

Quarterly Report

National Network of Libraries of Medicine - MidContinental Region

November 1, 2004 - January 31, 2005

Contract No. N01-LM-1-3514

Spencer S. Eccles Health Sciences Library
University of Utah

Submitted February 16, 2006

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Network Programs

Administration

(For CE and Conferences attended by staff members see Appendix A)

The NN/LM MidContinental Region staff held its annual planning meeting at the Bernard Becker Medical Library in St. Louis, Missouri, November 3-5, 2004. Since some of the liaisons had not been to this Resource Library, Betsy Kelly, Assessment and Evaluation Liaison, provided a tour. In addition to developing the logic model for the last year of the contract, liaisons did some brainstorming for the next contract. The NN/LM MCR budget and project documents for 2005-2006 were submitted to NLM. A Regional Community Health Information Outreach Symposium was proposed for our unexpended funds.

Wayne Peay, Director, and Claire Hamasu, Associate Director, attended the RML Directors mid-winter meeting at the University of Maryland in Baltimore November 30-December 1, 2004.

In January, the NN/LM MCR received its performance review from NLM. The lowest score was for Timeliness of Performance which received a "good" rating.

Liaisons had identified a need for an orientation manual to assist new liaisons with the technology and processes used to carry on their work and communicate with their colleagues within their own RML and the other RMLs. The current information in

QuickPlace was discussed. It was agreed there was a need for modifications and additions. Liaisons volunteered for sections and started adding additional information to the manual.

Personnel

In November, Sharon Dennis, Technology Coordinator, interviewed and hired Jessica Moody, a library school student at Texas Woman's University distance program. Ms. Moody will research the content for the state web pages. Jessica has a background in biochemistry and wants to work in health sciences libraries when she graduates.

Janet Ashwell, Kansas Liaison, will be moving to Nepal. The Archie R. Dykes Library of the Health Sciences advertised the position and received twelve applications. Distance interviews were conducted with two applicants. The RML staff also had the opportunity to talk with the applicants. Selection will be made in the next quarter.

Whitney Davison-Turley accepted another position within the library. Thomas Gibbs will assume the Technology Liaison position on February 1, 2005. Thomas is a new graduate of the Emporia Library School program.

At the end of the year, Siobhan Champ-Blackwell, Community Outreach Liaison, was notified that she was being honored as one of *Library Journal's* Movers and Shakers. She will be featured in the March 2005 issue of *Library Journal*.

Document Delivery Services

In December, NLM sent reports on the Level 2 holdings records to the RMLs, asking them to contact members and have them update their serial records to eliminate all Level 2 holdings. Barbara Jones, Missouri and Network Membership Liaison, worked with the other state liaisons and hospital librarians within the region to bring the region into compliance. Liaisons provided instructional assistance to Network members to assist them in revising their serial holdings. Liaisons also assisted members with viewing reports, changing routing tables, joining freeshare; and trained new staff to use DOCLINE.

Resource Libraries

Resource Library Directors held their regularly scheduled videoconference on December 6, 2004. For this meeting, Ms. Kelly reviewed the tools that liaisons use to plan and track their progress during a contract year. She also described the plans to evaluate the RML before the contract ends.

The directors discussed the implications of Elsevier's ILL restrictions on *ScienceDirect* articles. Rick Forsman (Denison Memorial Library) was concerned that libraries had dropped print titles and were filling ILL requests in ignorant violation of the restriction that requests can ONLY be filled if they come from an academic library. Karen Cole (Archie R. Dykes Library of the Health Sciences) stressed the need for resource libraries to band together. Directors were interested in language that can be inserted in licenses. Mr. Forsman will be developing language and will share it with the group.

Jim Bothmer (Creighton University Health Sciences Library) recommended the Institute of Medicine's report, "Academic Health Centers: Leading Change in the 21st Century" as a good resource for libraries in strategic planning and in adding credibility to the library's position within its institution. (<http://www.nap.edu/catalog/10734.html>)

Paul Schoening (Becker Medical Library) and Ms. Cole found the Community Based Health Information Outreach Symposium to be an excellent experience—stimulating and idea generating.

The directors discussed disaster preparedness in the region. Some of the libraries had plans in place which they agreed to share. Mr. Peay asked whether the RML should have the Resource Libraries develop a regional plan to support each other. The directors felt that this would not be time well spent.

Communications

Stephanie Weldon, Colorado and Consumer Health Liaison, created a *My NCBI* handout which she sent to liaisons and Colorado health sciences libraries to use when updating searchers on this new service.

Ms. Champ-Blackwell submitted trifold on resources appropriate to different ethnic groups to the National Training Center & Clearinghouse (NTCC) web site. They were posted there and are included in the latest resources for February.

(<http://nmlm.gov/train/resource.html?ResourceID=196>)

Also added were several resources from the Denver Public Library project.

Publications:

Plains to Peaks Post Volume 3, Issue 2 was published.

(<http://nmlm.gov/mcr/news/newsletter/index.php?vol=3&issue=2>)

At the end of the quarter, Marty Magee, Nebraska and Education Liaison, assumed responsibility as editor, replacing Ms. Davison-Turley.

“Bilingual Tool Bridges Barrier” *Kansas Connections* 2004 Fall;12(2)

(<http://ruralhealth.kumc.edu/ksconn/fall2004.pdf>)

Ms. Ashwell was interviewed in the Rural Health Education and Services newsletter on MedlinePlus en espanol.

Magee, M. “MedlinePlus offers credible, accurate, free health information” *What's Up* [serial online]. Nebraska Early Childhood Training Center. 2005 Winter; 17(2).

(http://www.esu3.org/ectc/whatsup/wuwin05/wuwin05_health_medline.htm).

Magee, M. “Resources at Your Fingertips”. *Nebraska Center for Bioterrorism Education Bulletin*. 2004 November: 3. (http://www.bioprep.org/pdf/Nov_2004_newsltr.pdf)

Blackwell, S. “National Network of Libraries of Medicine New Web Site” *NLA Quarterly* 2004 Winter; 35(4) (<http://www.nebraskalibraries.org/nlaquarterly/2004-4.htm>)

Blackwell, S. “An Interview with Dr. Darryl Tonemah” *Health News*. Tribal Connections web site. (http://www.tribalconnections.org/health_news/secondary_features/renaissanceman1.html)

New or Updated Web Pages

The CCHILL web site has been revamped (<http://nmlm.gov/mcr/states/mtgs.html>) to include a speakers' forum.

Regional Advisory Board

No activity

Evaluation and Assessment/Feedback

In November, Ms. Magee attended the NOMC-TAC meeting for the first time.

At the end of January, Ms. Kelly accepted the final draft of the focus group report as submitted by Elaine Graham. Ms. Graham wrote the report based on the data the NN/LM MCR provided. It is an excellent report that should be very useful in our final evaluation and in planning for the next contract. (See Appendix E for Focus Group Report)

Feedback to NLM

At the request of the NNO, the RML submitted comments on the Go Local solicitation draft document. Comments concentrated on the funding section. There were questions about why the funding could

not be used to create a local database. There was confusion on exactly what would be supported when linking to an existing local database. The RML recommended making it possible for Affiliate members to receive funding. There was uncertainty on the number of projects that could be funded in the region.

Health Professionals Access to Information

In December, Ms. Weldon gave a class covering PubMed, MedlinePlus, and ClinicalTrials.gov to the Front Range Community College librarians who support a nursing program.

Network Membership

Sixty letters supporting the library and librarian were sent to hospital administrators in the region during November for National Medical Librarians Month. Ms. Weldon is surveying regional members and subscribers to Medlib-1 to find out what the administrator's response has been to the letter.

The hospital administrators at the Memorial Hospital of Sweetwater County highlighted activities of hospital librarian, Kathy Tacke, in a newsletter and newspaper article and requested details of her participation in the panel discussion, "Hospital Libraries: Who Needs 'Em" held during the Wyoming Symposium last July. Mary Henning, Wyoming Liaison, wrote a letter detailing Ms. Tacke's participation.

Consortia meetings attended:

- | | |
|---------------|---|
| November 2004 | Lincoln Health Sciences Group
Ms. Magee and Ms. Champ-Blackwell attended the quarterly meeting. Discussion revolved around a Nebraska Library Association pre-conference meeting. The liaisons offered to teach the CE class "Caring for the Mind: Providing Reference Services for Mental Health Information" developed by Michelle Eberle from the NN/LM New England Region. Their offer was accepted. |
| January 2005 | Health Sciences Librarians in Kansas City
Ms. Jones attended and welcomed Anita Gordon-Gilmore, new librarian at Baptist-Lutheran Medical Center, to the Network. |
| January 2005 | Utah Health Sciences Library Consortium
Ms. Hamasu provided an RML update. |
-

New Network Members

Full Members:

None

Affiliate Members:

Trails Regional Library, Missouri
Manti Public Library, Utah
Nephi Public Library, Utah
Davis County Library, Utah

Awards

In November, staff consulted with two groups about NLM funding. Ms. Champ-Blackwell spoke with Jonah Deppe about ideas for the National Association of Community Health Centers clinic and the One World Community Health Center, to expand their health information outreach to their patients. She wrote a letter in support of their proposal. Ms. Hamasu consulted with two individuals from the Utah State Health Department who were interested in the types of projects that NLM funds.

In January, Ms. Kelly reviewed Poudre Valley Health System's proposal to modify their budget plan to reach more public library users in the area. Several health fairs are planned at the four libraries and budget reallocation to support purchase of heart monitors and associated software was requested. Supporting documentation was appropriate and the requestor fully responded to questions posed. Ms. Kelly recommended approving the adjustment to the budget allocation.

Outreach Programs

(OARF Summary - See Appendix B)

Consumer Health Information Services

In November, Ms. Weldon continued her efforts to enlist support for the Consumer Health Information Directory. She corresponded with Joan Costanza, who is interested in archiving; sent messages to the CAPHIS-1 to add the resource directory to the Consumer and Patient Health Information Section of MLA (CAPHIS) web page and responded to library school students who were interested in a project.

Hollis Hope from the Colorado Health Institute presented their plans for the state to the Colorado Consumer Health Information Librarians (CCHILL) group at the November meeting. Members also discussed a state wide marketing plan from public, hospital and academic librarians on “finding health information at your library.” If all the libraries in the state had the same tag line - the public would be more likely to realize that they can get health information at their library.

Ms. Weldon was a presenter for the University of Colorado at Denver and Health Sciences Center Mini Med School. There were an estimated 200 people in the auditorium and additional viewers at five satellite locations for the November session on consumer health information. She also co-taught a class for Denver Public Library (DPL) staff and other public librarians. Ms. Weldon focused on PubMed and MedlinePlus and her co-instructors focused on the DPL health web site that was created using funding from the NN/LM MCR.

In November, Ms. Jones contacted the University of Missouri bookstore system, and requested permission to include a MedlinePlus bookmark with each purchase of health professions/medical school books or equipment. Permission was granted, and these bookmarks are now being distributed through the University bookstore and the online bookstore. Ms. Jones will be collaborating with the Missouri Library Association and the Missouri State Library in conducting consumer health information training for public libraries throughout Missouri. She submitted an article promoting these trainings to the association’s newsletter, and also to the Missouri State Library. The state library sent an email to the library systems and as a result three public library systems have responded.

Ms. Hamasu attended the Libraries for the Future (LFF) "Libraries and Health Information Forum" held in New York City, November 8-9, 2004. There were about 40 people invited from all over the country. Many of the participants gave presentations describing programs that are making consumer health information accessible as a regular service from the public library or as a project targeting a specific group or topic (example: African American, environmental health). Quite a few were funded by NLM or NN/LM. Rhonda Allard, NN/LM Middle Atlantic Region, and Ms. Hamasu gave a presentation on the NLM and NN/LM resources and services and encouraged participants who are not already members (there were some) to contact their RML and become a member. Following the forum a smaller group strategized next steps. LFF will be seeking foundation money to fund this next step. They definitely want to partner with the NN/LM since their goals for health information access are so similar.

In December, Ms. Magee met with Kit Keller and Mary Jo Ryan of the Nebraska Library Commission to discuss "seeding" of consumer health libraries. They are proposing an initiative to find three pilot groups - in Eastern Nebraska (Norfolk), Central Nebraska (Kearney), and Western Nebraska (Scottsbluff), places that have both good hospital libraries as well as good public libraries, that would be willing to cooperate to improve consumer health information access. Also proposed is having University of Nebraska Medical Center McGoogan Library serve as a mentor in development of these programs, due to their 20 year history with the Consumer Health Information Resource Services (CHIRS).

Go Local

In anticipation of the press conference for Missouri Go Local, representatives from the National Library of Medicine (Dr. Donald Lindberg, Eve-Marie LaCroix and Joyce Backus) visited the University of Missouri - Columbia School of Medicine to hear about its development and the experiences of those who are already using it. Ms. Jones gave a brief demonstration of the site.

Public Health

Ms. Hamasu has been asked to be a member of the Partners in Public Health steering committee and will begin her participation with the April 2005 meeting.

Links on public health web sites:

This quarter the RML made an effort to have links to NLM resources added to public health web sites in Missouri, Wyoming and Kansas. Norma D'Eagle, Health and Senior Services Manager, Bureau of Health Informatics, Missouri Department of Health and Senior Services, is responsible for the state site but relies heavily on what the departments tell her to add. Molly Youngkin, Public Health and Utah Liaison, convinced her to review the URLs for NLM

resources (such as MedlinePlus, the PHPartners web site, PubMed). Brett Bates is the web designer/coordinator for the Wyoming Department of Health (DOH). Some departments of the Wyoming DOH do currently link to the National Library of Medicine, but these links are fairly buried. Ms. Youngkin sent Mr. Bates an email and cc'd the Wyoming Liaison. Ms. Ashwell contacted the Director of the Kansas Public Health Association (KPHA), Elaine Schwartz, who has now linked the KPHA's web site to the NN/LM MCR web site. The link can be found under Links/Resources on the KPHA web page.

(http://www.kpha.us/content/links_resources.htm)

Ms. Youngkin provided Ms. Henning with documents on the Online Public Health Library project. Leslie Boughton, the Wyoming State Librarian, is interested in having a similar effort instituted in Wyoming. A poster on the OPHL project has been accepted for the upcoming MLA Annual Meeting in San Antonio, Texas in May 2005.

Ms. Ashwell followed up with Dr. Won Choi to discuss plans and content for the informatics course for the KUMC public health program. They brainstormed ideas that he will share with his faculty.

Ms. Youngkin taught a class at the end of January for University of Utah public health students interested in "research design," statistics, and data collection. The class was mostly master's students, although there were some PhD public health graduates attending as well. Only one student had had formal training in PubMed. None of the students were familiar with MedlinePlus or the PHPartners web site. This was a very good opportunity to touch bases with a faculty member (Mary Bishop Stone) and move forward on the objective of integrating informatics into the public health curricula.

Ms. Ashwell is selecting materials such as web sites, videos, books, meetings, and conference proceedings to enter and create metadata for the bioterrorism digital library, part of a bioterrorism grant resource identification project awarded to KUMC.

Community Outreach

Three RMLs have personnel whose primary responsibility is to work with minority populations in their regions. Becky Hebert (Southeastern Atlantic Region), Roy Sahali (Pacific Northwest Region) and Ms. Champ-Blackwell have formed the Special Populations Outreach Committee (SPOC). They believe strongly in their project goals and the importance that this should hold in the NN/LM program. At the end of the quarter they proposed to the National Network Office that a Community Outreach Center be established with the new RFP as a way to focus on elimination of health disparities. Recently, SPOC has invited all RMLs to participate in their regularly scheduled teleconferences.

The RML proposed to use unexpended funds for a regional community based outreach symposium to be held as a local follow-up to the symposium held at NLM in November. The Mountain Plains Library Association (MPLA) meeting is being held in October 2005 in Jackson Hole, Wyoming. In order to attract public librarians who may be attending MPLA, the outreach symposium will be planned just before MPLA. If the symposium is approved, the University of Wyoming will be subcontracted to plan the symposium.

Community Based Health Information Outreach Symposium

The final teleconferences for the symposium planning committee were held. Planners walked thru the program and made decisions on adding new registrants, changes to the web site, switching the times of the research

and evaluation sessions, and format of the wrap up session that will gather input from the RML Associate Directors on recommendations for the next contract. A final meeting was held at NLM on Wednesday evening, the day before the symposium. Cathy Burroughs of the Outreach Evaluation Resource Center (OERC) and Ms. Hamasu worked on questions that will be distributed to participants of the outreach symposium to determine ideas/strategies they plan to implement as a result of the meeting and whether they found partners for future outreach efforts. The results of the evaluation have been added to the symposium web site.

(<http://www.surveymonkey.com/DisplaySummary.asp?SID=761960&U=76196048695>)

Ms. Hamasu and Gale Dutcher, from NLM's Division of Specialized Information Services (SIS), edited the transcript from the Community Based Organizations panel and added summarizing text to be published in the *Journal of the Medical Library Association (JMLA)*. Permission was obtained from all panel members to have their names included in the JMLA.

Blogs

In November, Ms. Champ-Blackwell received an email from the head of the Nebraska Minority Public Health Association (NeMPHA) asking that the staff assistant receive the blog updates to share with the NeMPHA membership.

Katy Haas, from Alianzas, produces bi-weekly news lists. Ms. Ashwell talked to her about distributing this information through a blog; Ms. Davison-Turley instructed her and the Alianzas web team on how to do it. As a result of RML networking Alianzas now has a blog at <http://alianzas.blogspot.com/>.

Native American Outreach

The monthly teleconferences for the Tribal Connections Four Corners (TC4C) collaboration were held. The group approved the process for applying for a grant to fund the next stage of the project. Ms. Hamasu and Ms. Kelly will be members of the group developing the proposal.

Dr. Darryl Tonemah (Kiowa/ Comanche/ Tuscarora) was in Omaha in November presenting a diabetes prevention seminar for NIH. After the presentation, Ms. Champ-Blackwell spoke with Dr. Tonemah about the work of the NN/LM and then followed up with an email to begin a dialog with him. He will be in Albuquerque, New Mexico working on developing a curriculum for Healthy Native Communities. Ms. Champ-Blackwell will try to bring Dr. Tonemah and Pat Bradley, TC4C Tribal Liaison, together to see if he and TC4C can collaborate.

Hispanic Outreach

On November 15, 2004, Ms. Ashwell attended a focus group looking at the Healthy People 2010 initiative for Hispanic people. The invitation resulted from her work on the planning committee for the Binational Health Week in Kansas City. This activity was sponsored by CDC. Later that month, all members of the Binational Health Week committee met for a debriefing. They watched a video of the events and offered feedback on ideas for next year.

Ms. Ashwell has become a member of the North East Advisory Group for Alianzas. Alianzas is made up of representatives from different organizations, who are interested in improving social, health, economic and educational conditions for the Hispanic community in Kansas City. They meet regularly to decide how to partner and share resources. One of the activities that Alianzas supports is Binational Health Week.

Ms. Champ-Blackwell and Karen Mier, Nebraska Methodist College/Methodist

Hospital Librarian, co-presented the "Spanish for the Healthcare Provider" class on November 17, 2004. One student said she was a senior and she felt very strongly that this class should be presented much earlier in the curriculum. Others in the class agreed. Ms. Mier will suggest that this workshop be included in the freshmen seminar.

Technology Awareness and Integration

Ms. Dennis prepared for and assisted with set-up for the Creighton University streaming media broadcast, November 18, 2004, "What Translation Services Does Title VI of the Civil Rights Act of 1964 Require from Healthcare Provider." The video recording unit had been sent to Creighton for this purpose. There were successful tests on both the afternoon before and morning of the broadcast. Unfortunately, sometime after the morning test, the librarian who was doing the recording decided to change the software settings. It appears that she did not understand what the software was telling her. The result is that no archive of the event was created. The training implications: develop an assessment quiz that would indicate that trainees actually understand the software. Perhaps create a mini-certification process: people pass a quiz and put the equipment together without the checklist. This would demonstrate that they understand the concepts and are not just doing this by rote.

Ms. Dennis coordinated with Susan Roberts, Eccles Health Sciences Library's graphic designer, to offer a Basic Design Principles for Visual Communication class using Macromedia Breeze. The library currently has a trial version of Breeze. Breeze allows students to see and hear the instructor, as well as to view PowerPoints and ask questions through chat and audio. An announcement of the class was sent to the mcmla-l list and the class filled in one day

(9 people). The class was successfully taught in December with the chat feature compensating for audio problems.

Ms. Dennis participated in the monthly teleconferences of the NN/LM Distance Learning Task Force and reported on the NN/LM MCR's experiences with distance learning using a variety of technologies. She provided information and edits for the final report.

Ms. Dennis fixed a major problem resulting from the change to the web server's handling of "special characters." The web server is now much stricter on how the special characters can be encoded. A number of pages had information copied from MS Word and were not encoded properly. Stray spaces in the code also created a problem.

Testing mix and match technologies

In November, the NN/LM MCR began testing combined audio/video for the recently upgraded VRVS application. We have been using the video function of this videoconferencing application for our weekly meetings. The MCR teleconference using VRVS audio was successful with four people connected; once the fifth person joined the VRVS session a hum and echo appeared. VRVS support assures us that

there is no limit on the number of people that can be connected to a session. We will need to test the audio in small groups to eliminate the problems.

Ms. Dennis tested access to the Utah Telehealth Bridge using webcams and netMeeting rather than the ViaVideo Polycom cameras. Quality was not good. In January, she tested the new Polycom PVX software with a Logitech Pro for Notebooks camera. A point-to-point test within Eccles Library worked very well. The PVX software is very similar to the Polycom interface used with the ViaVideo cameras. Application and data sharing worked very well and seemed more robust than the ViaVideo software. She also tested the Logitech Pro for Notebooks camera with Breeze. Even using the built-in microphone rather than a headset, the camera worked very well. Documents held up to the camera could be read by the person at the other end.

Education

CD Search Strategies was sent to four requestors this quarter.

Ms. Magee presented Health Information Resources for Students to University of Nebraska at Omaha library methods class in December.

Exhibits and Presentations at Meetings

Liaisons submitted suggestions for next year's national exhibits to the exhibit system.

Ms. Champ-Blackwell and Gail Kouame (NN/LM Pacific Northwest Region) discussed a presentation that they will propose for the Health Ministries Association meeting to take place this summer in Omaha. Ms. Champ-Blackwell also worked with Ms. Weldon to submit a proposal for the Society of the Advancement of Chicanos and Native Americans in Science (SACNAS) 2005 conference to be held in Denver, October 2005.

Event	Date Place	Name	Comments
<i>National Meetings</i>			
American Public Health Association	November 6-10, 2004 Washington DC	M Youngkin	M Youngkin was one of the instructors for "Public Health Knowledge: Acquisition, Management and Generation", an all-day class. The other members of the team were Keith Cogdill, Laura Larsson, Kristine Alpi, Catherine Selden, and Nancy Allee. Ms. Youngkin also assisted at NLM exhibit booth.
National Center for Farmworker Health	November 18, 2004	S Weldon	Gave an hour presentation on searching PubMed and MedlinePlus
<i>Local/Regional Meetings</i>			
Colorado Association of Libraries	November 2, 2004 Denver, CO	S Weldon	Presented a poster on the CCHILL group with Amber Harvey of Parker Public Library
Kansas Hospital Association	November 9, 2004	J Ashwell	Shared an exhibit booth with the AHEC
American Indian Council Symposium	November 16, 2004 Kansas City, KS	J Ashwell	
Meridian Library System and Republican Valley Library System Annual Conference	January 7, 2005	M Magee	Presented on MedlinePlus
Choose Your Life Wellness Fair	January 29, 2005 Denver, CO	S Weldon	Sponsored by Denver Parks and Recreation

Appendices

Appendix A

CE & Conferences

Attended by NN/LM MCR Staff

Title	Date	Name
American Public Health Association	November 6-10, 2004 Washington, DC	M Youngkin
"Afterburners," The Flawless Execution Model	November 10, 2004	M Magee
Lunch and Learn for Dykes Library staff on blogs and RSS	November 11, 2004	J Ashwell W Davison-Turley
Internet Librarian Conference 2 classes on harvesting metadata 1 class on making learning stick	November 12, 2004	S Weldon
Design Principles for Visual Communication - Susan Roberts from Spencer Eccles Library	December 8, 2004	M Magee
Benefits And Challenges Of Reaching Out To Serve Spanish-Speakers To Increase Their Access To Public Computers And Resources	December 10, 2004 Aurora Public Library, CO	S Weldon

Appendix B

MidContinental Region OARF Summary

Outreach Activities Report Activities for Midcontinental Region - All Midcontinental Projects

RML Quarter 3 2004-2005

Generated: Monday, October 31, 2005

14 Total Outreach Activities

The following information is based on outreach reports of training activities.

Activities Summary

Total number of estimated participants:	238 participants	
Average number of participants:	17 per activity	
Average length:	2.04 hours	
Under 1 hour:	0 activities	
Between 1 and 2 hours:	10 activities	(71.43%)
Over 2 hours:	4 activities	(28.57%)
Hands-on practice:	8 activities	(57.14%)
Conducted remotely:	0 activities	
Offering continuing education:	1 activity	(7.14%)
Significant number of minorities:	2 activities	(14.29%)

Type(s) of Organization(s) Involved in Activities

Health sciences library:	14 activities	(100.00%)
Public library:	6 activities	(42.86%)
Government agency:	1 activity	(7.14%)
Hospital:	2 activities	(14.29%)
Clinical/Health care:	1 activity	(7.14%)
Academic Institution:	14 activities	(100.00%)
Community-Based:	0 activities	
Faith-Based:	0 activities	
Public Health Agency:	2 activities	(14.29%)
Other:	1 activity	(7.14%)

Session Content

PubMed:	10 activities	(71.43%)
MedlinePlus:	12 activities	(85.71%)
ClinicalTrials.gov:	4 activities	(28.57%)
NCBI:	0 activities	(0.00%)
NLM Gateway:	1 activity	(7.14%)
TOXNET:	1 activity	(7.14%)
Other technology content:	7 activities	(50.00%)
Other, non-technology content:	4 activities	(28.57%)

Significant Minority Population Present (>=50% of participants)

African American:	1 activity	(7.14%)
Alaska Native:	0 activities	(0.00%)
Asian and Pacific Islander:	0 activities	(0.00%)
Hispanic:	0 activities	(0.00%)
Native American:	1 activity	(7.14%)

91 Participants Completed Participant Information Sheets

The following information is based on Participant Information (PI) sheets collected during training activities.

Participants Summary

Activities at which PI sheet collected:	42.9%
Health care or service providers:	48 participants (52.75%)
Health science library staff members:	24 participants (26.37%)
Public Health worker:	0 participants
Public/Other library staff members:	43 participants (47.25%)
Members of general public:	0 participants



Appendix C

Subcontractor Quarterly Reports

Quarterly Report

Name of reporting institution:

Grillo Center Boulder Public Library
Grillo Health Information Center
1000 Canyon Blvd.
Boulder, CO 80302

Project: Internet Database Training

Name of person submitting report: Chris A. Engleman

Email address: englemanc@boulder.lib.co.us

Telephone number: 303-441-4144

Reporting Period start date: 10/1/04

Reporting Period end date: 12/31/04

Publicity: For an NLM database class that I taught October 6, we were given free advertising for the class in the Boulder Public Library monthly calendar publication which is distributed throughout the Library and is also mailed to Boulder Library patrons. Flyers advertising this class (along with other classes) are placed in Library kiosks as well. We also printed Spanish-language brochures about the Grillo Center and our services, to distribute at the Family Learning Center. Starting in December, we have had a Spanish-language volunteer available at the Learning Center once-a week to help people coming to the Center look up health information using the Spanish-language version of MedlinePlus. The brochures that were printed were made then to help advertise this service.

Outreach: I taught a NLM database searching class on October 6. This was given at the Boulder Public Library training room and was attended by eight patrons, which is the room capacity. As with the May class I taught, this class was a sellout.

Other accomplishments: In December, we started having a Spanish-language volunteer available once a week at the Family Learning Center to assist people coming to the Learning Center in looking up health information using the Spanish-language version of MedlinePlus. The Family Learning Center is a place where non-native English speakers can go to take classes, primarily English-as-a-Second Language classes, and can participate in various other activities. They have a computer room and this is where our volunteer sits (underneath Grillo Center signs), to be available to assist people.

Target audience: Though it is true that the people coming to the Learning Center are, on average, more educated than those that we worked with at the People's Clinic (in the earlier days of our grant term), we have thus far still not had great success in having people use our services. The population is what we expected, but the usage of our services (or lack of) is not what we expected.

Goals, Outcomes, Objectives: First, I believe that our expectations need to be a little bit lower, as the barriers to the usage of our services are numerous. We did feel that we would have some success at the Family Learning Center, because the people there are going to the Center to advance their education and get out more into the local Boulder community. So far, we have not had people come to us much there, however, and we have not ascertained the reasons for this. It is true that we have been there just a month, so perhaps we need more time for people to know that we are even there.

Evaluation: Boulder Public Library class evaluation forms were handed out for the class I taught October 6. These were collected by the Instruction Coordinator at the Library. Otherwise, no other evaluations were done.

Impacts and Observations: One anecdote to share, is that involving the warm reception we were given by the Family Learning Center to welcome us to our working with the Center. Upon arriving for our first day working at the FLC, the Co-Director of the Grillo Center (Carol Salter) and our Spanish-language volunteer, were greeted with balloons and refreshments that were put together by the staff of the FLC as a welcoming gesture to us, for our participation and collaboration at the Center. It is clear that the staff here are very supportive of this project that we are doing, and is willing to assist us in many ways. Though there is this support, it has been somewhat disappointing that we have achieved little success in getting people to use this health-information searching assistance. We have averaged about one question a week, and we certainly feel that this number could be much higher.

The economic, educational, cultural and social barriers that we encountered at the People's Clinic, where we began this project, are all somewhat present at the Family Learning Center as well. But we have anticipated fewer educational barriers, and have also anticipated that the environment at the FLC (which is a learning environment) would be more conducive to people being able and willing to come to us to ask about researching health questions. The numbers so far are not indicating a greater degree of success here than at the People's Clinic, but we remain hopeful. Again, we have only been there a month, so I think more time will help. We also perhaps need to look at more marketing strategies, such as sending out flyers to the homes of those people that regularly attend classes and programs at the Learning Center.

Planned Activities: This is the final quarter of the grant (extension), though we plan to keep working at the Family Learning Center. We hope to see if we can achieve some success with our project there, given more time. I also will continue teaching quarterly NLM classes at the Boulder Public Library training room.

Outreach Activities Report Internet Database Training - Project

RML Quarter 3 2004-2005

Generated: Monday, October 31, 2005

1 Total Outreach Activities

The following information is based on outreach reports of training activities.

Activities Summary

Total number of estimated participants:	8 participants
Average number of participants:	8 per activity
Average length:	1.50 hours
Under 1 hour:	0 activities
Between 1 and 2 hours:	1 activity (100.00%)
Over 2 hours:	0 activities
Hands-on practice:	1 activity (100.00%)
Conducted remotely:	0 activities
Offering continuing education:	0 activities
Significant number of minorities:	0 activities

Type(s) of Organization(s) Involved in Activities

Health sciences library:	0 activities
Public library:	1 activity (100.00%)
Government agency:	0 activities
Hospital:	0 activities
Clinical/Health care:	0 activities
Academic Institution:	0 activities
Community-Based:	0 activities
Faith-Based:	0 activities
Public Health Agency:	0 activities
Other:	1 activity (100.00%)

Session Content

PubMed:	1 activity (100.00%)
MedlinePlus:	1 activity (100.00%)
ClinicalTrials.gov:	0 activities (0.00%)
NCBI:	0 activities (0.00%)
NLM Gateway:	0 activities (0.00%)
TOXNET:	0 activities (0.00%)
Other technology content:	0 activities (0.00%)
Other, non-technology content:	0 activities (0.00%)

Significant Minority Population Present

(>=50% of participants)

African American:	0 activities (0.00%)
Alaska Native:	0 activities (0.00%)
Asian and Pacific Islander:	0 activities (0.00%)
Hispanic:	0 activities (0.00%)
Native American:	0 activities (0.00%)

0 Participants Completed Participant Information Sheets

The following information is based on Participant Information (PI) sheets collected during training activities.

Participants Summary

Activities at which PI sheet collected:	0.0%
Health care or service providers:	0 participants
Health science library staff members:	0 participants
Public Health worker:	0 participants
Public/Other library staff members:	0 participants
Members of general public:	0 participants



Quarterly Report

Name of reporting institution:

Central Denver Public Library
10W. 14th Avenue Parkway
Denver, CO 80204-2731

Project: Access to Electronic Health Information for Denver**Name of person submitting report:** Elaine Connell**Email address:** econnell@denver.lib.co.us**Telephone number:** 720-865-1363 or 720-865-1187**Reporting Period start date:** September 1, 2004**Reporting Period end date:** November 30, 2004**Publicity:**

Broadcast E-mail is ready to go - awaiting DHP2010 site revisions
9/2/04 - Taping of Interview on Denver Community Television - Live & rebroadcast x 3
Article in the Whittier Spotlight - Nov. '04 - Not yet available online
Congregational Health Partnership - Church Bulletin Inserts - Nov. '04 - to 36 churches (estimated readership of 2,200 people, mostly in core city area)

Outreach:

The Children's Hospital Immunization Day - Sept. 11, '04
Colorado Association of Libraries Conference - Oct. '04
11/04 - Display for all of November in the large DPL Central Library Display Case
9/9/04 - Presentation to Colorado Department of Public Health and Environment -
11/05/04 - Presentation to the Community Resources Forum
11/18/04 - Congregational Health Partnership Meeting

The following Trainings:

9/16/04 - DPL Staff Training Class
10/14/04 - Train the Trainer Class
11/04/04 - Train the Trainer Class
Informal, on-going "Computer Comfort" at Ford-Warren Library

Other accomplishments:

9/1/04 - NCLIS Blue Ribbon Consumer Health Recognition Award Presentation
- Received \$150 from the Colorado Department of Education to apply to this project.
Added Training Information and some PDF's to the "Getting Started" section of DPL English site
Design and translation for a training bookmark – bilingual
Convening of the DPL Health Web Site Advisory Committee - 1st session 11/12/04
Further Usability Testing
Gathering of further librarian input at DPL
DPL is rolling out its new "Equal Access Software" - public computers now are time-limited to multiple 20 minute sessions or a single 2 hour session per day. Librarians can override to allow extended time in special cases as needed.

Target audience:

Training takes more time and more repetition than previously expected. Although MedlinePlus and others are now easy for me, that is not the case for beginners! Although mouse maneuvering is easy for me now, not so for beginners! People are busy, pre-occupied, and minds overflowing. They like these resources, but taking the steps of change to using them comfortably requires a gradual process. Whether Whittier residents, professionals, or librarians, this seems to be true across the board.

In addition, many Whittier residents don't use the library for information much. This is a whole new deal! We've got a great start, and contacts with leaders and organizations that are involved in their daily lives and issues. We expect that on-going efforts will lead to many new users of these resources. In particular, with a re-visioning of the library as a whole, Ford-Warren and several other branches are re-clustering around a new service model referred to as "Language and Learning." Information access and educational resources will be enhanced in this new cluster of branch locations. More about this in the Final Report.

Professionals we spoke with at the Colorado Department of Public Health and Environment wrestle with document delivery issues. I shared their concern with Stephanie Weldon, who will follow up.

Goals, Outcomes, Objectives:**Problems:**

TIME! - Our grant provided \$40,000 for a broad project targeting several distinct groups. We are proud and very satisfied with all we have accomplished. However, we overestimated what could be accomplished in the time allowed. Lee's time ran out with the launch of the web sites, so outreach and training has been absorbed by the library. Training materials have been developed, and presentations have been well received. DPL has generously allowed me many more hours than were estimated to fulfill the promises we took on with this grant. In addition, I have given it many hours of my own time. I would not change the project from the wholistic approach that we envisioned, but I would emphasize the need for many additional hours of consultant salary, if a similar project were to be undertaken in the future. (I also hope that there would be a limited number of similar projects! Given the amount of work that went into these web sites, and the ease of long-distance access through the Internet, funding large numbers of similar sites seems counter-productive all the way around.)

Staffing changes - midway through the process, Stacey McConlogue of DHP2010 took another position. Stacey left things in very good order, and the Department of Environmental Health picked up the cost of many of her hours, allowing for maximum funding to pay for the consultant who completed that portion of the project. Nonetheless, there remained a huge adjustment. Losing Stacey and Lee at virtually the same time was really tough!

Librarian Usage - In my last quarterly report, I mentioned the new realization that librarians in my department didn't appear to be using the new Health & Medicine Web Sites as much as we had hoped. Shortly after that awareness, I initiated a survey within my department, requesting their input about the site. What was actually more helpful, though, was organizing and presenting a class in cooperation with Stephanie Weldon at UCHSC. One librarian in our department did the training on MedlinePlus, and two of our staff attended. Handouts have now been created and added to the Health site (in English, in PDF files) providing tips for finding some of the special resources there, and learning to use them more effectively. In addition, I sent an email promoting MedlinePlus to all library staff. While I am all about health, and there is much progress in this area, we are working

with generalists - and they have many other things on their minds, too. Again, time and perseverance are needed!

Training Video - Though we had hoped to create a training video for staff and for the public, this no longer appears to be the way to go. A quality training video, presenting information in the detail we desire, is a huge undertaking, and we anticipate mixed results. We have recorded two videos, thanks to the generous partnership of DCTV, Denver Community Television at www.dctv.org One of these is a taped interview done at the DCTV studios. It promotes our partnership and our web sites quite well, though it contains some unfortunate typo's. The other documents the program where the Library received the National Commission on Library and Information Science 2004 Blue Ribbon Consumer Health Award for Colorado. Sound quality in this production was disappointing. We simply could not do a video on our own better than the ones we have done with DCTV, but we hesitate to do another with them before we have lots more time to devote to planning, filming, and editing. This remains an option for the future, as the Library received \$150 from the Colorado State Board of Education in addition to supplement this award, and DCTV has charged us only \$10 per copy of these videos.

Train the Trainers Classes - Many of the attendees for these classes are actually not headed right out to work with people in organizations, training them on these sites. They do so, one here, one there, but it will take time to develop the cadre of trainers I look forward to! I am thrilled to have the director of a neighborhood computer lab taking an active interest, and am eager to begin working with her!

We have not trained 200 community members, but apart from this, we continue to see all outcomes we expected as feasible.

Evaluation:

We are very pleased with the level of Publicity, particularly as so much of it is through cooperative relationships in the community. Outreach Sessions and Trainings have all received very good feedback. We are beginning to get growing interest from other community organizations. All of these speak of much success!

While the statistics of usage on our sites are not all that we had hoped, we can understand this and work toward improvement from two angles. 1) We are working to improve our sites. DHP2010 usability testing provided some insights, which are being implemented as soon and as fully as possible. DPL has started their new Advisory Committee, and is working to make what we know are good sites to make them even better! 2) We have different expectations of usage. People who like a site like this very well still don't use it daily. They may find here a source they love, and then bookmark that site, rather than returning to ours each time. At this point, when we have a class, or do a lot of preparation for a program, our usage affects the statistics, too. So... For now, we are most excited about the interest being expressed in the Whittier community and the organizations serving them. More details in the final report.

Impacts and Observations:

Always before, outreach has been something that I have had to initiate. I still am, but in the past two months I have had 3 community organizations contact me about wanting to be linked on our sites. And two important organizations involved with the Whittier community expressed an interest in partnering with us. One of these organizations, Congregational Health Partnership, works with 36 churches and will send our information to their churches as a bulletin insert this month. The other,

Metro Denver Black Church Initiative, has a membership of 40 churches throughout the area and is looking forward to having us do some training with their computer liaisons in early 2005. In addition, the director of a small community computer center serving Hispanics in this neighborhood is eager to get our training so she can help her customers use these resources. And someone from one of these organizations just sent me contact information for a teacher at a nearby school. They have a computer lab and a parents' group and would be interested in having us do a program there, too.

It is exciting to me to see this interest among organizations serving our primary target population, the Whittier neighborhood. We cannot train individuals fast enough with our limited DPL staff time. As the community and the leadership become increasingly aware of the library and its web sites as a viable health information resource, the process is becoming self-generating and the community is beginning to take on the vision of helping one another learn to search for health information with these new resources. People are beginning to ask for classes, and this is very satisfying to see!

Planned Activities:

12/7/04 and 12/11/04 - Information sessions at Ford-Warren for the public - promotion via Congregational Health Partnership church bulletins.

Classes for the public beginning in January, '05 at Central, and probably 3 times per year here, in addition to classes in the branches and at other locations, and Train the Trainer classes, as noted below.

Site maintenance / DPL - on-going

Further Usability Testing, especially librarians, residents of Whittier, and community leaders.

12/02-03/04 - NLM Community Outreach Symposium

DEH is hiring a FT Program Administrator and a PT support person for the DHP2010 project
DHP2010 will establish an Advisory Committee for its site.

January, '05 - meeting with project staff for wrap-up and future planning

Whittier Elementary School program(s) for children and / or parents, early 2005.

Jan. or Feb. '05 - present to computer liaisons of Metro Denver Black Church Initiative

Librarian instruction with Stephanie Weldon, with announcements going to CCML, CCHILL, LibNet, University of Denver's Library and Information Science Program, and Emporia State University School of Library and Information Management. Offering these classes for MLA CEU's is added incentive for participation, as is Stephanie's expertise!

Outreach via LibNet listserv, WebJunction online, CCHILL, ...

Consider exploring the endorsement of the library community for these web sites, rather than having each individual library re-creating their own at this level. We are open to the critique and suggestions of others in the community.

Outreach Activities Report Access to Electronic Health Information for Denver - Project

RML Quarter 3 2004-2005

Generated: Monday, October 31, 2005

4 Total Outreach Activities

The following information is based on outreach reports of training activities.

