair](#)

August 14, 2003
Hartford, CT

[HealthFit](#)

Sept 6-7, 2003
Providence, RI

[NELA](#)

October 26-28, 2003
Worcester, MA

[NAHSL](#)

October 26-28, 2003
Sturbridge, MA

What do we do when we exhibit? We bring a snazzy exhibit, hand out literature and giveaways, and talk to people, aiming to increase awareness of the National Library of Medicine's online databases and resources as well as our presence in the region.

Is there are meeting for your group scheduled during the 2003-2004 year? This could be a professional meeting, a consortia meeting, a health fair, or most any other kind of meeting. Would you like the New England Region to exhibit? If so, phone me at 1-800-338-7657 or email me at Donna.Berryman@umassmed.edu. We'd love to participate!

Training

And, as always, we continue to provide training for librarians, health professionals, and most any interested parties. If you would like to host a training session, please feel free to contact me or the [NER](#) office at 1-800-338-7657. We do training on PubMed, Consumer Health Information, TOXNET, MeSH & UMLS (Unified Medical Language System), and the NLM Gateway. Training will be tailored to the needs of your group - or we can provide training that will provide MLA CE credits. Just give us a call.

Outreach Projects

If you haven't taken a look at our website lately, please do. And please take a look at the page detailing the funded subcontracts and awards. The web page is located at <http://nnlm.gov/ner/FundedProjects.html>. There is a lot of great outreach work being done by your colleagues in the New England region. Stop in at the web page and take a look!

And, if you've been thinking about doing a project yourself, you may be interested in the

resources on our website related to funding and proposal writing. You can find those at <http://nmlm.gov/ner/CurrentFunding.html>.



Have a great summer!

Donna Berryman, Outreach Coordinator

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Pubmed Particulars

Hot New Features from PubMed!

New Icons in PubMed Summary Format

If you've searched PubMed in the last few days, you may have already noticed new icons in the Summary Display format. They are:



Several of these icons have been in use in PubMed since March. However, the **Free full-text article available** icon is brand new - it made its appearance on June 17th. It indicates the presence of a full-text article that is available on the Web, but not through PubMed Central.

Click! Click! One click on an icon will display the abstract format and, if the citation contains an abstract, the abstract will display. If the citation has free full text available, the appropriate publisher and/or PubMed Central icons will display and access to the article itself is but a click away.

Note: There has been some discussion on Medlib-l recently regarding the newest icon and, in doing some testing, it is apparent that this newest icon has a few glitches at the moment. There are some instances where the **Free full-text article available** icon displays but there is no corresponding publisher icon in the abstract format. Some have reported clicking on the **Free full-text article available** icon, then clicking on the publisher's icon only to be presented with a screen asking for a login name and password. Others have reported that the HTML format for an article is available free, but not in the pdf format. So, have a little patience, but click away. This is a wonderful feature for PubMed users and all the minor problems associated with it will be dealt with in due time, I'm sure.

Two New Subsets Available

There are two new subsets available for your searching pleasure in PubMed. They are:

free full text [sb]

and

full text [sb]

Either of these can be appended to a search query and the search will be limited to that subset. Using free full text [sb] will limit retrieval to those citations for which there is free access to the electronic full text of the article. Using full text [sb] will limit retrieval to citations for which there is electronic access to the article, whether that access is free or not.

These subsets are not available from the Limits page.

How are these used? Simply append the desired subset to the search query.

For example, to search for information about using steroids to treat asthma in children, a useful search strategy might be:

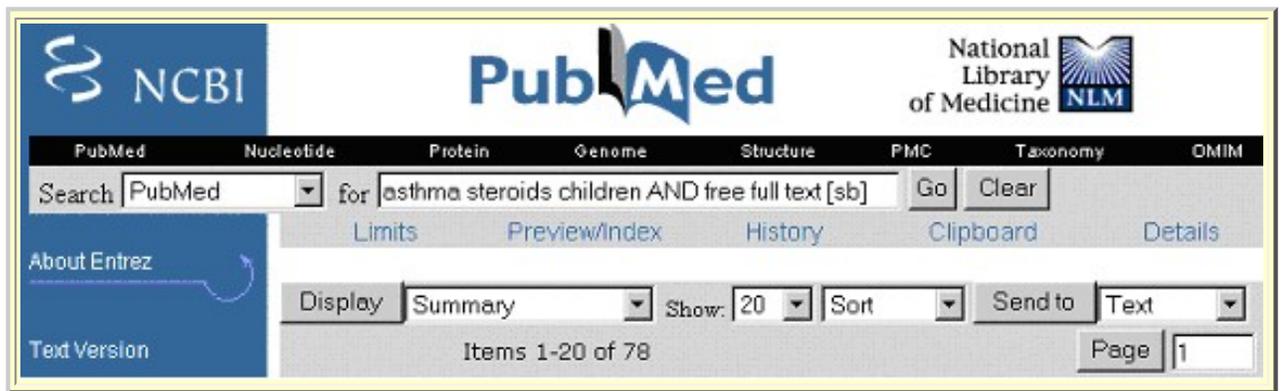
Note that today (6/25/03), this search yields 1,867 citations.

Now, to use the **full text [sb]** in the search, simply "AND" it to the search string in the query box:

The screenshot shows the PubMed search interface. At the top, there are logos for NCBI, PubMed, and the National Library of Medicine (NLM). Below the logos, there are navigation tabs for PubMed, Nucleotide, Protein, Genome, Structure, PMC, Taxonomy, and OMIM. The search bar contains the query "asthma steroids children AND full text [sb]" and has "Go" and "Clear" buttons. Below the search bar, there are links for "Limits", "Preview/Index", "History", "Clipboard", and "Details". On the left side, there is a "Text Version" link. Below the search bar, there are options for "Display" (Summary), "Show" (20), "Sort", and "Send to" (Text). At the bottom, it shows "Items 1-20 of 716" and a "Page" indicator set to 1.

Now, retrieval has been limited to only those citations that have full text access available. Where we previously had 1,867 citations, this search pulls up only 716 citations. All will have electronic access to the full text article available, but not all of those will have free full text access available.

To limit retrieval to free access to electronic full text, use **free full text [sb]**:



Retrieval has been limited accordingly. Note that now there are only 78 citations available.

So, using the subsets is simple: just "AND" them with your search terms in the query box. By the way, it doesn't matter if there is a space between "text" and "[sb]" or not. PubMed will be able to correctly perform the search either way.

And, yes, this is the sort of thing that has always driven librarians a little batty: limiting a search in this manner may add convenience for the user, but it is greatly restricting the amount of information retrieved and, therefore, should be used with caution.

"Lights Out" time to be extended!

Currently, the History and Clipboard features in PubMed time out after one hour of inactivity on the computer being used. According to the most recent edition of the NLM Technical Bulletin:

PubMed's History and Clipboard features currently expire after one hour of inactivity. To accommodate users who want to return to their PubMed searches later in the same day we will, in the near future, extend the expiration time for these features to eight hours.

In some ways, this will make searching more convenient. If we get pulled away from our workstation unexpectedly, we will be able to return and still access both the History and the Clipboard. However, this could make public access workstations a bit more confusing to users as other people's searches may turn up in "their" history.....Ah, but everything in life has its ups and downs, doesn't it?

When this new 8-hour limit is activated, there will be announcements in New & Noteworthy, in the NLM Technical Bulletin, and (presumably) on the History and Clipboard pages themselves.

PubMed Central as an Entrez Database!

In keeping with the full-text theme of this month's PubMed Particulars, it is only fitting that PubMed Central be discussed, too. PubMed Central (PMC) is a digital archive of life sciences journal literature. (Read more about it on the PMC home page.)

As many searchers are aware, recently both the Journals Browser and the MeSH Browser had makeovers and are now Entrez Databases just as PubMed is an Entrez Database. Now, PMC joins the suite and becomes an Entrez Database, too. This means that the full text of articles in PMC are searchable and there are additional functionalities available as well (Limits, Preview/Index, History, and Clipboard).

Access to PMC is available via the PubMed Central link on the blue frame (left-hand side of the page) in PubMed. Access to the PMC Entrez Database is available directly at <http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=PMC> or by using the Search function in PMC.

Here's what the search box portion of the PMC Entrez Database looks like:



This database has a sophisticated search function. It uses its SmartSearch technology which does not search every word in every article (access that feature by unchecking the SmartSearch box), but uses an automated analysis of the title, abstract and full text of each article, increasing the relevance of results. It will also do some automatic term mapping similar to what PubMed does.