Activities Summary

Total number of estimated participants:	54 participants
Average number of participants:	13.50 per activity
Average length:	1.19 hours
Under 1 hour:	1 activity (25.00%)
Between 1 and 2 hours:	3 activities (75.00%)
Over 2 hours:	0 activities
Hands-on practice:	2 activities (50.00%)
Conducted remotely:	0 activities
Offering continuing education:	0 activities
Significant number of minorities:	0 activities

Type(s) of Organization(s) Involved in Activities

Health sciences library:	0 activities
Public library:	4 activities (100.00%)
Government agency:	1 activity (25.00%)
Hospital:	2 activities (50.00%)
Clinical/Health care:	2 activities (50.00%)
Academic Institution:	0 activities
Community-Based:	2 activities (50.00%)
Faith-Based:	2 activities (50.00%)
Public Health Agency:	2 activities (50.00%)
Other:	0 activities

Session Content

PubMed:	0 activities (0.00%)
MedlinePlus:	4 activities (100.00%)
ClinicalTrials.gov:	0 activities (0.00%)
NCBI:	0 activities (0.00%)
NLM Gateway:	0 activities (0.00%)
TOXNET:	0 activities (0.00%)
Other technology content:	4 activities (100.00%)
Other, non-technology content:	3 activities (75.00%)

Significant Minority Population Present

($\geq 50\%$ of participants)

African American:	0 activities (0.00%)
Alaska Native:	0 activities (0.00%)
Asian and Pacific Islander:	0 activities (0.00%)
Hispanic:	0 activities (0.00%)
Native American:	0 activities (0.00%)

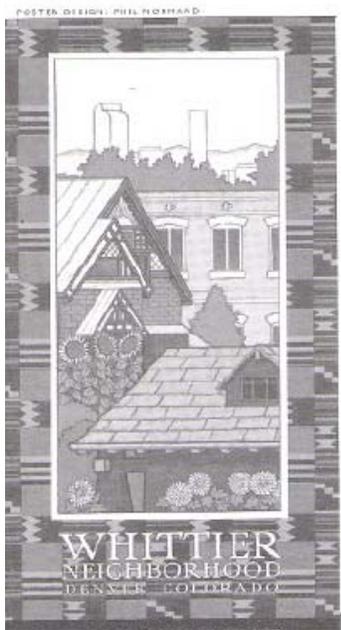
12 Participants Completed Participant Information Sheets

The following information is based on Participant Information (PI) sheets collected during training activities.

Participants Summary

Activities at which PI sheet collected:	50.0%
Health care or service providers:	4 participants (33.33%)
Health science library staff members:	0 participants
Public Health worker:	1 participant (8.33%)
Public/Other library staff members:	5 participants (41.67%)
Members of general public:	2 participants (16.67%)





WHITTIER NEIGHBORHOOD SPOTLIGHT

A PUBLICATION FROM THE WHITTIER NEIGHBORHOOD ASSOCIATION • VOLUME 11.04

Your chance to speak directly to District Two Police

District Two Community Advisory Board (2-CAB) is a district-wide board comprised of a representative from each of the twelve recognized neighborhood groups and retail/civic organizations in District Two. The purpose of the Board is to improve communications on a cross-neighbor-

New WNA Board members elected

WNA board elections were held at the Oct. 20 WNA meeting. At-Large member, Cormack McCarthy, was elected as WNA President.

WEEKEND DROPOFF
Sun., Nov. 14 • 10 AM-4 PM
Cranmer Park,
3rd Ave. & Clermont St.



Library Matters . . .

If you have visited the Ford-Warren Branch Library at 28th and High Street lately, you may have noticed that **Derek Wolfram** is no longer working there. Though Derek still lives nearby, his work has been transferred to the Central Library downtown. The rest of the friendly staff at Ford-Warren are still there, however, with Senior Librarian **Beckie Brazell** now in charge.

In December, there will be two demos of the new DPL Health & Medicine Web sites at the Ford-Warren Branch Library. These will be bilingual presentations and child-care will be provided.
Tues., Dec. 7, 6:00-7:00 P.M.
Sat., Dec. 11, 2:00-3:00 P.M.

In previous editions of the *Spotlight*, you have read about the Health grant that the Library has been working on. Well, most of the work has been completed now, the Web sites have been launched and classes are underway. Many residents of Whittier have participated in the development of these new Web sites; please take advantage of all the information that is available to you! Thank you to everyone who has worked on this project! Last month DPL received the 2004 National Commission on Library and Information Science Blue Ribbon Award for this work!

Contact **Beckie Brazell**, Senior Librarian at the Ford-Warren Branch Library, by calling 303.294.0907 or at bbrazell@denver.lib.co.us.
Contact **Elaine Connell**, Reference Librarian and Coordinator of the Health Information Project, at 720.865.1187 or at econnell@denver.lib.co.us.

NOVEMBER 2004

WWW.WHITTIERNEIGHBORS.COM



"For the LORD gives wisdom, and from His mouth come knowledge and understanding." Proverbs 2:6

HELP AT HAND

Health information is all around us everyday, on TV, in the news, or in conversation with a friend. Mostly we don't take much notice.... Until we need it! When our own questions arise, we need reliable information right away!

The Denver Public Library is a great place to start finding answers to those questions! We will help you look up information on any topic, in books, in magazines, and on the Internet. And we'll refer you to other resources when we can't help. We have 23 locations around the city, and all of them have Internet computers available for you to use free of charge. Print out what you find for 10 cents per page.

And DPL has brand new Health & Medicine Web sites, in English and in Spanish. We collected links to many reliable organizations, and we put them together in a way that is easy to learn to use. If you're a new beginner to the Internet, we can help you get started. If you are a seasoned searcher, we can show you our collection of in-depth resources.

Visit our new Health & Medicine Web Sites!
English <http://denverlibrary.org/research/health>
Spanish <http://espanol.denverlibrary.org/health>

And one tip: You'll get a great start every time if you begin with www.MedlinePlus.gov. This is the foundation of our Denver Public Library sites. It is available in both English and Spanish, and is easy to use, too.

It takes a little learning, but we are here to help! We'll help you find someone with more expertise, if we can't find the answer ourselves. And we have classes so you can learn to do the searching on your own.

Remember, with health information, we always need to evaluate what we find with care! **Ask:**

- How reliable is that information?
- Who is sponsoring this information?
- Is it up to date?
- And will it work for my situation?

Always take what you find to your doctor or health clinic, and discuss it with them before you make changes.

In December, we will have two demonstrations of our new DPL Health & Medicine Web sites at the Ford-Warren Branch Library, 2825 High Street. We hope you will come! These will be bilingual presentations, and child care will be provided.

- Tuesday, Dec. 7th, 6:00-7:00 PM
- Saturday, Dec. 11th, 2:00-3:00 PM.

Written by:

Elaine Connell, Reference Librarian, The Denver Public Library.
Call 720-865-1187 for more information about this project or about classes.

Access to Electronic Health Information for Denver is funded by the National Library of Medicine, National Institutes of Health under Contract No. N01-LM-1-3514, subcontract 62817.

Congregational Health Partnership
in collaboration with Zion Apostolic Church

Quarterly Report

Name of reporting institution:

Dixie Regional Medical Center
Pamella Asquith, Medical Librarian
1380 East Medial Center Drive
St. George, UT 84790

Project: Information Resource Training for Nurse Interns**Name of person submitting report:** Pamella Asquith**Email address:** pamella.asquith@ihc.com**Telephone number:** 435-251-2459**Reporting Period start date:** 10-31-2004**Reporting Period end date:** 12-31-2004**Publicity:**

I presented an overview of the project at meetings of nurse educators always asking for feedback. I have set up what I call Library Corners in various units around the hospitals; these are computer workstations dedicated to information access.

Complete an [Outreach Reporting Form](#)

I gave 30-minute library orientation presentations to 4 groups of students (about 8 per group) currently enrolled in nursing programs at Dixie State College and Weber State College who do clinical rotations at DRMC. I also do library orientations on an ad hoc basis for anyone who requests it. I experience I have gained doing these presentations, I will use when I come to write the materials for the Nurse Intern Training Program.

Other accomplishments:

Friday November 19, I participated in a teleconference offered by ALA called "The Role of Teaching in Modern Libraries."

Thursday 9 December 2004, I participated in an online course offered by Eccles called "Creating Effective Visual Presentations" which will help me design the online modules of the Nurse Intern Training Project.

Target audience:

No changes. However, DRMC did not get the expected numbers of December 2004 graduates so decided not to do a formal clinical intern program until the graduates of May 2005 are ready to begin. This will give me more time to plan but not a group to use as guinea pigs for the large group in May/June.

Goals, Outcomes, Objectives:

Outcomes are still feasible. It is taking a long time to set up the "communicative infrastructure" for this project, i.e. letting the various constituencies know about it and eliciting their support.

Evaluation:

I have written a pretest for affective factors "Attitudes and Feelings About the Library" and a "Competency Reference for Information Searching" that will part of the pass-off package that all nurse interns will have to complete.

Impacts and Observations:

Even though the first batch of nurse interns has not come through, as a result of all the informational meetings I have had with nurse educators and nurse managers, library usage is already up.

Planned Activities:

I will continue to work on assessments and exercises. I will continue to research other similar projects and try to apply methods and learn from the results.

I will also get ready for the Medical Library Association conference in May where I will present a Poster Session on Library Corners- dedicated computer workstations on the floors of the patient towers of DRMC for information access.

Outreach Activities Report Information Resource Training for Nurse Interns - Project

RML Quarter 2 2004-2005

Generated: Tuesday, November 01, 2005

1 Total Outreach Activities

The following information is based on outreach reports of training activities.

Activities Summary

Total number of estimated participants:	8 participants
Average number of participants:	8 per activity
Average length:	1 hour
Under 1 hour:	0 activities
Between 1 and 2 hours:	1 activity (100.00%)
Over 2 hours:	0 activities
Hands-on practice:	0 activities
Conducted remotely:	0 activities
Offering continuing education:	0 activities
Significant number of minorities:	0 activities

Type(s) of Organization(s) Involved in Activities

Health sciences library:	1 activity (100.00%)
Public library:	0 activities
Government agency:	0 activities
Hospital:	1 activity (100.00%)
Clinical/Health care:	0 activities
Academic Institution:	1 activity (100.00%)
Community-Based:	0 activities
Faith-Based:	0 activities
Public Health Agency:	0 activities
Other:	0 activities

Session Content

PubMed:	1 activity (100.00%)
MedlinePlus:	1 activity (100.00%)
ClinicalTrials.gov:	0 activities (0.00%)
NCBI:	0 activities (0.00%)
NLM Gateway:	0 activities (0.00%)
TOXNET:	0 activities (0.00%)
Other technology content:	1 activity (100.00%)
Other, non-technology content:	0 activities (0.00%)

Significant Minority Population Present

(>=50% of participants)

African American:	0 activities (0.00%)
Alaska Native:	0 activities (0.00%)
Asian and Pacific Islander:	0 activities (0.00%)
Hispanic:	0 activities (0.00%)
Native American:	0 activities (0.00%)

0 Participants Completed Participant Information Sheets

The following information is based on Participant Information (PI) sheets collected during training activities.

Participants Summary

Activities at which PI sheet collected:	0.0%
Health care or service providers:	0 participants
Health science library staff members:	0 participants
Public Health worker:	0 participants
Public/Other library staff members:	0 participants
Members of general public:	0 participants



Outreach Activities Report Information Resource Training for Nurse Interns - Project

RML Quarter 3 2004-2005

Generated: Tuesday, November 01, 2005

5 Total Outreach Activities

The following information is based on outreach reports of training activities.

Activities Summary

Total number of estimated participants:	64 participants
Average number of participants:	12.80 per activity
Average length:	0.90 hours
Under 1 hour:	1 activity (20.00%)
Between 1 and 2 hours:	4 activities (80.00%)
Over 2 hours:	0 activities
Hands-on practice:	1 activity (20.00%)
Conducted remotely:	0 activities
Offering continuing education:	0 activities
Significant number of minorities:	0 activities

Type(s) of Organization(s) Involved in Activities

Health sciences library:	5 activities (100.00%)
Public library:	0 activities
Government agency:	0 activities
Hospital:	5 activities (100.00%)
Clinical/Health care:	0 activities
Academic Institution:	5 activities (100.00%)
Community-Based:	0 activities
Faith-Based:	0 activities
Public Health Agency:	0 activities
Other:	0 activities

Session Content

PubMed:	5 activities (100.00%)
MedlinePlus:	5 activities (100.00%)
ClinicalTrials.gov:	0 activities (0.00%)
NCBI:	0 activities (0.00%)
NLM Gateway:	0 activities (0.00%)
TOXNET:	0 activities (0.00%)
Other technology content:	5 activities (100.00%)
Other, non-technology content:	0 activities (0.00%)

Significant Minority Population Present

(>=50% of participants)

African American:	0 activities (0.00%)
Alaska Native:	0 activities (0.00%)
Asian and Pacific Islander:	0 activities (0.00%)
Hispanic:	0 activities (0.00%)
Native American:	0 activities (0.00%)

0 Participants Completed Participant Information Sheets

The following information is based on Participant Information (PI) sheets collected during training activities.

Participants Summary

Activities at which PI sheet collected:	0.0%
Health care or service providers:	0 participants
Health science library staff members:	0 participants
Public Health worker:	0 participants
Public/Other library staff members:	0 participants
Members of general public:	0 participants



DRMC Medical Library ONLINE DATABASES

A Presentation for
Dixie State Nursing Program
Fall 2004
Dixie Regional Medical Center

Pamella Asquith,
Librarian DRMC

DRMC Medical Library Online Databases

IHC
subscribes to
some
powerful
proprietary
databases



DRMC Medical Library Online Databases



DRMC Medical Library Online Databases

UpToDate



DRMC Medical Library Online Databases

UpToDate

- Designed to answer clinical questions that arise in daily practice.
- Continuous review of information from more than 300 leading journals.
- Topic reviews written by physicians for physicians. Peer-reviewed.

DRMC Medical Library Online Databases

Enter a search term
Most relevant topics
Related topics



DRMC Medical Library Online Databases

Parts of a Topic Review
(Varies by topic)
Intro
Epidemiology & Risk factors
Pathogenesis
Clinical Presentation
Screening & Diagnostic Tests
Treatment
Recommendations for screening and referral
References
Graphics
Related Topics



DRMC Medical Library Online Databases

UpToDate Online Tutorials

1. Animated, Narrated 2 1/2 minutes
2. Readable



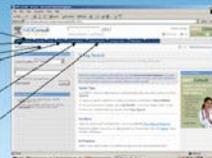
DRMC Medical Library Online Databases

MDConsult



DRMC Medical Library Online Databases

Reference Books
Journals
Drugs
News
Current Practice
Patient Handouts



DRMC Medical Library Online Databases

Enter a search term :
Reference books
Journals (MEDLINE)
Drug Updates
News
Current Practice
Practice Guidelines
Patient Handouts
Student Union



DRMC Medical Library Online Databases

Reference Books
All fulltext



Journals
MEDLINE citations
and some fulltext



DRMC Medical Library Online Databases

Drug Information
From Mosby's

News
Links to current stories



DRMC Medical Library Online Databases

Practice Guidelines
From MEDLINE,
some fulltext

Patient Handouts
Topic summary written in
non-medical language
Many in Spanish too



DRMC Medical Library Online Databases

MDConsult Help



DRMC Medical Library Online Databases

clin-eGuide

Search for :

- Disease
- Drug
- Laboratory
- Performance



DRMC Medical Library Online Databases

Enter name of a disease:

Management Overview
Diagnosis
Therapy
Prevention
Complicating Factors
Education
Etc



DRMC Medical Library Online Databases

Enter name of a drug:

Summary information only
If you need more
information, go to the
Micromedex database.



DRMC Medical Library Online Databases

Laboratory
Enter name of a test

Reference range
Clinical significance
Causes
Further tests



DRMC Medical Library Online Databases

Performance

Economics and news
Quality and safety
Immunization schedules
Screening advice



DRMC Medical Library Online Databases

EBSCO Research Databases



DRMC Medical Library Online Databases

EBSCO Research Databases

Citation Only Databases :

MEDLINE, CINAHL
Abstracts of Reviews of Effectiveness
Cochrane Controlled Trials Register

DRMC Medical Library Online Databases

EBSCO Research Databases

Fulltext Collections :

Health Business (460 journals)
Psychology and Behavioral Sciences (550 journals)
Nursing & Allied Health (400 journals)
Biomedical Reference (900 journals)
Cochrane Database of Systematic Reviews

2310 total journals but some overlap, about 1700

DRMC Medical Library Online Databases

MEDLINE provides authoritative medical information on medicine, nursing, dentistry, veterinary medicine, the health care system, pre-clinical sciences, and much more. Created by the National Library of Medicine. Over 4,600 current biomedical journals.

CINAHL (Cumulative Index of Nursing and Allied Health Literature) is the authoritative resource for nursing and allied health professionals, students, educators and researchers. Over 1,700 current nursing and allied health journals.

DRMC Medical Library Online Databases

MEDLINE
 Enter a Search Term

- Limits: Full Text
- Journal
- Author
- Date of publication
- Abstract
- Language
- Review article
- Gender
- Animal only (redundant)
- Subsist (database with NCBI)
- Publication type
- English only (redundant)
- Human only (redundant)
- Animal
- Age related

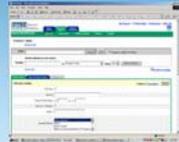


DRMC Medical Library Online Databases

CINAHL
 Basically the same limiters as MEDLINE except:

- Journal Subset
- Publication type- many choices
- Age groups are different
- Special interest

When searching both MEDLINE & CINAHL at the same time, all limiters must be entered separately.



DRMC Medical Library Online Databases

A fast way to expand a search, click on MeSH terms (Medical subheadings from NLM)



DRMC Medical Library Online Databases

EBSCO Full Text Databases

Help



DRMC Medical Library Online Databases

MEDLINE can also be accessed directly from the National Library of Medicine website (PubMed)



DRMC Medical Library Online Databases

Another fast way to expand a search, click on Related Articles



DRMC Medical Library Online Databases

Another feature of PubMed is "Links" which links to Reference Books with relevant information and libraries which have the journal and volume in their collection.



DRMC Medical Library Online Databases

From Links- Books: Words in the abstract are underlined and linked to textbooks or dictionaries for clarification and more information. Great for students.



DRMC Medical Library Online Databases

MICROMEDEX® Healthcare Series



DRMC Medical Library Online Databases

MICROMEDEX® Healthcare Series

Search for summaries and detailed monographs for drugs, disease, alternative medicine, toxicological managements, reproductive risks, and emergency care.

Can be downloaded to a PDA for free. Includes electronic versions of PDR and Martindale

DRMC Medical Library Online Databases

Enter name of a drug (Results vary by drug)

- Summary Documents
- Drug Information
- Toxicology Information
- Reproductive Risk
- Etc.



DRMC Medical Library Online Databases

Care Notes (Patient Handouts)

- General Information
- Discharge Care
- After Care Instructions

In English and Spanish



DRMC Medical Library Online Databases

MICROMEDEX® Healthcare Series

Online Tutorial
(Very long but informative)



DRMC Medical Library Online Databases

Summary :

All databases are very powerful and very different.
Worth it to do the *Online Tutorials* and look at the *Help* pages.

UpToDate

MDConsult

EBSCO
Research
Databases

clin-eguide

MICROMEDEX® Healthcare Series

DRMC Medical Library Online Databases

Questions ??
Comments ??
Suggestions ??

DRMC Medical Library Online Databases

Thank you
for listening !

DRMC Medical Library Online Databases

Contact information for the Medical Librarian :

Pamella Asquith
Telephone : (435) 251 -2459
Fax : (435) 251 - 2461
Email : pamella.asquith@lhc.com

The Medical Library is open
Monday – Friday 8:00 am – 4:30 pm

DRMC Nurse Intern Library Training Program
Pre-training Assessment

ATTITUDES & FEELINGS ABOUT THE LIBRARY

How frequently did you go to your school library while you were doing your nursing program?

- Never
- 1-3 times a semester
- Once a month
- Once a week
- More than once a week

How frequently did you use your school library resources from a computer either at home or at school while you were doing your nursing program?

- Never
- 1-3 times a semester
- Once a month
- Once a week
- More than once a week

Why did you go to or use online resources from your school library? *Choose all that apply*

- Research for class
- Preparation for class project
- Study for exam
- Look up drug info, lab value or other specific measurement
- Extra reading
- Other _____

What kinds of things did you use at or from your school library? *Choose all that apply*

- Textbooks
- Encyclopedia
- Journals/ magazines
- Drug reference book
- Instructional videos
- Other _____

What features did you like about your school library? *Choose all that apply*

- Helpful librarians
- Good study space
- Good place to meet friends
- Always found what was needed
- Good computers
- Other _____

What features did you not like about your school library? *Choose all that apply*

- Didn't have what you needed
- Couldn't find what you needed
- Hours limited
- Computers not adequate
- Unhelpful librarian
- Too crowded or noisy
- Not cool to go to library
- Other _____

What features of a library are most important to you? *Choose all that apply*

- Have books and journals you need
- Have computer resources you need
- Have tutorials to help you find and use information without having to ask for help
- Help from librarian to find things you need
- Have adequate computers
- To be open all the time
- To be a comfortable place to research and study
- Other _____

How would you rate yourself as a user of online resources from the library at your school?

- Expert: I always know where to look and get what I need; I never need any help
- Comfortable: I usually know where to look and get what I need and I'm not afraid of the process
- Challenged: It sometimes takes me awhile but I can find what I need most of the time if I don't give up
- Suffering: I get easily frustrated and settle for less-than-optimal information because I can't find the good stuff
- Clueless: I really have no idea how to look for information

How would you rate yourself as a user of print resources from your school library?

- Expert
- Comfortable
- Challenged
- Suffering
- Clueless

How would you rate yourself on being able to find information from the Internet?

- Expert
- Comfortable
- Challenged
- Suffering
- Clueless

In general when you need to know something, how do you find the information?

Choose all that apply

- Ask a friend or other student
- Ask a relative or "respected adult"
- Ask a librarian
- Look in a book or directory
- Surf the Internet
- Other _____

If you can't find information you need, what do you do? *Choose all that apply*

- Ask a friend or other student
- Ask a librarian
- Try looking in a different place
- Change your topic to fit the information that you did find
- Be satisfied with what you found and hope somebody else found the info you really need
- Give up and go home
- Other _____

DRMC Nurse Intern Library Skills Training Program 2005

COMPETENCY REFERENCE FOR INFORMATION SEARCHING / LIBRARY SKILLS

1. _____ Log-in IHC Library homepage with user name and password onsite
2. _____ Log-in IHC Library homepage with user name and password by remote access
3. _____ Explain log-in process to someone unfamiliar with it or to someone having trouble with it
4. _____ Identify various components of the IHC Library homepage
5. _____ Explain the difference between proprietary and public (Internet) information sources on the IHC Library homepage
6. _____ Explain the general differences among the major proprietary databases subscribed to by IHC
7. _____ Be able to do a basic search in UpToDate for clinical information and know when it is appropriate to do so
8. _____ Explain the various components and limitations of MD Consult
9. _____ Be able to do a basic search in MD Consult utilizing reference books, journal citations and fulltext offerings, drug information, patient information resources etc
10. _____ Be able to do a basic search for drug information in Micromedex
11. _____ Be able to find specific information for clinical application in Micromedex
12. _____ Be able to do a basic search in Clin-eguide for general information on a condition encountered on the floor
13. _____ Explain the basic features of PubMed

14. _____ Be able to do a basic search in PubMed
15. _____ Explain the basic features of databases from EBSCOhost
16. _____ Be able to do a basic search in Medline from EBSCOhost and recognize the similarities and differences with PubMed
17. _____ Be able to do a basic search in CINAHL from EBSCOhost
18. _____ Utilize all the fulltext collections from EBSCOhost
19. _____ Use Internet search engine like Google to find information from professional organizations
20. _____ Be aware of how to verify information from Internet sources
21. _____ Be aware of how to get help with problems encountered with IHC online resources
22. _____ Be familiar with print resources available in the DRMC Medical Library
23. _____ Utilize print resources in the physical DRMC Medical Library for both backup when online resources cannot be accessed and for additional information
24. _____ Explain what services are available from the DRMC Medical Library

Quarterly Report

Name of reporting institution:

John F. Reed Library
Fort Lewis College
1000 Rim Drive
Durango, CO 81301

Project: Consumer Health Education Outreach with an Emphasis on Native American Outreach

Name of person submitting report: Myoung Fry

Email address: fry2_m@fortlewis.edu

Telephone number: (970) 259-1871

Reporting Period start date: 11/30/2004

Reporting Period end date: 01/31/2005

Publicity:

• As the website was updated with new links added, Fry announced its update to FLC librarians, DPL librarians, Mercy Medical Center health professionals, and Ignacio Health Clinic physicians.

Outreach:

No Outreach for demonstrations and Training took place during this period.

Other accomplishments:

* The website had a new look as a part of FLC library webpage and was updated with new links added:

<http://library.fortlewis.edu/consumerhealth/index.htm>

* As the medical librarian at Mercy Medical Center, Fry added a link to FLC Online Consumer Health Resources in the Medical Library Webpage:

<http://mercydurango.org/library/libhom.htm>

Target audience:

Health Professionals and Academic and Public Librarians

Fry tried to work with Mercy Medical Center to publicize the consumer health webpage of FLC, and shared the website with the MMC patient education committee.

Goals, Outcomes, Objectives:

It has been rather hard to negotiate with school librarians as they keep postponing my presentation dates. During next two quarters, I will concentrate on visiting various libraries to share the webpage.

I will also start send out newly revised brochures to various health organizations: San Juan Basin Health, Local School Libraries, Local School Nurses, Towaoc Health Clinic, Cortez Public Library, Mancos Public Library, Dolores Public Library, Bayfield Public Library, and Native American Organization at Fort Lewis College.

Evaluation:

It has been rather hard to evaluate this project since had not been visiting various organizations.

Above all, I have been waiting to finish purchasing and cataloging consumer health books before I suggest FLC library to host an "OPEN HOUSE" for the community.

Impacts and Observations:

* Patrons are starting to call to see for consumer health information and expressed their appreciation when I presented the Online Consumer Health Sources.

* I will make utmost efforts to concentrate on making presentations and visiting various organizations for the rest of the project.

Planned Activities:

- DPL will hold at least one class on “finding health information on the internet for the community.”
- FLC will offer training on consumer health databases.
- Web page will maintained and enhanced with new materials and links.
- Ms. Fry will contact the Ute reservations to see if they are having an easier time accessing health information and if they would like additional health information training.

Patient Health Information Packet Request Form

Dear Patient: Mercy Medical Center believes information is a vital aspect of your care. As one of our patients, you may request a packet of health information on any personal health concern. This packet, provided to you at no cost, is prepared by the Health Information Specialist at the Mercy Medical Center. To request a packet, please complete section 1 and 2 below and return this form to your primary nurse or directly to the Mercy Medical Library. Your packet will be sent to you shortly after you return home. You may also do your own research by accessing MEDLINEPLUS in the Mercy Medical Library Webpage: Please visit the **Mercy Homepage** by typing <http://www.mercydurango.org> and choose **Medical Library**.

1. Patient (Please Print.)

Name: _____

Home Address: _____

Home Phone Number: (____) _____

Age _____ **Sex:** F() M()

Single/Divorced__ Married__
Widowed__

of Children/ages: _____

2. Topic (Please Print.)

Diagnosis: _____

Packet Topic: _____

Information Level Desired:
Brief (1-2 pages) ____
Basic (10-20 pages) ____
Advanced (20+ pages) ____

Focus of Interest:
Please check all that apply:

- Overview of topic
- Alternative/Complementary Therapies
- Chronic illness
- Coping/lifestyle
- Internet information (related dx or Specify)
- Pain control
- Treatment options
- Other _____

To help us help you, are you currently Smoking? Yes__ No__

3. Nurse

Dear Nurse: Please review the Patient and Topic Sections of this form carefully, complete this section and send it to the Medical Library. Thank You!

Nurse's Name: _____

Date: _____

Estimated Date of D/C: _____

Pertinent Health History & Notes to Researcher:

Send to: Unit/Rush () Patient's Home ()

Office Use Only:

Researched by: _____

Reviewed by: _____

consumer health - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address I:\Reports\YR04 QTRLY-ANNUAL RPT\QtrlyRept Y4Q3\Subcontract Reports\Pt. Lewis Attachments\consumer health.htm

Links [Eccles WebMal](#) [Eccles Home](#) [elb](#) [GSA - Domestic Per Diem Rates](#) [RML](#) [U of U Travel](#) [UofU](#) [WebEvent](#) [UPS](#) [Yahoo! Mail](#) [Yahoo!](#)

Google Search 146 blocked Check Autolink Autopill Options

Adobe Y! Search Web My Web Mail My Yahoo! Shopping Games Music Personals

logo with menu

Online Consumer Health Resources

Websites from CAPHIS
(Consumer Patient Health Section of the Medical Library Association)

- [General Health](#)
- [Men's Health](#)
- [Women's Health](#)
- [Parenting & Kids](#)
- [Seniors' Health](#)
- [Specific Health Problems](#)
- [Drug Information](#)

Other National Health Sites:

- [CAPHIS Other Links](#)
- [FDA Free Brochures](#)
- [Government & Health Organizations](#)
- [Hospice Web](#)
- [NOAH Health Topics - In English \(New York Online Access to Health\)](#)
- [NOAH Health Topics - In Spanish \(New York Online Access to Health\)](#)
- [MEDEMI: an information partnership of medical societies](#)

Consumer Health Databases

- [Cancerlit](#)
- [Dirline Support Groups](#)
- [HealthFinder](#)
- [MedlinePlus](#)
 - [MedlinePlus - In Spanish](#)
 - [MedlinePlus Interactive Tutorial](#)
 - [MedlinePlus Interactive Tutorial - In Spanish](#)
- [National Center for Complementary and Alternative Medicine](#)
- [TOXTOWN](#)
- [Other Databases](#)

Full-text Journals & Books

- [Full Text Online Journals](#)
- [E-Books](#)
- [Free Resources for Health Professionals](#)
- [Other Databases](#)

Other Web Links

Local Links

- [Durango Cancer Center](#)
- [Durango Public Library](#)
- [Mercy Medical Center Medical Library](#)
- [San Juan Basin Health Department](#)
- [Southern Ute](#)
- [Tribal Health Connections - E-Health](#)
- [Ute Mountain Ute](#)
- [American Indian and Alaska Native Programs, UCHSC](#)

Colorado Links

- [Bureau of Primary Health Care](#)
- [Colorado Child Health Plan Plus](#)
- [Colorado Medical Assistance Program](#)
- [Coalitions for Medically Underserved](#)
- [Colorado Cancer Resource Guide](#)
- [Colorado Department of Public Health and Environment: Health Topics & Vital Statistics](#)
- [Colorado Family & Wellness](#)
- [Colorado Rural Health Center](#)
- [Colorado Health and Hospitals](#)
- [Colorado Health Associations](#)
- [Parent Information & Resource Center](#)
- [Planned Parenthood of the Rocky Mountains](#)
- [Resource & Referral Agencies](#)
- [Senior Answers](#)
- [Senior Health Insurance Assistance](#)

This webpage was made possible through the support of the MidContinental Region of the National Network of Libraries of Medicine of the National Library of Medicine. The purpose of this webpage is to reach the community of southwestern Colorado and the Native Americans in the Durango area.

© Copyright 2004 John F. Reed Library of Fort Lewis College
Contact Minna Sellers with any questions or problems.
Last updated: 18 January 2005
URL: <http://library.fortlewis.edu>

Internet 12:13 PM

Quarterly Report

Name of reporting institution:

Johnson County Library
P.O. Box 2901
Shawnee Mission, KS 66201

Project: JOCoHealth.net Community Resource Database

Name of person submitting report: Tim Rogers

Email address: rogerst@jocolibrary.org

Telephone number: 913-495-2459

Reporting Period start date: 10-01-2004

Reporting Period end date: 03-31-2006

Publicity:

No publicity and promotional activities were conducted as we are still in the development stage of our project.

Outreach:

No outreach activities or exhibits were presented as we are still in the development stage of our project.

Other accomplishments:

In November of 2004, the JoCoHealth partner organizations met to develop audience profiles of people who would use and benefit from the Community Resource Database and scenarios for how and when they would use it. The scenarios will assist us in building an effective database in terms of content, format, functionality, and access. The profiles and scenarios will be shared with the contracted programmer to ensure he or she fully understands the audience for the project and the manner in which they will need to use the database.

During the meeting, partners paired up to practice writing profiles and scenarios, and then after the meeting, partners all wrote additional individual scenarios. In order to construct the scenarios, partners were asked the following questions:

How will the JoCoHealth.net community resource database will be used (start to finish)?

1. Who is looking for information, and what is she looking for?
2. How does the person find JoCoHealth.net & the content? How does she know to look to the Internet, and how does she know to go to JoCoHealth.net?
3. Where is she at when she accesses the content? Think in terms of time and space.
Time: morning, lunch hour, afternoon, evening, late at night? Space: work, home, library, clinic, other?
4. How does she search and interact with the content (is she reading, scanning, looking for a specific answer, searching for subject headings, searching by keyword, printing, e-mailing the information to herself, etc.)?

5. What other information (that she may not be looking for) would be helpful to her?
6. What does she do if she can't find what she's looking for?
7. What does she do if she finds what she is looking for?

Target audience:

The profile/scenario exercise helped the partners to focus on a number of potential audiences that will benefit from the database resources, and to think about these audiences in terms of access, functionality, computer expertise, and promotional activities.

Goals, Outcomes, Objectives:

We experienced a delay with regards to the RFP for the database programming. Because we want to ensure that eventually the database will be able to interact with Go Local, we hesitated developing the RFP prior to learning how the Go Local system would interact with locally hosted systems. We have contacted Lori Klein with the Go Local team to ensure we have accounted for any specific database specifications. Also, we have a consultant who is working with us to successfully develop the RFP to meet our needs in a timely manner and to compensate for the delay.

Evaluation:

No evaluation activities were completed during this period.

Impacts and Observations:

The profile/scenario exercise (detailed above) was invaluable, and we would recommend this exercise to anyone developing an electronic resource.

Planned Activities:

Complete the RFP

Contract with a vendor to complete the programming using the prototyping model

Design the graphics and layout

Draft usability test questions

Develop data formatting standards and content collection procedures

Collect community data, assess process for opportunities for improvement, and draft content maintenance procedures

Quarterly Report

Name of reporting institution:

Mary Lanning Hospital Library
Ella Rathod, Librarian
715 North Street Joseph Avenue
Hastings, NE 68901

Project: PDA in Healthcare Education and Practice

Name of person submitting report: Ella Rathod

Email address: erathod@mlmh.org

Telephone number: 402-461-5291

Reporting Period start date: 10-15-2004

Reporting Period end date : 01-15-2005

Publicity: None

Outreach:

Ella Rathod, Jean Korth and Sharon Hayek met Nov. 9th and talked about the grant and the timeline. We selected the following participants.

Two Creighton School of Nursing-Hastings Campus Faculty members: Jane Parks and Nancy Bredenkamp

Two Radiologic Technologic Faculty members:
Jean Korth and Lori Dobish

One Education Department Head
Sharon Hayek

One Librarian: Ella Rathod
PDA USAGE SURVEY

Two additional participants might be added after purchasing the PDA and the software, if funding allows.

We met again as a whole group. Discussed the expectations and on Dec. 15th. We also filled out the following Pre Survey 'PDA USage Survery' form. We decided to meet again in Jan. to purchase the PDA's after Christmas. Each one of the member was going to research what's available and what to choose? PDA vs. Palm OS? Meantime, we talked to several companies and libraries.

PDA USAGE SURVEY

You are a: Check one

Faculty Member
Creighton School of Nursing
Mary Lanning School of Radiologic
Technology
Staff Member
Librarian

What type of PDA do you use?

Palm
Handspring
Sony
Other
I do not use a PDA

If you use a PDA, how long have you
used a handheld device?

Less than one month
One to three months
Three to twelve months
1 to 3 years
More than 3 years

If you use a PDA, how often do you use
the device?

Less than weekly
Weekly
Several times per week
Daily

What features would you look for in a
PDA? Check all that apply

Enough memory
Compact size
Rechargeable
Color screen
External keyboard
Expansion card
Multimedia capabilities
Wireless access
Other

How do you use your handheld device?

Email
Web browsing
Microsoft Word/Excel
PowerPoint presentations
Drug information
Bibliographic information
Electronic journals
Scheduling/Calendar
Tracking
Address book
To-do-list
Note taking
Evaluations
Other

What additional uses would you like to
learn regarding your PDA?

What are the barriers to your using the
PDA more effectively?

Lack of comfort
Lack of knowledge
Lost memory
Unreliable software
Unreliable hardware
Lack of technical support
Lack of useful projects
High cost
Lack of interest
Other

What is your preferred method for
learning new PDA skills?

Group orientation to new programs or
equipment
Troubleshooting sessions
Self-exploration / on my own
Web-based tutorial
Periodic listserv updates / postings
Peer group
Other

Other accomplishments:

We met again on Jan. 14th, 2005. We had a phone Conference with Dr. Daniel Young from Creighton University Medical Center, Omaha, who has done extensive research in PDA's in Medicine. We are looking into options like bluetooth keyboard, Excel, SPSS, documents to go, power-point, internet access and memory card slot.

After looking into the features we need in teaching and medicine, we decided to get a bid from Dell for Dell Axium X-50. We have contacted Dell for the price quote. We are talking with Creighton purchasing department and Mary Lanning Hospital purchasing department to see where we can get the best buy for our money

Target audience:

Our target audience is Nursing and Radiologic technology faculty. How we can use PDA in distant learning. We will also share our insights to our student body, the physicians and the hospital staff regarding the usage of PDA's and changing technology.

Goals, Outcomes, Objectives:

It has been very exciting to research and learn about various PDA's. We thank the Creighton Health Sciences Library staff in answering our questions and guiding us to the purchase of PDA. we look forward to moving on learning greater things and sharing our knowledge with other health professionals.

Evaluation:

PDA Usage survey shows that none of the participant have used PDA so far. we all prefer "Group orientation to new programs and equipment". We all would like to use PDA for research, word and excel documents, note taking, drug information, student tracking grades. we are open to learning everything about PDA.

Impacts and Observations:

There is so much on the market and so much is changing daily in PDA's. At times it was overwhelming in choosing. However, we feel confident in what we choose and do. It has been a learning experience.

Planned Activities:

We will be meeting with Whitney Davison-Turley, NN/LM MCR Technology Liaison on Feb. 18th. We will learn more from her.

After receiving the PDA's, we will meet once a week as a group and use the PDA in various situations. We will report and help eachother.

I will work with Sharon Hayek to set a date for Health workers to learn about the PDA's. Dr. Daniel Young from Creighton Medical center will be the speaker.

We all are so excited about this project that we can't wait to have PDA's in our hands.

Quarterly Report

Name of reporting institution:

Poudre Valley Health System
Gerald Carlson, Medical Librarian
1024 South Lemay Avenue
Fort Collins, CO 80524

Project: Medline in the Mountains

Name of person submitting report: Susannah Wright

Email address: smw2@pvhs.org

Telephone number: 970-297-6720

Reporting Period start date: September 1, 2004

Reporting Period end date: November 30, 2004

Publicity:

All four community libraries are displaying brochures and staff is telling patrons to search the Medline in the Mountains web site when looking for medical information.

Press releases announcing the September 18th Estes Park workshop appeared in the Estes Park News, The Estes Park Trail-Gazette, and on KEZZ Radio, AM 1470. At the training, library staff handed out the Medline in the Mountains flyer and MedSpeak flyer, as well as a list of medical website addresses.

Working closely with the Senior Center in Estes Park, the Estes Park library publicized the October 5th training session directed mainly at seniors in the Estes Park community. Flyers were posted at the Senior Center and on bulletin boards around town. Press releases appeared in the Estes Park News, Estes Park Trail-Gazette, and on KEZZ Radio. At the training, library staff handed out the Medline in the Mountains flyer and MedSpeak flyer, as well as a list of medical website addresses and medical databases that seniors could use and understand.

Outreach:

9/8/04
Wellington Public Library
Wellington, CO
5 attendees for staff and public training program

9/17/04
Estes Park Community Library
Estes Park, CO
10 attendees for staff training program

9/11/04
Red Feather Lakes Community Library
Red Feather Lakes, CO
6 attendees for staff and public training program

9/18/04
Estes Park Community Library
Estes Park, CO
6 attendees for public training program

10/5/04
Estes Park Community Library
Estes Park, CO
6 attendees for public training program

10/18/04
Berthoud Public Library
Berthoud, CO
3 attendees for staff training program

10/15/04
Estes Park Community Library
Estes Park, CO
8 attendees for staff training program

Other accomplishments:

One interlibrary loan request was phoned in to the Poudre Valley Health System medical library. As the document requested was a single page, the medical librarian faxed it at no charge.

Target audience:

Overall, library patrons are delighted to hear about authoritative medical reference sources on the Internet. People seem interested in the fact that we have medical information available and will click through the web site, but unless they have a specific question, they don't want to use the web to look it up. There appears to be some discomfort with taking information from the website vs. a health professional, even after we've explained that this information is provided by health professionals and the National Library of Medicine.

Many patrons have computers at home, so searching for medical information in privacy is often preferable to asking a reference librarian about a potentially embarrassing medical condition.

The Red Feather Lakes Library had several short conferences with people looking for specific information. Library staff helped people look up drug interactions in two cases, although both patrons preferred to go back to the library's Physician's Desk Reference, which is three years old.

Goals, Outcomes, Objectives: After participating in two training sessions, library staff in Estes Park is much more comfortable helping patrons find medical information on the Internet. We have bookmarked the Medline in the Mountains website on our reference computers, and direct patrons to this site when appropriate. Our medical reference books are still our first option, but the information on the Medline in the Mountains website is useful for the most up-to-date medical information.

The PVHS medical librarian is very knowledgeable in the area of medical research, and that proved to be a drawback in some instances. Sometimes his training went "over the head" of his audience, staff and public. On the other hand, when Estes Park library staff conducted Medline in the Mountains training they found they lacked the needed medical background to answer certain questions. These sessions sometimes draw "experts" intent on "stumping" the presenter.

There was temporary difficulty with Internet access at the Berthoud Public Library during the training session. This situation underscored the need to develop a slide show of the screen shots to use as backup should this happen during future presentations.

Evaluation:

Evaluation results of the training sessions are on an Excel spreadsheet and have been emailed to NN/LM separately.

Impacts and Observations:

Medline in the Mountains is a valuable project because it presents medical information that is authoritative, yet free to the consumer. The most valuable components of the project are the Medline in the Mountains website and the informative handouts.