While this newsletter does not allow a full and complete discussion of the PMC Entrez Database and all its functions, the NLM Technical Bulletin has an article that does. Access the article at http://www.nlm.nih.gov/pubs/techbull/mj03/mj03_pmc.html.

With the introduction of PMC as an Entrez Database, this growing collection of material becomes even more accessible. Please take a few moments to read the *NLM Technical Bulletin* article and then experiment with the database yourself. You'll be pleasantly surprised.

Donna Berryman, Outreach Coordinator

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Comments to:
Rebecca.Chlapowski@umassmed.edu

[University of Massachusetts Medical School](#)

222 Maple Avenue Shrewsbury, MA 01545

Phone: 800-338-7657

508-856-5979

Fax: 508-856-5977

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TechTime



Conference Report

National Health Information Infrastructure 2003 Developing a National Action Agenda for NHII June 30-July 2, 2003

I recently had the opportunity to attend the National Health Information Infrastructure (NHII) 2003 Meeting in Washington, D.C. The main goal of the conference was to develop a national action agenda for the NHII. The results will be published and widely disseminated, and used to guide further development of the NHII.

The exhilarating two days of meetings included presentations to the entire group of approximately 600 participants and track breakout sessions on eight different topics. During the breakout sessions, participants had the opportunity to work in small groups to identify priorities for the NHII.

People addressing the group included Tommy Thompson, Secretary of Health and Human Services, who announced two important initiatives during his speech. The one that received the largest round of applause was the signing of the agreement with the College of American Pathologists (CAP) to license the College's standardized medical vocabulary system and make it available without charge throughout the U.S. According to Secretary Thompson, "this action opens the door to establishing a common medical language as a key element in building a unified electronic medical records system in the US".

Additional information on Secretary Thompson's announcements, including the role of the National Library of Medicine in distributing the standardized vocabulary, can be found in the [Press Release](#) issued after his presentation and the [Full Text](#) of his speech.

Background Information

Definition of the National Health Information Infrastructure

The NHII is a set of "technologies, standards, applications, systems, values, and laws that support all facets of individual health, health care, and public health".¹ The overall goal of the NHII is to use information technology to improve the quality of health care, improve patient safety, and reduce health care costs.

The vision for the NHII is to share information and knowledge appropriately so it is available to people when they need it to make the best possible health decisions.² There are three dimensions to the NHII: personal health, health care providers, and population health.

The NHII would consist of a network of interoperable systems of clinical, public health, reliable health information resources, and personal health information that would improve decision-making by making health information available when and where it is needed. In addition, it would include technologies, standards, applications, systems, values, and laws that support all facets of individual health, health care, and public health. However, it is NOT a centralized database of medical records or a government regulation.³

The [NHII Website](#) contains detailed information about the initiative, including answers to [Frequently Asked Questions](#) and [examples](#) of the how information technology can be used to meet the overall goals of the NHII.

Why do we need a National Health Information Infrastructure?⁴

- To improve patient safety (alert for medication errors, drug allergies, etc.)
- To improve health care quality (includes having the availability of complete medical records, test results and x-rays at the point of care, integrating health information from multiple sources and providers, incorporating the use of decision support tools with guidelines and research results, etc.)
- For bioterrorism detection (NHII will enable real-time aggregation of health data to detect patterns)
- To better inform and empower health care consumers regarding their own personal health information
- To better understand health care costs

Several speakers mentioned some startling statistics based on several studies examining the quality of health care and implementation of information technology to improve quality, safety, while reducing costs.^{5, 6, 7, 8}

- 44,000-98,000 deaths per year in hospitals as a result of adverse events
- Over 1,000,000 injuries per year in hospitals as a result of adverse events
- Enormous practice variation: estimated \$450 billion in unnecessary spending
- Slow transition of research into practice: one estimate is 17 years
- 90% of the annual 30 billion health transactions done by phone, fax, or mail
- Fewer than 5% of prescriptions from US physicians are managed electronically

How information technology improvements can help prevent errors and adverse events:⁹

- Tools to improve communication
- Making knowledge more readily accessible
- Requiring key pieces of information
- Assisting with calculations
- Performing checks in real time
- Assisting with monitoring
- Providing decision support (based on evidence-based medicine)

The Role of Libraries in the NHII

Libraries play a number of important roles in the NHII. This includes, providing information to support

the delivery of patient care, the education of health professionals, dissemination of consumer health information, and identification of public health information and statistics. These roles should expand with the implementation of the NHII.