Most patrons find PubMed difficult to use, so they typically ask for help from a staff member when researching information on this database.

Many patrons are looking for information about alternative medical practices, and several library patrons do not trust the medical establishment or the AMA. Medline in the Mountain's link to the National Center to Complementary and Alternative Medicine is helpful. It would be helpful if Medline in the Mountains could provide more alternative medical websites that are also authoritative.

Planned Activities:

Computers and technical health subjects can intimidate people, and when these are combined, people tend to shy away. However, it's very important for people to be able to access health resources at home or at their library, and libraries can play an important role in helping patrons become accustomed to and comfortable with accessing these resources over time. Project partners will continue to find ways to break down these barriers in order to make inexpensive health information accessible to all.

Estes Park library is planning more free workshops for the public, including sessions aimed at the growing Hispanic community in Estes Park, young parents, and young adults.

A new extension of the project will be implemented in Red Feather Lakes, Wellington, and Estes Park to create an emphasis on fitness rather than health information resources. We will organize fitness walks and provide pedometers, heart monitors, and health assessment software to help people who want to be fit take responsibility for themselves. We will do two community walks before May and initiate a mini-health-fair project with Larimer County.

Survey Tallies – Pre Survey

	BPL	%	EPPL 9/18	%	EPPL 10/05	%	RFLCL	%	WPL	%	TOTAL	%
	N=	NYA	n=	5	n=	5	n=	5	n=	2	n=	12
1. Would you consider your skill in finding information on the internet to be:												
Expert	NYA		1	20%	0	0%	0	0%	0	0%	1	8%
Average	NYA		4	80%	1	20%	5	100%	2	100%	11	92%
Beginner	NYA		0	0%	4	80%	0	0%	0	0%	0	0%
2. When looking for information on the Internet do you usually:												
Just type the term you're looking for into a web browser and see what comes up	NYA		2	40%	2	40%	3	60%	2	100%	7	58%
Use a search "strategy" to help you narrow your search	NYA		4	80%	2	40%	2	40%	0	0%	6	50%
Ask for help before you start	NYA		0	0%	1	20%	0	0%	0	0%	0	0%
3. Have you used the Internet to find health information?												
Yes	NYA		5	100%	3	60%	5	100%	2	100%	12	100%
No	NYA		0	0%	1	20%	0	0%	0	0%	0	0%
4. How would you rate your success at finding credible health information n= 3												
Excellent—I almost always find what I'm looking for	NYA		0	0%	0	0%	0	0%	0	0%	0	0%
Pretty Good—I usually find what I'm looking for	NYA		4	80%	3	100%	3	60%	1	50%	8	67%
Poor—I may give up before I find exactly what I'm looking for	NYA		1	20%	0	0%	2	40%	0	0%	3	25%
Terrible—I didn't find anything that I wanted and gave up	NYA		0	0%	0	0%	0	0%	1	50%	1	8%
5. Do you think finding health information would be easier if you: (n=4)												
Knew more about the Internet	NYA		1	20%	3	75%	0	0%	1	50%	2	17%
Knew more about health information and understood medical terms	NYA		3	60%	2	50%	1	20%	1	50%	5	42%
Had help from a manual	NYA		4	80%	1	25%	1	20%	0	0%	5	42%
Took a class	NYA		3	60%	0	0%	2	40%	0	0%	5	42%
Had an experienced person who would help you search	NYA		1	20%	1	25%	2	40%	0	0%	3	25%
None of these	NYA		0	0%	0	0%	0	0%	0	0%	0	0%
Other: More time on Internet	NYA		1	20%		0%	0	0%	0	0%	1	8%
Knowing what search engines to use				0%		0%	1	20%	0	0%	1	8%
6. Which of the following would you be willing to do to help you find health information:												
Read a manual	NYA		4	80	2	40	2	40	0	0	6	50
Ask a librarian or other experienced person for help	NYA		4	80	2	40	2	40	1	50	7	58
Take a class that explained how to search for health information	NYA		3	60	3	60	2	40	1	50	4	33
Other:	NYA		0	0		0	0	0	0	0	0	0

Survey Tallies – Post Survey

	BPL	%	EPPL 9/18	%	EPPL 10/05	%	RFLCL	%	WPL	%	TOTAL	%
	(n=	NYA	n=	4	n=	4	n=	3	n=	2	n=	9
1. Do you feel that the information presented today												
Made you feel more comfortable searching for medical information	NYA		4	100%	4	100%	2	67%	2	100%	8	89%
Helped you understand how to evaluate the information you found	NYA		3	75%	2	50%	0	0%	1	50%	4	44%
Confused you about how to find health information on the Internet	NYA			0%	0	0%	0	0%	1	50%	1	11%
Will change the way you search for information	NYA		1	25%	2	50%	1	33%	1	50%	3	33%
Didn't change the way you will use the Internet	NYA			0%	0	0%	1	33%	0	0%	1	11%
2. If you feel you learned better ways to find health information on the Internet, was it because												
You were introduced to better searching skills	NYA		1	25%	3	75%		0%	1	50%	2	22%
Medline Plus is a site that gives you confidence that the information is credible	NYA		4	100%	3	75%	2	67%	2	100%	8	89%
You felt more confident with someone to guide you and answer your questions	NYA		1	25%	3	75%		0%	1	50%	2	22%
You understand better how to understand medical information and the way it's organized.	NYA		1	25%	1	25%	1	33%	1	50%	3	33%
Other	NYA			0%		0%		0%	0	0%	0	0%
3. If you feel you didn't learn better ways to find health information on the Internet, was it because												
You were confused by the information offered	NYA			0%		0%		0%	0	0%	0	0%
The instruction was not helpful	NYA			0%		0%		0%	0	0%	0	0%
You work better by yourself	NYA			0%		0%		0%	0	0%	0	0%
You'd rather talk to a medical professional in person	NYA			0%		0%		0%	0	0%	0	0%
It took too much time	NYA			0%		0%	1	33%	0	0%	1	11%
Other	NYA			0%		0%		0%	0	0%	0	0%

Survey Tallies – Evaluation

	BPL	%	EPPL	%	RFL	%	WPL	%	TOTAL	%
	N=	NYA	n=	4	n=	3	n=	2	n=	9
THE INSTRUCTOR/SPEAKER:										
Demonstrated knowledge of the subject	NYA		16	4.00	11	3.67	8	4.00	35	3.89
Presented materials clearly	NYA		14	3.50	7	2.33	7	3.50	28	3.11
Responded to questions/comments appropriately	NYA		14	3.50	7	3.50	8	2.67	29	3.63
THE MATERIALS:										
Were easy to understand	NYA		15	3.75	10	3.33	8	4.00	33	3.67
Were relevant to the information presented	NYA		16	4.00	9	3.00	8	4.00	33	3.67
THE PROGRAM/CLASS:										
Was useful to me	NYA		16	4.00	9	3.00	8	4.00	33	3.67
Met the stated objectives	NYA		12	4.00	9	3.00	8	2.67	29	3.22
HOW DID YOU HEAR ABOUT THIS CLASS/PROGRAM?										
Newspaper	NYA		2	50%	0	0%	0	0%	2	22%
Friend	NYA		1	25%	3	100%	0	0%	4	44%
Internet	NYA		0	0%	1	33%	0	0%	1	11%
Radio	NYA		1	25%	0	0%	0	0%	1	11%
Employer	NYA		0	0%	0	0%	0	0%	0	0%
Flyer/Postcard	NYA		0	0%	0	0%	0	0%	0	0%
Physician	NYA		0	0%	0	0%	0	0%	0	0%
Poster	NYA		0	0%	0	0%	0	0%	0	0%
HealthAware Brochure	NYA		0	0%	0	0%	0	0%	0	0%
Other: Librarian	NYA		0	0%	0	0%	2	100%	2	22%
YOUR AGE										
20-29	NYA		0	0%	0	0%	0	0%	0	0%
40-49	NYA		0	0%	0	0%	1	50%	1	11%
50-59	NYA		2	50%	1	33%	1	50%	4	44%
60-69	NYA		1	25%	2	67%	0	0%	3	33%
70+	NYA		1	25%	0	0%	0	0%	1	11%
SEX										
Female	NYA		2	50%	2	67%	2	100%	6	67%
Male	NYA		2	50%	1	33%	0	0%	3	33%
WHERE DO YOU PREFER TO HAVE PROGRAMS?										
Library			2	50%	1	33%	1	50%	4	44%
Locally			0	0%	0	0%	1	50%	1	11%
WHEN WOULD YOU PREFER TO ATTEND A PROGRAM?										
Weekdays										
Days	NYA		4	100%	2	100%	0	0%	6	75%
evenings	NYA		2	50%	1	50%	2	100%	5	63%
Weekends										
days	NYA		3	75%	0	0%	0	0%	3	33%
evenings	NYA		2	50%	0	0%	0	0%	2	22%

Quarterly Report

Stauffer Health Sciences Library
Lenora Kinzie
Stormont-Vail HealthCare
1500 SW 10th Street
Topeka, KS 66604

Project: Timely Texts 24/7

Name of person submitting report: Lenora Kinzie
Email address: kinzie@stormontvail.org
Telephone number: 785-354-5806

Reporting Period start date: 10-01-04

Reporting Period end date: 12-31-04

Publicity:

Vice President over the Library was informed of grant award. She in turn mentioned it to the Stormont-Vail CEO.

Possibility of online resources was mentioned at each employee orientation session.

Outreach: NONE

Other accomplishments: NONE

Target audience: NONE

Goals, Outcomes, Objectives: NONE

Evaluation: NONE

Impacts and Observations: NONE

Planned Activities:

Contact Stat!Ref for current offering and pricing list.

Solicit input from medical and nursing staff.

Tribal Connections Four Corners (TC4C)

Arizona Health Sciences Library
University of Arizona
Tucson, Arizona

By Jeanette C. McCray
Arizona Health Sciences Library
University of Arizona
P. O. Box 245079
Tucson, AZ 85724-5079
Voice: 520/626-6121; Fax: 520/626-2922
Email: mccray@AHSL.arizona.edu

Ninth (9th) Quarterly Report October 1 – December 31, 2004

Introduction

The purpose of this two-year project is to capture the lessons learned by the partners of the Tribal Connections Four Corners (TC4C) in their collaboration to improve health information access to the Native Americans in the Four Corners region of the United States.

Description of Progress toward the Project's Major Objectives

Administrative/Planning Activities

Progress made by various workgroups this quarter:

Contacts database – Training has occurred for several members. There is a limited amount of time to obtain ACT licenses, before new version comes out
Effective practices – Siobhan Champ-Blackwell has agreed to assume responsibility for the work of the group.

Four Corners Go Local – Data input is a bit behind schedule but should pick up soon. Some discussion occurred about how to evaluate Go Local. Group decided to focus on collaborative effort, rather than Go Local itself since it won't be debuted before the end of the TC4C funding.

Needs assessment – It became apparent during the course of contacting tribal institutions about appointments for the needs assessment that some general information about TC4C needed to be shared in advance of these phone calls. Hence, Jeanette sent out a letter (see appendix) to all the CEOs, health directors, Area Indian Health Boards, and Local Service Unit Health Boards. Thus far, we've been successful in obtaining permission to do the survey. The number of health professionals at each site is being determined – this

is needed to determine an appropriate sample size. Schedules are being worked out for the interviews. Weather is of some concern in January/February.

Jeanette prepared an update of the TC4C collaboration for the symposium on Community-Based Health Information Outreach to be held at NLM in December (see appendix). It is understood that it will be used in the preparation of NLM's white paper. TC4C's work will also be represented in the poster that NN/LM PNR is preparing.

Planning continues on proposal planning for the next phase of TC4C. A proposal planning group was set up with Janis Teal as the lead. Brainstorming ideas were collected and then prioritized. An advisory group of health professionals and librarians, etc., in the field also needs to be formed. The Four Corners Library directors will make a decision on what to pursue in January.

Publicity/Marketing Activities

Bookmarks, an informational flyer, and stationery materials were developed for use by the group. Final versions were posted on Quick place. An initial supply of bookmarks and the flyer were delivered to each consortia member.

Product/Resource Development Activities: None.

Site Visits/Training/Demonstration Sessions/Presentations: None.

Exhibits

Sept 30-Oct 1, 2004—2004 Annual Women's Health Conference, Towaoc CO

Loansome Doc/Document Delivery Activities: **No activity.**

Evaluation Activities: **No activity.**

Problems/Corrective Actions. Lessons Learned/Significant Feedback

Nothing to report.

Projected Activities for Next Quarter

JANUARY - MARCH 2005

Needs assessment interview visits around the region will begin.

Work on developing next phase of TC4C development/funding will continue.

Go Local – collection and input of data continues.

Reporting Forms for Training/Demonstration Sessions

and/or Exhibit Reports

Submitted separately.

Outreach Activities Report Tribal Connections Four Corners - Project RML Q3, 2004-2005

1 Total Outreach Activities

The following information is based on outreach reports of training activities.

Activities Summary			Session Content		
Total number of estimated participants:	5	participants	PubMed:	0	activities
Average number of participants:	5	per activity	MedlinePlus:	0	activities
Average length:	2	hours	ClinicalTrials.gov:	0	activities
Under 1 hour:	0	activities	NCBI:	0	activities
Between 1 and 2 hours:	1	activity (100.00%)	NLM Gateway:	0	activities
Over 2 hours:	0	activities	TOXNET:	0	activities
Hands-on practice:	0	activities	Other technology content:	0	activities
Conducted remotely:	0	activities	Other, non-technology content:	1	activity (100.00%)
Offering continuing education:	0	activities			
Significant number of minorities:	0	activities			
Type(s) of Organization(s) Involved in Activities			Significant Minority Population Present (>=50% of participants)		
Health sciences library:	1	activity (100.00%)	African American:	0	activities
Public library:	0	activities	Alaska Native:	0	activities
Government agency:	0	activities	Asian and Pacific Islander:	0	activities
Hospital:	0	activities	Hispanic:	0	activities
Clinical/Health care:	1	activity (100.00%)	Native American:	0	activities
Academic Institution:	1	activity (100.00%)			
Community-Based:	0	activities			
Faith-Based:	0	activities			
Public Health Agency:	0	activities			
Other:	0	activities			

0 Participants Completed Participant Information Sheets

The following information is based on Participant Information (PI) sheets collected during training activities.

Participants Summary		
Activities at which PI sheet collected:	0.0%	
Health care or service providers:	0	participants (0.00%)
Health science library staff members:	0	participants (0.00%)
Public Health worker:	0	participants (0.00%)
Public/Other library staff members:	0	participants (0.00%)
Members of general public:	0	participants (0.00%)

Appendix

Letter to CEOs, etc.

October 19, 2004

Dear :

We would like to introduce you to the Tribal Connections Four Corners Project, an effort to improve access to up-to-date and reliable information for health care providers serving tribal members and their communities. The project is a collaborative effort of the U. S. National Library of Medicine, the National Network of Libraries of Medicine and health librarians at the universities of Arizona, Colorado, New Mexico, and Utah. A project description is enclosed.

We hope to garner your support for this project. It is composed of two parts:

Initially we want to conduct a needs assessment with the health professionals at your institution. The data will help us determine what tools and resources health professionals use now when looking for an answer to a clinical question and what additional tools and resources might be needed. The non-clinical research instrument (also enclosed) will take approximately eight to twelve minutes to complete and with your assistance could be scheduled on one of your administrative days.

Next, again with your support, we will gather information about the availability of local health services in your area. This information then will be entered into the Go Local database and linked to consumer health information in MedlinePlus. Both MedlinePlus and Go Local are products of the National Library of Medicine and are freely available on the Internet at <http://medlineplus.gov/>. Typically users of MedlinePlus start by looking for information on diseases, conditions, and/or wellness, and then can link to Go Local to find clinics, hospitals, pharmacies, etc., nearby in their area. Our goal is for the Four Corners Go Local project to be launched in either late spring or early summer 2005.

The librarians listed below will conduct the needs assessment with the assistance of our consultants, Dr. Mary Jiron Belgarde and Dr. Richard K. LoRé, faculty members at the University of New Mexico (UNM). Patricia Bradley is our Tribal Liaison Librarian and she too is located at UNM.

We will follow up on this letter and make an appointment to speak with you directly about any concerns or reservations you may have regarding this project.

Sincerely,

Jeanette C. McCray, Project Manager
Tribal Connections Four Corners
University of Arizona Health Sciences Library
520-626-6143; jeanette@AHSL.arizona.edu

TRIBAL CONNECTIONS FOUR CORNERS

Project Summary (as of October 21, 2004)

Compiled by Jeanette McCray, Project Manager

INTRODUCTION

The Tribal Connections Four Corners Project (TC4C) is an effort to improve access to up-to-date and reliable information for health care providers serving tribal members and their communities. The project is a collaborative effort of the U. S. National Library of Medicine, the National Network of Libraries of Medicine and health librarians at the universities of Arizona, Colorado, New Mexico, and Utah.

BACKGROUND

TC4C builds on the efforts of two projects, Tribal Connections 2 (TC2) funded by the NLM, and Tribal Health Connections (THC), funded by the Bill and Melinda Gates Foundation. TC2 is a continuation of TC1, a sixteen-site project with American Indians and Alaska Natives (AI/AN) in the Pacific Northwest. TC2 provided networking and internet connectivity to NLM e-health products and services to four sites in the Pacific Southwest, which set a precedent for NNLM inter-regional collaboration. The Gates Foundation's Native American Access to Technology Program empowers Native communities through increased access to digital information resources by installing hardware and providing Internet connectivity and computer literacy training in Chapter Houses across the Navajo Nation in the Four Corners area. Tribal Health Connections (THC) a partnership between The Gates Foundation and Pacific Northwest Regional Medical Library (PNR) augments that effort by working with the Chapter Houses and other departments in the Navajo Nation to provide training and to promote access and use of health information among health professionals and community members. The potential impact of THC attracted the Resource Libraries in the region and they agreed to play a supportive role. THC incorporates community based outreach methods and lessons learned in previous TC outreach work. TC outreach conducted by the Pacific Northwest Regional Medical Library has established an example of how to build or enhance sustainable health information infrastructures within Native American communities. PNR staff is continuing to work with communities to develop models of community-based health information outreach and to effectively evaluate that form of outreach.

PARTNERS

University of Arizona Health Sciences Library
University of Colorado, Denison Memorial Library
University of New Mexico Health Sciences Library and Informatics Center
University of Utah Spencer S. Eccles Health Sciences Library
National Library of Medicine
NN/LM Midcontinental Region
NN/LM Pacific Southwest Region
NN/LM South Central Region

GEOGRAPHIC AREA COVERED

The Four Corners area consists of the northeastern part of Arizona, the northwestern part of New Mexico including the northern Rio Grande corridor, the southwestern part of Colorado, and the southeastern part

of Utah. This area is populated by a number of American Indian tribes. (The Navajo Nation is by far the largest in both land area and population and spans parts of 3 states.) The target population for this project is the American Indians living in this area and the health care providers who serve them.

The geographic scope within the Go Local system is broader than the geographic scope that we will actually collect since it is based on county lines. Our targets: Tribes: Navajo, Southern Ute, Ute, Hopi, Zuni, Acoma, Laguna, Jemez, Jicarilla Apache.

Areas (towns) bordering the reservations will be collected:

Grants, Gallup, and Farmington, New Mexico;

Winslow, Holbrook, Flagstaff, and Page, Arizona;

Monument Valley, Mexican Hat, Monticello, Blanding, and Bluff, Utah;

Durango and Cortez, Colorado.

Counties (NLM Go Local):

Navajo, Apache, and Coconino Counties in Arizona;

Montezuma and Archuleta Counties in Colorado;

San Juan, Rio Arriba, McKinley, Cibola, Sandoval, Bernalillo, and Socorro Counties in New Mexico

San Juan County in Utah.

OVERALL OBJECTIVES OF TRIBAL CONNECTIONS FOUR CORNERS FOR 2004

Create a Four Corners Go Local component for NLM's Go Local database.

Conduct a needs assessment of health information for medical units (IHS and tribally owned or managed) in the Four Corners area.

Develop a database that includes names and addresses and other pertinent information regarding tribal contacts in the Four Corners region.

Launch an effective practices database that will capture lessons learned from working with American Indians in their communities

Establish Tribal Liaison position in New Mexico and explore ways to maximize the effectiveness of a locally positioned librarian in involving appropriate partners in outreach efforts

Evaluate the effectiveness of the newsletter and Tribal Health Connections website in meeting our goals.

PROGRESS TO DATE (10/20/04)

Workgroups have been established to address objectives 1-4.

Go Local group has defined scope of collections, data collection plan, timeline for completion, and ongoing needs after the project ends).

Needs assessment group has completed development of survey instrument and begun formal contact with tribal entities (hospital CEOs and clinic directors, Indian health boards, and the like).

Software to create a contacts database has been selected and training has begun.

The effective practices database has been established. Guidelines for inclusion are under development.

A collaborative agreement has been circulated and signed by the University of New Mexico and most of the partners (one still in the process of being signed) to jointly fund the tribal liaison position. Patricia Bradley began work at the end of March 2004.

Pat Bradley has begun visiting sites in the region and promoting the project.

EVALUATION

Dr. Mary Jiron Belgarde and Dr. Richard LoRé, both from the University of New Mexico, have been retained to oversee the evaluation component of the project.

Evaluation priorities/questions are:

How extensive was the outreach in terms of numbers of people contacted, meeting held, presentations and training delivered?

How effective were the presentations and trainings offered by both projects (to be assessed by immediate evaluation of the sessions and a follow-up evaluation with a sample of those engaged in training and presentations)?

How equipped are the RMLs and Resource Libraries to do effective community based collaborative outreach? (example of process evaluation questions)

How effective were they in developing a communications and working team across the libraries?

How do they define their roles in the collaboration – what did each member of the team bring to the table?

How did working in the 4 Corners project impact their work load?

How did they organize their time and resources to make this collaboration work?

What role did Pat Bradley play in the process of planning and implementing the needs assessment and Go Local project?

How did they seek and use advice from Indian people in the 4 corners area to develop a Go Local project and needs assessment?

What lessons were learned from doing a cross-regional collaborative project aimed at Indians in the 4 corners area?

FUTURE PLANS

The partners have discussed the following ideas /issues as long range future goals:

Maintaining the Tribal Health Connections web site

Continuing funding for the contacts database-there is an annual troubleshooting fee

Maintenance of Go Local

Promotion (fairs and pow wows) and evaluation of Go Local

Adding services to health professionals based on the needs assessment

Consumer health information needs assessment

Expand to tribes in other parts of the states in the 4 corners

Expand to other states: Oklahoma, North and South Dakota

Expand to urban populations partnering with clinics that serve American Indians

Partnering with libraries and colleges that are in critical geographic areas

Producing videos as promotional and instructional materials

An annual meeting of the TC4C group

Native American library school students as paid interns in a health sciences libraries

Identify alternative sources of funding

Quarterly Report

Name of reporting institution:

Denison Memorial Library
UCHSC 4200 E. 9th Ave
BOX A003
Denver, CO 80262

Project: Marketing Virtual Reference Cooperative Pilot

Name of person submitting report: Elizabeth D'Antonio-Gan

Email address: elizabeth.dantonio-gan@uchsc.edu

Telephone number: 303-315-6436

Reporting Period start date: 10-01-2004

Reporting Period end date: 12-31-2004 Contract period extended to 01-31-2005

Publicity:

This report includes activities not described or mentioned in the previous quarterly report.

COLORADO

A domain name was purchased for a period of ten years -AskMedLibrarian.org and AskMedLibrarian.com. The brand name for the cooperative service is Ask A Medical Librarian. A brand logo was designed and a bookmark was created. The logo can be viewed at the following web page: <http://denison.uchsc.edu/askalibrarian.html>.

1,500 bookmarks were produced and will be distributed to each of the participating libraries once the domain URL is activated. There were some technical problems in activating the URL but they are being ironed out.

Denison Librarians continue to promote VR in library instruction sessions and workshops. Our VR service continues to be promoted through the Ask Colorado VR service as we are a specialty referral library.

Attendants of the 2004 Mini Medical School series for the general public were told about the VR service (11/04)

Stephanie Weldon, presented on our VR cooperative project at the Colorado Association of Libraries Annual Conference in October 2004

MISSOURI

Added the Live Reference logo to every page of their website.

Sent out a promotional announcement to all of their constituents which numbered well over a thousand on August 9 2004. The message - "Live Reference hours expanded! Live Reference help is now available from the Health Sciences Library website from 9 a.m. to 9 p.m. Monday through Friday. These expanded hours are made possible by a partnership with 4 other medical libraries in Colorado, Utah, North Dakota and Hawaii. Through this shared service, we are able to offer an additional 11 hours a week of librarian assistance, which includes 3 hours of expert help on Friday evenings after the library building closes."

Added a Live Referenc link to the MedlinePlus Go Local pages for Missouri in March as follows:

Greetings VR librarians,

As many of you, but not all, are probably aware, Missouri's Go Local site went live last week. Following in the footsteps of North Carolina, you are now able to search for health topics in MedlinePlus, and then directly link to pertinent Missouri resources. There are still lots of improvements that need to be made, but it's been judged close enough to "Go Live". However, this resource hasn't been heavily promoted as of yet.

Try looking at this topic and note the "Go Local" links on the right hand side of the page:

<http://www.nlm.nih.gov/medlineplus/breastcancer.html>

When you click on Missouri, you are taken to a page in the Community Connection database and asked to select your geographic area, and then to a list of resources. Important for VR librarians, at the bottom of these Community Connection pages is a link to J. Otto Lottes's Ask a Librarian e-mail reference form:

<http://www.muhealth.org/~library/consumer/consumerquestion.html>

Note, our Live Reference logo also appears on this form.

Missouri also continues to market VR in their library workshops as an ongoing initiative.

UTAH

Articles were sent to the Salt Lake Tribune 7/13/04,
Newsbyte (Utah Hospital Association Newsletter) 8/04,
Utah Medical Association Newsletter.

Utah will be creating another marketing plan in 2005 and will be sharing it with the other members of the cooperative.

Outreach: None

Other accomplishments:

Hawaii Medical Library (HML) left the cooperative at the end of this reporting period as a result of the expiration of their contract with the University of Hawaii. The new medical library for the University of Hawaii may join the cooperative at a later date but this is not guaranteed.

In the meantime, the University of Iowa Hardin Library and the University of California at Davis has joined the cooperative bringing the number of libraries in this Health VR cooperative to six. Additionally, OCLC has acquired 247 and the cooperative is poised to adapt to the change in management. New fees were introduced and we appreciate the GMR picking up the majority of the fees for 2005.

Target audience:

Through the marketing initiatives described in 7, we have expanded our target audience beyond each of our primary campus constituents to include more and more of the general public.

The insight that we have gained is that the service our cooperative provides is a highly specialized one that cannot mirror the high level of activity experienced by public libraries' virtual reference services providing homework help, reader's advisory and the like. Even though

Missouri linked the VR service in Go Local, the cooperative did not see any new customers through that interface. Nevertheless, all those we reach through the Virtual Reference Ask A Medical Librarian service directly or indirectly have their health information needs met and ultimately the service forwards the end goal of improving the health of the citizens of the United States. Marketing continues to be a challenge and the cooperative realizes that it must commit ongoing efforts in that regard. The customers who use the service value the service. Repeat customers are not uncommon which speaks well for the service.

Goals, Outcomes, Objectives:

Our objective remains to market the service and to continue to grow our customer base. Our secondary objective is to maintain a quality service which provides competent answers to health information seekers. Third, we believe in the cooperative and the strong professional health/medicine network we have created among the participating libraries through the support of the MCR, GMR and PSRML. Even though Hawaii has dropped out of the cooperative, we are trying to maintain 12 hours of service. The University of California at San Diego and the University of Michigan health sciences library have inquired about the cooperative and we are hoping that the University of Hawaii will join us again through their new library. The needs of our audience are those that we anticipated and our outcomes remain feasible. In fact, we are the only health sciences VR cooperative. This cooperative would not have been possible without the support of the NN/LM.

Evaluation:

2004 statistics may be viewed at

http://denison.uchsc.edu/qa/vrstat/reports/statistics/20041231_Annual_VR_Stats.pdf

User feed back may be viewed at

http://denison.uchsc.edu/qa/vrstat/reports/feedback/20041231_annualfeedback.pdf

Impacts and Observations:

The highlight of some customer comments:

"This is a very useful service, especially in underserved rural communities on Hawaii without a medical or public health library to access. Pls continue this service. Mahalo Nui Loa."

"I am delighted with a real life person responding to the question I had. This is a small rural library and our collections are very limited so we depend on outside sources."

"While this didn't save a trip to the library, it definitely saved time."

"I'm doing a clinical affiliation in a rural community and really appreciated the help in finding what I needed online."

"Hallelujah!! This is awesome."

Customer feedback indicate mostly positive interaction with the service. However, the cooperative has concerns about expansion through the addition of more libraries and adding them without carefull planning and training. Some of the comments indicate that more training is needed to smooth out the delivery of service by librarians not from the customer's home base.

Overall, it is satisfying to know that customers in rural areas now have options for reaching a medical library that they didn't have before.

Planned Activities:

1. The participating libraries will receive the bookmarks and incorporate them into their individual marketing plans.
2. Utah's new marketing ideas will be assessed and if applicable each library will adopt and or modify them to fit their needs.
3. The VR Coordinators plan to meet once a month in 2005 via phone conference.
4. Colorado and Utah are involved in the Tribal Connections 4 corners project. Depending on the outcomes of the needs assessment phase of that project, the cooperative will extend Virtual Reference service to the Native American tribes in the 4 states of Arizona, Colorado, New Mexico and Utah.

Quarterly Report

Name of reporting institution:

J. Otto Lottes Health Sciences Library,
University of Missouri - Columbia

Project: Enhancement of the FPIN Librarian

Name: Deborah Ward

E-mail: warddh@health.missouri.edu

Phone: 573-882-7033

Reporting Period start date: October 1, 2004

Reporting Period end date: December 31, 2004

Publicity and Outreach: N/A

Accomplishments: Librarian Team meeting regularly and growing – see attached minutes. The Patient Information Group decided to present both patient information models to the Board and ask for their comments. The Board wished to see the integrated model for the winter meeting as well as the implementation draft.

Target audience: There was some lack of understanding by some of the board members about the rationale for the patient information model. Once it was understood that this is to be a tool for the patient and physician to communicate more effectively, and that this tool would be provided by the physicians for this purpose, they were very supportive.

Goals, outcomes, and objectives:

1. Create online training program for librarians involved in CI process. **Completed.**
2. Define a credentialing program for medical librarians working as CI c-authors. **Dropped.**
3. To develop a prototype for the patient information element of the CI. **Almost completed.**
4. To formulate a plan for the writing of the pt info elements and getting them published. **Beginning to be discussed.**

Evaluation: Evaluation method for the effectiveness of the patient information piece was beginning to be discussed. It was decided that the Chair of the Strategic Planning Committee and the Board Liaison from AAFP would be included in constructing the evaluation method.

Impacts & Observations: Continuing participation by librarians in clinical scholarship training at local institutions is noted with delight. Discussion of how librarians could assist with identifying educational materials for evidence-based medicine information was discussed, but not taken on, since there was so much other work to be completed first.

Planned Activities for next quarter: Develop final model for Patient Information and implementation plan.

Librarian Team Meeting Minutes for October 4, 2004

Present: Deb Ward, Susan Meadows, Reed Lowrie, Jim Henderson, Beth Tweed, Joan Nashelsky, Jill Mayer, Heather Stewart

Liaison Reports

Jim reported that not much is going on at McGill yet but he is working on a search for Martin Dawes, their Family Medicine chair, who has selected a question for a CI-1. Jim has found several systematic reviews and RCTs on the topic. Soon he plans to show his staff the Expert Searching video to launch FPIN.

Reed has taken his first CI search question. The University of Chicago Department of Family Medicine is not actively writing CIs at the moment as they concentrate on building their department so he has taken a search for an author at another institution. The U of C is on the quarter system and he is currently very busy with tours and presentations.

Beth said that she had enjoyed meeting Deb at the MCMLA regional meeting the previous week in Kansas City. She has just finished an FPIN search and had some questions about uploading multiple files to the website when finished. Beth has heard that the UC residents may all need to write a CI which would mean a lot of searches.

Jill said that the North Carolina librarians are still busy finishing the last batch of searches for CIs selected last fall. The annual Family Medicine meeting and retreat will be October 22-25 and there will likely be another signup for CIs after that time. Librarians are on this year's retreat program. Lee Chambliss and Jill are named as participants and may cover what they presented at the National AHEC meeting this past summer.

Librarian Coordinator

Joan announced that we now have 71 FPIN librarian members. Several new member institutions have added two to seven librarians from each. She announced that the 2004 published CIs are now available full text on the website thanks to Heather, who cut and pasted them in to make sure we had access to them. We need to check previously published CIs as part of our routine when searching in order to make authors aware if FPIN authors have already written on that topic.

Vice-President for Information Resources

Deb told that group that the NNLM grant funding which she and Susan won last fall has been extended through the end of February. Some of the grant funds are available for travel to teach our librarians about FPIN searching. The patient education component of the grant had to take a back seat to the education component last year. There will be a teleconference tomorrow on the patient education project. Two North Carolina physicians who were involved in this project have moved—one to Arizona

and one to Oregon—but have both remained involved. The group must determine how much depth and background content should be provided for the patient information. There will be a follow-up meeting in a few weeks and the Librarian Team members will be invited. The group is already thinking ahead to implementation—who should be the authors of this content? They think it should be patient educators or others experienced in writing for patients.

Deb will present what has been accomplished on the patient education project so far at the FPIN Board meeting on October 13 at the NAPCRG meeting in Orlando. Deb will also send her Board report to the Librarian Team.

Deb asked if anyone would feel ready to do some FPIN librarian training.

Deb, Susan and Joan have completed their JMLA article and it should appear in the January 2005 issue.

Librarian Team Leader

Susan told the group that she and Joan had a wonderful trip to SUNY Upstate in Syracuse where they worked with approximately 12 librarians, 7 of whom have now signed on as FPIN members. They also met with Family Medicine department faculty.

The FPIN Librarian Orientation training package on Power Point is nearly ready to put on the FPIN website—Heather needs to add a few updated screen shots. It will be located under the Clinical Inquiries tab. One box there will say “Librarian Coauthors” and the training package will be located there.

Susan asked the team their opinions on the usefulness of Bandolier in doing FPIN searches. Jill said she thought it could become a second tier resource and others agreed. Susan decided that we will add it to the second tier of resources which are optional, not required, for searchers to use. Jim pointed out that Bandolier is now included in the Trip database. Heather pointed out that Trip is listed on the right side of the FPIN website page. FPIN is working with Jon Brassey so that all of our members will have access. There may be an answer about Trip access later this week. Jim said that Trip is not a very reliable search engine and Susan suggested that we keep Trip as a second tier resource, also.

Susan admitted that she has had no time to work on the new hedges or update the present ones but definitely plans to do so.

Susan asked the group if they usually provided their search results to authors as one file or multiple files and the responses were mixed. Susan prefers to break down her searches into separate Word documents based upon the files used—Beth and Jill said that they often do this as well. Currently, the EMS does not allow one to upload multiple files containing search results. Heather said the system is looking for **two** files only—the search results and the search summary. The training package contains detailed examples of how to upload these files. Until the multi-file upload issue is resolved, Heather said that one option for those who prefer to use multiple documents is to combine all of those documents into one large file or put all of the files into a zip file to upload. A second option would be for the librarian to send a message as **the** search result file saying that the actual results will be sent to the clinician author by email. The multiple files can then be sent to the author as well as to Heather or Joan, either of whom will then store them until the system has the multi-file upload option ready for use. Susan said that if anyone has uploading problems they should contact Heather or Joan. They will prepare an email for members to tell them about the new EMS.

FPIN Office

Heather said that the FPIN Office staff is very busy preparing for the NAPCRG and WONCA meetings next week in Orlando. They will hold a CI writing workshop at the meeting.

The next meeting will be November 1 at 2pm Central.

10/14/2005

Librarian Team Meeting December 6, 2004

Present: Deb Ward, Joan Nashelsky, Susan Meadows, Reed Lowrie, Jim Henderson, Jill Mayer, Sarah Safranek, Arlene Weismantel, Karen Knight, Beth Tweed, Heather Stewart

Liaison Reports

University of Washington—Sarah said that she is currently working on four CI searches and redoing some searches for CIs which have been in process for a long time.

University of Chicago—Reed has recently completed his first CI search but has not yet had any feedback from the clinician author.

Michigan State University—One MSU librarian is working on a CI-1 search and another has signed up to do a CI-2 search soon.

McGill University—Jim reported that they have nothing going on for FPIN right now.

University of North Carolina—Jill said that after our last Librarian Team meeting, she and two other NC librarians attended the annual Family Medicine departmental retreat. Lee Chambliss, an FPIN assistant editor, offered a class for potential authors and Jill talked about the librarian role in writing Clinical Inquiries. Although the class was scheduled at the same time as Happy Hour, they had about 30 people in attendance. She heard FPIN mentioned often throughout the retreat.

Jill announced that there is now a new FPIN librarian in Asheville at the Mountain AHEC, Deborah Skolnik. Jill has also been contacted by Connie Schardt at Duke University. The Duke librarians teach an EBM class and may have 3 or 4 librarians interested in participating in FPIN.

Affiliate Librarians—Karen has recently completed a search for a Virginia author. She is working on the prognosis hedge and finds the process interesting. She is collecting other available prognosis hedges and has contacted Carol LeFebre at the Cochrane who is collecting hedges. Susan told the group that she and Joan plan to work on updating the diagnosis hedge when they work together next week in Columbia, MO and would like to have something ready for this group to evaluate at the January meeting.

Librarian Coordinator

Joan described the CI Writing Workshop that she and Lee Chambliss presented for the Family Medicine department at the University of Wisconsin in early November. There was a similar but shorter workshop during that same time in Johnson City, Tennessee for the Family Medicine department at East Tennessee State University. There were no librarians available to go to that workshop so Joan worked with a new member librarian there, Rick Wallace, so that he could present the information on CI-2 searches. Both workshops were well received.

Joan and Sandy Smith, the FPIN Questions Manager, have been testing the new computerized duplicate detection system developed by Chi-Ren Shyu and Tetsuya Kobayashi from the University of Missouri. They are finding a few more modifications which are needed but it is working well and may be incorporated into the EMS in the future.

Last week, Joan spoke with James Marcetich, Head of the Indexing Section at NLM. They discussed two topics—the need to correct some citations in MEDLINE for the published Clinical Inquiries and the difficulty in finding the CIs in MEDLINE. Joan sent James a list of the corrections which they will repair in MEDLINE. Most are incorrect or missing author names. They discussed the inconsistency of indexing the CIs. These publications are systematic reviews in a sense, though not in the thorough manner of a Cochrane systematic review. Currently, NLM does not have an indexing term for SRs and plans to change them from Review, Academic as a publication type to Review. They also have a filter in PubMed to find SRs. James offered to preface the title of each CI with the phrase “Clinical Inquiry:” and the group discussed the usefulness of that idea. Jim pointed out that with over 180 completed CIs, it would seem that there are enough of them to warrant interest from NLM. Karen and Sarah pointed out that the systematic review filter in PubMed is fairly broad. It is a limit, not a publication type. Karen said that an issue of the NLM Technical Bulletin summarized NLM’s description of a systematic review.* There was discussion about simply lobbying NLM to add a publication type for the CIs, which might take several years to achieve. Ultimately the group decided to go ahead and ask James Marcetich to add the descriptive phrase to the article title and Joan will contact him.

VP for Information Resources

Deb attended the FPIN Board Meeting on Oct. 13 in Orlando at the NAPCRG/WONCA meeting. She reported on a few items of interest to the Librarian Team from Bernard’s organizational update. FPIN has created successful partnerships with PEPID, AFP, and JFP. We have now overcome our questions crisis (not having enough supply to meet demand) just since the beginning of this calendar year. There have been successes for the librarian community in its growth to more than 70 members now and its accomplishments. The NNLM grant is in extended status until the end of February.

There are now 9 senior editors for PEPID PCP and they expect to have 150-250 authors by the end of January, 2005. The University of Wisconsin is working on the Student Help Desk questions project and the EMS is running successfully.

Challenges remain—increasing our publications; the availability and quality of peer reviewers; trying to meet production deadlines is still a challenge. We are now financially stable.

At the Board meeting, Jim Stevermer and John Epling recognized the work Joan has provided which reflects on all of the librarians and their attention to detail. Deb emphasized to the Board members the importance of strong communication with their own institutional FPIN librarians.

Under the NNLM grant, we have made trips to the University of Washington, the University of North Carolina, SUNY Upstate and may go to the University of Cincinnati before the grant ends in late February. The article about the FPIN librarians as expert searchers will appear in the January, 2005 issue of JMLA.

Deb had talked to the editors at their group meeting at NAPCRG/WONCA about the patient education project. She wanted to be sure that they had an idea of what this was. It was interesting to hear what people liked or how they saw this. Some felt that some of the information in the CIs may not be of great interest to patients. They said that some of what patients might find interesting or puzzling may not be

worthy of CIs. She will take an implementation proposal to the FPIN Board meeting on Jan. 13. Some of the patient education pieces may go into the EBP Newsletter.

Librarian Team Leader

Susan said there was nothing of substance to report yet but FPIN is talking to Rakel’s Textbook of Medicine about adding more evidence-based content to the chapters. There is some chance librarians might become involved in that effort.

The editor of AFP had talked with Bernard and John Epling, the CI-2 Associate Editor, about whether or not librarians should have full coauthor status in that journal. Bernard and John presented a wonderful case in our favor and after much discussion, the AFP editor acquiesced and said that we would receive coauthorship.

Susan has worked with three new FPIN searchers over the last few months and found it to be a great experience. She recommends mentoring if anyone is interested. Joan can also help answer questions which may arise.

FPIN Office

Heather described a new feature on the website, the Leadership Page. This is a tab which includes information about various FPIN committees, teams and projects. Minutes from Librarian Team meetings will be posted here as well as a list of the FPIN librarians.

The next meeting will be held on January 10, 2005 at 2pm Central.

*NLM Tech Bull Jan-Feb 2002

Review vs. systematic review. What is the difference?

Whereas review articles are generally an examination of the literature from the author's perspective, a systematic review can be thought of as a study design that includes some or all of the following characteristics:

1. One or more questions or hypotheses are posed at the start of the review.
2. Publications/study results in the subject area are collected, sometimes limited to a particular type (e.g., literature reviews, randomized controlled trials), and are often obtained from specific sources (e.g., databases, bibliographies).
3. Criteria are used to include or exclude studies found in #2 for the actual review. This step is often referred to as the "study selection."
4. Data extracted from the selected studies are combined and compared, or if the data cannot be combined, the strength of the evidence is assessed and used to evaluate results.
5. Conclusions are made based on results and/or the presence or absence of supporting evidence.

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Information Resources
Deb Ward
VP for Information Resources

- The Librarian Team continues the work begun with the development of the librarian training package by conducting on-site training. Site visits made this quarter with grant funding were:
not extended with 2/05
 - University of North Carolina – August 12–13, Ward and Meadows
 - University of Washington – August 24, Nashelsky
 - State University of New York Upstate – September 14–15, Meadows and Nashelsky*Considering trip to Cincinnati*
- As the popularity of training for and by librarians increases, we recommend that the most appropriate trainers are Susan Meadows and Joan Nashelsky. We will seek others from the Librarian Team who are capable and willing to travel to other locations. *Sarah Safranek will likely teleconference w/ ETSU.*
- Work continues on the patient information initiative, and meetings to finalize the report to the FPIN board are ongoing. A discussion item will be on the October FPIN Board agenda to discuss the publication model. An implementation plan will be developed for the January board discussion.
- Joan Nashelsky continues to follow up on contacts from individuals seeking information about the Librarian Community. The Librarian Community now has over 50 members. *7/2004 10/11*
- As development of the Librarian Community continues, I ask for the departments with librarians to encourage their librarians to participate in taking on roles in addition to expert searching. The example of the work of the librarians at the University of North Carolina and the University of Washington are examples, *not* where librarians work with their faculty in seminars and planning, and where they actively participate in Librarian Team initiatives. *→*
- Final copy of an article about the FPIN librarian expert searching activity was submitted to the Journal of the Medical Library Association for publication in January, 2005.

10-13-04

Family Practice Information Network Study Summary For Patients

Do Calcium Supplements Prevent Postmenopausal Osteoporotic Fractures?

Your healthcare provider is sharing this information from a review of recent studies found in *The Journal of Family Practice** March 2003*Vol.52, No. 3...

What is the problem and what is known about it so far?

Osteoporosis is a disease associated with calcium loss from bones causing them to weaken and possibly fracture. Although osteoporosis can affect all persons, it affects mostly middle-aged and older women.

Calcium along with vitamin D in your diet or as supplements, decreases bone loss and fractures. Elderly patients have a high rate of vitamin D deficiency because of less sun exposure and decreased ability to make vitamin D.

The following findings were identified by the research to help determine the best way for you to take Calcium supplements.

- □ Calcium supplements given with vitamin D reduces menopausal bone loss and fractures. Results varied in different studies but most showed a positive reduction of fractures of the spine or other bones and menopause related bone loss, even with postmenopausal women with previous fractures.
- The recommended dose was found to be 1000-1500mg daily. It should be taken in 2-3 doses of calcium carbonate or calcium citrate. Elderly persons or those with decreased acid production may better absorb calcium citrate. More than 500mg per dose isn't well absorbed.
- 700 – 800 I U daily of vitamin D should be taken for improved calcium absorption.
- Regardless of other medications prescribed for treatment of osteoporosis, all studies included calcium and vitamin D as part of the treatment. It was prescribed in preventive care as well as treatment.
- The optimum length of time to take calcium supplements has not been determined. Efforts to look at this are inconclusive.

Librarian Links

The following web sites provide additional information on calcium supplements:

MEDLINE Plus

Links to many recommended informative sites

Osteoporosis

<http://www.nlm.nih.gov/medlineplus/osteoporosis.html>

continued...

Librarian Links  continued....

American Dietetic Association
Calcium and Osteoporosis Prevention
<http://www.eatright.com/feature/0501.html>

National Osteoporosis Foundation
Prevention: Calcium Supplements
http://www.nof.org/prevention/calcium_supplements.htm

National Osteoporosis Foundation
Prevention: Calcium & Vitamin D
<http://www.nof.org/prevention/calcium.htm>

The Family Practice Inquiries Network (FPIN) is building an information system that provides answers to clinical questions using the best clinical evidence available. The research summaries cannot take the place of advice from your health care provider about your specific health concerns. This information may be reproduced for educational not-for-profit purposes only. Any other use requires written permission from the Family Practice Inquiries Network.

Hagen MD, Johnson ED. What treatments are effective for varicose veins?
J Fam Pract. 2003 Apr;52(4):329-31; discussion 330.

PATIENT DECISION TEMPLATE FOR TREATMENT OPTIONS

1. What are the characteristics of my disorder?

(Note: A brief description of varicose veins is not included in this CI. Need to explain the causes of varicose veins and the difference between large trunk varicose veins and spider veins. Use simple terms.)

2. What are the different ways this disorder can be treated?

Options for treating large varicose veins are (1) elevating your legs as often as possible; (2) wearing elastic support stockings; (3) sclerotherapy; (4) surgery to remove the veins; and (5) wait and see if things get worse.

Options for treating spider veins are (1) sclerotherapy; (2) laser ablation; (3) thermal ablation; and (4) wait and see.

3. What kind of treatment is it? How much time does it involve? What do I have to do to undergo this treatment?

(Note: The CI does not include descriptions of the procedures. I got this information from the links at the bottom.)

These treatments are done in a doctor's office and often require more than one visit. You do not have to be put to sleep.

- With sclerotherapy, the doctor uses a needle to inject a solution into each varicose vein, causing it to close and the blood to be re-routed. The veins should fade in a few weeks.
- Laser ablation sends very strong bursts of light onto the vein that makes it slowly fade and disappear.
- Thermal ablation is similar to sclerotherapy, except the veins are sealed off with an electrical current instead of a solution.

Surgery is used mostly to treat very large varicose veins. It requires local or general anesthesia and is done either in an operating room or as an outpatient.

- With surgical ligation and stripping, the veins are tied shut and completely removed from the leg. Taking out these veins does not affect the flow of blood in your leg because deeper veins take care of moving the blood.

- With ambulatory phlebectomy, a special light is used to mark the location of the vein, then tiny cuts are made in the vein, which is pulled out with surgical hooks.

4. What are the chances of improvement, short-term and long-term? What kinds of side effects can happen and what are the chances of each?

Sclerotherapy is recommended for mid-sized and spider veins and for varicose veins that come back after surgery. The American Academy of Dermatology says that most patients can expect a 50%-90% improvement, though some veins may need to be injected more than once.

Side effects of sclerotherapy: You may have mild side effects such as stinging and redness around the area being injected. Spots or brown lines will soon disappear. Less-likely side effects are that the vein may get swollen or develop a lump of collected blood. These are not dangerous, but you should call your doctor if they happen. You may need to take antibiotics or have the lump drained.

For large varicose veins, surgery appears to give the best long-term results. In a study of about 100 patients with varicose veins and blood flow difficulties, just 16% (16 out of 100) of those who had surgery plus sclerotherapy had blood flow problems in their legs after 10 years, compared with 36% (36 out of 100) of those who had surgery alone and 44% (44 out of 100) who had sclerotherapy alone. Another study showed that ligation with stripping was more than twice as effective in preventing the need for another operation, compared with ligation alone.

Side effects of surgery: It is not common to have serious side effects with this surgery, but with general anesthesia, there is always a risk of heart or breathing complications. The mild side effects are the same as with sclerotherapy, but surgery can also leave permanent scars. It is very common to have damage of the nerve tissue around the treated vein, which can cause numbness or a change in feeling around the scar. The most serious, but rare, complication is a deep vein blood clot that may travel to the lungs and heart.

Recovery times?

5. What are the tradeoffs among inconveniences, costs, chances of side effects, etc, in order to gain a benefit like symptom relief? Where can I get descriptions of other patients' experiences?

Doing simple things like elevating your legs, wearing support hose, exercising regularly, keeping your weight down, not crossing your legs when sitting, and eating a high-fiber diet to avoid constipation will help prevent varicose veins and relieve discomfort from the ones you have. Some natural medicines, horse chestnut seed extract, for example, have been shown to relieve symptoms such as pain, tiredness, itching, and swelling in the legs.

If you are not having symptoms, it is okay to do nothing. Varicose veins usually get larger and worsen over time, however, and can cause the legs and feet to swell. In some cases, they can cause problems such as severe clogging of the blood in the veins that prevents it from returning to the heart. And if skin tissue around the varicose vein does not receive enough nourishment, you may develop sores or skin ulcers.

Most insurance policies don't cover treatment for varicose veins if it is only to make you look better, but if you have symptoms such as swelling and bleeding, insurance may cover the treatment.

For more information:

National Women's Health Information Center
<http://www.4woman.gov/faq/varicose.htm>

Mayo Foundation for Medical Education and Research
<http://www.mayoclinic.com/invoke.cfm?id=DS00256>

American Academy of Dermatology
1-888-462-DERM

Quarterly Report

Name of reporting institution:

Health Sciences Library
University of New Mexico
MSC09 5220, 1 University of New Mexico
Albuquerque, NM 87131 0001

Project: Four Corners on MedlinePlus

Name of person submitting report: Patricia Bradley

Email address: pbradley@salud.unm.edu

Telephone number: 505-272-0664

Reporting Period start date: 09-01-2004

Reporting Period end date: 11-30-2004

Publicity:

September 8-11, 2004--58th Navajo Nation Fair.

September 22,2004--Visited Gallup Indian Medical Center, met with the CEO, introduced the Tribal Connections Four Corners project.

September 27--Presented the Tribal Connections Four Corners Project to the Indigenous Nations Library Program at the University of New Mexico.

October 8, 2004--Presented the Tribal Connections Four Corners project to the Albuquerque Area Indian Health Board.

October 19, 2004--Presented the Tribal Connections Four Corners Project to the Navajo Nursing Consortium for Higher Education, University of New Mexico, College of Nursing.

November 19,2004--Presented the Tribal Connections Four Corners project to the Tribal Librarians, New Mexico State Library, Santa Fe, NM

Outreach:

No Outreach Reporting Form.

One exhibit form will be sent.

Other accomplishments:

Gave Tribal Connections Four Corners handouts for distribution at the IHS Health Summit in September and at the Four Corners Telehealth Conference in October.

September 17--Participated in the Tribal Connections Four Corners Go Local on MedlinePlus conference call. Discussed the GoLocal Talking Points handout and finalized the Data Collection sheet.

November 10--participated in the National Library of Medicine's GoLocal conference call. Gave an update during the Sharing Roundtable.

With the Tribal Connections Four Corners partners made contact with the CEO's of the Four Corners hospitals and clinics, Indian Health Service Directors and Service Unit Health Boards.

Target audience:

The target audience of this project is one that is knowledgeable about their needs and the services in their communities.

Their needs have not changed. They are open to new ways of addressing these needs, much more than I had originally anticipated.

Goals, Outcomes, Objectives:

Successes:

The GoLocal service term--"veterinary medical services" was added at my suggestion in view of the incidences of rabies, hantavirus, etc. in the Southwestern US.

Entered 44 GoLocal on MedlinePlus services to the National Library of Medicine's database.

Evaluation:

Consult with the Tribal Connections Four Corners project partners and evaluators regarding the progress and process of activities on a bi-weekly basis.

Impacts and Observations:

Navajo Nation Fair--one fair-goer asked if we had been at the Gathering of Nations Pow-Wow in reference to the National Library of Medicine Medicine tote bags being handed-out.

Albuquerque Area Indian Health Board--one member asked, if GoLocal on MedlinePlus services could be searched by tribe.

Tribal Librarians, Santa Fe--one librarian commented on the Indian Health Service physicians using old textbooks, where she gets her care. Another asked, if a GoLocal on MedlinePlus could be done for the New Mexico tribes.

Planned Activities:

Site visits to the Four Corners hospitals and clinics are being scheduled for December, January and February.

A Tribal Connections Four Corners press release will be out.

Continue to identify Four Corners health services for GoLocal on MedlinePlus.

EXHIBIT REPORT OUTLINE

- I. DATE OF REPORT 12/13/04
- II. NAME OF PERSON SUBMITTING REPORT Patricia Bradley
- III. ADDRESS UNM Health Sciences Library, Albuquerque NM
- IV. EXHIBIT:
 Name of Meeting 58th Annual Navajo Nation Fair
Location (City, State) Window Rock AZ
 Dates September 8-10, 2004
 Staff Patricia Bradley, Paul Bracke, Lillian Hoffecker, John Bramble
 Number of Registrants n/a
 Number of Exhibits 100

Week Days	Exhibit Hours	Number of Visits to Booth	NLM System Demonstrations	Internet Demonstrations
Sunday				
Monday				
Tuesday				
Wednesday	8 am – 8 pm	100	20	0
Thursday	10 am – 7 pm	100	20	0
Friday	10 am -6 pm	100	20	0
Saturday				
Total	29	300	60	0

V. EXHIBIT SUMMARY (Narrative)

Distribution of Pre-mailers, Letters or Invitations (if applicable)
 Description of Booth Location Next to a special education program and community college.
 Description of Program Presentations
 The 58th Annual Navajo Nation Fair is a tribal fair that includes a pow-wow, rodeo, livestock and produce exhibits, art and crafts, and contests unique to the local native culture. Arrangements were made via mail, telephone and fax. There were no Internet connections so demonstrations could not be done. There was a back drop and electricity at the booth The exhibit hall did become very warm at times, no chairs or tables were included and had to be rented. Estimated attendance, contacts over the three days—1000.
 Were SIS resources highlighted at this meeting? If so, identify the SIS resources that were highlighted. No
 Problems—No telephone lines available.
 User feedback—Very interested. Contacts made for other promotional opportunities.
 G. Suggestions/comments—Video or slide presentations would have worked well.
 H. Recommendations: Should NLM exhibit at this meeting next year? (Yes or no, give reasons for your answer) Yes, because this is an excellent venue to reach a large number of Native Americans for consumer health education.

VI. BUDGET SHEET

Exhibit Budget SHEET

Meeting Title:	58 th Annual Navajo Nation Fair
Meeting City, State:	Window Rock AZ
Meeting Dates:	September 8-12, 2004.

ITEM	COST
Booth space fee	\$150
Internet connection fee	0
Other booth fees (Chairs & table)	\$19.54
Total exhibit booth fees	\$169.54
Shipping	0
Drayage and material handling	0
Total travel costs (including mileage, parking, airfare, accommodation, per diem)	\$422.17
Other costs (please specify)	
TOTAL EXHIBIT COST	\$591.71



What is Tribal Connections 4 Corners?

TC4C is a project to link tribal communities to reliable, high-quality health information on the Web. There are thousands and thousands of health-related web pages on the Internet. Finding authoritative information is a challenge for everyone. Health sciences librarians are experts in helping professionals and consumers and patients find the best information to meet their particular needs.

Who are the partners?

The project was developed by the university-related health sciences libraries in the Four Corners states (Arizona, Colorado, New Mexico, Utah), the National Library of Medicine in Bethesda, MD, and its National Network of Libraries of Medicine partners. All the partners have contributed FUNDING to support the project.

What services can TC4C offer?

We're interested in working with tribal communities on their particular needs. TC4C can help in a number of ways. Perhaps better Internet connectivity is desirable. Or basic training in computer skills. Or where to find the best Web-based resources on diabetes, nutrition or other topics. Maybe the health professionals in your area need better access to the latest information in journals. TC4C can help your leaders and communities in a variety of ways.

What is MedlinePlus and GoLocal?

MedlinePlus (www.medlineplus.gov) provides authoritative medical information for consumers and patients on diseases, conditions and wellness issues and links users to Go Local sites for health programs, services and providers in their local community. Both MedlinePlus and Go Local are programs of the National Library of Medicine, which is part of the National Institutes of Health.

What about future sustainability?

The health sciences libraries in each of the Four Corners states have long been involved in outreach activities aimed at the citizens and health professionals of their states. By working to improve access to reliable health information, the libraries hope to equip citizens and professionals with the information needed to improve the health of individuals and their communities.

How can my tribe become involved?

Contact the outreach librarian at the health sciences library in your state. We're looking forward to hearing from you!

In Arizona:

Patricia Auflick
Arizona Health Sciences Library
University of Arizona
Tucson AZ 85724-5079
520-626-6770
pauflick@AHSL.arizona.edu

In New Mexico:

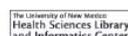
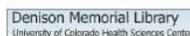
Patricia Bradley
Health Sciences Library
University of New Mexico
Albuquerque, NM
505-272-0664
pbradley@salud.unm.edu

In Utah:

John Bramble
Eccles Health Sciences Library
University of Utah
Salt Lake City, UT 84112
866-581-5534
(toll free in Utah)
jbramble@lib.med.utah.edu

In Colorado:

Stephanie Weldon
Denison Memorial Library
University of Colorado
Health Sciences Center
Denver, CO 80262
303-315-1712
stephanie.weldon@uchsc.edu



Go Local Talking Points

The Four Corners area, encompassing Arizona, Colorado, New Mexico and Utah, has been funded by the National Library of Medicine to implement Go Local.



Go Local is a method whereby one may link from a health topic page on MedlinePlus (<http://medlineplus.gov>) to information about local health services. Local health services include clinics, hospitals, pharmacies and more. This is a free service that is available to anyone who has access to the Internet. The Go Local Four Corners is projected to launch in the summer of 2005.

Go Local is a part of the MedlinePlus database. MedlinePlus is FREE and in full text. It is authoritative and of the highest quality. Information from MedlinePlus includes: Health Topics, Drug Information, an Encyclopedia, a

Medical Dictionary, Directories, and Current News. It is also completely in Spanish. To find more information about MedlinePlus, please visit www.medlineplus.gov.

To initiate "Go Local", one would choose a MedlinePlus health topics page and then link out to local services. For example if one chose the Diabetes page, one would find links to local Nutritionists, Clinics, Support Groups, Clinical Trials etc.

The following slides demonstrate how the Go Local system works:

The screenshot shows the MedlinePlus website interface. At the top, the MedlinePlus logo is displayed with the tagline "Trusted Health Information for You" and the affiliation "A service of the U.S. NATIONAL LIBRARY OF MEDICINE and the NATIONAL INSTITUTES OF HEALTH". A search bar and navigation menu are visible. The main content area is titled "Native-American Health" and includes sections for "Latest News", "From the National Institutes of Health", "Clinical Trials", and "Specific Conditions". A purple box highlights the "Go Local" section, which lists health services in Missouri and North Carolina, with a link to "Other states coming - learn more". A purple arrow points to this "Go Local" box.

MedlinePlus
Trusted Health Information for You
A service of the U.S. NATIONAL LIBRARY OF MEDICINE and the NATIONAL INSTITUTES OF HEALTH

Search MedlinePlus About MedlinePlus | Site Map | FAQs | Contact Us

Home Health Topics Drug Information Encyclopedia Dictionary News Directories Other Resources español

Other health topics: [A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [XYZ](#) [List of All Topics](#)

Native-American Health

Printer-friendly version E-mail to a friend

Contents of this page:
[News](#)

From the NIH
[Clinical Trials](#)
[Specific Conditions](#)
[Prevention/Screening](#)
[Nutrition](#)
[Research](#)

Directories
[Organizations](#)
[Law and Policy](#)
[Statistics](#)

[Women](#)
[Children](#)

Latest News

- [Millions of American Indians and Alaska Natives at Increased Risk for Type 2 Diabetes](#) (08/10/2004, National Institute of Diabetes and Digestive and Kidney Diseases)

From the National Institutes of Health

- [American Indian Health](#) (National Library of Medicine)

Clinical Trials

- [ClinicalTrials.gov: Indians, North American](#) (National Institutes of Health)

Specific Conditions

- [Acanthosis Nigricans](#) (Indian Health Service) - Links to PDF File
- [Diabetes in American Indians and Alaska](#)

Go Local

Health services in:
[Missouri](#)
[North Carolina](#)

[Other states coming - learn more](#)

The primary NIH organization for research on *Native-American Health* is the [National Center on Minority Health and Health Disparities](#)

Welcome to Community Connection, Missouri's MedlinePlus "Go Local" site.
Click on the map or the list below to select the location for Native-American Health resources.



- [Bootheel](#)
- [Central MO](#)
- [Greater KC MO](#)
- [Greater STL MO](#)
- [Green Hills](#)
- [Joplin Corridor Area](#)
- [Lakes](#)
- [Mark Twain](#)
- [Meramec](#)
- [Nevada/Truman](#)
- [Northeast MO](#)
- [Northwest MO](#)
- [Ozark Foothills](#)
- [Pony Express](#)
- [South Central Ozarks](#)
- [Southeast MO](#)
- [Springfield/Branson](#)
- [State Fair](#)

[Minute Circle Friendly House](#)

Phone: 816-231-0143
Address: 2405 Elmwood,
City, State, Zip: kansas city, MISSOURI 64127
Description: multi-service

[Native American Health Coalition](#)

Phone: 816-333-7500
Address: 6025 Prospect, Suite 103
City, State, Zip: Kansas City, MISSOURI 64130-
Description: Dedicated to the health and wellness of
native Americans by preserving our heritage and building a
strong infrastructure for economic development and
educating our youth.

[Nativity of Mary Church](#)

Phone: 816-353-2184
Address: 10017 E 36th Terr,
City, State, Zip: Independence, MISSOURI 64052
Description: Short Description

Quarterly Report

Name of reporting institution:

Utah AIDS Foundation
Stan Penfold, Executive Director
1408 South 1100 East
Salt Lake City, UT 84105

Project: Resource Library Health Outreach Kiosks

Name of person submitting report: Aaron Hansen

Email address: aaron@utahaids.org

Telephone number: 801-487-2323

Reporting Period start date: 10/01/04

Reporting Period end date: 12/31/04

Publicity:

Emailed appropriate materials on 1/14/2005.

Outreach:

Not at this time.

Other accomplishments:

Because there were some adjustments which needed to be made to the initial contract, there was about a one month lag in the beginning of this project. Before Although this project has begun somewhat slowly, we are beginning to make some headway into the project's real applications. Some initial surveying and data collection has been done in the Utah AIDS Foundation (UAF) as a "pilot" site, and we are beginning to understand the needs and realities of clients, beyond the predictions from our initial proposal.

Also, initial contact with the satellite kiosk sites has been made and arrangements are just starting to be made with the key contacts there for installment of the health kiosk at each site. Until final preparations are made, we will continue to use the UAF food-bank site as a tester site.

Target audience: None at this time.

Goals, Outcomes, Objectives:

The first problem that we have run into is that the initial bid we got for the kiosks is now out of date. The model that we had researched at the time of the proposal is no longer in production and has been replaced by a newer, more expensive model. However, we intend to make up the costs by ordering one less unit and using just a desk type work station at our local, food-bank site. In addition, the CPUs which will be installed in the kiosks themselves are a little cheaper the a year ago.

We have ordered the "SiteTracker" Web tracking software, but have run into some difficulty with our web service provider in implementing it. We should have this problem solved soon and will begin collection of web usage data to help with web content appropriateness.

Evaluation:

Initial surveys in the UAF food-bank site have been administered and the results seem to be quite mixed. The questions on the survey were directed to target the need of the cliental and project audience for electronic or web-based health information, such as Medline Plus. Many people who were surveyed showed that they were not necessarily in "need" of these resources, but would like to have access to them and do not currently utilize them. Again, about half of those surveyed said that they did not currently have internet access, but would like more.

Further data on current www.uaflibrary.com use has not yet been collected.

Impacts and Observations:

Because the actual kiosk units are not yet installed at there locations, their impact cannot yet be measured. Until this time, the current web resources available on the UAFlibrary.com website have been well utilized and multiple stories from users indicate that it has been well received. For example, one man said that after being newly diagnosed as HIV+, he was able to find out about HIV resources in the local area which were available to him as well as utilize the "Newly Diagnosed" page on the site to help him cope with such a life changing event.

Planned Activities:

In the next quarter we will be installing the first "kiosk" station in the UAF food-bank and collecting usage data and activity on it. We will train volunteers and staff of the foodbank to use the web resources and answer questions as well as instruct clients on it's uses.

We will be furthering relations with satellite sites and finalize kiosk locations in Salt Lake, Ogden and Boise. We will then order the first unit from the manufacturer and install one Kiosk in Salt Lake's Fourth Street homeless clinic after training the local staff and volunteers on utilizing the unit. Further surveys will be administered at satellite locations and web tracking info will be gathered and analyzed.

Training for appropriate Case Managers, both at UAF and other clinics will be held to further knowledge of the Web resources available through the kiosks and how they can refer their cliental to it successfully.

FEED YOUR MIND



The UAF Resource Center is here for you!
Come upstairs and ask the friendly UAF Staff to show
you how to use all of these helpful resources:

Free Internet access

- Check your email
- Check our catalog for books and movies
- Visit our online resources for answers to questions about
 - Living with HIV
 - Medications
 - Local Resources
 - Prevention
 - Public Assistance



Check out books& videos

- HIV/AIDS Medical
- Nutrition
- Alternative Therapies
- Spiritual/Emotional
- Legal / Civil Rights
- Fiction
- GLBT
- HIV Social Issues
- Newly Diagnosed
- Self Help



Come upstairs and utilize this new and helpful resource.
See our kiosk in the UAF Foodbank!



Quarterly Report

Name of reporting institution:

Via Christi Regional Medical Center
Camilla Gentry
3600 East Harry
Wichita, KS 67218

Project: Planning for the Future of the Via Christi Libraries

Name of person submitting report: Martha McCabe

Email address: martha_mccabe@via-christi.org

Telephone number: 316-946-5029

Reporting Period start date: October 1, 2004

Reporting Period end date: December 30, 2004

Publicity: none conducted this period

Outreach: None

Other accomplishments: During this period Via Christi held two meetings with the seven librarians and Leader of Library services to slightly amend the timeline (due arrival of contract in mid-November) and determine activities and variables that would be evaluated for the internal operational assessment. The contracted evaluator (Dr. Cathy Perley) from Emporia State University met with librarian staff today (January 28, 2005) in order to begin development of the evaluation tools that will be used for library users and non-users, as well as an intranet random survey tool that will be used for the same purpose within the Via Christi Wichita Network of facilities.

Target audience: No change in targeted audience for these activities has occurred.

Goals, Outcomes, Objectives:

Except for delay in implementation of project (signed contract on November 18, 2004), we are moving forward with the activities as set forth in the approved proposal.

Evaluation: None during this period - tools are still under design and testing.

Impacts and Observations: None during this period.

Planned Activities: As per timeline, we will implement the surveys of users and non-users of the libraries no later than March 2005, along with web "pop-up" questionnaire on the VC Intranet services. Events in VC employee cafeterias, surveying use or non-use, will take place in May 2005.

Appendix D

Subcontract Final Reports

**“INTERNET/DATABASE TRAINING”
2003 Subcontract No. 62813**

Grillo Health Information Center
Boulder Public Library
P.O. Drawer H
Boulder, CO 80306

Report submitted by:

Chris Engleman
englemanc@boulder.lib.co.us
(ph.) 303-441-4144
(fax) 303-442-1808

Project Dates:
3/10/03 – 1/31/05

Submitted: 5/17/05

There were really two components to this project titled “Internet/Database Training”. One of those components was teaching National Library of Medicine database searching classes in the Boulder Public Library training room to Boulder County residents. The other involved more of an outreach aspect, which entailed attempting to bring our health information searching services to the local Spanish-speaking population.

The database training part of the project was much more straightforward than the outreach piece, and probably by most criteria of “success”, would be considered to have been the more “successful” of the two. However, as will be discussed a little later, the outreach aspect, with all its challenges and, perhaps, lack of success, was certainly the more intriguing part of the project.

Through the span of the terms of this project, five database trainings were given in the training room of the Boulder Public Library. These classes were titled “National Library of Medicine Databases (Intro),” and featured searching the MedlinePlus and PubMed databases. Advertising was done in the Boulder Public Library monthly calendar, in a section that lists different classes given in the Library. In addition, flyers announcing these classes were distributed in kiosks throughout the Library. The Library provided this publicity, thereby giving us free advertising for the trainings, which was unexpected as this project was first being created.

There are eight computers in the training room, and so classes were limited to eight attendees per class. In the first three trainings there were, respectively, seven, six, and again, six participants. However, for the last two trainings, not only were the classes full, at eight participants each, but there was also a waiting list for each of those classes. And though having full classes numbering eight is not a large number of total participants, it seems fairly safe to conclude that there appears to be an increasingly greater interest in these classes (at least a 25% increase in attendees over the last two classes). Many variables could be at work here, making it difficult to know for sure the reasons for this apparent increase in interest in this class (weather, time of year, time of day, unemployment numbers, regularity of class offering, increased general computer literacy and interest, increased interest in health information on the Internet, etc.). We feel, in any case, that the trend is a positive one in getting more and more people access to finding their own health information.

Questionnaires were handed out to class trainees, and most filled them out. All respondents felt that they had increased their knowledge of searching the databases, at least somewhat, and all respondents felt that taking the class was worthwhile. The varying levels of computer literacy among the attendees, was a somewhat difficult factor to work with, as the class could be seen as potentially moving too slowly for some and too quickly for others. For the last two classes, we have advertised that people taking the class should have at least very basic computer skills, and that seems to have helped “level” the class. Questionnaire responses for the past two classes have been more uniform, perhaps reflecting this more equal computer skill level of the participants (and perhaps the (hopefully) increasing competency of the trainer?).

These classes were available to anybody residing in Boulder County, and so could have reflected a good cross-section of the Boulder County population. Of course, this was not the case, however. Though the minority population of Boulder County is relatively small, there was not a single minority attendee, except for two recent immigrants from Eastern Europe. The one relatively interesting demographic, was that of the 43 total attendees of these classes, only six were male. It would involve perhaps a too lengthy discussion as to the reasons for this statistic.

What is to be pointed out in this discussion of the demographics of the class participants is that there were no attendees who would consider themselves of Latino heritage, even though there is a relatively sizable Latino population in Boulder County (10% of the total population). It is to this issue to which the second component of our project was addressed—that of attempting to bring access to Internet health information to the Latino population of Boulder, a group that is largely economically and educationally disadvantaged.

For this outreach part of the project, we worked with two local institutions—The People’s Clinic, during the first year of our project, and The Family Learning Center for the subsequent ten months. The two places presented us with varying population groups, and therefore varying methods and hurdles for the task of attempting to bring access to Internet health information to these groups.

The People’s Clinic is a place that provides “accessible health care for the medically underserved”, and of the patients that use the Clinic, 43-48% are Hispanic or Latino, many of whom speak no or very little English. After

meeting with the Clinic administration who was very supportive in our project endeavors, we had a Spanish-speaking volunteer set up with a laptop computer at a table in the waiting room for a two to three hour period one day (the same day) each week. This volunteer was available to help people in the waiting room look up health-related questions using the Spanish-language version of MedlinePlus. The goal was to try and engage this underserved Spanish-speaking population in accessing their own health information, using this database. A poster was created to place in the waiting room of the clinic, as were Spanish-language inserts to our Grillo Center brochure, to advertise our presence there and the nature of our services.

It fairly soon became clear that there were going to be several obstacles in achieving the objectives of this project, as there was very little use of our services. We found that there were many cultural, societal, educational and economic barriers. A big cultural barrier, was that the Spanish-speaking patients at the clinic consider the physician to be the “authority” in health matters and that one does not go elsewhere to seek answers to health questions. Researching health information oneself is not really appropriate.

Educationally, studies show that the patients coming to the clinic for the most part had less than a high-school education (45%), and some studies show even that many have about a 6th-grade Mexican education level (85% of Boulder County’s Latino population are from Mexico). This meant that it is more than likely that these patients may not know what questions to ask or even how to frame a question, and therefore there would also be perhaps a fear of trying to ask a question. This hesitancy and fear would also be the case with the discomfort of being in another country and speaking a different language. Many of these patients speak little or no English (35%).

Another barrier, was the fact that there would be a number of people coming to the Clinic, who are illegal immigrants, and do not want to talk to any more people than is necessary. Related to this issue, it was found that “immigration laws stipulate that new immigrants cannot use social services for five years, leading many immigrants to fear that they will be denied naturalization if they seek health services”. So there is a likely wariness of people coming to the Clinic. They come solely for the health services, as quietly as possible, and avoid any unnecessary conversation with other people, which might have included speaking with our Grillo Center volunteer.

Over the course of our time spent at the Clinic, we tried overcoming these obstacles in various ways. Our volunteer tried speaking directly with the patients sitting in the waiting room, and explained our services to them. She also handed them our Spanish-language brochure. A briefing was given to all staff members of the Clinic letting them know that we had a volunteer available at a table in the waiting room on this one day a week and asking them to refer patients to us for obtaining Spanish-language health information. We also gave staff members information “prescription pads” to use for this purpose. Announcements were made over the PA system when our volunteer was there, to remind staff that they, or their patients, could come use our services. Unfortunately, the numbers did not really go up after these various attempts to attract more people to accessing health information with our volunteer. The one thing that finally did seem to help somewhat is when the Clinic gave our volunteer a People’s Clinic badge to wear. This apparently gave her a more “official” look and perhaps helped break a hesitancy barrier on the part of the people coming to the clinic.

Again, the overall numbers were quite low. We averaged about five information requests a month, and these came mostly from staff, rather than the Spanish-speaking patients themselves. The “badge-wearing”, which seemed to be effective, had only begun, when we both lost our Spanish-speaking volunteer, and the administration of the Clinic changed. This temporarily ended our presence at the Clinic, and so we then moved to the second institution partnership involved in our project, the Family Learning Center.

This Center is an educational outreach center where people in the community who are non-native English speakers can go and take various classes, such as English classes, and can participate in other community activities. For the last year of our project term, we had, similar to at the People’s Clinic, a Spanish-speaking volunteer available at the Center one day a week to assist people in looking up health information using the Spanish-language version of MedlinePlus. Unfortunately, the volunteer availability was variable depending on school schedules, so she was not there every week, thereby likely hurting establishing consistency.

What was interesting about working at the Family Learning Center after being at the People’s Clinic, was finding out that there are different types of Latino populations in Boulder County, with these two places serving somewhat divergent groups. Whereas the Clinic catered to any and all who needed health services, thereby attracting all educational and economic

levels, the Learning Center attracted a Latino population generally more educated, as the people going to the Center were attending to classes to try and integrate more into the local Boulder community.

We therefore had high hopes on beginning at the Learning Center, but our expectations were not really met. Again, our lack of consistency in our availability was probably a contributing factor. Beyond that, reasons for lack of success are uncertain. Our number of requests for information remained about the same as for the People's Clinic, though it could be said that the requests at the Center were more directly from the public, as opposed to the Clinic where most of the requests came from staff. It was assumed, or hoped, that we would have more "success" at the Center as we knew that we were not only getting a more educated Latino population, but also a population that was trying to become more involved in the community, by coming to the Center and taking classes. This was clearly a population that would seem to be less concerned about talking with other people in the community, and probably less concerned about their immigrant status.

As at the People's Clinic, posters, signs and brochures were on hand at the Center announcing our availability and services, and the administration of the Center was highly supportive. We were greeted the first day there with balloons and snacks in a very welcoming way.

It would seem then, that if we are to have success in achieving our goal of bringing access to Internet health information to the Spanish-speaking population of Boulder, that we would find that success at the Family Learning Center. There are a couple of things that we believe we need to do, to perhaps boost our chances of success. Though we have had great Spanish-speaking volunteers, it has been hard keeping good volunteers and insuring that we consistently have someone available every week. We began paying our Spanish-speaking assistant the last few weeks of the terms of this project, and it is considered whether having a paid staff person to do this outreach at the Center would more certainly allow us a steady weekly consistency. It seems that it is perhaps a slow process achieving the goals of this project, and perhaps what really is most needed is just more time. It is such a cliché, but perseverance I think is the only way to achieve what we desire as far as the goals of this project.

We are continuing with our collaboration with the Family Learning Center, as long as we can continue to find and have a Spanish-speaking

volunteer, or paid staff to assist with this project. We will also hope to continue as well with the People's Clinic, after we meet with the new administration and see if they will be supportive of continuing our outreach efforts there.

A final comment, is that this project became much more intriguing and enjoyable than was thought at the beginning of the project. Even though there has not really been "success" in this outreach—or, at least compared to what our expectations were--learning about all the barriers to that success has been quite fascinating. It has been challenging to try and figure out ways to break through the barriers, but rather than being disappointed, we have enjoyed the small numbers we have been able to reach. We believe in the importance of the project and look forward to the challenges of finding ways to increase these numbers, and bring health information access to those who are not getting it.



Dr. Cheryl Taylor, Southern University School of Nursing, Baton Rouge, LA, joined leaders from libraries, philanthropy and service organizations at the Langeloth Forum on Libraries and Health Information and shared best practices.

At a Glance HealthAccess Libraries™

The Challenge Today, with medical costs soaring and the Internet overflowing with health advice, more and more people are seeking health information outside the doctor's office. But what sources can be trusted? And how to interpret all that information? In the absence of a trusted family doctor, there is still a free and trustworthy resource in every community: the public library.

The Strategy HealthAccess Libraries, a program of Libraries for the Future, optimizes the library's position to bring together health information, resources, and the people who need them most. The program builds partnerships among libraries and local agencies that share the goal of healthy communities. It is built on the idea that health literacy, or the ability to read, understand, and use health information, is the key to improving health, and that libraries are a critical partner in the effort to boost health literacy and provide reliable health information.

AMERICANS FOR LIBRARIES COUNCIL  27 Union Square West—Suite 204, New York, NY 10003
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HealthAccess Libraries:

- Bring people, information, and services together;
- Promote coordination of health programs and outreach;
- Train librarians, agency leaders, and health educators to help the public access high-quality health information;
- Develop strong health information collections and resources in a variety of formats and reading levels;
- Promote use of libraries as resources for health information

HealthAccess Libraries Offer:

- Community Advisory Councils
- Multi-format health collections
- Health information for all reading levels
- Health fairs
- Screenings
- Training for the public in accessing relevant and reliable health information
- Help interpreting information
- Community partnerships
- Information and programs relevant to local health issues
- Health promotion activities for different age groups

Health Information for All

Langeloth Forum A few innovative libraries have responded to the urgent need for consumer health information with new library-based programs, services, and structures. But until now, there has been no framework for assessing—or sharing—emerging best practices.

To answer this need, Libraries for the Future hosted the Langeloth Forum on Libraries and Health Information in 2004, with support from the Langeloth Foundation. More than 35 specialists working in a range of health organizations and libraries—urban, rural, suburban, and tribal—considered what has worked to position libraries as front-line health information providers. Their insights will be published in May 2005 as a guide for future HealthAccess Libraries.

Best Practices At the **Crandall Public Library in Glens Falls (NY)**, a health website helps answer patron queries, publicize the library's expanded health collections, and decrease patient recovery time. At the **Boulder Public Library (CO)**, volunteers visit a local clinic and a family center weekly to answer health information queries in English and Spanish, and to direct new users to the library's Grillo Health Information Center. And the **Port**



The Boulder (CO) Public Library opened its Grillo Health Information Center in 1998.

Washington Public Library (NY) relies on a Health Advisory Council to keep its policies and Health Information Center up-to-date.

Many of the successful health information programs presented at the Langeloth Forum shared common elements, including: a dedicated staff person, a consumer health website, programming outside the library, and community partnerships.

Roots of HealthAccess Libraries

1995 **Brooklyn, NY** Flatbush branch of Brooklyn Public Library unveils health programming after working with Libraries for the Future on outreach. October is "health month"; circulation soars.

2000 **Brooklyn Health Information Access Coalition.** A partnership between LFF and the Brooklyn Public Library soon grows to include 40 organizations collaborating on public programs and outreach.

2002 **New York Area Coalition for Health Information.** Organizations across New York City organize the region's first conference on health literacy, optimizing the library's role in supporting community health.

Coming in May: Building Healthy Communities through Public Libraries.
To get your copy, call **800.542.1918**

“Libraries can play a critical part in building literacy skills, helping people access health information and helping people to translate information.”

*Dr. Rima Rudd
Harvard School of
Public Health*

“Libraries are an integral part of our communities. As such, they have the potential to play an important role in helping individuals access reliable health information that is vital to them and their loved ones.”

*George Labalme, Jr.
President,
Langeloth Foundation*

HealthAccess Libraries Funders

- Bill & Melinda Gates Foundation
- Clark Foundation
- Pfizer Foundation
- Helena Rubenstein Foundation
- RW Johnson Foundation
- New York Foundation
- Langeloth Foundation

HealthAccess Libraries is a program of Libraries for the Future, the program division of Americans for Libraries Council. The Council is a nonprofit organization that champions the role of libraries in American life and promotes new approaches to sustaining and developing libraries in the 21st century. Please visit our website at www.americansforlibraries.org. Or call 646.336.6236.

“Access to Electronic Health Information for Denver”

FINAL REPORT

Elaine Connell, Reference Librarian

The Denver Public Library

Narrative Description:

1. Summary.

Through a grant provided by the National Library of Medicine, the Denver Public Library (DPL) and Denver Healthy People 2010 (DHP) have markedly improved their web sites and their health information services. The project specifically targeted residents of Denver's Whittier neighborhood as people in this community are more likely to be African American or Spanish-speaking and on average younger, poorer and at higher risk for poor health outcomes than residents in most other parts of Denver. The DHP site targeted professionals and community health leaders serving and advocating for this community.

DPL contracted with a Health Educator, and DHP extended the hours of their Program Administrator for this work. The Health Educator conducted key informant interviews and focus groups to assess specific needs for health information. DPL project staff designed web sites in English and Spanish, tested the sites in the community, and provided training for many DPL staff in the use of these sites. The DHP site was developed in a similar fashion. Outreach presentations and trainings are now being provided at both the consumer and professional levels.

The DPL web site features sections on learning to conduct Internet health searches, low literacy resources, and links to many Denver agencies providing health related assistance. Special consideration and focus was given to health promotion/disease prevention topics and a section on “Making Healthier Communities” reflects the strong influence of the DHP collaboration. The DPL site and the DHP site link to one another, facilitating the search process for consumers who want to get involved in community health, and for professionals who want to find materials for their clients.

Through this partnership and the vital community participation, the Denver Public Library is gradually becoming a recognized resource for health information in Denver. Tools and relationships are now in place so that continued training, outreach and site development will result in ever-increasing numbers of people throughout our region choosing to include the electronic resources of the Denver Public Library, Denver Healthy People 2010 and the National Library of Medicine in their health information search.