The Track/Breakout session I attended was on Consumer Health. One of the main tenets during the discussion was that there is a shift in health care delivery from "industry-centered" to a "person-centered" care. Increasingly, patients are called upon or want to become active participants in their own care, or the care of family members or friends. To accomplish this, each person requires access to health data, professional advice, clinical information, and accurate, relevant health information in a timely and convenient manner.

Under a person-centered approach, libraries need to play a role in educating consumers by informing and empowering them regarding their own personal health information. In addition, we need to educate health care professionals on how to integrate the delivery of health information as part of their patient care.

Conference Report

Overview

As mentioned above, the conference included presentations to all attendees and track breakout sessions on eight different topics. During the breakout sessions, participants had the opportunity to work in small groups to identify priorities for the NHII. There were two sections (A and B) for each track. For continuity and to improve communication within the smaller groups, people were encouraged to remain with the same track/session during the five breakout sessions.

Below is a description of the tracks, the objectives for each track established at the beginning of the conference, and a link to the reports from breakout track/sessions. These reports were presented during the last day of the conference.

The agenda and all the presentations from the conference are available on the [NHII Website \(Agenda and Presentations\)](#) and the [Conference Website \(Conference Material\)](#).

Architecture

The Architecture Track participants will propose an agenda for developing information architecture for the NHII. It will likely describe where patient data will be stored, how it will be moved and retrieved when needed, and how patients will be identified. The architecture will be based on principles and rely on use cases to guide its development. [Breakout Session Reports](#)

Consumer Health

The Consumer Health Track participants will propose an agenda to ensure that consumers, across the spectrum of health and illness, have access to accurate and relevant health information, personal clinical data, and contact with health professionals, as well as durable goods and health-related resources. These should be provided in a trusted, convenient, and cost-effective manner. [Breakout Session Reports](#)

Financial Incentives

The Financial Incentives Track participants will consider potential changes in health care financial arrangements that will accelerate the adoption and promote the sustainability of all aspects of the NHII. With the goal of equitable distribution of NHII costs across individuals and organizations that derive its benefits, participants will consider various public funding mechanisms (e.g., grant programs, loan programs, tax credits and payment incentives) and identify those most likely to leverage and encourage private sector investment. [Breakout Session Reports](#)

Homeland Security

The Homeland Security Track participants will consider all aspects of public health preparedness - including detection, prevention, response, and recovery from exposure to a biological or chemical threat - where information technology plays a role in the health and security of our nation. In addition, managerial and policy matters will be considered (e.g. metrics for assuring response capacity and policies for enabling information sharing while protecting human rights) as they relate to the formulation of a national health information agenda. [Breakout Session Reports](#)

Privacy and Confidentiality

The Privacy and Confidentiality Track participants will identify the new and special privacy issues that the NHII raises. They will propose an agenda of procedural and substantive steps to ensure that these issues are resolved in a way that fully respects the privacy interests of individuals. The deliberations will go beyond existing legal and technical requirements, and seek to identify new issues and develop ways of addressing them. [Breakout Session Reports](#)

Research and Population Health

The Research and Population Track Health participants will propose an agenda for secure exchange of research and population health data, and for the mechanisms and policies to ensure appropriate use of such data. Attention will be given to facilitate secure health information exchange between authorized persons for the purposes of research and public health, and with protections for the security and confidentiality of personally identifiable health information. [Breakout Session Reports](#)

Safety and Quality

The Safety and Quality Track participants will propose an agenda that focuses on identifying the key components that would be necessary in developing and maintaining a NHII. Special attention will be given to issues that support safe, high-quality care. Information technology will play an integral role in improving patient safety and quality of care through improved knowledge, information management, evidence-based decision-support, communication, and access to care. [Breakout Session Reports](#)

Standards and Vocabulary

The Standards and Vocabulary Track participants will focus on identifying actions that will promote the development, ongoing maintenance, and widespread use of health data content and transmission standards. It will look beyond the HIPAA administrative standards (and the fairly well-established processes for providing input to their selection and modification) to focus on actions required to promote additional data standardization to support clinical care, public health, and research. The track will NOT address standards related to privacy, security, and software. [Breakout Session Reports](#)

Conclusion

In the 2001 report, [Information for Health: A Strategy for Building the National Health Information Infrastructure](#), building the NHII was envisioned as a ten year initiative. Stage two centers on developing and expanding collaboration at national, state, and local levels, and with the private sector to complete and confirm the implementation plan.