2. Geographic regions impacted by this project.

This project touched people's lives throughout the Denver Metro Area, in many counties of Colorado, and in at least two other states (Iowa and Pennsylvania, as respondents to our online survey indicated). We know of individuals who tried our site at least briefly in Tanzania and Nepal, as well!

It is too early in this work to document the impact of these new resources on the health of individuals and the communities we targeted.

We know that many Whittier residents are aware of this resource, but most of the targeted population there remain nonusers at this time.

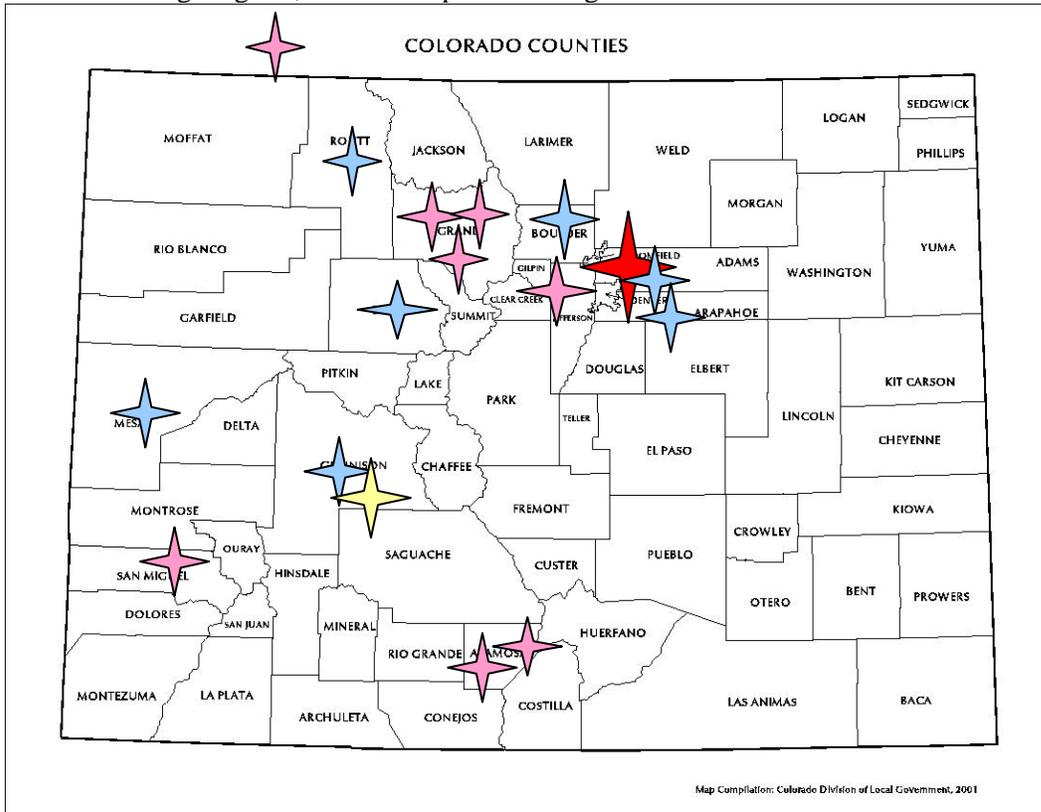
We know that DHP coalition members have received several emails about these new sites, and training opportunities for using them, but we don't know how many are using them effectively at this time.

We know that librarians at DPL, CCHILL, CCML, and throughout Colorado have received notice of the launch of these new web sites. We received information from 11 libraries throughout the state that take a special interest in providing health information assistance for consumers, and we have listed these in a "For Search Assistance" section of our "Getting Started" page (as the CCHILL List of Participating Libraries). We don't know how many of these librarians are actively using these resources to serve their customers.

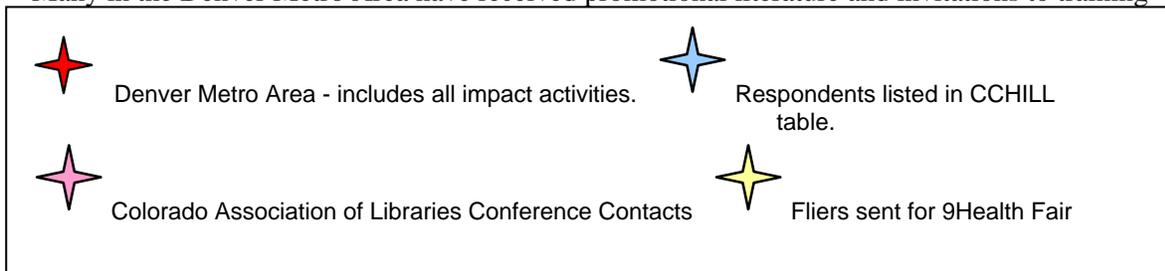
We know that literature went out to several major 9Health Fair sites in April, 2004, but we don't know how many people picked up that literature and put it to use in searching for health information.

We know that DCTV broadcast our interview, and we know that at least three people caught the show. We don't know how many were influenced to try these sites, however.

In the following diagram, each star represents a significant contact with librarians as described.



Many in the Denver Metro Area have received promotional literature and invitations to training



3. Collaborations and Partnerships during this project.

The following organizations have played a significant role in this project, and are listed in chronological order of the time they became involved. The nature of the relationship with DPL is described. In addition, we have had brief encounters of interest with many other organizations.

Denver Healthy People 2010 - DHP has been our partner from the outset of the project. At the time of the writing of the grant proposal, we were barely acquainted. Though we have worked intimately together on the objectives of this project, we are just beginning to learn about one another. In the end, both have profited, and the missions of both agencies have been advanced far beyond what either of us could have accomplished alone. We will continue working together, exploring how we might best serve the needs of our community through improving access to electronic health information.

Denver Alliance on Tobacco and Health, DATH - Tracey Richers-Maruyama consistently participated on the DHP2010 Education Committee. When our new sites were launched, she afforded us opportunity to do the televised interview on their monthly program. We anticipate another in early 2005.

Parroquai de la Anunciación - Annunciation Church gathered our first focus group, and was the host site for our display at the 9Health Fair.

Whittier Neighborhood Association - included our news in their newsletter on several occasions at no cost. We presented introduction and updates at their Association meetings on three separate occasions. They have recently installed a new committee, targeting health issues in the community, and I have contacted the chairman of that group directly.

Whittier Drum Project - Our Health Educator did a key informant interview with Neil Stone, a licensed social worker doing adolescent and adult psychotherapy in the Whittier Community. He leads the Whittier Drum Project, where dozens of children, teens and their parents can learn African and Latin rhythms together, strengthening the sense of community in this neighborhood. The group performed at the Community Celebration in May.

Donor Awareness Council - Following her work with us, our Health Educator, Lee Shaughnessy moved on to become the Community Outreach Program Manager at the Donor Awareness Council. She continues to share with her contacts about the new Web sites, and encourages individuals to use the library in their search for health information. She spent one of her Sunday's with us at a Kaiser Health Fair, and plans to lead our DPL Health site Advisory Committee. She loves MedlinePlus, too, and promotes it enthusiastically.

University of Colorado Health Sciences Center/ NN/LM - Stephanie Weldon provided the innovation for the CCHILL (Colorado Consumer Health Information Librarians) of which Elaine is a member. We have provided the group with a brief demonstration of our site in March, and we include many of them in the "For Search Assistance" portion of "Getting Started" on our English Web site, and in training staff and others on quality referrals whenever a question goes beyond our individual level of expertise. In addition, Stephanie worked with us in the September staff training, and provided us with MLA CEU accreditation, a big draw for DPL staff.

Central Colorado Area Health Education Center - We got acquainted late in the process. Suzy Harrington, Director of Education at the Central Colorado AHEC wrote a letter of recommendation for our application for the National Commission on Library and Information Science award. In addition, she attended one of our Train the Trainer classes, and will be a

member of our Advisory Committee. We have agreed to participate in the Go Local project that Suzy has proposed, and provided a letter of support for that project.

Denver Community Television, DCTV - Provided the expertise, studio, staff to film and broadcast an interview and the NCLIS award celebration. In addition, they provided us with videotaped copies of both programs at bargain basement rates. The interview tape promotes our partnership and our web sites quite well, though it contains some unfortunate typo's. The NCLIS program has disappointing sound quality. We simply could not do a video on our own better than the ones we have done with DCTV, but we hesitate to do another before we have lots more time to devote to planning, filming, and editing. This remains an option for the future.

Colorado State Library - Sent out fliers to approximately 650 libraries throughout the state in June announcing the launch of our new web sites. They also work closely with the **Colorado State Board of Education**, who gave the library \$150 to supplement this NCLIS award and the project it represents.

Congregational Health Partnership - Invited Elaine to present at their meeting and sent our flier throughout their churches. This represents a readership of 2,200 in the Metro Denver area, at 36 churches. Most of these churches are in the heart of the city, with many members who are uninsured and underserved. At the meeting, those present were all active in or near the Whittier neighborhood.

Sister Mary Lucy Neighborhood Network Center - The Director of this small Computer Lab was very interested but unable to come to our Train the Trainer Class. Instead, I will go to this Center on December 7th. She trains people in the community to begin using Internet, and looks forward to showing them our site.

4. Training.

Total number of sessions conducted as part of the project - 10

76 Total Attendees:

4 Introductory Classes with 40 Participants

4 Train the Trainer Classes with 28 Participants

1 Intermediate Class for DPL Staff only with 6 Participants

1 Hands-On with New Users with 2 Participants

Computer Comfort sessions with a total of approximately 25

Total number of sessions in which half or more than half of participants were from minority populations - None, except for the informal Computer Comfort sessions which involved mostly minority populations.

Total number of participants in the project's sessions - Approximately 100.

Breakdown of participants by:

Health care or service provider - 7

Health sciences library staff member - 1

Public/other library staff member - 59

Member of the general public - 33 (Counting the approximately 25 in Computer Comfort.)

5. Training sites.

March, 2004 - We held 4 training sessions, each 1 1/2 hours, for a total of 40 DPL staff. Three of these sessions were held in branch library meeting rooms. We projected the new web sites on a screen or wall, as trainees watched. In each case we demonstrated highlights of these brand new (prior to launch) Web sites, and invited staff to try a hands-on exploration following the demonstration session on available branch PC's prior to opening the branch to the public for the day.

The fourth session was held in the Library Lab on the 4th Floor of the Central Library. Trainees sat at tables and viewed the new sites on a large screen TV. This lab has 18 PC's available, and hands-on practice was encouraged following the session.

September, 2004 - Staff Training was provided at a more in-depth level. Five librarians and one Educational Programming Assistant attended. The session was 3 hours long, and held in the Central Library B-2 Training Lab, in the library basement. This room has a total of 15 PC's, each facing the front, and one that faces the class, allowing the instructor to demonstrate via an LCD projection to the front wall of the room.

July, August, October and November '04 - Train the Trainer Classes - with a total of 28 attendees, have all been held in the Library Lab on the 4th Floor of the Central Library. The sessions are 1 1/2 hours long, and the class material is demonstrated on a large screen TV.

6. Exhibits.

Exhibit	Date(s)	Staff Member	Contacts	Demo's	Success
9Health Fair - Annunciation Church	4/18/04	Lee Shaughnessy	49	13	YES! 7 Demo's of MedlinePlus
University of Colorado Health Sciences Center Diversity Exchange	4/22/04	Lee Shaughnessy	10-12		YES! but low attendance at this event
9Health Fair - DPL	4/23/04	Lee Shaughnessy	22	22	YES! Lots of interest! 11 Demo's of MedlinePlus
Denver Foundation	5/22/04	Stephanie Anderson	20		YES! Just fliers, but much interest.
Wyatt-Edison Charter School	6/15/04	Beckie Brazell	25		YES!
Kaiser - Neighbors in Health Fair	8/8/04	Beckie, Elaine, & Lee	62 + 24 (people to visit us + booths we reached out to)	2 demos	Outstanding! 17 + 18 Descriptions of MedlinePlus
Children's Hosp. Immunization Day Fair	9/11/04	Beckie	25		YES!
CAL - Poster	10/23/04	Elaine	14		YES! 4 Descriptions of MedlinePlus
Schlessman Hall Display - Denver Public Library, Central	Month of 11/04	Unstaffed Display - No increase in health questions noted at the Reference Desk nearby.	(Perhaps 30 brochures or bookmarks have been taken from the display rack.)		So-So. People do stop and look, but not large numbers.
Totals			251-253 + Display		57

In addition, we provided the following outreach presentations, with demonstrations at varying degrees of depth.

Group	Date	Location	Contacts	Demos.	General Success
CCHILL	3/22/04	Denver P/SL Hosp.	11	1	Good general intro, and well received. Some skepticism: "How will you maintain it?"
REFORMA	5/12/04	Denver	15	1 via handouts	Good, well received. REFORMA added DPL's main Spanish web site link to their web page.
Community Celebration - Official Launch	5/15/04	Denver - Ford-Warren Branch Library	Est. 12 people stayed for the PowerPoint. Est. 10 people tried hands-on.	Hands-On available, with assistance.	Most people who saw the PowerPoint demo were already associated with the project, but didn't know much about the product. They were impressed! MedlinePlus was promoted in this program.
Colorado Dept of Public Health & Environ.	9/9/04	Denver / Glendale - CDPHE Offices	9	1 via PowerPoint with handouts	Enthusiastic audience representing a wide variety of public health interests for the state. Presented very basic intro to MedlinePlus, PHPartners, & PubMed. Expressed concerns about document delivery problems they are having.
Community Resources Forum	11/05/04	Denver - Exempla St. Joseph's Hospital	40	Minimal via PowerPoint	Good level of interest. Many groups represented here. Suggestion of working with parish nurses came up for a future possibility.
Congregational Health Partnership	11/18/04	Denver - Exempla St. Joseph's Hospital	7	PowerPoint but able to switch to online for demo.	An hour presentation, with good interaction. These health workers are not internet savvy, but interested. They liked MedlinePlus, and our site.

7. Resource materials.

The "Getting Started" section of the DPL English and Spanish sites are devoted to online health searching instruction. This section of our site is located at: http://www.denverlibrary.org/research/health/getting_started.html . The Advisory Group recommends simplification of this text-heavy section, so it is being revised. In addition, we are compiling training resources for Trainers and for the general public in PDF files there. Click on "Example Searches & Training Information" to locate and view these PDF files.

This project targeted many diverse groups with a wide variety of learning needs. While the training materials listed here have been used in various settings, we do not consider all of them in final form. Several of these documents will be revised over time in response to user feedback, and possibly more will be translated into Spanish.

Promotional Resources:

Yellow flier - bilingual - announcing the new DPL web sites
Bookmarks - English - DPL links on one side, DHP on the other
- Spanish - " "
Calling cards E&S - web links plus promotional info of each site
Press releases - Community Launch Celebration and NCLIS Award Ceremony
Postcard invitations to Launch Celebration and NCLIS Award Presentation
Broadcast email documents - not yet sent
DCTV programs - 2 videos - fair quality
PowerPoints - Launch Celebration, Whittier Neighborhood Association,
Community Resources Forum
Church bulletin insert - Congregational Health Partnership
"Library Matters" - column in the Whittier Neighborhood *Spotlight*
Invitational fliers for the Community Celebration, and for the demonstration programs
scheduled for December 7 and 11.

Training Resources:

Yellow bilingual bookmark
Packets for Trainers - providing several handouts in page-protectors
"Discover the DPL Health & Medicine Websites" - tips for beginning users
"Most Wanted Search Tips" - handout for librarians
Site Maps, both DPL and DHP2010
PowerPoints and associated handouts
- Websites Presentation 5/15/04
- Colorado Department of Public Health & Environment
- Congregational Health Partnership
Training materials will be sent to the National Training Center and Clearinghouse
(NTCC) by December 15th, 2004 for inclusion in the Educational Clearinghouse at
<http://nmlm.gov/train/> . We will send Word or PowerPoint files of each of these training
and promotional materials, as well as printed copies.

8. Web sites.

A major accomplishment of this project was the development of three Web sites. The Denver Public Library Health and Medicine Web sites highlight information about personal and family health. Two sites are available: <http://denverlibrary/research/health> in English and <http://espanol.denverlibrary.org/health> in Spanish. The sites include search instruction sections and quality materials for those with limited reading or computer skills. DPL received the National Commission on Libraries and Information Science 2004 Blue Ribbon Award for their part in this partnership project, linking libraries and healthy lifestyles.

The DPL Library Without Walls Department utilizes software to identify 'dead' links, and replaces links where they are able. Questionable decisions are sent to Elaine, and either she or her colleagues in the Reference Department search for replacements. An Advisory Committee is being formed for on-going evaluation and development of these two DPL sites, with the intention of meeting three times per year. The first meeting was held November 12th. This Committee includes some DPL staff members, health professionals, and members of the community.

The Denver Department of Environmental Health's Healthy People 2010 Web site <http://denvergov.org/hp2010> offers a collection of resources, best practices, local and national data, connections to local groups and events, and other community-based information for professionals and groups working to improve health. Usability testing on the DHP site revealed some areas for improvement, and these are currently being implemented. DHP is exploring the possibility of reconvening the Education Committee as a Web Site Advisory Committee on an on-going basis and hiring a part-time person to maintain the collections of data on this site.

9. Document delivery and reference services.

The Denver Public Library provides document delivery in a variety of ways, and reference services, as well. We did not attempt to isolate statistics that would document impact of this project on these services. In a large library system such as this, many factors influence these statistics, so we utilized other means of recognizing the impact of our work on this project.

10. Approaches and interventions used.

We followed these steps and activities in the following areas:

Identifying and scheduling sessions -

We had many kinds of sessions, generally scheduled as specified in our proposal timeline, with adjustments for needs of participants and a sense of readiness and availability on the part of presenters.

We were fortunate to have the cooperation of community leaders in gathering our focus group members of the Hispanic community. The parish nurse of a church in the neighborhood arranged for one of their already-organized groups to make up one of our focus groups. Another group was made up of parents from one of the neighborhood schools.

Though we provided fliers at several locations, and worked with one couple throughout the course of the project, we were not as successful in engaging the African American community in advance of the focus groups. In this case, we recruited additional participants from among the patrons at the library at the time.

Promotion/marketing -

The groundwork was laid for promotion from the outset. With the first contact of potential key informants, our Health Educator expressed a strong interest in the needs of the community. Sincere, enthusiastic responsiveness to the input of these leaders set the tone for later interactions and word-of-mouth promotion. We think of this as a "coconut wireless," a concept Stacey brought with her from years of experience in Hawaii.

In addition, both the library and the Department of Environmental Health are large organizations with effective in-house marketing and opportunity for active networking with collegial groups, as well. When one of us is presenting about our resources, we describe the partnership and the resources that the other agency offers, as well.

Training -

New Internet users from the Hispanic community are coming in small groups. We provide sessions for them in collaboration with the Early Childhood Education program at a nearby school elementary school. They come one morning per week, prior to the library being opened to the public. We introduce them to a "Mousercise" tutorial

http://oceancounty.lib.nj.us/In_House/Tutorials/Mouserice/page1.html , and allow them to practice, working themselves through the tutorial at their own pace in either English or Spanish. It's fun and easy and it introduces the learner to the many ways that the mouse may be used on the Internet. Drop-down menus, scrolling, and checkboxes can be very confusing to the new user - something that is easy for experienced users to forget.

Completing this tutorial gives our new users the confidence to try the complex tasks involved in using our online library catalog and our new health web sites.

At all Train the Trainer and Staff Training sessions we have provided coffee, bagels, and fruit, an out-of-pocket expense. We believe this demonstrates our appreciation for the trainees and their investment of time with us, and that it makes a positive difference in the comfort level and learning experience of the trainees. We were disappointed that NLM did not allow us to budget this into the project. It would have made things a lot simpler on several occasions.

Beginning in September, at all sessions held at the Central Library we have reimbursed trainees for their parking expenses, as well. Having to come to the Central Library represents a cost to the trainee, and providing this reimbursement is an important incentive for their participation.

We have used handouts, projected live Internet connections, PowerPoints, and hands-on opportunities in our cluster of training approaches.

As virtually all of our trainees were unaware of MedlinePlus, and new to the health resources at DPL, we have not pursued in-depth presentations of PubMed, Toxnet, and ClinicalTrials at this time, except in the Librarian Training on September 16th. We anticipate doing so through future librarian trainings, open to DPL and others, early next year.

Personnel/staffing -

The Denver Healthy People Education Committee envisioned the original project, including the suggestion that the project be implemented through a health educator consultant. What a powerful impact our Health Educator, Lee Shaughnessy, had on our efforts to reach out to the professional health community, as well as the neighborhood folks! She spoke "medical-ese" right along with the doctors and community health leaders, and she also spoke sufficient Spanish to be effective in presenting about our new web sites at community outreach events. We were extremely fortunate to have Lee as she has literally been the bridge to a great many relationships in the health community, with her energy, enthusiasm, expertise, charisma and high standards.

Most other staffing was through staff or volunteers with our two agencies. Most DPL staff involved were functioning in this project in roles that were already established through their jobs.

When Stacey McConlogue left, the Denver Department of Environmental Health, absorbed the cost of many of her project hours, allowing for maximal funding available for a public health consultant familiar with DHP to complete the work.

Web site development -

We began the project with a large collection of web sites, recommended by librarians on the CAPHIS listserve of the Medical Library Association over the past few years. This provided a huge selection of quality resources, mostly in English, but many in Spanish or multi-lingual, as well. For the English site, the process of web development became one of organization and elimination. For the Spanish, it was instead a matter of hunting down

reliable resources. Both of these processes were much more time consuming than we had anticipated!

Usability studies on the Denver Public Library Web site in spring of 2003, led to the re-design of our library home page as released in January, 2004. For this project we were allowed the opportunity to experiment more broadly, but we chose to work within the design structure that had been created and tested for the library home page.

We based our content for direct coverage on the Whittier community assessment, including input from focus groups, key informant interviews, and reports provided by Denver Healthy People 2010. Specific health concerns expressed in this community mirrored all the concerns that any of us has - but lack of insurance, limited access to health care, safety, and quality of life issues were of especially great concern. And because traditional health matters were relegated to second place behind the need for food, jobs, affordable housing, and safety, we included many local services, issues of public safety and environmental health, and a whole section dedicated to the information needs of those working in community health.

We selected a 3 x 3 panel arrangement, (known among us as a "Hollywood Squares" design), as the most effective way to categorize the expressed needs of our focus groups and key informants.

We used the same categories and sub-categories on both English and Spanish sites, highlighting them with the same pictures, and adding English rollovers for the Spanish titles. We did not hesitate to duplicate content as needed to facilitate searching. We created instructions for beginners in the use of the site and in basic health search strategies, and located these together in our "Getting Started" section.

We highlighted low literacy and low health literacy materials in both English and Spanish, and compiled one section that provides many very basic resources, linking directly to the topic of interest, rather than leaving the customer to search within a site. We still include our databases and other challenging resources, but we prioritized the design elements above to help our new users be successful.

We took advantage of the many great resources of the National Library of Medicine, including MEDLINEplus.gov, PubMed.gov, and Toxnet. And we linked our site with that of Denver Healthy People 2010 so professionals and community leaders will more readily have access to all of these quality health resources, and library customers will be more readily connected with local health promotional initiatives and organizations.

We beta-tested these sites and implemented many suggestions prior to launch.

'Dead links' are identified by software, with the Library Without Walls Department responsible for simple replacements. More challenging concerns are addressed to Elaine, and she draws upon the expertise of colleagues as needed.

Usability testing continues on an informal basis, and an Advisory Committee is being established for follow-up development.

The Denver Healthy People 2010 Web site was developed in a parallel fashion, beginning with a needs assessment and progressing to collection of reliable professional resources.

Usability testing was carried out in late summer, and implementation of recommended changes is underway at this writing.

The Department of Environmental Health plans to hire a part-time person to search for and provide the links to quality local and national data that is such an important resource on this site.

11. Evaluation.

Originally we planned on evaluating based on a combination of observations, reports surveys, beta-testing results, usability testing, and web site usage. We included web site usage as a measure for nearly every objective.

As it turns out, web site usage does not dramatically confirm the many other measures of much success. Throughout the project we have heard over and over that it makes good sense for the library to host such a gateway site. When we tested our draft sites, we had excellent reviews across the board, with a few recommendations. When we launched our sites we had a huge response of web site usage, demonstrating much interest. In usability testing we have had generally good reviews, though it is apparent that there is a learning curve for Whittier residents, and that a few tips are needed for even librarians to get the best use of these sites. Surveys have all been quite positive, though we did not receive large numbers of survey responses. As we have made presentations, we have received many positive comments. And finally, we have begun three very strategic partnerships with organizations serving the residents of the Whittier community.

The path we have taken (building relationships, training trainers, and developing tools), will ultimately lead to the increased web site usage that we had hope to see more clearly by this time. The project will continue through the resources and commitment of the Denver Public Library and the Denver Department of Environmental Health's Denver Healthy People 2010, and their strategic positions in the community.

At this time we take great pride in the following achievements:

3 Vastly Improved Web sites

much more user friendly

based on expressed needs of Denver's Whittier residents and workers in community health

emphasis on staying healthy and preventing disease

parallel English & Spanish sites

many local resources

20 Presentations to the community, including 8 exhibits

388 Total Attendees

10 Trainings at various levels (See detail in #4, p. 6 above.)

76 Total Attendees

1 simple plan for assisting new users to begin on the Internet

25 Trained at a very introductory level

3 Strategic Partnerships with organizations working in the Whittier community

When this project began, our Health Educator did lots of Key Informant Interviews. Not one of the people that she spoke with had any idea that the Denver Public Library had health information on its Web site! Now we have had several requests from organizations wanting to be included on our site.

Through this project, DPL has tapped into the great wealth of our potential to improve health information services to our Denver residents, especially in our communities who

are underserved. We have expanded access to quality electronic health information in Denver by:

Compiling links to high quality health resources in an easy to learn and to use format

Providing the Health site and many outreach materials in Spanish

Emphasizing MedlinePlus in all training and outreach sessions

Offering hands on instruction for Computer Comfort to new users

Offering hands-on instruction tools for health searching to potential trainers of additional new users

Working through relationships and avenues of trust for outreach and publicity

Providing internet access computers to the public throughout our library system, including the recent rollout of "equal access software"

Building cooperative alliances with many organizations in the community

Honoring the privacy of our customers as they seek information about their health, and providing a resource that users can access in the privacy of their own homes...

Providing search assistance through librarians with growing levels of expertise, and reliable referrals to medical librarians who seek to serve the public.

Objectives Status Report - November, 2004*

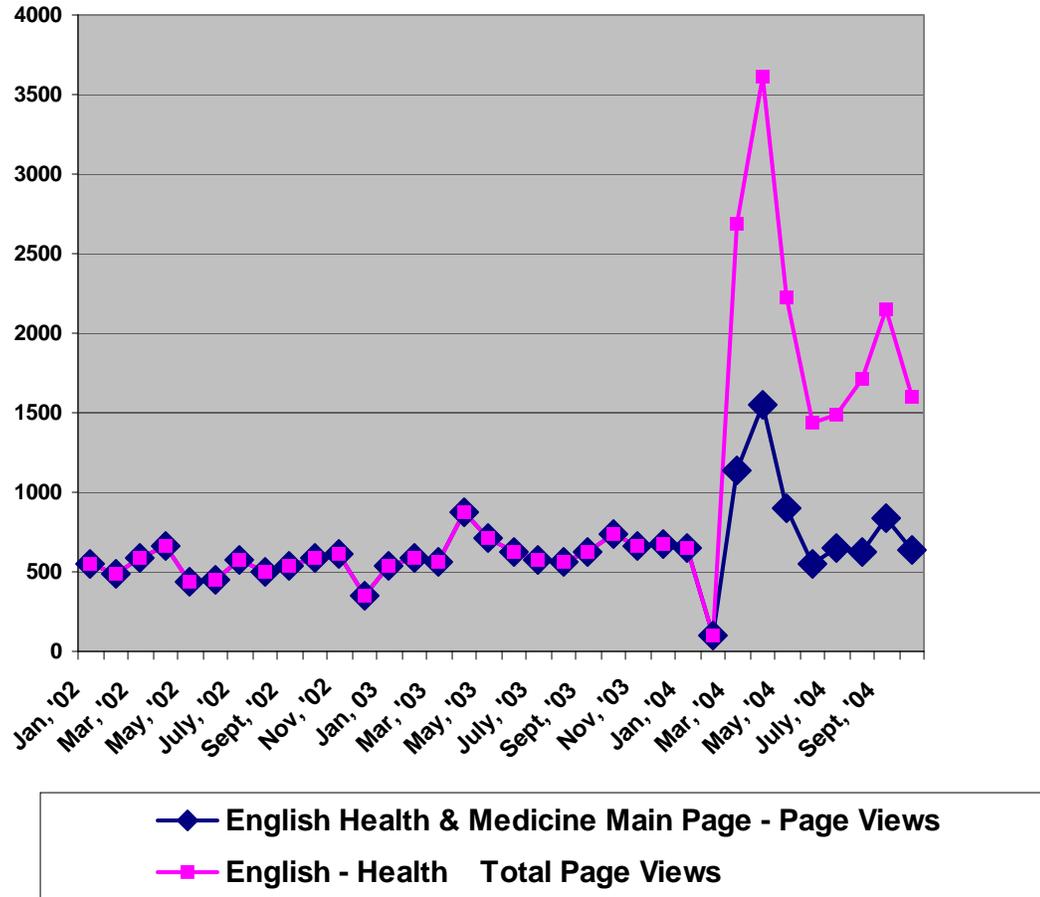
Many aspects of library and health promotion services are never complete. The missions of each of our agencies whole-heartedly embrace the on-going efforts identified here.

Objective	Started	Complete	Calls for On-Going Efforts		
			DPL	DH P2010	Other
A. Enhance DPL's Health sites - more effective access - E & S	X	X	x		
B. Improve DPL's HM sites - needs of Whittier neighborhood	X	X	x		
C. Improve DPL's HM sites - health promotion, prevention of illness...	X	X	x		
D. DPL's HM site more user-friendly for all	X	X	x		
E. Enhance DPL services to our Hispanic, Afr-Amer., and low-income / participation...	X	x	X		
F. Establish strategic partnerships	X	x	X		
G. Increase community awareness of DPL resources, DPL's website, and the Internet	X	x	X	X	X
H. Teach non-users the ease and value of access to quality health info online	X	x	X		X
I. Enhance skills and abilities of DPL staff / health info access and community outreach	X	x	X		
J. DHP2010 website - parallel process of development, outreach, and training	X	X	x	x	

* The upper case "X" in green indicates major progress toward completion. In yellow, the large "X" indicates that significant effort by the listed agency will be devoted to follow through in the future.

* The lower case "x" in green squares indicates the objective has been significantly begun but not completed. In the yellow, the lower case "x" indicates on-going attention in the future, but not to the extent that upper case "X" items will receive.

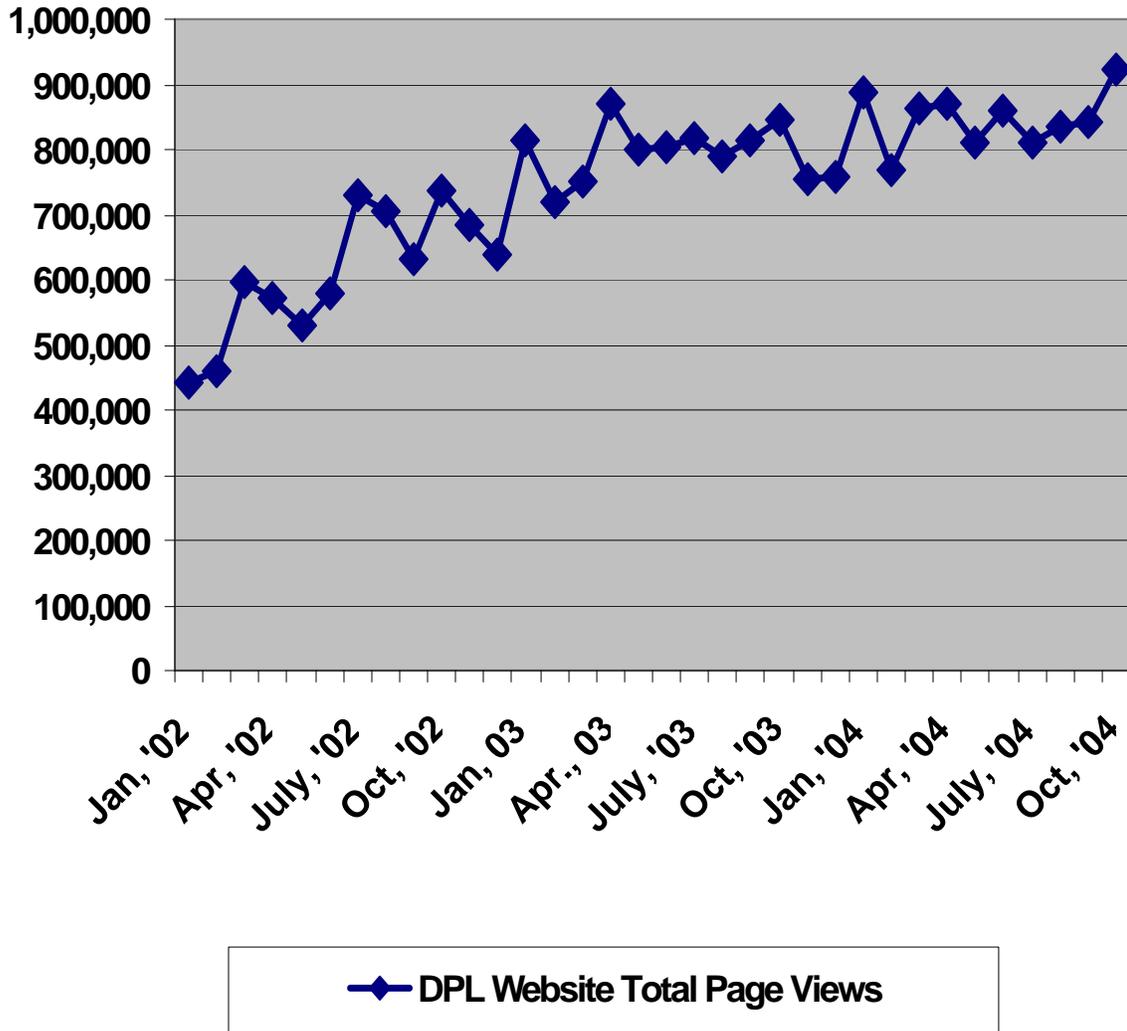
DPL Health Sites Usage 2002 - 2004



The total usage rank of our Health & Medicine English site has moved up to third place consistently (from 7th to 10th), since we launched these new sites. In DPL Spanish site, the Health site (Salud) consistently ranks first.

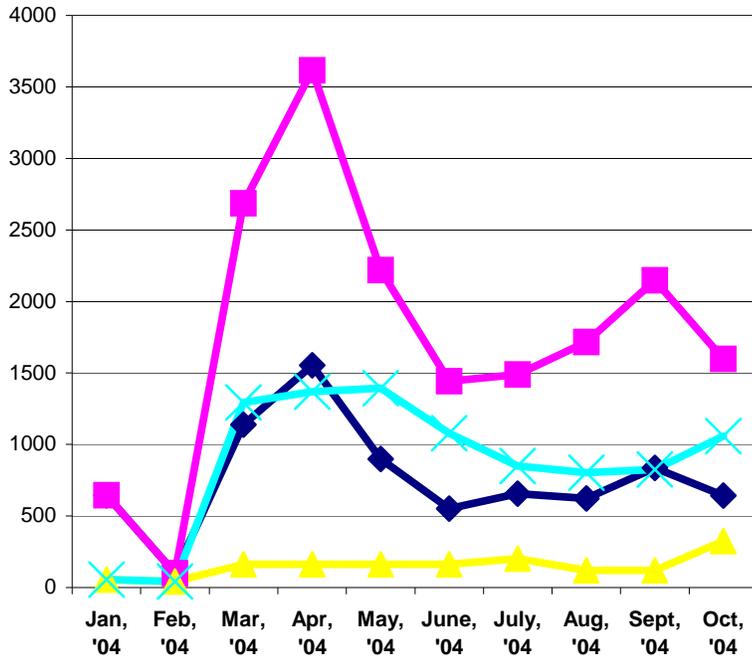
The following shows the ups and downs of use of the entire DPL web site.

DPL Website Total Page Views



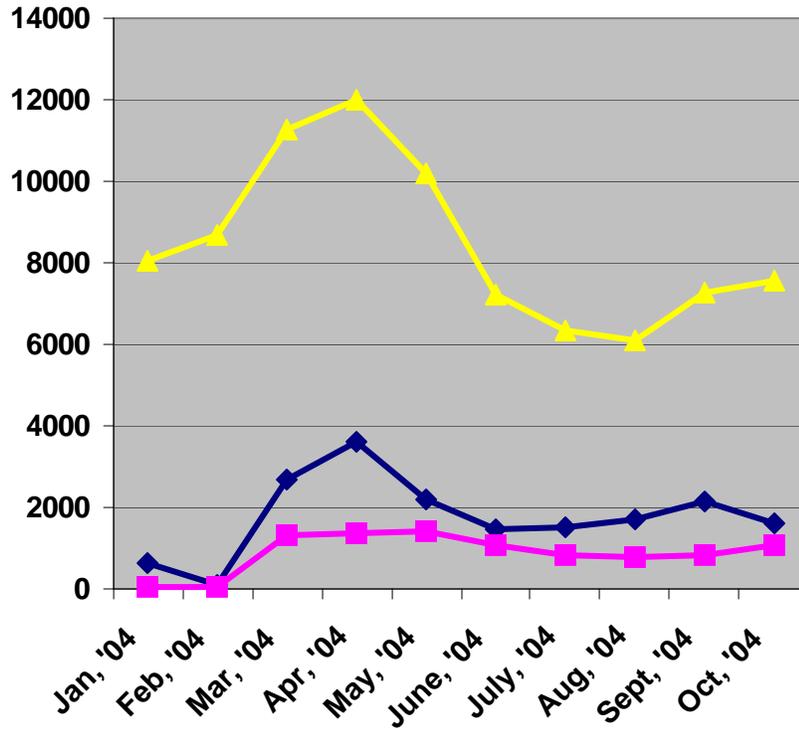
The DPL Spanish Salud site shows a similar dramatic rise followed by a gratifying level of stability. It may be too soon to predict a consistent rise in usage at this point, but it is tempting.

DPL Health Sites - Usage



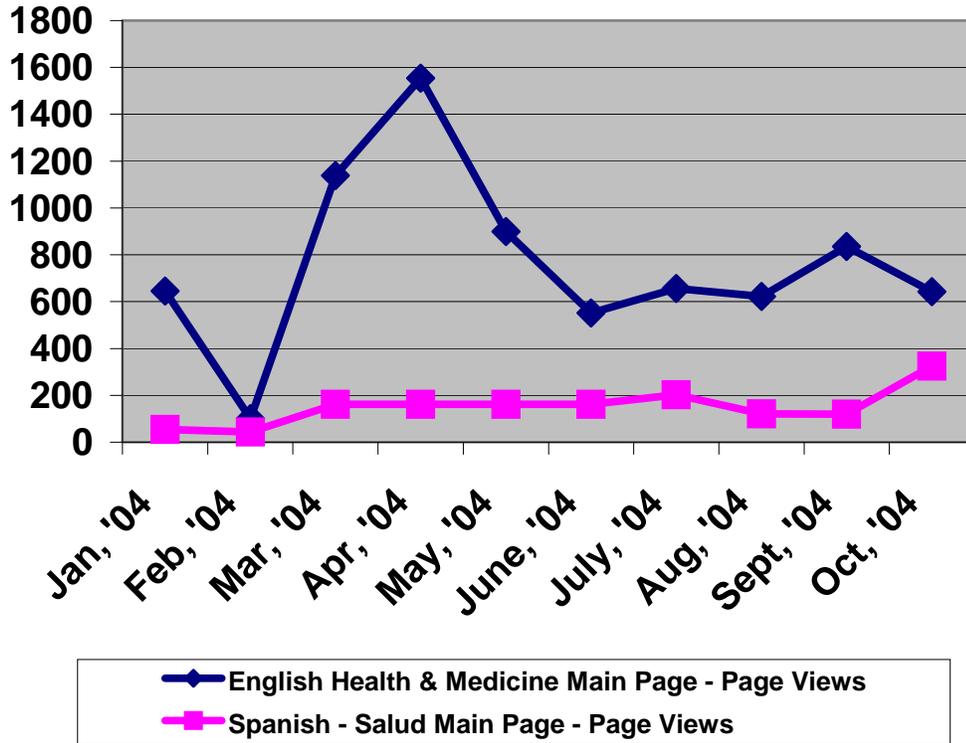
In addition, the rise in the use of the whole DPL Spanish site parallels the rise in use of the Spanish Salud site, with a dramatic rise at the time we launched both health sites. Also remarkable here is that the total page views of the Spanish Salud site is not a great deal less than that of the English health site total page views, quite a positive result for Spanish usage.

DPL Spanish Health Site Usage



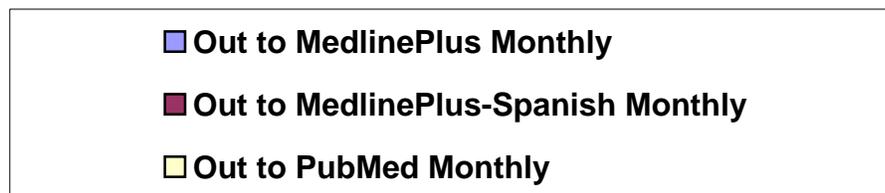
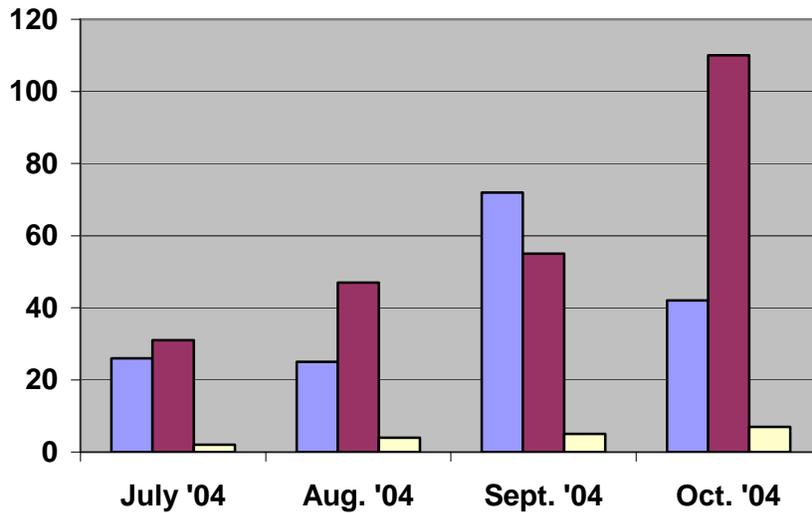
Considering only the main page views of the two DPL Health sites , we have the following.