Health Science librarians need to become actively involved in this process, not only by influencing the decision-making process in defining the NHII, but also by preparing the health care professionals of tomorrow in providing person-centered care and meeting the health information needs of their patients.

In addition, we need to play a role in educating "health information hungry" individuals on identifying and evaluating reliable health information. This will enable them to seize the opportunity and take responsibility for their own health (and possibly the health of family members) by drawing on the resources of family, communities, and health professionals to manage and maintain their health. With implementation of the NHII, individuals will ideally have the information, tools, services and incentives to manage their own health and wellness throughout their lifetimes.

Useful Links

[National Health Information Infrastructure Website](#)

[Developing a National Agenda for the NHII: 2003 Conference Website](#)

[NHII Conference Agenda, Plenary Session Presentations, and Breakout Session Reports.](#)

[Framework Action Agendas](#) prepared for the eight tracks for conference background and to stimulate individual dialog during the breakout sessions of the conference.

[HHS Agencies' Responsibilities Related to the NHII](#)

[Information for Health: A Strategy for Building the National Health Information Infrastructure](#). Report and Recommendations From the National Committee on Vital and Health Statistics. Washington, D. C. November 15, 2001.

[Addition Documents Related to the NHII](#) from the NHII Website.

[Public Meetings of the NCVHS NHII Working Group](#)

Footnotes

¹[Towards a National Health Information Infrastructure.](#) National Committee on Vital and Health Statistics, 2000

²[Information for Health: A Strategy for Building the National Health Information Infrastructure.](#) Report and recommendations from the National Committee on Vital and Health Statistics. November 15, 2001.

³[NHII Website: Frequently Asked Questions.](#)

³[NHII Website: Frequently Asked Questions.](#)

⁵ [Crossing the quality chasm: A new health system for the 21st century.](#) Committee on the Quality of Health Care in America, Institute of Medicine. 2001. Washington, DC. National Academy Press.

⁶ [To err is human: building a safer health system.](#) Kohn L, Corrigan J, Donaldson M. editors. Committee on the Quality of Health Care in America, Institute of Medicine. Washington, DC National Academy Press. 2000.

⁷Presentation by David. W. Bates on [Safety, Quality, and Information Technology and NHII \(PDF\).](#)

⁸Presentation by Don E. Detmer, MD, MA on an [Overview of NHII \(PDF\)](#)

⁹Presentation by David. W. Bates on [Safety, Quality, and Information Technology and NHII \(PDF\).](#)

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Penny Glassman, Technology Coordinator

[NLM](#) | [NN/LM](#) | [NER](#)

Comments to:
Rebecca.Chlapowski@umassmed.edu

[University of Massachusetts Medical School](#)
222 Maple Avenue Shrewsbury, MA 01545
Phone: 800-338-7657
508-856-5979
Fax: 508-856-5977

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Household Products Database

"Household Products Database"
New Information Service Provides Information
On Health and Safety of Everyday Products



The National Library of Medicine's newest resource is yet another rich consumer's guide that provides easy-to-understand information on the health effects of more than 2,000 ingredients. These ingredients are found in more than 4,000 common household products.



The Household Products Database (<http://householdproducts.nlm.nih.gov>) provides information in consumer friendly language on many substances and their potential health effects. The familiar TOXNET resource can be launched within the Household Products Database for more technical information.

Information in the database is derived from publicly available sources or provided to NLM by product manufacturers. The list of products covered will be expanded, and the information will be updated at least annually.

The Household Products Database is a companion resource to ToxTown(<http://toxtown.nlm.nih.gov>), and continues NLM's mission to educate the public about environmental risks posed by chemicals in the air, soil and water. Tox Town is a website that introduces consumers to the toxic chemicals and environmental risks they might encounter in everyday life. Where Tox Town looks at facilities like schools, office buildings and factories, and the chemicals likely to be in them, the Household Products goes inside the user's home and provides information about common products.

It is designed to help answer questions such as:

- What chemicals are contained in specific brands and in what percentage?
- Which products contain specified chemicals?
- Who manufactures a specific brand? How can I contact the manufacturer?
- What are the potential health effects of the chemical ingredients in a specific brand?
- What other information is available about such chemicals in the toxicology-related databases of the National Library of Medicine?

Records for each product will show the ingredients from the Material Safety Data Sheet (MSDS). These sheets are produced by product manufacturers under Federal law. MSDS are designed to provide workers and emergency personnel with proper procedures for handling or working with a particular substance.

The target audience of the Household Products Database is comprised of both scientists and the general public. The database allows users to browse a product category, such as 'Pesticides' or 'Personal Care,' by alphabetical listing or by brand name. Products can also be searched by type, manufacturer, product ingredient, or chemical name.

Javier Crespo, Associate Director



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Comments to:
Rebecca.Chlapowski@umassmed.edu

[University of Massachusetts Medical School](#)

222 Maple Avenue Shrewsbury, MA 01545

Phone: 800-338-7657

508-856-5979

Fax: 508-856-5977

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Newsletter of the New England Regional Medical Library

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NLM/ AAHSL Leadership Fellows Program, 2003-2004

The Association of Academic Health Sciences Libraries ([AAHSL](#)) is pleased to announce the second year of the leadership program jointly sponsored by the National Library of Medicine ([NLM](#)) and AAHSL, offered in cooperation with the Association of Research Libraries' Office of Leadership and Management Services (ARL/ OLMS). In response to the confirmed need for future leadership, the NLM/ AAHSL Leadership Fellows Program is focused on preparing emerging leaders for director positions in academic health sciences libraries. The Program fosters and supports the development of future leaders "through a broad approach to education, mentoring and career guidance," said AAHSL president David Ginn.

Fellows will have the opportunity to develop their knowledge and skills in a variety of learning settings, including exposure to leadership in another environment. They will be paired with Mentors who are academic health sciences library directors. The Program takes advantage of flexible scheduling and an online learning community to allow Fellows to maintain their professional and personal lives. The sponsors will provide financial support for up to five Fellows and will underwrite travel expenses.

Program Overview

The one-year Program design is multi-faceted: three in-person Leadership Institutes; attendance at an Association of American Medical Colleges(AAMC) annual meeting; a yearlong Fellow/Mentor relationship; three Web-based Courses on issues related to effective library leadership and management; and a two-week Site Visit to the Mentor's home library (in one or two-week segments).

The Program Is Designed To:

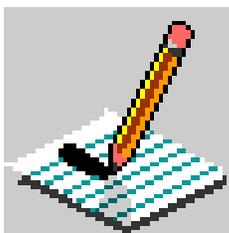
Introduce emerging academic health sciences library leaders to leadership theory and practical tools for implementing change at organizational and professional levels; Develop meaningful professional relationships between Fellows and Mentors that give Fellows access to career guidance and support; Expose Fellows to another academic health sciences library under the guidance

of their Mentors; Examine career development and provide models of directors to potential future academic health sciences library directors; Create a cohort of learners who will draw upon each other for support throughout their careers; and Offer recognition to emerging leaders.

Application

The NLM/ AAHSL Leadership Fellows Program is currently accepting applications for the August 15, 2003, deadline from potential Fellows and Mentors for the 2003-2004 experience. Candidates for Fellow should have a strong interest in pursuing a directorship in academic health sciences libraries, as well as a minimum of five years of department head level or higher responsibility, or equivalent experience, in an academic health sciences library, hospital library, or other library-related setting. Mentors should have at least five years' experience as director of an academic health sciences library.

Complete Program information, including Program design, schedule, and application criteria, is available online at <http://www.arl.org/olms/fellows/>. For more information about the program, please contact, DeEtta Jones, Director, ARL Organizational Learning Services, by e-mail at deetta@arl.org or by phone at 202-296-2296.



SAVE THE DATE!

You are invited to attend a Copyright Session!

When: October 23, 4pm-6pm

Where: University of Massachusetts Medical School, Room S1-609, The Lazare Auditorium.

**Guest Speaker, Linda K. Enghagen, J.D. and Professor, UMass Amherst.

This workshop is free and open to NER members as well as UMass faculty, staff and students

[Directions to UMass Worcester](#)



WHAT IS THE MAINE ARIEL PROJECT?

The Maine Ariel Project is a state-wide initiative by the HSLIC Consortuim (a non-profit coalition of 41 medical, academic and research center libraries in Maine), which will be coordinated by the Maine Medical Center Library. The Project will enable the 41 libraries to provide faster, more convenient access to biomedical and scientific journals and greatly improve the quality of documents delivered, through a technology-rich network.