DPL Health Sites - Main Page Views



The following data represents our "Click Count" results. It tallies the number of times that someone goes from our DPL Health & Medicine sites to MedlinePlus. It also tallies similarly for people going to PubMed, Toxtown, and some other NLM resources, but those numbers are insignificant so far. It does not include people using MedlinePlus who skip our links to get there, so it won't document the effect of the constant emphasis we have made of MedlinePlus in our trainings and outreach. And it does not include the use of MedlinePlus through our Webfeat access, either.

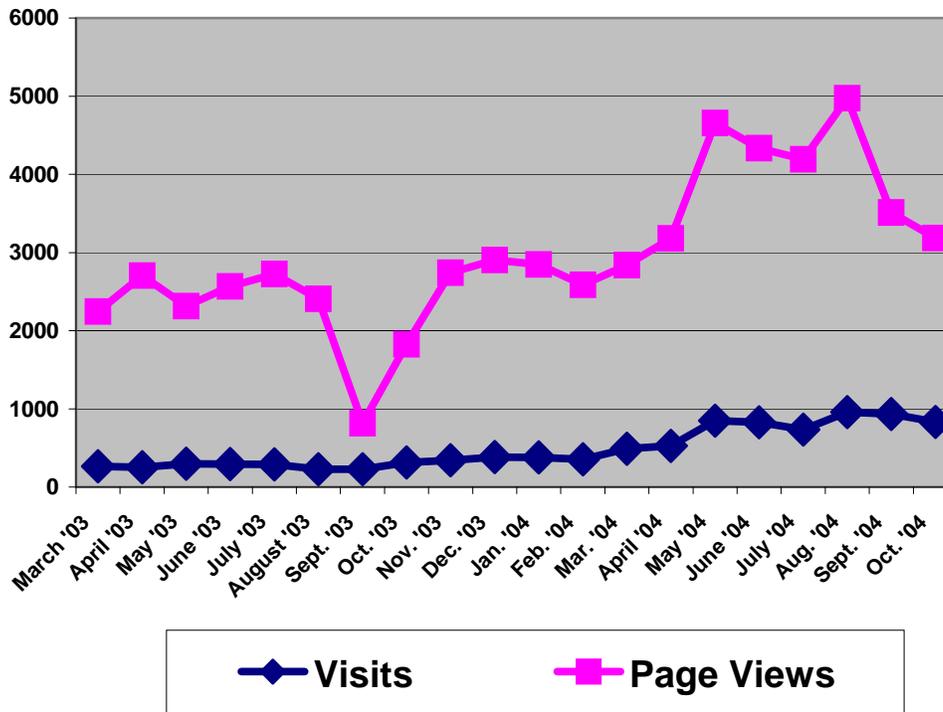
Click Counts Where To From Here?



The DHP web site is much improved, too. The usability testing identified several changes to make, and these are being negotiated with the City at this time. The City of Denver has specific parameters for its site, so there may need to be some adjustments in what DHP is requesting. DHP is between Program Administrators at this time, but will be hiring a new one to begin in January. The Department of Environmental Health is committed to maintaining the DHP program and the local data that are associated with the HP2010 objectives.

Here are their statistics for usage of the DHP site. They are definitely getting more visits than a year ago. In August, they were doing a lot of usability testing with 9 or 10 participants. This probably explains the spike for August, 2004.

DHP Site Usage



12. Problems or barriers encountered:

promotion/marketing - The media has not picked up the press releases about our project. We have done well with the networking approach, so far. Hopefully we will have a "story" one of these days that can be pitched to the media more effectively. Something "soft." Someone whose life has been changed would be more likely to do the trick!

We learned some tough lessons around the use of the term "Press Conference." Here is an example of our two agencies operating on the basis of different assumptions. The assumed approach to announcing these sites from the DHP standpoint was to hold a Press Conference. The perspective from the view of the library public relations department was very different! And DPL project staff used the term loosely, so we had an event all scheduled on the basis of this miscommunication. Each agency had a lot at stake, and was stretched in terms of time and other commitments. In the end, we had to cancel that event, a very painful episode for all involved. Ideally a partnership for a project like this would be developed before the project began. Developing trust and understanding takes time.

training - Although hands on practice time is scheduled with most of the classes, few people stay to take advantage of this following the 1 1/2 hour Train the Trainer sessions.

We ran short of time in the intermediate level Staff Training, as well. We will be revisiting the process as we plan future training sessions.

equipment/telecommunications - Couldn't designate the 3 training computers at Whittier, but otherwise not a problem. Support from the Library Without Walls Department and the Data and Network Services Department has been excellent! It is a little more complicated working with the City Web developers, but these things are working out, too.

personnel/staffing - We seriously underestimated the time and effort involved in the many aspects of this project, particularly web site development and communication. Expecting our contract person to complete all that we assigned to her in 650 hours was totally unrealistic. For one example, we failed to include communication time in the budgeted hours. One problem the library faces constantly is that people turn to the Internet directly, rather than realizing the value of all that the library can provide for them. In this, Lee was a perfect example - and now our favorite convert! We simply cannot ask someone who is unaware of the vast resources available through their public library (let alone its internal culture) to come into our world, develop a web site for us, attach it to our home page and expect it to be effective. Particularly when outreach is a significant part of the goal, frequent and detailed communication with team members is crucial.

Because of these miscalculations, Lee's 650 hours were used up before we even got into the training and outreach portion of the project. This work has fallen to Elaine Connell. Though DPL budgeted 300 hours for Elaine's part of this project, in fact she has logged over 1200 hours, over 180 of her personal time. In its commitment to this project, DPL has graciously absorbed the additional hours, despite the tight staffing brought about by reduced budgets.

Similarly, when Stacey McConlogue resigned to take another position, DHP absorbed the cost of all of her hours for 2004, allowing the maximum dollars possible to pay a consultant to complete her work on the project. Despite the fact that Helene Kent was highly qualified and involved with DHP already, the loss of continuity was very difficult. Losing both Stacey and Lee at roughly the same time significantly impacted the fulfillment of our objectives, for example the total number of Whittier residents trained. Others on the team were not able to take on additional aspects of the project, either; with our reduced budget, and now a major reorganization in the works, staff throughout the library are very pressed for time.

13. Continuation plans:

This project has taken the library to a whole new level in its ability to serve the community in providing health information. Prior to this project, we had and maintained a health web page. Now we have a much improved health site, and a second one in Spanish. We will continue to develop and maintain these sites through our Library Without Walls Department, and our Advisory Committee. Prior to this project, we did community outreach. Now we have relationships within the community and the health

community which will facilitate this outreach substantially! Prior to this project, we provided classes to staff and to the public on searching for health information. Now we have a variety of classes and materials that we can provide to these same groups and others, and we are developing a group of trainers who can help people to use these resources in the communities where they live.

 <p style="text-align: center;"><u>Prior to this Project</u></p> <p><u>Partnership</u> - Didn't Exist !</p> <p><u>Web Sites</u> - 1 Long Page at DPL English Only DHP2010 Staffing Cuts</p> <p><u>Training</u> - Staff & Public 3-4 Classes Per Year</p> <p><u>Outreach</u> - Minimally Effective</p>	<p style="text-align: center;"><u>Following this Project</u></p> <p><u>Partnership</u> - Ongoing with DHP2010 Collaborations with</p> <ul style="list-style-type: none"> • Congregational Health Partnership • Sister Mary Lucy Computer Center • Metro Denver Black Church Initiative • More! <p><u>Web Sites</u> - English & Spanish at DPL Comprehensive, Authoritative, Easy To Use Advisory Committee / On-going Development DHP2010 Staffing Commitments!</p> <p><u>Training</u> - Staff and Other Librarians with MLA CEU's Public in Various Group Settings Professionals & Community Leaders "Train the Trainers" 12 or More Classes Per Year (Est.)</p> <p><u>Outreach</u> - Self-Generating Through Referrals</p>
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The diagram above, and the objectives report on p. 16, highlight the progress that has occurred in our ability to provide quality health information to our community through this project.

DHP2010 - At this time DHP2010 is between Program Administrators, intending to replace Stacey with a full time Program Administrator in January. City budget constraints have prohibited the provision of benefits for a temporary person in this position, so Janine Pryor is filling in temporarily on a contract basis.

In addition, they are planning to hire a part time support staff person to begin soon, and a part time data gathering person. Currently an intern is working on the data gathering with guidance of a university professor in public health who is involved with DHP.

Although it will depend on the choices of the new Program Administrator, they are considering re-establishing the DHP Education Committee as a Website Working Group to help maintain the site.

From the outset, this work has been an integral part of the mission of both of our agencies. We will continue to pursue it, because it is what we do! Thanks to the project, we will be able to work more effectively as we build on this partnership and community cooperation.

14. Impact:

Improved libr. recognition in the public health community.

Increased openness - I get requests now / to be included, and have to turn some down! In the past I couldn't get in the door!

DPL received the National Commission on Library and Information Science 2004 Blue Ribbon Consumer Health Recognition Award for this project.

15. Recommendations for improvement:

Was this the right project? This was a very comprehensive project, with several target audiences, and web site development for both agencies. Looking back, one wonders whether it was wise to take on so much at one time.

In many ways this was an ideal situation. DPL is a large award-winning public library. Elaine is a former Registered Nurse. Lee and Stacey were very well connected in the community, and Beckie is very experienced in outreach. We had a branch library location that is integral in the community. Our technical staff were fabulous! The library was already committed to several initiatives that perfectly fit the nature of this work. Although we ran out of hours for Lee, and we lost Stacey to another job, we accomplished a great deal with this project. And we can celebrate accomplishments and momentum in many areas.

It is my feeling that while we could not fully accomplish everything that we set out to do in a quality way with this size of a grant, neither could we have started out otherwise. If we were to serve the Whittier residents, we had to address the needs of the professionals and community leaders, as well as the library staff working with them. And we would not have had a partnership with DHP if we had insisted on directing all of the resources to the development of the DPL sites.

For future work, we will be able to target more specifically, but for our first health grant project, this was the way to go.

Target public libraries! You might even go to Hennen's American Public Library Ratings at <http://www.haplr-index.com/ratings.html> to target specific libraries.

The contribution of the Health Educator Consultant cannot be overstated!

Partnerships are vital, but can also be traumatic! Discord between the very separate world-views that exist in different agencies is probably unavoidable in the development of an effective partnership. Find a way to help partners anticipate and deal with this.

Fund a limited number of projects similar to this nationwide, and fund them for \$80,000 to \$100,000 each. Developing web resources takes **time!** Once our Health Educator's time was gone, the project proceeded much more slowly. In this case, the Library and project staff invested many more hours than were originally estimated. Not every library would be able to do that.

Weigh development of strategic partnerships and sustainable training and outreach activity more heavily than web site usage in the initial project.

Fund many more different projects, perhaps including web site development, but heavily emphasizing outreach and training at all levels.

Allow food from NLM Budget. We were disappointed that NLM did not allow us to budget this into the project. It would have made things a lot simpler on several occasions. The library did not have money to take from its budget, either, so project staff provided food as an out-of-pocket expense. We feel that food is a very significant incentive, and that it can help create a better atmosphere for learning and communication.

16. Responses to follow-up questions:

1. Were your original project goals and objectives met? If not, why not?

See Evaluation, beginning on page 13.

There were two areas where we did not see the numbers that we had hoped. First, we did not train 200 Whittier residents. We did, however, train many people who will be training others. We don't know how many people have been trained by these folks in various settings, and to varying degrees.

Secondly, we didn't see a dramatic increase in the number of hits to our main Health sites. In part, this may be due to our diminished work on this project once Lee and Stacey were gone. In addition, the English site is huge, and it takes time for busy, generalist staff librarians to master it's use. It's still easier to type key words into Google for a quick reference question under pressure. Asking librarians to change what they have found adequate for years, is a challenge, but those who take the training are picking up on MedlinePlus and on our new web sites, too. Then, there is the reality that people will find good links on our site, and then bookmark those links, rather than come through our site each time.

2. What significant lessons were learned which would be of interest or use to others conducting outreach projects? Which strategies were the most effective in implementing the project?

a. Contracting with a Health Educator Consultant was the single most valuable strategy in this project. Lee was energetic and highly professional. She brought many contacts in the health care community, and was able to communicate effectively with both professionals and residents in the neighborhood. She won the attention, trust and respect of many leaders, and made the critical difference in this project.

b. Partnership makes sense! The library and the community benefit most significantly because of the expertise and the great many connections that DHP have brought to this work :

I was unable to strategize on the nature of our project, but Stacey and her DHP Education Committee came up with our basic strategy within one hour!

It would never have occurred to me to hire a health educator - I had never heard of them! And I would have been at a loss as to what to look for in hiring such a person, but Stacey gave me a lot of guidance.

I would have been content to focus on treatment of disease, but Stacey brought a strong sense of the importance of public health, prevention of disease, and community action involved in promoting wellness and creating healthy communities.

I had thought only of serving the general population as individuals, while Stacey reminded us of the needs of those professionals and organizations seeking to develop programs and to serve individuals in the community.

I had struggled to connect with health organizations in Denver, but Stacey had developed a coalition including over 250 people, and their respective organizations.

Relationships are the critical.

It takes time to develop a Train the Trainer approach, but it can work...

3. If you were to start all over again, what, if anything, would you change about your goals, project plans, etc.?

See follow-up question number 1 above.

4. What advice or recommendations would you give to anyone considering a similar outreach effort?

Develop relationships early. Bank on the "coconut wireless" (Word-of-mouth). It's the way to go!

Don't spend too much time on web site development. You can always beef-up a basic site, but the relationships are critical. New users can't learn to use a complicated site quickly anyway.

Even so, don't launch a site that you don't want to live with for a long time. People don't like to learn to use something, and then have it undergo major change.

Identify potential partners wherever possible before you launch into a project, before you are both under pressure to fulfill the requirements of your proposal.

Keep in touch with your liaison. They are a great help and they are there for you.



Working together...
to make Denver a healthy place for all!

The Denver Public Library and Denver Department of Environmental Health announce the unveiling of their newly revised Web sites!

**Denver Public Library
Health and Medicine Web site**

English

<http://denverlibrary.org/research/health/>

Spanish

<http://espanol.denverlibrary.org/health/>

**Denver Department of
Environmental Health**

**Denver Healthy People 2010
Web site**

<http://denvergov.org/hp2010>

*"Access to Electronic Health Information for Denver" is funded by the National Library of Medicine,
National Institutes of Health under Contract No. N01-LM-1-3514, subcontract 62817.*

*You are cordially invited to a celebration in
honor of the launch of these new Web sites:*

**Saturday, May 15, 2004
11 a.m.–3 p.m.**

**Web site Demonstrations and
Hands-on Training**

**Deputy-Mayor Cheryl Cohen-Vader and
City Council President Elbra Wedgeworth
will be joining us at 11 a.m.**

**This open house celebration will be held at
Ford-Warren Branch Library
2825 High Street, Denver, CO**

Refreshments will be served.

*To RSVP or for more information about the
celebration or the Web site development
project, call 720-865-1187.*

"Access to Electronic Health Information for Denver"

The Denver Public Library

Elaine Connell, Reference Librarian

The most effective bridge between providers of quality health information and the individuals who need that information inevitably involves public libraries. These libraries need the collaboration of public health agencies, and the community, as well as the support of the National Library of Medicine.

Resources!

The Denver Public Library	Denver Healthy People 2010	National Library of Medicine
<p>The mission of the Denver Public Library is to help the people of our community to achieve their full potential.</p> <p>Central Library, 22 Branches & 1 Bookmobile 466 Public Access Computers* Great Staff and Volunteers, with Diverse Skills and Interests! Free Reference and Other Services to the Public Daily Online Virtual Reference - 24/7 Beginning Internet Instruction Health Information Searching Classes Denver Residents With a Library Card - 439,561* Visitors (Door Counts) System-wide - 5,295,457* Subscription Databases Available from Home - 73 Online Transactions - 19,101,589* (* Data as of 2003.)</p>	<p>Denver Healthy People 2010 is a part of the Denver Department of Environmental Health</p> <p>Effective Strategy Expertise and Guidance Importance of Public Health and Prevention of Disease Community Action Networks for Promoting Wellness and Creating Healthy Communities Connections with Public Health Professionals and Organizations Serving the Community "coconut wireless" - Word of Mouth Connections</p>	<p>National Library of Medicine Sponsorship</p> <p>RFP Inspiration Liaison Support Funding Awesome Online Resources!</p>
<p>This project would have been inconceivable without any one of these three agencies.</p>		

Relationships!

Grant funding allowed the Library to hire an energetic and highly professional, bilingual Health Educator Consultant. Lee was invaluable!!! She communicated effectively in many "languages," (including Spanish) and won the attention, trust and respect of many leaders in the professional health care community, as well as a diversity of other community leaders.

Initially our process was relatively orderly. We had specific target audiences, goals, and a timeline. We rarely adhered to that timeline, but the clarity of this vision kept us on track. As outreach and training unfolded, relationships that had been developed during the initial community assessment began to drive the process. Instead of orderly, the process became much more organic, rooted in the needs of those organizations and individuals. We could devise classes and schedules and invite people to attend, and we did so with some success. But the most lively spans of the outreach bridge into this targeted community have been defined by those already engaged with people there in a vital way. They are "gente de confianza" (trusted people). If they say that we are, too, and that our message and resources can be trusted, then we have achieved a major goal in providing access to this community. Without their participation, validation, and cooperation, our services are severely limited.

Results!

3 Vastly Improved Web sites
much more user friendly
based on expressed needs of Denver's Whittier residents and workers in community health
emphasis on staying healthy and preventing disease
parallel English & Spanish sites
many local resources
20 Presentations to the community, including 8 exhibits
388 Total Attendees
10 Trainings at various levels
76 Total Attendees
1 simple plan for assisting new users to begin on the Internet
25 Trained at a very introductory level
3 Strategic Partnerships with organizations working in the Whittier community
Emphasis on MedlinePlus in Web site development and in all training and outreach efforts

Recommendations!

Target public libraries!
The contribution of the Health Educator Consultant cannot be overstated!
Partnerships are vital, but can also be traumatic! Discord between the very separate world-views that exist in different agencies is probably unavoidable in the development of an effective partnership. Find a way to help partners anticipate and deal with this.
Fund a limited number of projects similar to this nationwide, and fund them for \$80,000 to \$100,000 each. Developing web resources takes **time!** Once our Health Educator's time was gone, the project proceeded much more slowly. In this case, the Library and project staff invested many more hours than were originally estimated. Not every library would be able to do that.
Weigh development of strategic partnerships and sustainable training and outreach activity more heavily than web site usage in the initial project.
Fund many more different projects, perhaps including web site development, but heavily emphasizing outreach and training at all levels.

For further information, please contact:

Elaine Connell, Reference Librarian, The Denver Public Library, 10 West 14th Ave. Pkwy., Denver, CO 80204-2731
econnell@denver.lib.co.us Ph: 720-865-1187 or 720-865-1363

"Access to Electronic Health Information for Denver" is funded by the National Library of Medicine, National Institutes of Health under Contract No. N01-LM-1-3514, subcontract 62817.

 <p><u>Prior to this Project</u></p> <p><u>Partnership</u> - Didn't Exist !</p> <p><u>Web Sites</u> - 1 Long Page at DPL English Only DHP2010 Staffing Cuts</p> <p><u>Training</u> - Staff & Public 3-4 Classes Per Year</p> <p><u>Outreach</u> - Minimally Effective</p>	<p><u>Following this Project</u></p> <p><u>Partnership</u> - Ongoing with DHP2010 Collaborations with Congregational Health Partnership Sister Mary Lucy Computer Center Metro Denver Black Church Initiative More!</p> <p><u>Web Sites</u> - English & Spanish at DPL Comprehensive, Authoritative, Easy To Use Advisory Committee / On-going Development DHP2010 Staffing Commitments!</p> <p><u>Training</u> - Staff and Other Librarians with MLA CEU's Public in Various Group Settings Professionals & Community Leaders Train-the-Trainers Classes 12 or More Classes Per Year (Est.)</p> <p><u>Outreach</u> - Self-Generating Through Referrals!</p>
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**Final Report:
24 Languages Audio File Project
Online Sound Recordings
of Health Information in Many Languages**

**2003 Access to Electronic Health Information Subcontract
1 March 2003 – 31 December 2004**

Spencer S. Eccles Health Sciences Library
University of Utah
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Introduction

In October of 2002, the Eccles Health Sciences Library submitted a successful proposal to the National Network of Libraries of Medicine to fund the creation of online recordings of consumer health information in many languages. Project staff located native speakers of most of the respective languages to narrate approximately 200 multilingual health publications. These readings were recorded, digitized, and prepared for Web-based availability, adjacent to the existing pdf documents. The new resource was then promoted through the efforts of project staff as well as other Eccles Library staff.

Geographic Impact

Because this resource is freely available on the Internet, all 29 of the counties within Utah were impacted by its creation. However, because this is an online product, the scope of its potential impact is indeed global.

Collaborations and Partnerships

The most notable partnerships within the project are those with the organizations who generously contributed the translated materials. These include: the Immunization Action Coalition; the Association of Asian Pacific Community Health Organizations; the Amputee Coalition of America; the Utah Department of Health, the Federal Drug Administration; and several other government entities. Several of these partners expressed great enthusiasm for the project, and gratitude for the availability of their materials in an audio format. These partnerships are ongoing, as these wonderful organizations continue to contribute translated consumer health materials.

Other organizations and individuals assisted in locating native speakers. Individuals affiliated with the International Center assisted us in networking with the university international community. The majority of speakers were found through this experience. Robert Yang, the project's technician, also located qualified narrators for many of the brochures. The Utah Office of Asian Affairs also assisted in locating narrators.

Training Sessions

Total Number of Sessions: 26

Total number of sessions in which half or more than half of participants were from minority populations: 5

Total number of participants in the project's sessions:

- **Health care or service providers: 31**
- **Health sciences library staff member: 3**
- **Public/other library staff member: 39**
- **Member of the general public: 0**

Training sites

Training sessions were held at many different locations. Training methodology was adapted to the given environment's available resources, the general goals of the training session, and the particular needs of the individuals being trained.

Many training sessions were held at public libraries, for the librarian staff that worked there. These environments usually provided a computer and high-speed Internet access that allowed a live demonstration and hands-on experience with the 24 Languages Website.

Other locations, including clinics, community centers, student services offices at Universities, and other places had varying available resources at hand. In this situation, training sessions were usually tailored to meet the needs of the individual.

Exhibits:

We found much success in marketing the audio files at several exhibit-oriented events. The following table chronicles these events:

Event	Date	Demonstrations	Contacts Made
Utah Library Association Conference	6-7 May 2004	10**	25
Medical Library Association Conference	25 May 2004	1	40
Junior League of Salt Lake Care Fair	6 August 2004	39	204
Utah Nurses Association Conference	30 Sept – 1 Oct 2004	30*	40
Student Wellness Fair (Univ. of Utah)	27 Oct 2004	15**	40
Saviour Lutheran Church Health Fair	26 Oct 2004	10*	24
Total: 6		Total: 105	Total: 373

*Estimate, based on event **Demonstrations were not hands-on

Event participants reacted enthusiastically at each exhibition. Healthcare providers were excited about the potential benefit the audio files presented for their patients. Consumers were excited about the existence of practical, audio-based information freely available on the Internet.

Resource materials:

We developed a 20-page manual to assist users in maximizing their use of the Website and audio files. This booklet included directions on locating and navigating through the Website, downloading files, using media players, assisting patrons who use the resource, and other topics. We used this manual in training sessions and demonstrations. We also developed bookmarks to market the project and to help users quickly find the Website.

Web sites:

Detail the current status of web sites created as part of the project. Include URL, plans for future maintenance, and impact.

The 24 Languages Website (<http://medstat.med.utah.edu/24languages>) was redesigned to accommodate the audio files and improve ease of use. Pages were simplified in order to better serve all users. Links to audio files were placed beside links to pdf versions. Valerie Craigle, a graphic designer and adjunct librarian at the Eccles Library, volunteered her time to create an attractive globe motif for the Homepage. The Website is still organized by language.

Project staff will continue to maintain and enhance the Website. Files which are determined to be out-of-date by the partner organizations that created them will be cycled out of the Website. Project staff will continue seeking new partner organizations willing to donate high quality translated materials, while continuing to work with existing partners to freely provide such materials on the Website.

Approaches and interventions used:

We worked with other librarians on the Eccles Health Sciences Library staff in order to perform outreach to as many organizations as possible and maximize the effectiveness of our collective effort. The outreach librarians focused on visiting public libraries, which allowed Liz Workman to concentrate on clinics, non-profit organizations, and others that serve a multicultural population. Included in this group were organizations that serve refugees, library service organizations that focus on Spanish-speaking clients, and clinics that serve migrant workers and immigrant families. Overall, this system of dividing up outreach worked quite well in allowing us to expand outreach endeavors.

Evaluation:

The primary tools for evaluating the project's success are Website use statistics, research in Website popularity among other Internet sites, and feedback from partner organizations, users, librarians, and providers. To gauge success pertaining to the first two indicators, we analyzed data for the period between June 2003 and November 2004.

Increase in Website Use, June 2003 to November 2004

Website use increased quite significantly within this period. Growth in visits increased over 400% and views increased almost three-fold:

	Total Visits	Total Views
June 2003	2313	1172
November 2004	9386	3295
	405% increase:	281 % increase:

Other Websites that Link to the 24 Languages Project site

In May of 2004, we conducted link searches on many major Internet search engines. Through these searches, we determined that 100 – 250 other Websites provided links to the 24 Languages site, with the span due to inevitable overlap among the individual findings.

In December, we executed the same searches. Through these findings, we determined that 293 – 380 other Websites provided access to the 24 Languages Website.

Feedback

The feedback that we have received has been very positive. Librarians and service providers often expressed much enthusiasm. Participants at virtually every training site verbalized spontaneous ideas on how they could use the audio files to better serve their clients. Our partner organizations have offered much positive feedback, and gratitude for the availability of their materials in an audio format.

Problems or barriers encountered:

It was difficult to find native speakers for some of the languages. However, local community groups helped us locate most of the narrators that could not be located through other channels.

Continuation plans:

To sustain the project in the long-run, we plan to replace files when their information becomes obsolete, seek out new sources of materials, while maintaining and improving the Website.

As our current partner organizations declare their contributed materials to be outdated or otherwise obsolete, we must remove them from the Website. In this case, such materials are often replaced with updated materials that have also been translated in the relevant languages. We plan to work with local community groups to find narrators for the updated materials. Once narrators are located, we will again record, encode, and post the new audio files on the Website. We may seek new funds for this process from some organization in the future.

The 24 Languages Project is continually seeking new partner organizations that will contribute high-quality translated consumer health materials. When such partners contribute new materials, we plan to follow the same course outlined

above: find qualified narrators, then record, encode, and post the accompanying audio files. This effort may also require additional funding.

As a part of its ongoing efforts, the 24 Languages Project staff continually looks for ways to improve the Website. We will continue looking for innovations to enhance access and use of the audio files.

Impact:

We believe this project has had a substantial impact on the Eccles Health Sciences Library, both in terms of internal awareness and national recognition.

Website use statistics for November 2004 illustrate the extended reach the project has experienced. The large majority of visits from within the U.S. were from outside of Utah. The Website received a significant amount of international usage, also.

As the project progressed, all library staff became more aware of the need for health information in a non-English, audio format, as well as the obstacles non-English speakers experience in locating health information. Staff at the branch Clinical Library, as well as many staff at the main library, underwent specialized training that recognized and addressed these obstacles.

Recommendations for improvement:

Overall, we were very pleased with the progress and end result of the project. The one step in the entire process that proved to take longer than anticipated was locating narrators. If we were to repeat this project, it would be advantageous to partner with ethnic community groups in more cosmopolitan areas outside of Utah. Then we could possibly configure a system where some of the recordings could be made by these community groups and sent to the Eccles Health Sciences Library for encoding and posting online.

Responses to follow-up questions (attached):

If answers to the follow-up questions are contained elsewhere in your report, indicate where they are located.

FOLLOW-UP QUESTIONS

1. Were your original project goals and objectives met? If not, why not?

We did not find native speakers for all of the 24 languages. Even though Utah is growing in diversity, it was difficult to locate interested native speakers for these languages.

2. What significant lessons were learned which would be of interest or use to others conducting outreach projects? Which strategies were the most effective in implementing the project?

In terms of performing promotion and outreach, the strategy of assigning different kinds of organizations to visit to those performing outreach was very successful. This allowed us to maximize the use of our collective time.

The training brochures proved to be very effective in providing all the needed information for accessing and otherwise utilizing the audio files.

3. If you were to start all over again, what, if anything, would you change about your goals, project plans, etc.?

Please see the *Recommendations for Improvement* section

4. What advice or recommendations would you give to anyone considering a similar outreach effort?

Consider all organizations that will benefit from the resource, and visit them. Remember that clinics, refugee services and groups that serve international students, in addition to library organizations, possibly can utilize the end product.

Create useful supporting documentation that will help clients independently utilize the product.

Finally, if you have a good idea, go for it!

**THE 24 LANGUAGES AUDIO
FILES PROJECT**

<http://medstat.med.utah.edu/24languages>

**SEE AND HEAR HEALTH
INFORMATION IN MULTIPLE
LANGUAGES**

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Introduction

What is 24 Languages?

The 24 Languages Project is an online resource that provides basic consumer health information in many languages. Website users can access information in visual formats, plus access recorded narrations of consumer health information for immediate listening, or download these recordings for later use. The narrations were provided by native speakers in their respective languages, and recorded in the Digital Video Studio at the Spencer S. Eccles Health Sciences Library. We also encourage users to print any of the materials provided on the Website. The Website address is

<http://medstat.med.utah.edu/24languages>.

The project is possible due to generous grants from the National Network of Libraries of Medicine and the Institute of Museum and Library Services. Many generous partner organizations have also contributed the multilingual materials. These partner organizations include the Utah Department of Health, the Immunization Action Coalition, the Amputee Coalition of America, the Association of Asian Pacific Community Health Organizations, and several other government and private organizations.

Who can benefit from this resource?

The project's primary mission is to provide vital health information for individuals who speak little or no English, as well as healthcare providers, librarians, and others who serve them. There is a great need for online consumer-oriented health information in languages other than English on both regional and national levels. According to Census 2000 data, over 44 million Americans speak a language other than

English at home¹; 12.5% of Utahns speak a language other than English at home². A 1997 survey found that nearly 10% of all Americans 18 years of age and older experienced vision trouble, even with the aid of corrective lenses³. Therefore, not only is there a need for information in a visual format, but audio as well.

The 24 Language Website provides information in both audio and visual formats. Users can open and print hundreds of multilingual brochures addressing a great variety of health topics. Users can also listen to 200 online narrations of these materials, provided by native speakers of the relevant languages. The Website also provides English text of many of the materials.

How this booklet can help you

This booklet will guide you in maximizing the use of the 24 Languages resource for you and those you serve. It will walk you through utilizing the audio recordings for immediate listening and for downloading, as well as opening, printing, and saving the materials in visual formats. You will find tips on implementing the use of these materials in your library or organization. You will also find answers to frequently asked questions and contact information for the project.

¹ U.S. Census Bureau. Census 2000 Supplementary Survey Summary Tables. AT-02 Profile of Selected Social Characteristics.

² GCT-P11 Language, School Enrollment, and Educational Attainment: 2000. Census 2000 Summary File 3 (SF-3) Sample data.

³ Centers for Disease Control. "Summary Health Statistics for U.S. Adults: National Health Interview Survey, 1997" *Vital and Health Statistics, Series 10, Number 205, May 2002* page 33, Table 12.

Part 1. The Website

The project Website (<http://medstat.med.utah.edu/24languages>) is organized by language. Click on the desired language link to view a list of available brochures. Text in English for many of the brochures is available on the “English” page. Additionally, several of the brochures are bilingual, and include content in English in either a dual page format or at the end of the document. The Homepage also has a listing of similar Websites from other organizations; if you cannot find what you are looking for in the 24 Languages materials, you might find it on one of these other sites.



(24 Languages Website Homepage)

Icons and Files

Once a language page is selected, users can view what brochures are available, and in which format, for a given language. The corresponding images (icons) for each brochure indicate what formats are available. Each of these provides a different means of accessing the brochure.



PDF – PDF files provide a visual (text) representation of the materials.



RealOne Player – Stream audio narration.



QuickTime Player – Stream audio narration.



Windows Media Player – Stream audio narration.



MP3 Files – Download audio narration.

Background information on PDF files, audio files, plus tips on using these utilities are included in Part II, “Making the Most of the Visual and Audio Files”.



(Sample Language Page)

Part 2. Making the Most of the Visual and Audio Files

Here is some background information on the utilities used in the project. We hope this information helps you and your patrons in optimizing your 24 Languages Website experience.

“Streaming” and “Downloading” Audio Files

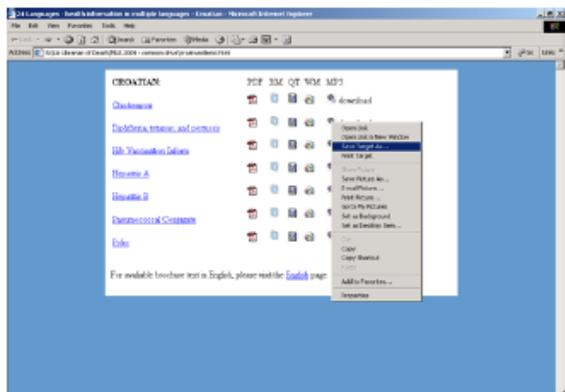
The audio files are available for streaming or downloading. You can either save a file to a disk (downloading) or simply listen to the file without having to save it (streaming).

To listen to (stream) a brochure:

- Click on the icon that corresponds to the media player you wish to use
- If the player has been loaded properly on the computer, it will open automatically and begin playing the file.
- It may take a moment to start.

If you wish to save (download) a file:

- Click on the mp3 speaker icon with the right mouse button, and choose Save Target As.



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- You will be prompted to save the file to the place of your choice.

Characteristics of the Different Media Players

All of the media players function well in a typical high bandwidth library setting.

Player Comparison ⁴	RealOne Player	QuickTime	Windows Media
Browser Compatibility	Excellent	Excellent	Excellent
Low Bandwidth Performance	Good	Fair	Good
High Bandwidth Performance	Excellent	Excellent	Excellent
Ease of Installation	Fair	Good	Good

Each has a slightly different “look and feel” and accommodates several functions such as fast-forward and replay. The corresponding buttons to these standard functions usually look like the same buttons on a CD or tape player: the button with a single triangle pointing to the right denotes play; clicking on the solid square stops the recording, etc. You and your patrons may develop a preference for a particular player.

Installing the Media Players on Computers

The manufacturer of each player offers a free version, in addition to enhanced products at cost. The computers at your location may already have these

⁴ Much of this information provided by *Designing Web Audio* by Josh Beggs and Dylan Thede. O’Reilly, 2001.

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products; if not, they must be downloaded to each computer. Each company has a Website where users can download their products:

- RealOne Player - <http://www.real.com> . To find the truly free version, enter "realplayer basic" in the textbox and click "search". Follow the links and look for the small "Free RealPlayer" link in gray text.
- QuickTime - <http://www.apple.com/quicktime/> . Look for the free player link, or choose "Download" or "Products" to find it.
- Windows Media Player - <http://www.windowsmedia.com/> . Look for the small "Free Media Player" link.

Once you have located the desired product, follow the instructions to download it. This may take a few minutes, depending on your connection speed.

Please share this information with patrons who wish to access the audio files at home.

Additional Information about MP3 files

MP3 files generally provide high-fidelity sound; however, MP3 files are often large and require much time to download if using a 56K modem connection. Therefore, if possible, allow your patrons to download MP3 files to a disk for later at-home listening.

Patrons who download MP3 files can play them at home with any of the media players discussed earlier.

Documents in a visual format

Most of the 24 Languages materials are available as pdf documents; a few of the brochures are alternately presented as html text. Adobe Acrobat Reader must

be downloaded in order to open the pdf documents. In case you need to download the reader, go to <http://www.adobe.com/support/downloads/main.html> and follow the directions.

Part 3. Implementing Use of the Files in Your Organization

Looking at the big picture in your organization

To maximize the use of the audio and visual files for your patrons, it's essential to consider many issues. Are computers capable to adequately deliver sound plus visual materials? Is there a workstation secluded enough so that patrons' privacy can be maintained while they listen to the online sound recordings? Headphones can also maintain privacy while delivering sound; are compatible headphones available? Is there a printer available for patrons wanting to print the visual materials? Is the printer in a place that maintains privacy? Are library staff trained in assisting patrons in streaming and downloading the audio files, and utilizing the visual materials?

Equipment and sound delivery capabilities

To fully utilize the audio files, insure that your public computers are capable of playing them. Each computer should be equipped with a sound card and speakers (internal or external). If you need help in preparing your equipment, or are unsure if your patron PCs are capable of delivering sound, consult the personnel within your organization who setup and maintain your computers.

Audio formats and privacy

Privacy is an essential component in utilizing health information. There are different measures to secure a patron's privacy while listening to the narrations.

- Designate a separate area for streaming the audio files.
Set up a computer workstation in a separate, secluded area where patrons can stream the audio files without others possibly listening in.

- Provide headphones.
Purchase headphones that are compatible with your PCs. Allow patrons to use the headphones in conjunction with a computer in order to stream the audio files privately.

Additionally, patrons who use the pdf files should have a private area where they can read the brochures.

Facilitating file downloading

Some patrons may wish to save either audio or pdf files. There are particular services that will enable patrons to do so:

- Provide a place on each PC where files can be saved to a disk that patrons can take home. It is especially useful to provide several drives for downloading materials to different types of disks, such as CDs, zip disks, and floppies.
- Allow email access in your library. Instruct patrons how to send files as attachments, in case they will have access to email in the future but do not want to repeat the process of selecting files. As a part of this service, staff can be prepared to assist patrons in setting up an email account through one of the many free Internet email services, such as Hotmail and Yahoo.

If feasible, have blank, formatted disks available to either sell or simply give to patrons.

Printing the pdf files

The importance of privacy extends to accessing the pdf and html documents. If possible, printers used to print these items should be located in an area where other patrons cannot view and/or grab printouts.

Training staff to assist patrons

All those who assist your patrons should receive specialized training in the following areas:

Orient your staff with the Website

Bookmark the 24 Languages' Website on all your Internet browsers. Post the Website's URL at the information desk and all other appropriate areas so patrons and staff can easily find it. Introduce all staff members to the Website so they can familiarize themselves with its structure and assist patrons in navigating through the site to quickly find what they need.

Instruct staff members in downloading and streaming the audio files

Share the information in this booklet with your staff. Hold a friendly staff training session and encourage each person to stream and download some files.

Instruct staff to offer compassionate, sensitive service

The patrons who will utilize these materials may already be in an emotionally charged point in their lives. Individuals who are dealing with a healthcare issue, whether it be their own or that of a loved one, are often stressed, and need to be treated with extra kindness and consideration. Additionally, patrons seeking multilingual materials may have limited abilities in speaking English. A little extra compassion and patience can facilitate any conversation, not to mention brighten the day of someone who is undergoing a personal crisis.

Please emphasize to your staff *the importance of maintaining privacy*. Staff members should never discuss someone else's health situation, or say anything that will jeopardize a patron's privacy.

It may be useful to have a checklist if you incorporate this process into your organization's ongoing strategic plan (Appendix A).

You may even wish to customize your environment further to meet the unique needs of your patrons.

Part 4. Frequently Asked Questions

How do I download an MP3 file? Right-click on the speaker icon of the desired file. Choose "Save target as...". Save the file to the hard drive (usually C: or D:) a floppy disk (usually drive A:), a zip disk or a CD-RW (check what is listed to determine the proper drive).

How do I start playing (stream) an audio file? Simply click on the preferred media player icon of the desired file. If the media player has been installed correctly, the file should play after a brief moment.

If a file will not stream:

- Check if the media players have been correctly installed on the computer.

- Check if the headphones or external speakers are plugged into the computer in the right place.

If an audio file will not download:

- Check if you are downloading to the correct drive.

- Make sure there is a formatted disk in the desired drive.

- Consider your Internet connection. If you are using a dial-up modem connection, downloading might take a few minutes.

Part 5. Contact Information

If you have any questions or comments, please contact:

Liz Workman, M.L.I.S.
Hope Fox Eccles Clinical Library
4037 University Hospital
50 N. Medical Drive
Salt Lake City, UT 84132
Toll Free 1-866-581-5534
(801) 581-4686
Fax: (801) 581-3632
lworkman@lib.med.utah.edu

Appendix A Implementation Checklist

- ___ 1. Computers have been tested for sound delivery capabilities.
- ___ 2. RealPlayer, QuickTime, and Windows Media players are installed on all computers.
- ___ 3. A designated computer has been placed in an area where patrons may listen to the sound recordings privately
- ___ 4. Headphones are available for patrons (alternative to item 3 if secluded listening area not available).
5. All staff have been sufficiently trained in these areas:
- ___ Navigating the Website
 - ___ Streaming and downloading files
 - ___ Providing sensitive and compassionate service
- ___ 6. You are informing your patrons about this resource.

Appendix B Other Websites that Provide Multilingual Health Information

This list highlights some of the notable alternative multilingual consumer health sites. The 24 Languages Homepage also lists links to other such Websites. If you cannot find what you need in the 24 Languages site, we encourage you to visit these resources.

Healthy Roads Media

<http://www.healthyroadsmedia.org/>

Provides pdf documents, plus audio, and video-type files addressing many health issues. Includes materials in seven different languages, including English.

NSW Multicultural Health

<http://www.mhcs.health.nsw.gov.au/>

Quite possibly the most comprehensive multilingual health information site on the Internet. Includes hundreds of pdf and html documents, in dozens of languages. Provided by the NSW Multicultural Health Communication Service in Australia.

Eurasia Health

<http://www.eurasiahealth.org/index.jsp>

Click on "Multilingual Library" on the left sidebar. Search for materials by subject, keyword, and/or language.

EthnoMed

<http://ethnomed.org>

The EthnoMed site contains information about cultural beliefs, medical issues and other related issues pertinent to the health care of recent

HICUP – Health Information in Chinese

<http://library.med.nyu.edu/patient/hicup/>

Provides electronic access to quality patient education documents and consumer health information written in Chinese. The HICUP web site also provides links to other Chinese language health information web sites.

Vietnamese Community Health

<http://suckhoelavang.org/main.html>

The mission of the Vietnamese Community Health Promotion Project is to improve the health of Vietnamese living in the United States. This Website includes several publications in the archives sections and elsewhere.

If you cannot locate what you need through the 24 Languages Website, please visit these and other resources linked to our Homepage at

<http://medlib.med.utah.edu/24languages>

Regional Research E-Prints Archive Project

Final Report

Paul Schoening, Director
Betsy Kelly, Associate Director

Bernard Becker Medical Library
Washington University School of Medicine
St. Louis MO

April 27, 2005

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Regional Research E-Prints Archive Project

Project Summary and Results

The Bernard Becker Medical Library investigated the viability of an institutional repository to store post publications of School of Medicine faculty to
Raise Washington University School of Medicine's visibility, status and public value as a research institution by promoting broader access to its research.
Create a mechanism by which authors at the school could publish supplemental material.
Establish a mechanism for open access to research outside of the traditional publishing community.

The Library purchased a server and staff selected, installed and worked with the DSpace software developed by MIT and Hewlett Packard. The need for developing policies and procedures and a management infrastructure were investigated and guidelines developed. Resource libraries in the MidContinental Region were invited to two teleconferences where the software was discussed and demonstrated. The libraries were invited to use the Washington University server as a testbed for their own exploration of institutional repositories. Faculty of the WU School of Medicine participated in focus groups aimed at eliciting their feedback about the library's concept of an institutional repository.

Several conclusions can be drawn from the work done on this project.
While the DSpace software can be used "out of the box" managing a repository requires significant, ongoing commitment of staff time and access to programming and web management expertise
Faculty at Washington University School of Medicine have an established communications system for publishing and sharing research and information and see little or no value in contributing to an institutional repository
Other applications of repository software will be explored. These include providing space for the MidContinental Regional Medical Library Archives, creating collections of dissertations and theses and working papers and publications of faculty in other University departments and disciplines and further discussions with faculty throughout the University about copyright retention, open access and management of the knowledge created by University faculty and students.

Regional Research E-Prints Archive Project

Introduction

Over the past few years we have been discussing various electronic publishing and digital library ideas with faculty and colleagues in an attempt to better understand potential roles Becker Medical Library could play in these areas. We have the expertise in information technology and were looking for opportunities to creatively leverage it to expand the traditional library mission. In the summer of 2001 our plans began to coalesce around an e-press – eventually leading to a draft proposal to establish an electronic review resource of biomedical research to support education (Appendix A). The proposal reflected the vision of a small group of enthusiastic basic science faculty particularly dedicated to teaching. Ultimately, the idea was not pursued for several reasons: 1) it was not embraced by educational administrators; 2) there was no incentive mechanism to compel faculty to create original content; 3) no champion among the faculty came forward, and 4) no funding was available for the necessary technical infrastructure.

In 2003 we drafted a new proposal to create an institutional repository of scholarly publications produced within the medical school (Appendix B). This proposal did not rely on specially created content, nor did it impinge on other administrative entities within the school. It was tailored to be more closely aligned with the library's traditional role of preserving the medical school's historical record of research and so was less dependent on a faculty champion.

The principal goals established for our repository were:

Raise Washington University School of Medicine's visibility, status and public value as a research institution by promoting broader access to its research.
Create a mechanism by which authors at the school could publish supplemental material.
Establish a mechanism for open access to research outside of the traditional publishing community.

These goals are not unique to Washington University and were closely derived from those identified in Crow, The Case for Institutional Repositories: A SPARC Position Paper¹ and Harnand, For Whom the Gate Tolls? How and Why to Free the Refereed Research Literature. Online Through Author/Institution Self-Archiving, Now². They were established to resonate with our faculty so they would be encouraged to contribute to the repository. From the library's perspective we also viewed an institutional repository as a mechanism by which we could capture the research history of the institution as well as the contributions of prominent research faculty.

At this point in the process very few faculty members had been involved in the discussion of our proposed repository – it was primarily a library-driven initiative. The few conversations that had taken place with faculty members revealed varying levels of interest in the concept from skepticism to enthusiasm. Most, however, wanted to know details of how the repository would work. Since we didn't have a working system in place we began focusing on the implementation details – including software, hardware, policies, workflow, governance, and staffing. We felt that once a working system was in place it would be easier to demonstrate the concept to our faculty and we would have answers to some of their technical questions.

At about this time we had an opportunity to submit a proposal to the RML requesting funding to establish a regional repository as an educational tool for other libraries in the region to become familiar with institutional repositories and surrounding issues. (Appendix C) The proposal was funded and the resulting work is described in the remainder of this document.

Selecting and Implementing the Repository Host Software

Our first task was to select the software to host the repository. Early in the process we settled on E-Prints (<http://www.eprints.org>), but found that it was difficult to customize and somewhat

inflexible for our needs. The software was written in perl and required that the library have access to a programmer proficient in writing perl scripts. The extent of customization required was discouraging and we began to reconsider our choice of eprints for a repository platform. At about the same time MIT's DSpace (<http://www.dspace.org/>) project began to generate interest in the institutional repository community. Among its distinguishing strengths were its ability to better manage the submission process and to aggregate submissions into communities and collections. Attachment 1 describes in detail the features, workflows and management of a DSpace v1.2 repository. A succinct description of Dspace is readily available from the organization website (<http://www.dspace.org/>). In these pages the DSpace Federation has described its intent, provided guides to thinking about, planning for and implementing a DSpace institutional repository. From the site, Dspace is a

“digital repository system that captures, stores, indexes, preserves, and redistributes an organization's research data.

Jointly developed by MIT Libraries and Hewlett-Packard Labs, the DSpace software platform serves a variety of digital archiving needs.

Research institutions worldwide use DSpace to meet a variety of digital archiving needs:

[Institutional Repositories](#) (IRs)

Learning Object Repositories (LORs)

eTheses

Electronic Records Management (ERM)

Digital Preservation

Publishing

and more

DSpace is freely available as open source software...

DSpace accepts all forms of digital materials including text, images, video, and audio files. Possible content includes the following:

Articles and preprints

Technical reports

Working papers

Conference papers

E-theses

Datasets: statistical, geospatial, matlab, etc.

Images: visual, scientific, etc.

Audio files

Video files

Learning objects

Reformatted digital library collections”

The regional test DSpace server went live in November 2003.

Issues to Consider When Creating an Institutional Repository

It is tempting to assume that creating an institutional repository is as simple as setting up a server with the appropriate software and making it available for submissions. However, when one considers how the IR will reflect on the host institution the process becomes much more complicated. In this section we will highlight the issues we encountered during the implementation of the WUSM DSpace.

Library's Role

Appendix D reflects this library's considerations of its role, and the policies and procedures it anticipated to manage the repository. Since the IR initiative at Washington University School of Medicine emanated from the medical library one of the first issues to address was what role the library should play throughout the life of the repository. Two obvious and significant roles that the library would play were marketing the IR and faculty education. We believed that an IR would only reach its full potential if the majority of our faculty contributed. Getting faculty to contribute requires making them aware of the IR, of its benefits, how to use it, and of the importance of retaining copyright of their articles. Marketing and faculty education is nothing new to medical libraries, however, so we felt comfortable with these roles for the IR as well.

Marketing is critical to the success of an institutional repository – in fact, the repository goals should be established with marketing in mind so they resonate well with faculty. If faculty, who are the primary contributors to the repository, cannot relate to the goals it will be very difficult to get their support. Without faculty support an institutional repository will not achieve its goals -- so the two go hand in hand. Besides the usual “get the word out” tactics of marketing it is important to find a few visible proponents of the IR within your institution and bring their collections into the repository. By establishing such a “seed” collection you not only gain some credibility with other researchers, but you also have a working example of how the repository can be used.

The type of content maintained in the repository directly affects what role the library plays. If the IR is to act as an unrestricted, open container for digital submissions from the school’s academic community, the library’s role might be simply to act as system administrators of the underlying servers and software. On the other hand, if the IR is to hold specific content (in our case previously published journal articles for which copyright had been retained) the library’s role might be that of gatekeeper ensuring that only appropriate content makes its way into the repository. During our initial discussions on potential content we carefully considered how the various content types might impact the library’s role while being mindful of “over involving” library staff without additional funding resources.

Other potential library roles include metadata management for submissions, forward migration of digital content, identifying potential material for submission, submitting articles on behalf of authors. Each of these can consume substantial library resources, but it is important to consider them and formulate a plan of action prior to going live with an IR.

Identifying the Audience

The intended audience for an institutional repository is to a large extent determined by the IR’s goals. In Washington University’s instance a principal goal was to support open access to our research so the intended audience is the world. Consideration of the audience is important for determining the type of content and the approval process for submissions. Establishing an open access IR for preprints, for example, could have the undesired effect of preventing submitted articles from being published by commercial journals or could jeopardize institutional intellectual property. Similarly, open collections of documents submitted with no oversight, scrutiny, or vetting process could create opportunities for institutional embarrassment – particularly when the IR is officially supported by the institution.

Audience is also an important factor when discussing the merits of an IR with faculty members. Our experience has shown that researchers are most interested in making their results available to fellow researchers in their field. Many do not see the benefit of general public access to their research and are especially reluctant to add another step – repository submission - to the publication process.

Metadata Issues

The record structure and metadata components must be decided for each institutional repository, and further may be individualized by collection. The extent to which metadata is defined for repository records will affect the ease with which the collection can be searched and the relevancy of retrieval as a result of searches. Appendix E outlines the approach suggested for the WUSM repository and can serve as an example for libraries considering hosting an institutional repository.

Governance

Depending on the goals of an institutional repository a formal governance structure might be appropriate. If the IR will host material that is not peer reviewed such as gray literature, supplements to published journal articles, white papers, course material, or data sets it may be reasonable to create an oversight committee. Since the repository will represent the institution and the credibility of its research it is vital to have the stakeholders involved in the decision making process. An oversight committee can assist in policy creation and ensure compliance

with institutional policies. It also offers an opportunity to educate faculty members about the repository and to give them a sense of ownership in it. Regardless of whether an oversight committee is established, it is crucial to have clear policies on allowable content, a well defined submission approval process with clearly indicated responsible parties, and a terms of use agreement for any submitted material. The library, as manager of the IR, can assume the role of gatekeeper to ensure that submitted material conforms to established policies.

The Long Run

If an institutional repository is meant to be a long term archive then, as its manager, the library must be ready to meet that obligation. In particular, this means the library must have a plan – financial and operational – for upgrading the underlying computer and storage systems as necessary to accommodate growth and to keep up with technological change. It is not sufficient, however, to maintain only the systems components of the archive. The digital objects within the repository are subject to changing standards that could leave them unreadable in the future. The library must plan on reformatting the contents as standards evolve – a task that could grow in complexity as more formats are entered. Beyond maintaining over time the integrity of the data, the library must also ensure the integrity of the URLs to specific articles through technology changes and format changes. Ultimately, the library may choose to adopt a selection process for its digital archive in much the same manner it does for its print archives to minimize the burden of maintaining an ever-expanding archive.

Faculty Reaction to an Institutional Repository at Washington University

Before going live with our institutional repository we held two focus groups with faculty representing both clinical and pre-clinical departments in the medical school. The purpose of these focus groups was to get a better sense from our faculty of their willingness to submit content and whether they see value in an institutional repository. The list of topics and questions is shown in Appendix F, along with a transcript of faculty responses. The results were disappointing. A significant majority saw no value in an institutional repository and would not be inclined to submit articles to it. Some were adamantly opposed to the concept because it undermined the value added by commercial publications. Others questioned its value when everything they publish is online through commercial publisher sites and their research community has ready access to it. Overwhelmingly the concept of the repository as a potential location for supplemental material was denounced for a variety of reasons including lack of peer review, liability, service already provided by commercial publishers, and potential discrepancies with the published article. The small minority that supported the concept did so more for philosophical reasons than for practical access reasons. Many felt the NIH Open Access Policy would accomplish the same purpose with better visibility and economies of scale.

Conclusions

After the focus groups the library IR group reconvened to discuss next steps. It was clear that a critical mass of faculty support was lacking to meet the established goals of our IR. If we were to proceed with establishing the repository in its proposed form it would be difficult to argue for future funding unless a significant number of faculty supported it. So we changed course. Rather than promote the IR as a long-term archive of research we are offering it as an open service to University faculty to use as they see fit with no obligation of future support. The Biology Library is pursuing an interest among some of its faculty to establish a collection, but none has been created to date. It exists as a test bed for those who would like to determine for themselves the value of a general purpose digital repository.

We are left with several questions: Did we set unrealistic goals? Is the organizational structure of our medical school a factor in faculty disinterest? Should we have gone forward with the few faculty members showing interest? Could we justify the expense in that circumstance? What role, if any, does an institutional repository play within the medical school when anyone can establish and maintain their own web-based resource? Now what?

In our particular instance the expense of implementing and maintaining an institutional repository out of the medical library cannot be justified. We will continue to offer the existing hardware and software in its test bed form, but will not invest additional time or money unless a specific need is identified. We are grateful for the RML's funding of this initiative and hope that the other participants were able to gain some experience through our work.

Appendix A

Draft Proposal To Establish An Electronic Review Resource Of Biomedical Research To Support Education

Electronic publishing is changing the way in which scholarly information is created and distributed. Likewise, trends in advanced biomedical research and technology are being led, in large part, by this medical school. An opportunity for WUSM to develop an original resource for the scholarly transfer of knowledge for biomedical research and training is being explored. The Bernard Becker library is proposing to investigate the feasibility of an electronic medical school publication to support the teaching, research, post-doctoral training, public relations and recruiting aims of the Medical School and the Learning-Teaching Center (LTC) initiative.

Aims:

Create a faculty-written, highly relevant, dynamic, and unique digital biomedical review and research tool for purposes of teaching, on-going training, recruiting, and public relations for Washington University School of Medicine

Support a 'name-brand,' cutting-edge product to further the goals of the Medical School and to establish a resource with a reputation enjoyed by Washington Manual of Medical Therapeutics

Goals:

Provide a state-of-the-art review source of biomedical research to support the teaching and research goals of this Medical School and to compliment the goals of the LTC space-planning initiative

Enhance the Medical School's reputation to national and international communities as a preeminent center of biomedical research with a content-based, digital resource of core and cutting-edge information

Expand the ability of instructors to train students and fellows by offering a dynamic, locally-authored teaching tool for a variety of learners

Enhance the established position of the Medical School in the bio-informatics field with a unique review and reference resource for tracking current and future biomedical research trends both at the Medical School and the research community at large

Audience:

Medical Students

Graduate students from the Division of Biology and Biomedical Sciences

Undergraduate Hilltop students

Clinical and post-doctoral fellows

Students and fellows from other colleges and universities nation-wide

Sponsored Research Services/Gifts, Grants and Contracts

The press

Lay public

Business Model:

Several models for support are being investigated.

Grant-funded (public and private; e.g. NIH, NSF, SPARC, FIPSE)

Publisher-based partnership

Internally supported as a subscription-based product sold to other institutions

Likewise, several models for incentives are being investigated:

Bonuses or links to salary

Promotion/tenure

Prestige

Administration would be via a central Office staffed with a managing editor, information specialists, and IT personnel. Underlying the product would be an editorial board of WUSM experts. Sections and articles would be based on a standard template maintained by administrative staff, but originally written by WUSM faculty. Links and multi-media would be developed by the Office in consort with the authors and editors.

Content and general description:

One model that is being considered is an interactive text based on core knowledge on a given topic. Conceptually surrounding the 'core,' sit a variety of 'value-added' tools for various purposes. For instance, a venue for peer-reviewed pre-publication research and commentary; WUSM I Selectives; WUSM IV 'back-to-basics;' virtual biochemical processes, histological concepts and laboratory techniques; genetic sequences and other illustrations, charts, and graphs; a press and lay version; and a database of core WUSM research interests expanding upon current RIB and other research interest publications on-campus.

Possible Model:

Diabetes-managing editor

 clinical diabetes-editor 1

 pediatric diabetes-editor 2

 genetic aspects of diabetes-editor 3

 glucose transport-editor 4

 mind/body-editor 5

Appendix B

Washington University School of Medicine's Institutional Repository

This document describes the electronic institutional repository established and supported by the Bernard Becker Medical Library for Washington University School of Medicine.

The WUSM electronic repository is based on the EPrints software (<http://www.eprints.org/>) which provides a web interface to a digital document management system specifically designed for scholarly publications. It incorporates mechanisms for self-submission, peer review, indexing and searching of several document formats. The EPrints software is open source and compliant with the Open Archives Initiative's metadata harvesting protocol to publish information about the contents to central indexing services.

Role of WUSM Repository

The WUSM E-Repository will act as a long-term storage vessel for scholarly publications produced within the School of Medicine. Such publications may include, for example, peer-reviewed published journal articles (copyright permitting), pre-print articles, review articles, book chapters, conference papers, supplemental journal article information, data sets, and electronic theses and dissertations.

With the creation of the repository we hope to:

Promote broader access to the research coming from Washington University and thereby raise the school's visibility, status and public value as a preeminent research institution.

Create an opportunity for authors to publish supplemental material (e.g. data sets, multimedia clips, notes, etc.) for previously published articles.

Establish a mechanism for providing open access to research outside of the traditional pay-for-view journal model in an effort to build momentum for the reform of scholarly communication.

The motivating assumption for this goal is that research results are the most beneficial when shared with the broadest audience. The established commercial journal publication business creates barriers to access through high journal subscription fees and limited circulation.

Using and Maintaining the Repository

EPrints' flexible architecture permits a variety of methods for adding content, approving content for publication, and metadata creation. To encourage the repository's use the library will offer substantial support to faculty so that it is as painless as possible for them to deposit articles. At some point, however, each depositing faculty member will have to interact with the system.

The WUSM Repository is not intended to be the exclusive WUSM repository for scholarly publications – only a consolidation point. As librarians, one of our roles is to act as the institution's historical record keeper; we view the repository as a primary mechanism for performing this task. Authors are free to publish or house their publications anywhere they wish – on their own web servers, in other repositories, etc. We only ask that they deposit a copy in our repository along with any future revisions.

We envision the entire submission and publication process proceeding as follows:

Authors register themselves with the system via a web browser and deposit their documents.

An oversight committee (yet to be established, but most likely consisting of library staff and faculty members) will validate each article's author and determine its suitability for inclusion in the repository. This is not intended to be a formal review of the article's content and scientific merit. It is only meant to ensure that legitimate research material from faculty is deposited.

Librarians will review the article and create additional metadata essential for more accurate indexing.

Once approved and indexed the article will be released for public access and the author will be notified.

The Becker Library is responsible for all archival activities associated with the repository. In particular, library staff will perform nightly database backups and other routine system maintenance procedures to guard against loss of data. The library will also accept responsibility for maintaining the archive in perpetuity – i.e. content reformatting and migration as technology and standards change.

Essential Elements for a Successful Repository

Two elements are essential for the success of the WUSM Repository – (1) faculty acceptance and (2) retention of copyrights. The repository will only reach its full potential if a large majority of faculty buy in to the idea and submit their articles for publication. This will only be possible if authors retain appropriate copyrights for their articles published in peer-reviewed journals. Many journals have already adopted less stringent copyright agreements that allow simultaneous or delayed publication on an institutional electronic archive. However, there are still a significant number of prestigious journals that refuse to grant such rights. The library will undertake an educational campaign to assist faculty in retaining their rights when submitting articles for peer-reviewed publication.

Building the Repository

During the first several months of the repository's life our focus will be on archiving peer-reviewed research articles and electronic theses and dissertations. The library will undertake a campaign to raise awareness of and support for the repository among faculty and perform document conversions and metadata creation for submitted articles. Policies on use and acceptable content will be drafted based on input from faculty and the oversight committee as we become more familiar with maintaining the repository.

Appendix C

Regional Research E-Prints Archive Project Proposal to the MidContinental Regional Medical Library

Description

The open access movement (<http://www.soros.org/openaccess/read.shtml>) and high subscription costs are causing many libraries to consider establishing electronic archives of research publications produced by their faculty. Although free software to implement such systems (e.g. E-Prints at <http://www.e-prints.org>) is readily available, the technical, policy and procedural issues necessary to make an electronic archive successful require significant resources to resolve. Furthermore, it is difficult to evaluate many of these issues without a working electronic archives environment in place. Our goal in this project is to reduce the entrance barrier to electronic publishing by libraries in our region. We intend to do this by establishing a regional E-Prints Archive at Washington University School of Medicine and making available technical training, template policies and educational materials to assist other libraries in establishing their own E-Prints archives. During the course of the project we also intend to assess the potential for a regional E-Prints archive to be shared by several institutions.

Specifically, during the course of this year-long project we will accomplish the following:

- Establish an E-Prints server at Washington University to act as a regional test bed for other libraries to evaluate electronic publishing.

- Hold on-line workshops on issues specific to implementing an institutional e-archive, such as: Policies and procedures necessary for managing an archive.

- Impact on library staff and delegation of responsibilities.

- Tactics for garnishing faculty support for an institutional e-archive.

- Educating faculty on copyright retention.

- Produce a white paper which details required technical staff skills, hardware specifications, appropriate infrastructure architectures, implementation guidelines, and approximate costs of establishing a robust e-publishing environment based on the E-Prints software.

- Attend sessions on institutional repositories at the SPARC conference.

We are confident that this project will dramatically reduce the cost of entry for libraries to get into the electronic publishing business and, therefore, result in more libraries establishing such archives. This, in turn, will enable free and unrestricted access to the research coming from those institutions and add momentum to the open access movement.

Appendix D

Washington University School of Medicine Dspace Policies and Procedures

Any effort to establish an electronic repository – the long-term storehouse for scholarly publications of Washington University in St. Louis – requires the establishment of policies and procedural guidelines that govern ownership, goals, registration, content, format, license, distribution, and privacy.

Ownership

This electronic repository is owned and maintained by the Bernard Becker Medical Library for Washington University in St. Louis. All submissions and activities associated with the archive will be centralized in the archive, and housed on Becker Library servers. The official name of the e-repository is *Washington University School of Medicine DSpace*. The system administrator is Ms. Betsy Kelly, Associate Director, Information Technologies & Library Systems.

Archive information is available at: <http://Dspace.wustl.edu>

Goals

Promote broader access to the research coming from Washington University in St. Louis; raising the school's visibility, status and value as a preeminent research institution.

Create an opportunity for authors to publish supplemental material (e.g. multimedia clips, notes, etc.) for previously published articles.

Establish a mechanism for providing open access to research outside of the traditional pay-for-view journal model and encouraging the reform of scholarly communication.

The DSpace Community

A DSpace “Community” is an administrative unit at Washington University in St. Louis that produces research, has a defined leader, has long-term stability, and can assume responsibility for setting Community policies. Each Community must be able to assign a coordinator to work with DSpace staff. Groups wishing to establish a DSpace Community that do not fall into this definition will be considered on a case-by-case basis. Individuals may not submit items without belonging to an established Community in DSpace.

Collections

Communities can maintain an unlimited number of collections in the archive. Collections can be organized around a topic, type of information, or any other sorting method a Community finds useful.

Content

The following will be accepted: published peer-reviewed materials for which copyright has been retained, and related supplemental materials (data sets, tables, lab notes, graphics, etc.) to the published work. The submitted work must be produced or sponsored by WU faculty who give Becker Library/WU School of Medicine the right to preserve and distribute the work. It must be research-oriented or scholarly and should be in digital form, complete and ready for publication in the archive.

Refusal

Becker Library has the right to refuse any paper that is not consistent with the above goals, or which is in violation of normal academic standards of discourse, or which violates the U.S. copyright agreement, or is not a scholarly publication.

Withdrawal

A petition for withdrawal of content can be submitted. The petition may be granted on the grounds of plagiarism, or if application of the data could result in harm. If a withdrawal is granted, then global access to the document's content will be removed, but the record will remain in the archive- with a reason for withdrawal – to avoid loss of the historical record.

Format

The archive will support a variety of formats (*marc, doc, pdf, sgml, html, xls, vsd, ppt, psd, aif, mpeg, ram, wav, gif, jpg, rtf, xml, mov, qt, etc.*), to ensure that everything in the repository can be retrieved. A combination of techniques (digital, migration, and emulation) will be applied to preserve submissions for future use. The system administrator would appreciate notification of new formats.)

Registration

All users may register to become subscribers. For areas of DSpace that require authorization, the system will prompt for a login. Some restricted functions, such as content submission, require authorization from the appropriate Washington University DSpace Community.

License and Distribution

In order for the Becker Library, through the archive, to reproduce, translate and distribute any submission, authors must sign and electronically submit a license/agreement. The agreement grants the Becker Library the non-exclusive right to reproduce, translate and distribute, in print and electronic format, the submission to the world.

Privacy

All submissions, once the agreements are signed, will be available globally. The archive will collect personal information for anyone who submits content and data. Personal information –such as name, address, email and telephone number - will not be shared or disclosed.

Responsibilities

Becker Library responsibilities

Retain and maintain content submitted to the archive

Preserve and distribute content

Provide access to content

Notify Communities of any changes to content or format

Return content should the repository cease to exist

Washington University School of Medicine responsibilities

Determine school-wide institutional policy regarding the archive

Support the functions of the archive

Author responsibilities/rights

Review material to be signed away

Prepare content

Clear copyright for items submitted

Petition for removal of content

Community Coordinator responsibilities

Arrange for submission and description of content

Make decisions for submission and description of content

Notify DSpace of organizational changes affecting submission

Reply to annual reconfirmation of Community information

Understand and observe policies relevant to DSpace, and educate Community submitters regarding these policies

Appendix E

Washington University School of Medicine Dspace Subject WorkGroup

The subject workgroup is charged with defining the structure and metadata components of the physical archive. In particular, determine the indexes or subject headings to include and to identify any fields unique to WUMS.

DISCUSSION TOPICS

Will authors placing material in the e-print archive be responsible for their own indexing, will library staff do the indexing, or will indexing be done by a combination of author and librarians? Type of indexing and subject heading will depend in part on who does the indexing.

MeSH headings are complex and change frequently. MeSH is probably too much to scroll through as a dropdown. Would work better if librarian did the indexing.

Scientists are used to assigning keywords to their articles and will use all terms possible.

The test archive has LC classification headings in a drop-down box. NLM classification terms with selected LC terms seem appropriate for us. How many levels should we go down? When does a dropdown become too much to scroll through?

If go down only 2-3 levels, NLM classification with added LC as appropriate will probably work as a dropdown.

As best we can tell, only the subject headings (keywords and LC class terms), title words and the abstract are searchable. Christina to make sure abstract is searchable. The body of the work is not searchable. Does this mean more care needs to be taken in assigning subject headings, index terms?

Is there a way to have the entire work searchable?

Based on the above, it seems reasonable to have scientists/authors assign keyword subjects and select a broad subject term from NLM classification.

If the body of paper is not searchable may be necessary to have librarian review indexing or subject heading assignment and amend as necessary. Experience based on review of many works will probably be needed to make this decision.

What types and/or formats of works will be housed in the database? We can assume that the types and formats will expand over time. Some types/formats discussed in the committee meeting were dissertations and post-publication research articles. Other suggestions were student papers, pre-prints, technical reports, conference reports, supporting data for published articles.

The committee meeting mentioned mainly text type archives. What about posters, power-point presentations, videos, digital recordings from confocal microscopes, software, etc.

Since we understand that it may be difficult to make changes and additions to the e-print archive software after it is established, descriptive metadata elements for most formats and types should be included.

Item level metadata that should be included are:

Title

Creator

Subject (controlled and uncontrolled)

Description

Date

Format

Identifier

Relation

Optional metadata elements to consider are?

Publisher

Contributor

Type
Source
Language
Coverage
Rights
Examples of metadata format elements
Text/html
Text/msword
Text/rft
Text/plain
Application/powerpoint
Application/pdf
Image/GIF
Image/Jpeg
Examples of metadata type elements
Data, numeric
Data, statistical
Data, structured text
Image, graphic
Image, moving
Software
Text, manuscript
Text, minutes
Text, monograph
Text, proceedings
Text, serial
Text, thesis

Depending on what the various e-print archive committees decide, should status of material tags be included? Examples:

Published
In-Press
Unpublished
Peer reviewed
Revision

CONCLUSIONS

Use MeSH and appropriate LC classification headings as the controlled subject heading. The number of levels to go down is still to be decided.

Include as many metadata elements as possible because it is likely the database will expand over time.

Other decisions and recommendations of the Subject Workgroup will depend on decisions of other committees and on further meeting.

Appendix F

Scholarly Publishing and Institutional Repositories Focus Group

Questions/Prompts

The goals of the focus group are:

to better understand the factors that influence our faculty members' choices of journals for their publications;
to get a sense whether our institutional research is reaching the right audiences; and
to explore the merits and viability of an medical school digital research archive.

The final summary of our focus groups will be emailed to each participant.

Questions

What factors influence your decision when selecting a journal for your research publications?
Which are the most important? Which are the least important?
Are publications in high-ranking journals a significant requirement for promotion or tenure in your department?
Does it matter to you how widely your research is made available by the publisher? For example, Brain Research with its very high subscription rate is probably less generally accessible than other journals. Similarly, some journals do not provide electronic access making them only available via paper.
What mechanisms do you employ to keep up with trends in your research area?
Do you subscribe to TOC services?
Do you use automated Medline searches that email results periodically?
Do you browse paper journals?
The library is considering a complimentary mechanism for electronically publishing previously published peer-reviewed research coming from Washington University School of Medicine with three principal goals.
Promote broader access to the research coming from WU; raising the school's visibility, status and value as a preeminent research institution.
Is this important to you?
Do you see any value in achieving this goal?
From an outsider's perspective, do you perceive any value? Would you ever visit such a site at another institution?
Create an opportunity for authors to publish supplemental material (e.g. multimedia clips, notes, etc.) for previously published articles.
Is this important to you?
Do other publishers offer similar mechanisms that would make this less attractive?
What other issues could this create?
Establish a mechanism for providing open access to research outside of the traditional pay-for-view journal model and encouraging the reform of scholarly publishing.
Is this important to you?
Are you aware of the *scholarly publishing crisis*?
Are you familiar with the recent NIH proposal requesting the submission within 6 months to Pubmed Central of all research publications resulting from NIH funded research?
Does this diminish the value of a WU research repository?
How many of you currently post your published articles on a personal or departmental website?
Do you know whether this is consistent with the copyright agreement you signed?
Do you consider such behavior as a copyright violation?
If an institutional research repository/archive is established, what barriers do you think would have to be overcome for our faculty to participate?

Would the library have to solicit papers from our faculty?
Can you think of other areas in which a digital repository maintained by the library could prove useful? Theses & dissertations, digital images, etc.?

Meeting Notes
November 3, 2004

ATTENDEES:

Gen (Genetics)

P/I (Pathology/Immunology)

Oto (Otolaryngology)

Q. Selecting a Journal for research publications:

Oto: Impact factor (if considering a choice), knowledge of the Journal, appropriateness

P/I: Broad enough general interest in Journal or should target – rely on experience and where found most useful articles.

Gen: Is “best Journal” not important? He now goes to “solid paper” articles. If a “cool” paper, goes for impact factor

Impact factor for importance in grant review process and in the future. Journal factor influenced by mentor.

Major factor is are you funded or does funding largely depend on impact factor

P/I: if want to get out, send to paper with good reviewer for short turn around time, get comments and better paper.

Gen: won't submit to Journal that doesn't have electronic access

Paul asked about impact factor. P/I indicated that she was not aware of impact factor when submitting an article to a journal. Her decision to submit was based on her area of study, her experience in the field, and which journals are most suitable or most useful as per article topic.

P/I indicated that a good review process on the part of journals makes a difference whether to submit an article. Gen agreed and added that if a journal takes more than nine months to review and approve an article for publishing he will not submit his work to that journal.

Gen indicated that convenience was a factor and that all faculty especially junior faculties from his department are aware of the impact factor.

Publishing history is a factor when submitting an article. [Did not get the name of the person who said this]

Gen indicated that for NIH grant reviewers the citation history of the applicant makes a difference.

Gen added that he will not submit an article to a journal that offers a Print only version.

Q. How to keep up:

Paul asked about the open access concept. P/I was not familiar with this concept but Gen was.

Paul asked about what methods are used to keep up to date. P/I has saved searches on a number of databases including one on CD-ROM. [Did not get the title of this] Oto uses automatic saved searches on Medline and downloads onto Reference Manager. Gen relies on works of others in the same field.

Oto: automated Medline search

P/I: has set up on searches and browse a handful of Journals

Gen: use PubMed to track certain authors

Q. Guest electronic archives:

Promote Washington University important?

P/I: She wouldn't use – only a few people doing her work

Q. Is it important to archive?

Not convinced would add prestige – all agreed

Paul asked about DSpace. P/I did not know about DSpace and asked about visibility—who would be using and searching in DSpace. The general consensus among all three participants is that the DSpace concept was too broad and not discipline specific enough for their needs. It is not relevant for their information and research needs but perhaps relevant for an institutional corpus and public relations efforts. DSpace would be too shallow for research and teaching efforts and needs.

Paul explained further by adding that all WUMS staff could submit their work as a means of safe storage and archiving. Gen indicated that PDF precludes full text searching and natural language searching.

Gen also mentioned the Columbia University model that is a corpus of work based on subject communities.

P/I said that she could not foresee using a Harvard DSpace.

Paul added that DSpace could hold aggregate data such as images, multimedia content, audio, charts, etc. Gen replied that departmental home pages are able to do this as well.

Oto agreed and said that he posts supplemental data on his home page.

Question was asked about supplemental data being stored on journal web sites. Paul asked if this was an area of concern for the participants. All said no.

P/I asked how would we attract users to DSpace? Paul explained that all documents would have metadata attached to allow for searching and that there would be indexing from Google.

Paul asked about Open Access and the scholarly publishing crisis and if the participants were aware of such. P/I and Oto replied yes.

Paul asked about the new NIH proposal and P/I and Oto were both in favor of this.

Paul asked the participants if they saw any value for DSpace. P/I and Oto are comfortable with their established means of research and did not see a need for DSpace.

Paul asked about copyright and asked the participants if they posted their articles on a web site or departmental page. P/I does not but Oto posts his work on a web site. Paul informed Oto that he was in violation of copyright rules.

Paul asked what barriers there would be for joining DSpace. Oto indicated that it would be a hassle and a low priority. P/I asked if Becker could “capture” works done by WUMS staff instead of relying on submission by authors.

Paul asked if the participants saw any use for DSpace for dissertations or theses. P/I replied that these could be available as a resource. Oto indicated that digital images of radiological slides for teaching efforts or course related efforts would be handy.

Oto also added that it is hard to imagine a general purpose for DSpace.

Q. Any value to broader repository of Washington University work in 5-10 years?

Gen: would want to do full text searching. Could NOT be in PDF. Have information in consistent format, maybe a fragment of literature to start. (Newspapers are full text searchable). Good to get started as a research project and development of standards.

P/I: as an investigator, wouldn't go to an institutional repository. To University as a whole, might be of some value. NIH – looking how work they fund gets translated to publications – maybe show that?

Supplementary Material: question to publish work:

Gen: might be interesting to ask departments. His department has own web site. Might be his department doesn't track

Oto: put on his own web page.

P/I: a lot of work for little value. Would go in there and never be touched again.

Once Paul talked about metadata identified by Google; solves problem of transient web sites, persistent URL – all more receptive.

Gen: many publishers insist on their web sites

Oto: don't have intellectual properly issues shown in department

Open Access – Reform

Oto/P/I: Don't know, don't care.

Crisis dollar squeeze – less fortunate don't have resources – limiting access to research

Paul explained PLoS – shifting costs back to author – open access model, NIH proposal

Oto: Google and PubMed – permanent online library that is with him everywhere.

Barbara Halbrook's perspective: do non-research staff thesis, posters, PowerPoint, lecture

P/I: uses Easy Article – software to search her article database

Oto: when Journal publishes his article, he downloads PDF and puts on his web site. Ignores copyright.

Does post some figures, etc that are edited out.

P/I: has own community

Q: Barriers

Oto: would have to be totally hassle free. If we could "update" or have CVI

P/I: Can log on to WU articles in other databases; way to manage CV instead of hard copy now.

Other areas where repository might be useful:

- images, thesis, dissertation

- radiology as partner to pathology

Oto/P/I: More for teaching

Q. Turf issues/ownership issues:

P/I: need for efficient teaching would drive, but not for investigators

Meeting Notes

November 11, 2004

Attending:

Anat (Anatomy)
Peds1 (Pediatrics)
Psych (Psychiatry)
Gen (Genetics)
IM (Medicine)
Neuro (Neurology)
Peds2 (Pediatrics)

1. What factors influence your decision...

Psych – perceived strength of the journal based on own experience in the field; also topic.

Anat – prestige, institutional pressure (bean counter). *In response to question from Paul* – bean counter is pressure from department or weight given within department to particular journals, impact factor.

Psych – generally prefers his own perception of journal, but does consider promotion and tenure

Gen – Don't feel impact factor is a major factor in promotion and tenure

Anat – Perception varies from department to department. Department chair sets the direction.

Gen – Some people on tenure and promotion committees (or some committees) don't consider impact factor – they don't read the articles. Consider only *Cell*, *Science*, and *Nature* as worth publishing in.

IM – have tenure, so liberated from promotion and tenure committees. Can concentrate on what he really wants to accomplish. Story of publishing a paper on tobacco that after publication was displayed (unknown to him) on a anti-tobacco web site. Caused copyright problems, but made him realize that there is a problem with materials being expensive publications – need to be available. Now tries to get where people will read. Wants to retain copyright and everyone in the world can read.

Peds1 – advocate of open access, does matter to him, but most colleagues he talks to are clueless. Open access still not widely considered. Peer group is a small community – don't need to scour open access in his field.

Psych – open access is not that important to him. Won't send paper to a journal where he has to pay to get reviewed (J Neuroscience, JCI (Journal of Clinical Investigation)). Won't send if there is a submission charge.

Many of group – discussion of author fees – basically, journals more and more seem to charge submission fees (\$50-\$100 handling) and some are now charging just to have an article peer reviewed (\$500). Publishers are beginning to charge authors for more things – in addition to page charges which have been around for a while.

Paul – Is there value in having scientific information reach everyone through open access?

Psych – open access overblown

IM – depends on article

Anat – it is important, especially when she wants to read something and doesn't want to pay for it on ILL.

2. What mechanisms do you employ to keep up....

Gen – automated services (weekly), PubMed. Use PubMed when there is a topic of interest.

Usually just scans articles or TOC, doesn't read.

Peds1 – gets some TOC and some journals. Scans.

Neuro – uses PubMed just when he needs information. No regular routine or TOC service.

Anat – uses Forum on Alzheimer's – there is a paper of the week plus abstracts of other papers.

Psych – Looks at high impact journals in his area – goes to journal from library link, downloads what he wants – it's free.

Peds1 – Not free, but can't imagine not having.
Psych – absolutely useless unless can get on line – absolutely worth \$2 million library pays for access
Gen and IM – should do study – see if outline has greater impact factor (quick discussion of many – how to do, get numbers, etc.)
Gen – regarding open access, why would library pay for published journal if could get articles free?
Paul – danger of cuts are real – discussion of Big Deal and publisher pricing vs. single publisher journal – single journal gets cut. Effect is limiting access.
Peds1 – why should publisher have exclusive rights to article paid for by public written by researcher, reviewed by colleagues?
Neuro – have to keep this (peer reviewed publishing) going. Who pays if articles are free, why join society?

3. The Library is considering... DSpace...

All – bad idea not to have final PDF of published paper. Word Document, agPeds2ation or supplemental material – must be peer reviewed.

Any value to school?

Peds1 – how would we find out about an article in some university's DSpace?
Neuro – only makes sense if lots of institutions do this
Psych – researchers won't bother. Use PubMed only.
Gen – maybe if a journal wasn't available and wanted paper.
Anat – would be helpful in recruiting students. Also for handling reprint requests.
Peds1 – would be useful to "put in a safe" as PDF that could send when get a reprint request.
All – we ignore copyright
Gen – see DSpace as subversive – trying to be a publisher without paying – stealing from publisher. Put society publishers out of business
IM – journal publisher not doing all the work.
Peds1 – peer review and editing not necessarily a publisher function – main cost was actual print.
Gen – have to maintain infrastructure for publishing. Cost \$2500-3000 per paper to publish. Lot of printing. Society has role in publishing, members join to get journal No longer depend on society for meetings. The DSpace and open access debate is more than "free is good"
Peds2 – Is DSpace an alternative to going through a commercial publisher?
Neuro – in any case, someone has to pay.
Gen – subversive, scientific societies will die
Peds1 – too much research is now in hands of publishers. If electronic, they can turn off and it's gone.
Neuro – need way for journals to make money for publishers and still have small charge
Gen – Gen Bank, for example – when do I put my sequence in a public database? People wanted to put on own web page first. Chaos. Now, mostly in public databank PubMed Central a good idea as long as also published. Cannot have less than the final version of paper as published.

4. How many of you currently post your published articles...

Peds1 – it's illegal. But he does retain right to publish (inks into publishing contract/agreement) on his or institutional web site
Gen – doesn't worry about copyright – ignores it
Neuro – don't understand copyright – isn't there some rights for scholarly use?
Paul - fair use...
Peds1 – 3-6 month embargo makes sense. Compromise. Publisher still makes money and keeps research available
Psych – would need mirror servers. University or PubMed can't be only one.

5. If an institutional research repository/archive is established...

Psych – would have to be useful and easy. Has to be automatic. What would be useful would be to update CVs now. Neither department or division handles

Paul – define supplemental data. Is raw data?