>What are the aims of the project?

- To improve speed, convenience and document quality in the delivery of articles to health care professionals, public health officials, allied health professionals, educators and students.
- To improve the awareness, knowledge and skills of staff and volunteers in Maine public libraries to access biomedical and scientific journals.
- To raise awareness, knowledge and skills of consumers to find and use the biomedical and scientific journal articles and consumer-oriented health publications they need to make health care and lifestyle decisions.

How will the aims be met?

- In Year 1 and Year 2, the project will fund and install a computer, with Ariel software, a scanner and a printer in 27 health sciences libraries and in Year 3 will provide upgrades for 14 other libraries currently using older versions of Ariel and outmoded technologies.
- The project will train health science library personnel and provide model outreach materials
- In Year 3, the project will hold 10 forums for public libraries and secondary school libraries on how to better access health information resources.

- In Year 3, the project will conduct targeted outreach to community-based health organizations to help them inform consumers about how to find and use accurate, up-to-date health information.

Who is funding the project and for how much?

The grant is being funded by the National Library of Medicine, an agency of the Department of Health and Human Services. The total 3 year project is \$216,621, with \$93,469 in Year One, \$89,701 in Year two and \$33,451 in Year three.

Submitted by Janet Cowen, Director of Library Services, Maine Medical Center & Javier Crespo, Associate Director of NER



Congratulations are in order for...

ARIHSL!!...The RML would like to extend its congratulaions to the Association of Rhode Island Health Sciences Librarians for celbrating their 50th Anniversary!!

ARIHSL has to rank as one of the older state HSL associations in the country. ARIHSL is known for its close knit approach towards shared learning and its commitment to maintaining accurate and useful state ILL statistics.

ARIHSL members recently celebrated their 50th anniversary at a day-long program at Brown University. The event started with continuing education class on providing library services to hospital administrator. The class was taught by resident expert Jeannine Gluck, Library Director at Eastern Connecticut Health Network.

Lunchtime ceremonies included a timeline highlighting the events of ARIHSL's 50 years. Both retired and current members were recognized. Pat Gorman, ARIHSL Secretary, described the ceremonies as "connecting the accomplishments of those who went before and those who are now carrying the work of the association".

The afternoon program included greetings from MLA president Pat Thibodeau. A previous ARIHSL member, Thibodeau attended the day's events. A presentation on the future of hospital librarians was given by Ruth Holst, Associate Director for the Greater Midwest Regional Medical Library. A history of the association was given by Barbara Davis of South County Hospital. A presentation on public health and the information age was given by Terrie F. Weltie, Associate Dean of Medicine for Public Health and Public Policy at Brown.

Gorman says, "From the CE program in the morning to the wonderful food at the closing reception, it was a very special observance of ARIHSL's 50th anniversary."



Also Sharing an Anniversary...

The Health Sciences Libraries Information Consortium in Maine is celebrating their 30th year as an association dedicated to health information in Maine. HSLIC is planning its own recognition activities. In anticipation of the event, we wish them well and again, congratulations.

Also, the RML belatedly salutes the achievements of several organizations as recognized by the Medical Library Association...

The Electronic Funds Transfer System (EFTS --as directed by the University of Connecticut Health Center, Stowe Library) was awarded the Thomas/ISI Frank Bradway Rogers Information Advancement Award at this past May's Medical Library Association Conference. Ralph Arcari and Ed Donald were awarded the prize.

Also recognized, was the Massachusetts Health Sciences Library Information Network for the promotional public service announcement highlighting the work of medical librarians in service to consumers and the MEDLINEplus website. MAHSLIN was awarded First Place in the 'Swap and Shop Endless Wave of Ideas', awards for marketing and promotions. Their award was in a category related to video promotions of library services. MAHSLIN received support from the RML to produce the video.

The RML also congratulates HSLIC for their grant to extend their electronic document delivery services to 27 Maine hospital libraries. HSLIC leveraged awards given to 5 of its libraries through the RML Maine-EDD project to add more libraries onto their delivery network.

Read more details here:

- [*What is the Maine Ariel Project?*](#)

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Comments to:
Rebecca.Chlapowski@umassmed.edu

[University of Massachusetts Medical School](#)

222 Maple Avenue Shrewsbury, MA 01545

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Rebecca.Chlapowski@umassmed.edu

[University of Massachusetts Medical School](#)
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