All – must be peer reviewed. Could be changed, link could be broken, code might not work, who would be responsible.

Neuro – this sort of happening in neuroimaging. Putting on web. Others can come in and look at back end data. There is a risk.

Gen and Neuro – who will police, judge? Way to risky.

Bibliography:
**Introduction to Issues in Scholarly Communication,
Open Access &
Institutional Repositories**
(Compiled by Erin Ferguson, Washington University School of Medicine)

Organizations and Initiatives:

Association of College & Research Libraries - Scholarly Communication Initiative
http://www.ala.org/Content/NavigationMenu/ACRL/Issues_and_Advocacy1/Scholarly_Communication/Scholarly_Communication.htm

Association of Research Libraries: Issues in Scholarly Communication
<http://www.arl.org/scomm/>

BioMed Central
<http://www.biomedcentral.com>

Budapest Open Access Initiative
<http://www.soros.org/openaccess/>

CARL Institutional Repository Pilot Project: Online Resource Portal
<http://www.carl-abrc.ca/projects/ir/index.htm>

Coalition for Networked Information
<http://www.cni.org/>

Create Change
www.createchange.org

Digital Library Federation
<http://www.diglib.org/>

Information Access Alliance
<http://www.informationaccess.org>

Open Archives Forum
<http://www.oaforum.org>

Public Library of Science
<http://www.plos.org/>

SPARC: The Scholarly Publishing and Academic Resources Coalition
<http://www.arl.org/sparc>

Standards Issues

Dublin Core Metadata Initiative
<http://dublincore.org/>

Open Archives Initiative
<http://www.openarchives.org/>

Open Source Initiative
<http://opensource.org>

Intellectual Property and Copyright Issues

Copyown: A Resource on Copyright Ownership for the Higher Education Community
<http://www.inform.umd.edu/copyown/>

Copyright Management for Scholarship
<http://www.surf.nl/copyright/>

Creative Commons
<http://creativecommons.org/>

Project RoMEO
<http://www.lboro.ac.uk/departments/ls/disresearch/romeo/index.html>

Other Useful Sources

Directory of Open Access Journals
<http://www.doaj.org/>

List of Repositories from the Open Archives Forum
http://www.oaforum.org/oaf_db/list_db/list_repositories.php

Selected Articles & Publications

Atkinson, Richard C. "A New World of Scholarly Communication." The Chronicle of Higher Education 50.11 (2003): B16.
Available: <http://chronicle.com/free/v50/i11/11b01601.htm>

Bide, Mark. Open Archives and Intellectual Property: Incompatible Worldviews? A Report for the Open Archives Forum. November 2002.
Available: http://www.oaforum.org/otherfiles/oaf_d42_cser1_bide.pdf.

Case, Mary M, and Judith Matz. "Framing the Issue: Open Access." ARL Bimonthly Report. 226 (2003): 8-11.
Available: http://www.arl.org/scomm/open_access/framing.html

Case, Mary M., and Prudence S. Adler. "Promoting Open Access: Developing New Strategies for Managing Copyright and Intellectual Property." ARL Bimonthly Report. 220 (2002): 1-5.
Available: <http://www.arl.org/newsltr/220/access.html>

Crow, Raym. "The Case for Institutional Repositories: A SPARC Position Paper." Washington D.C.: The Scholarly Publishing & Academic Resources Coalition. (2002).
Available: <http://www.arl.org/sparc/IR/ir.html>

Crow, Raym. Open Society Initiative Guide to Institutional Repository Software v1. New York: Open Society Initiative. (2003).
Available: <http://www.soros.org/openaccess/software/>

Crow, Raym. Sparc Institutional Repository Checklist & Resource Guide. Washington D.C.: The Scholarly Publishing & Academic Resources Coalition. (2002).
Available: http://www.arl.org/sparc/IR/IR_Guide.html

Fletcher, Gordon. "Averting the Crisis in Medical Publishing - Open Access Journals." He@lth Information on the Internet.30 (2002): 6-7.

Available: <http://www.biomedcentral.com/html/info/about/FletcherHOITI.pdf>

Gadd, Elizabeth, Charles Oppenheim, and Steve Proberts. "The Intellectual Property Rights Issues Facing Self-Archiving: Key Findings of the Romeo Project." D-Lib Magazine. 9.9 (2003).

Available: <http://www.dlib.org/dlib/september03/gadd/09gadd.html>

Harnad, Stevan. "For Whom the Gate Tolls? How and Why to Free the Refereed Research Literature." Online Through Author/Institution Self-Archiving, Now. (2001).

Available: <http://www.ecs.soton.ac.uk/~harnad/Tp/resolution.htm>

Hitchcock, Steve. "Metalist of Open Access E-Print Archives: The Genesis of Institutional Archives and Independent Services." ARL Bimonthly Report. 227 (2003): 4-11.

Available: <http://www.arl.org/newsltr/227/metalist.html>

Johnson, Richard K. "Partnering with Faculty to Enhance Scholarly Communication." D-Lib Magazine 8.11 (2002).

Available: <http://www.dlib.org/dlib/november02/johnson/11johnson.html>

Kyrillidou, Martha. "Journal Costs: Current Trends & Future Scenarios for 2020." ARL Bimonthly Report. 210 (2000): 10-11.

Available: <http://www.arl.org/newsltr/210/costs.html>

Lynch, Clifford A. "Institutional Repositories: Essential Infrastructure for Scholarship in the Digital Age." ARL Bimonthly Report. 226: (2003): 1-7.

Available: <http://www.arl.org/newsltr/226/ir.html>

Lynch, Clifford A. "Metadata Harvesting and the Open Archives Initiative." ARL Bimonthly Report.217 (2001): 1-9.

Available: <http://www.arl.org/newsltr/217/mhp.html>

McCabe, Mark J. "The Impact of Publisher Mergers on Journal Prices: An Update." ARL Bimonthly Report. 207 (1999).

Available: <http://www.arl.org/newsltr/207/jrnprices.html>

Nixon, William. "The Evolution of an Institutional E-Prints Archive at the University of Glasgow." Ariadne. 32 (2002).

Available: <http://www.ariadne.ac.uk/issue32/eprint-archives/intro.html>

Pinfield, Stephen, Mike Gardner, and John MacColl. "Setting up an Institutional E-Print Archive." Ariadne. 31 (2002).

Available: <http://www.ariadne.ac.uk/issue31/eprint-archives/>

Prosser, David. "Information Revolution: Can Institutional Repositories and Open Access Transform Scholarly Communications?" The ELSO Gazette. 15 (2003).

Available: <http://www.the-else-gazette.org/magazines/issue15/features/features1.pdf>

Research Libraries Group. "Trusted Digital Repositories: Attributes and Responsibilities: An RLG-OCLC Report." Research Libraries Group. Mountain View, CA: May 2002.

<http://www.rlg.org/longterm/repositories.pdf>

Shearer, Kathleen. A Guide to Setting-up an Institutional Repository. September 27, 2002.

Available: <http://www.carl-abrc.ca/projects/ir/setting-up.htm>.

Smith, MacKenzie, et al. "Dspace: An Open Source Dynamic Digital Repository" D-Lib Magazine 9.1. (2003).

Available: <http://www.dlib.org/dlib/january03/smith/01smith.html>

Young, Jeffrey. "'Superarchives' Could Hold All Scholarly Output." The Chronicle of Higher Education 48.43 (2002): A29.

Available: <http://chronicle.com/free/v48/i43/43a02901.htm>

Keeping Current

D-Lib Magazine

<http://www.dlib.org/>

An electronic publication with a focus on digital library research and development, including but not limited to new technologies, applications, and contextual social and economic issues.

Ariadne Magazine

<http://www.ariadne.ac.uk>

An electronic magazine which covers topics on information service developments, information networking issues, and current digital library initiatives.

ARL Bimonthly Report – Scholarly Communication Topic Link

<http://www.arl.org/newsltr/osc.html>

The bimonthly report actions from ARL, CNI and SPARC on research library issues and actions specifically related to scholarly communication.

Open Access News Blog

<http://www.earlham.edu/~peters/fos/fosblog.html>

A news blog administered by Peter Suber (of Earlham University and senior researcher at SPARC) which disseminates news about the [open access movement](#).

Scholarly Electronic Publishing Bibliography

<http://info.lib.uh.edu/sepb/sepb.html>

A continually updated bibliography published by Charles W. Bailey, Jr. of the University of Houston Libraries.

The SPARC Open Access Newsletter

<http://www.earlham.edu/~peters/fos/index.htm>

A monthly newsletter maintained by [Peter Suber](#) (of Earlham University and senior researcher at SPARC) which offers news and analysis of the open access movement.

Technical Guidelines and Issues in Managing a DSpace Repository

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Administration

Creating Communities and Collections

A DSpace installation is divided into Communities, Sub-communities, and Collections. A **Community** is the major division of DSpace. A Community would be administered by a major depart or division of the organization sponsoring the DSpace installation. In our installation, our Communities are the Becker Medical Library and the MidContinental Regional Medical Library. A DSpace installation can have two or more Communities.

A Community is made up of Sub-communities and Collections. A **Sub-community** is a smaller division of a community. A Sub-community must have collections to have any content. A **Collection** is the secondary division of DSpace. It is where the content of DSpace is stored. A Collection has users, groups, and records. A Collection cannot exist without a Community. There can be no content without a Collection. A Community can have two or more Collections.

Creating a Community

To create a Community, you must be an administrator. The URL to login as an administrator is <http://linpub1.wustl.edu:8080/dspace-admin>.

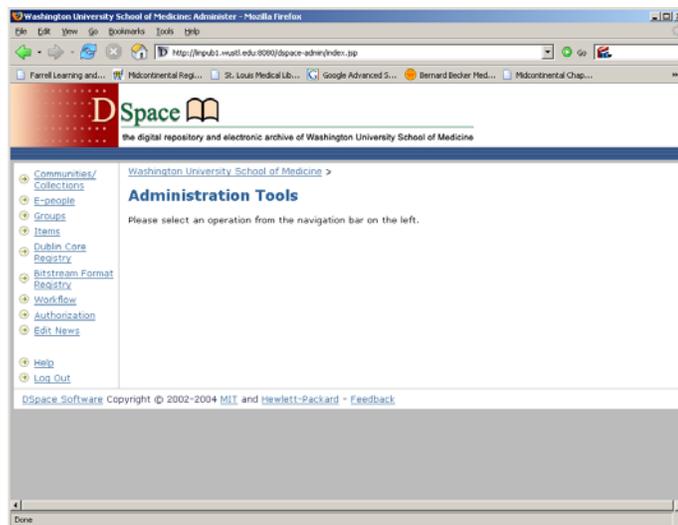


Image 1 – Administration Main Page

Click on the **Communities/Collections** link

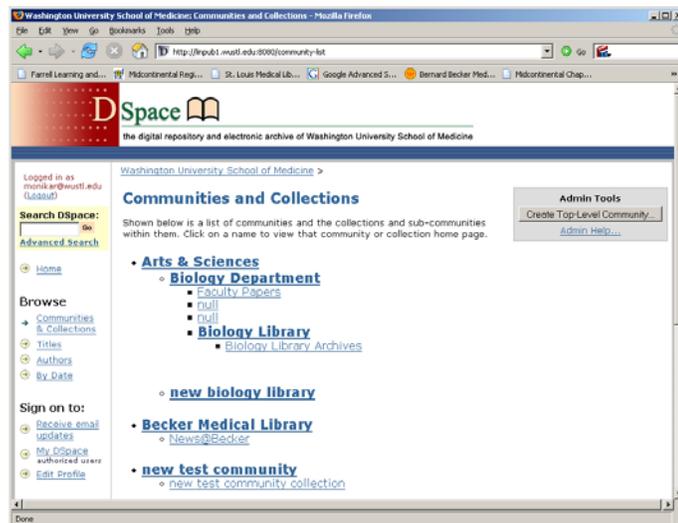


Image 2 – Edit Communities/Collections Page

From this page, the user can create Communities and Sub-communities. To create a Community, click on the **Create Top-Level Community...** button to create a new Community. The Create Community page is pictured on the next page.

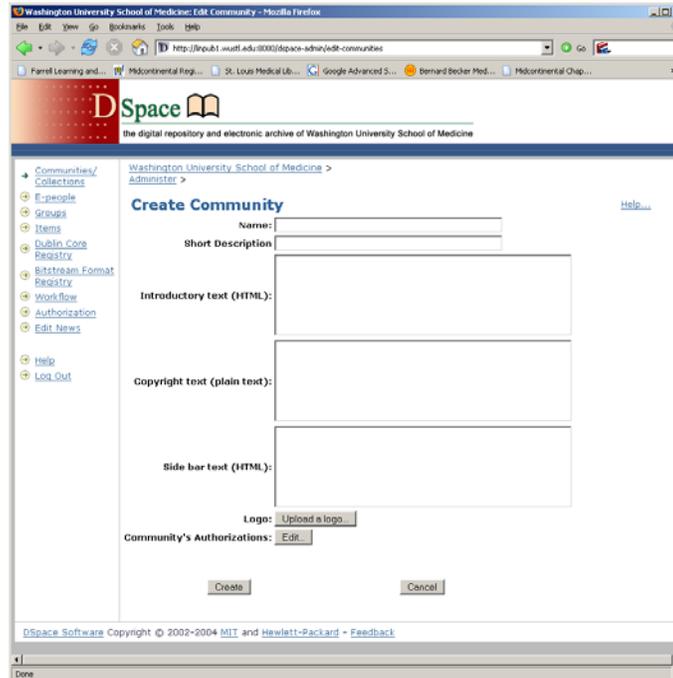


Image 3 – Create Community Page

Fields in Create Community Page:

- **Name:** Enter the name of your community here. Shows up in the top left corner of the Community page. **See Image 4 for all of the examples.**
- **Short Description:** Enter a short description of your community. Shows up under the name of the community.
- **Introductory text:** A short paragraph describing your community and its contents. Shows up between search box and list of collections. This text is written in HTML.
- **Copyright text:** Copyright statement for the community. Shows up when adding a record to a collection in this community.
- **Side bar text:** New about the community. Shows up below the list of new records to the community. This is also written in HTML.
- **Logo button:** Click here to add a logo to the community's main page.
- **Community's Authorizations button:** Click here to change the community's authorizations. See section about authorizations later in document.

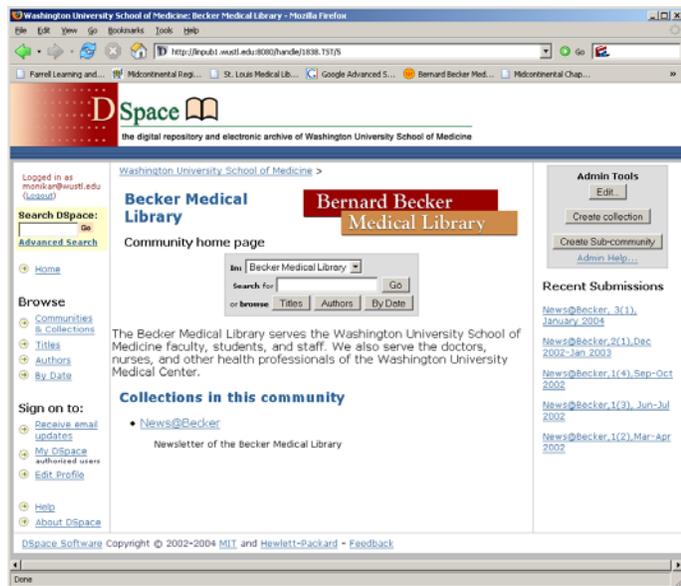


Image 4 – Public Community Page

After filling out the fields, click on the **Create** button to create a new community. To cancel, click on the **Cancel** button.

Once the user has created a Community, the community can be edited by clicking on the Edit button next to the community to be edited on the Edit Communities/Collections page (Image 2). Here is what the Edit a Community page looks like.

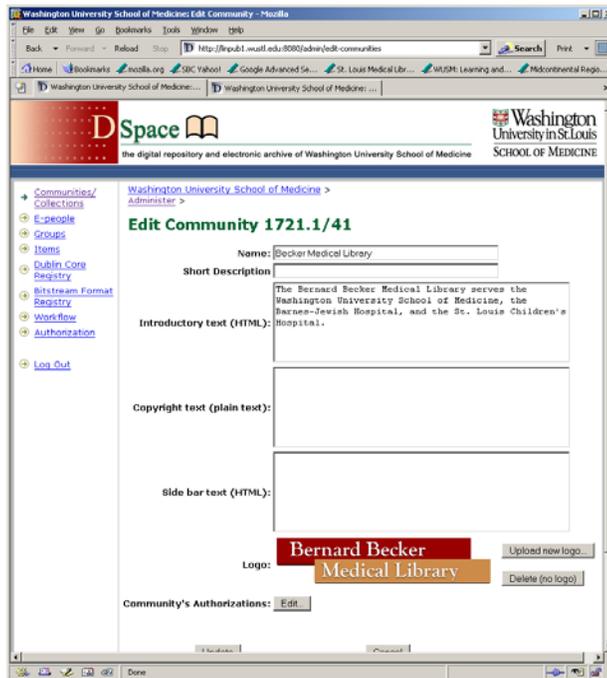


Image 5 – Edit Community Page

Here the text can be edited or new text can be entered. The user can change or delete the logo and change the policies for the community.

Creating a Sub-community

Back on the Communities/Collections page (Image 2), once a top-level Community is created, Sub-communities or Collections can be created.

To create a Sub-community, click on the link to the top-level Community.

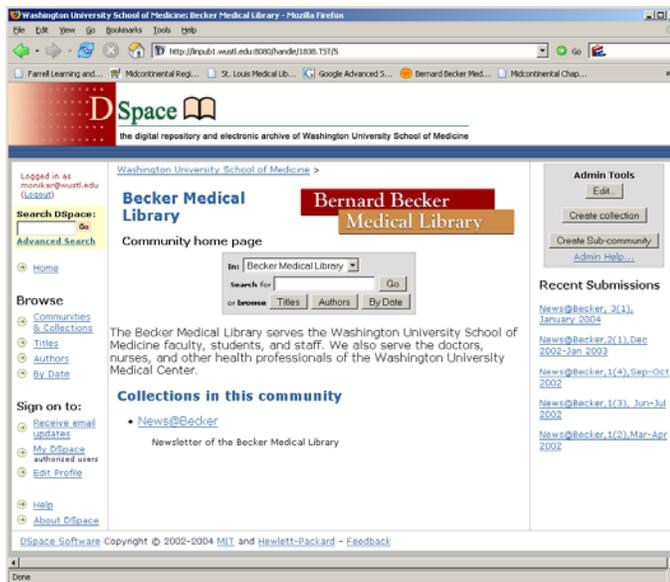


Image 6 – Community Page

Along the right side, you would click on the Create Sub-community button to create a Sub-community.

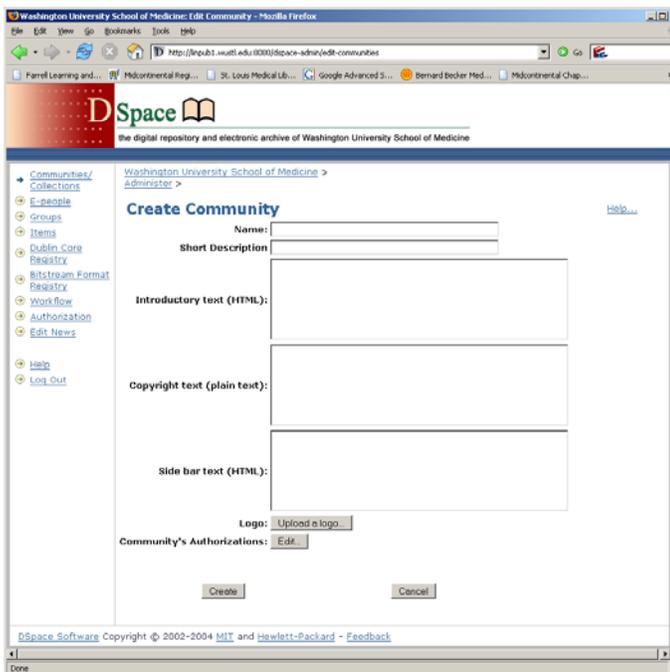


Image 7 – Create Sub-community Page

As you see, Image 7, the Create Sub-community Page is the same as Image 3, the Create Community Page. However, this sub-community will be under the top-level community of the Becker Medical Library. It won't have any contents itself but will provide a way for the Becker Library community to break up its community into sub-communities.

Creating a Collection

Just as for a Community, only an administrator can create a Collection. This is done at the Edit Communities/Collections page (Image 2).

Once you have created a Community, the only way it can have any content is inside a Collection. In the right side column of the Community or Sub-community home page, are buttons to perform the following functions:

- Edit the current Community
- Create Collection
- Create Sub-community

Here is what the page looks like:

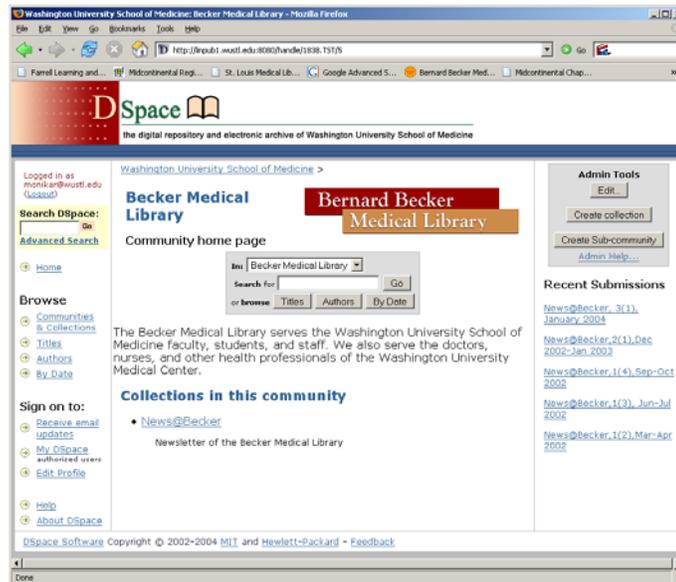


Image 8 – Create a Collection

To Create a Collection, you click on the **Create collection** button in the right side column. This is the first screen you will get in the process.

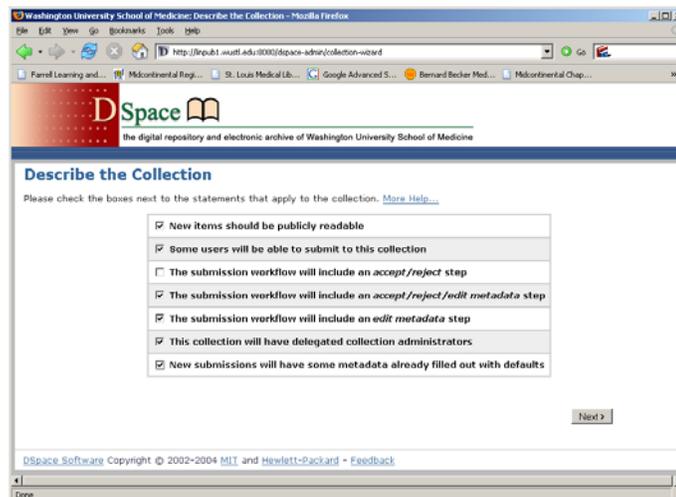


Image 9 – Describe the Collection

This step allows you to create the workflow steps that will be needed by this collection. It also sets up whether the collection will have collection administrators and whether the submission form will have some metadata fields filled out by default.

When finished selecting your choices for this screen, click on the **Next** button.

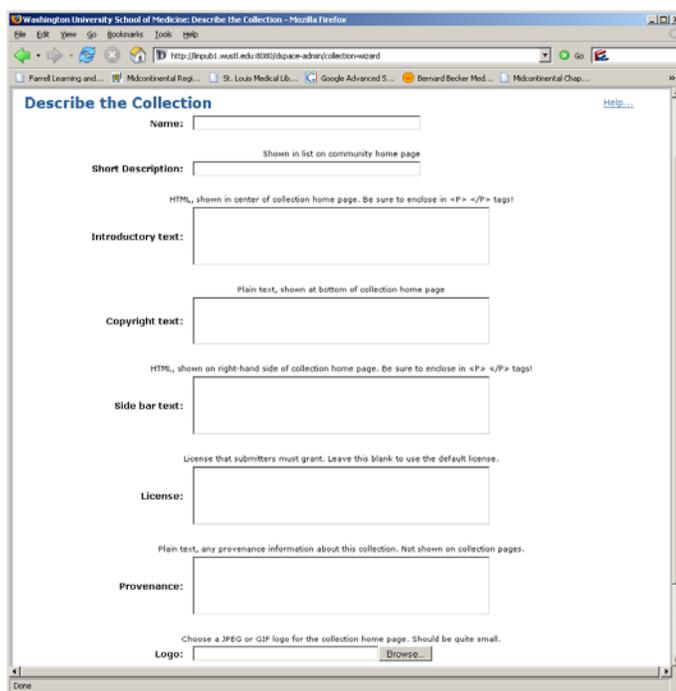


Image 10 – Describe the Collection 2

This screen lets you describe the collection in full. Here are the fields in the Describe the Collection Page

- **Name:** Enter the name of your community here. Shows up in the top left corner of the Community page. **See Image 7 for all of the examples.**
- **Short Description:** Enter a short description of your community. Shows up under the name of the community.
- **Introductory text:** A short paragraph describing your community and its contents. Shows up between search box and list of collections.
- **Copyright text:** Copyright statement for the community. Shows up when adding a record to a collection in this community.
- **Side bar text:** New about the community. Shows up below the list of new records to the community.
- **License text:** This text grants DSpace license to store and distribute the author's work. The author or submitter grants this license when they submit their document to DSpace.
- **Provenance:** This field is for you to use to add any text that you feel is relevant.
- **Logo button:** Click here to add a logo to the community's main page.

After filling out these fields, click the **Next** button. The next screen is the Authorization to Submit page where you can select individuals or groups that are allowed to submit items to this collection.



Image 11 – Authorization to Submit 1

Click on the **Select E-People** to make your selections. A new window will open and you can select e-people who will be allowed to submit items to this collection.

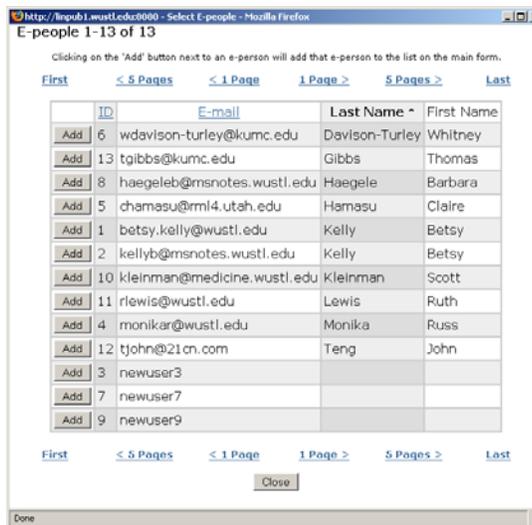


Image 12 – Selecting E-People

Once you have selected e-people by clicking on the Add button by their names, click on the **Close** button to close the window and now the Authorization to Submit page has people in the window.



Image 13 – Filled out Authorization to Submit page

Here is the Authorization to Submit page filled out with e-people that have been selected to submit items to this collection. After this has been completed, click on the **Next** button to go to the next step in the process.

The next step is setting up the **Workflow Accept/Reject Step**. This used to be called Workflow 1 in previous versions of DSpace. This is the step that can only accept or reject a submission.



Image 14 – Workflow Accept/Reject Step

It works similarly to the Submission step. You click on the **Select E-People** button and a new window opens. From that list, you select people by click on the **Add** button next to their names to add those people to this step. When finished, click on the **Close** button to close that window. When you are finished with this step, click on the **Next** button to move on to the next workflow step.

The other two workflow steps are:

- **Workflow Accept/Reject/Edit Metadata Step** – This workflow step can accept or reject a submission as well as edit the metadata for the submission.
- **Workflow Edit Metadata Step** – This step is the final one in the workflow process. This step can no longer reject the submission. It can edit the metadata. Once this step, if is part of the submission process, OKs the submission, the item becomes part of the collection.

After you have set up the workflows that you selected on the first screen of the collection creation process, the next step is to set up the collection administrators. This is if you set up collection administrators other than the system administrators.

Workflow Notes

If no Workflows are assigned to a Collection, the submitted items are archived in DSpace without any review.

Accept/Reject Step should be assigned to a subject matter expert who can assess the quality and accuracy of the work. The only point of the Accept/Reject Step is to accept or reject the submission based on appropriateness to the collection and community. If there is no Accept/Reject/Edit Metadata Step or Edit Metadata Step, it is archived in DSpace without any opportunity to look at the metadata entered by the submitter.

Accept/Reject/Edit Metadata Step is the best one to use if you only want one workflow for the collection. It can be used accept or reject the submission and it can also edit the metadata submitted with the item or items. The submitter is probably not well versed in the metadata concept, which is why having a workflow step that has someone who is versed in metadata analysis is very important to the accuracy of the information in the DSpace records. If there is no Edit Metadata Step, the record is archived in DSpace.

Edit Metadata has no power to reject the submission. It is used to edit the metadata. Once it is edited by WF 3, it is archived in DSpace.

See Appendix D – DSpace Flowchart for more information.

The **Delegated Collection Administrators** page will show up if you made that selection at the beginning of the process after you click **Next** on the last Workflow step.



Image 15 – Delegated Collection Administrators

This page works like the Workflow steps. You click on the **Select E-People** and click on the **Add** button next to people's names on the resulting list in the new window. When you are finished, click on the **Close** button to close the new window. Click on the **Next** button to move to the next step in the Create Collections process.

The next step would be to identify and fill out the default metadata fields for each item.

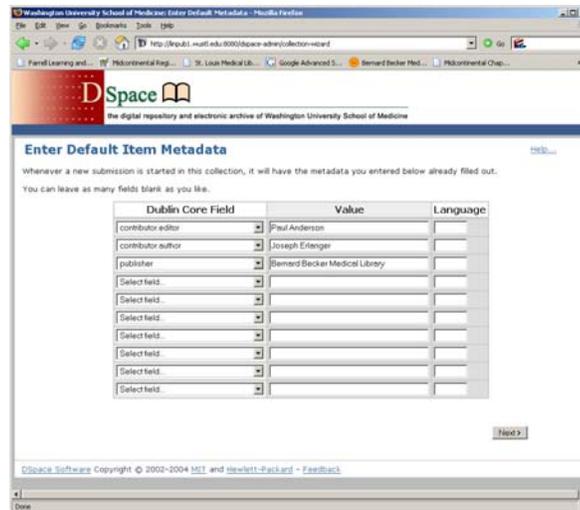


Image 16 – Enter Default Item Metadata

Here you can choose which metadata fields will have default data in it and what that data will be. This will make the submissions easier and quicker.

Once you have finished adding default values for metadata fields, click on the Next button. This will take you to the Edit Collection page where all items will be filled out. This is the place where you can review all of the selections you have just gone through.

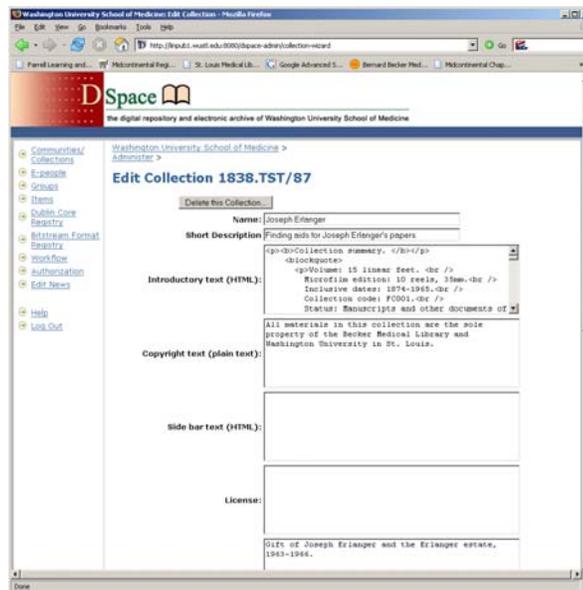


Image 17a – Edit Collection Page – Part 1

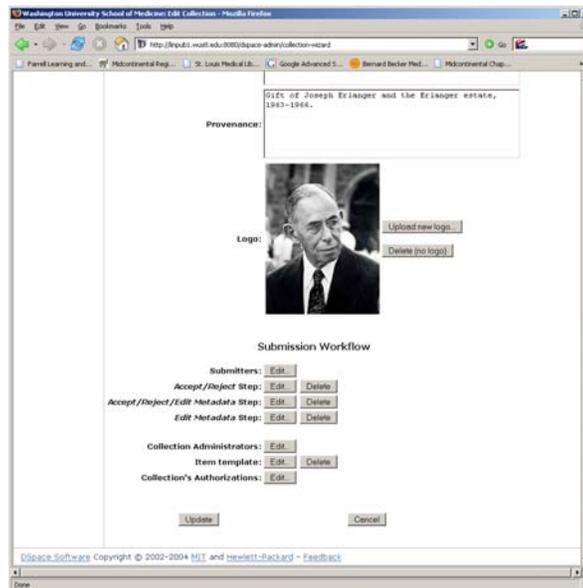


Image 17b – Edit Collection Page – Part 2

To confirm all of the selections you have made, click on the Update button at the bottom of the page. Now the collection is ready to accept submissions.

Creating Epeople and Groups

Individual users in DSpace are called **EPeople** in the Administration section. **Groups** can be created and two or more epeople can be added to the group to give multiple users the same authorizations or assign multiple users to the same workflow.

EPeople

EPeople are added to DSpace by creating an account from the DSpace Main Page (Image 40). They click on the MyDSpace link in the left column and go to the Log in to DSpace page.

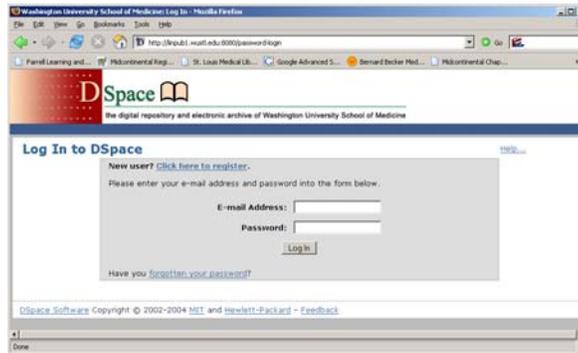


Image 18 - Login to DSpace Page

If you are already a registered user, you would enter your **e-mail address** and **password** and log in to DSpace. If you are a new user, you would click on the **Click Here to Register** link to register to use DSpace.

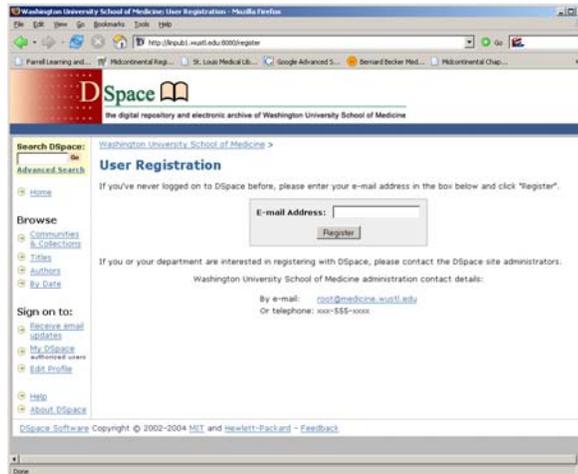


Image 19 – User Registration

You will enter your e-mail address in the text box and click on the Register button. This will send a registration request to the DSpace server administrator. The administrator will send you an email with your registration information shortly. Once you receive this information, you can go to the Log in to DSpace page and log in to MyDSpace.

MyDSpace

MyDSpace is an Eperson's portal to DSpace. Here is what the MyDSpace looks like.

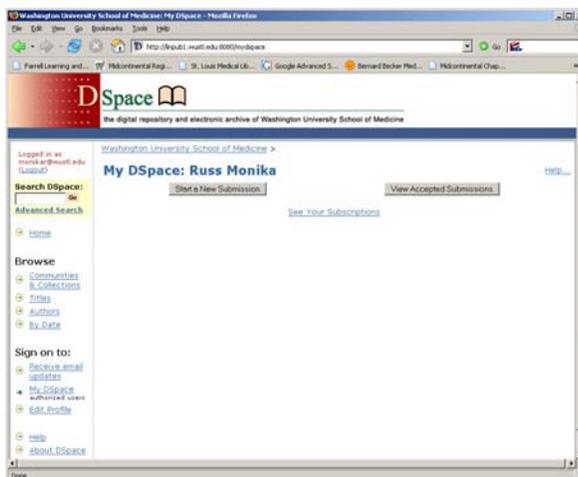


Image 21 – MyDSpace

It has the standard window as does the general main page. But here you can click on the **Start a New Submission** to submit an item to DSpace. You must be an Eperson to submit items to DSpace. We will go over the Submission process later in this report.

You can also click on the **View Accepted Submissions** to see all of the items that you have submitted that have been accepted into DSpace.

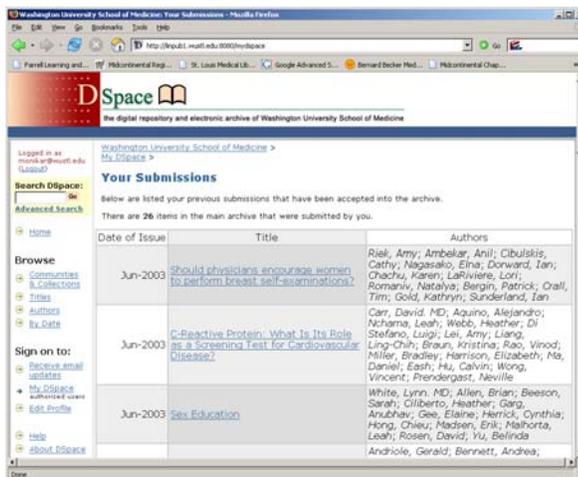


Image 21 – Accepted Submissions

You can also click on the **See Your Subscriptions** link to see to which Collections you are subscribed. As a DSpace user, you can **subscribe to a collection** and be notified when a new item has been submitted to the collection.

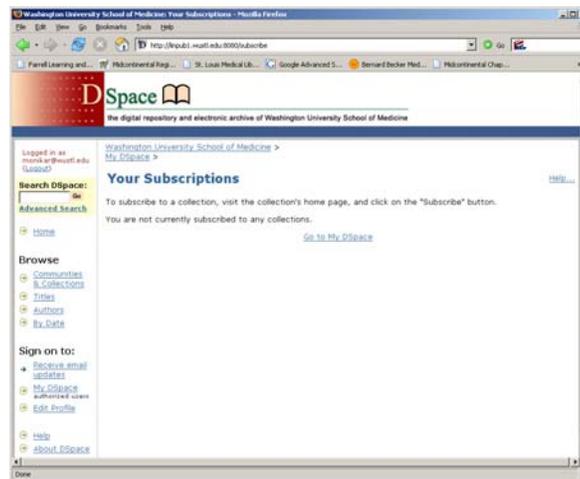


Image 22 – Your Subscriptions

Administration

From the Administration Main Page (Image 1) you can get the list of EPeople in the WUSTL DSpace by clicking on the **EPeople** link in the left side menu.

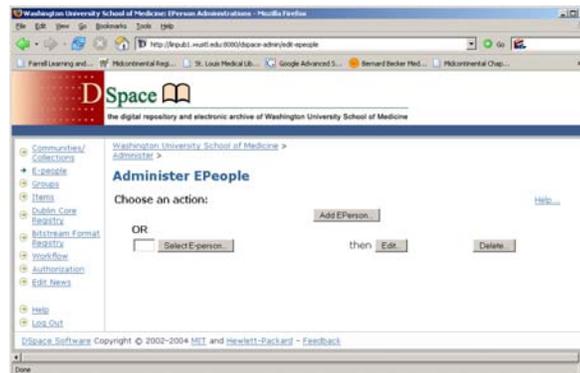


Image 23 – Administer EPeople Page

On this page, you can add an e-person or select an e-person to edit or delete. To add an e-person, click on the Add E-person button.

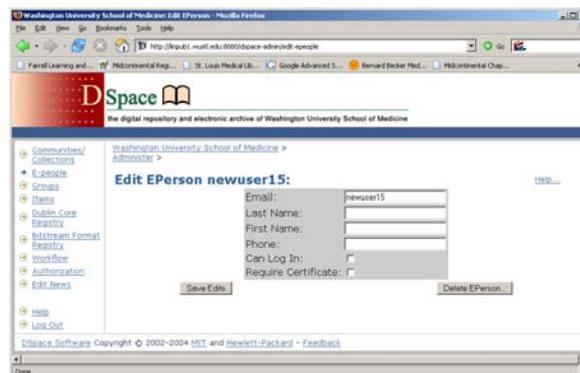


Image 24 – Edit Eperson Page

Here you can edit the fields in the Eperson's record and click on the Save Edits button to save the record. You can also delete the Eperson on this page as well.

To edit or delete an e-person, click on the **Select E-person** button and a new window will pop up with a list of all of the e-people. Click on the **Add** button next to the person you wish to edit, and the window will close and the e-person will be added to the text box next to the button.



Image 25 – Selecting an E-person

To edit the e-person, click on the **Edit...** button.

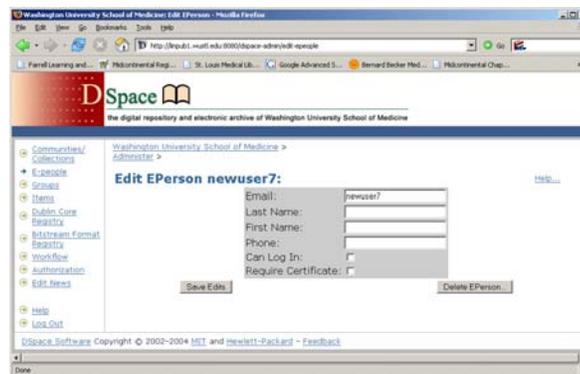


Image 26 – Edit an E-person

Here you can fill out or edit the fields in the e-person's record. Click **Save Edits** to save the record. Here you can also delete the record by clicking on the **Delete Eperson** button. A confirmation page will load to confirm the deletion of the e-person's record.

To delete an e-person, click on the **Delete** button and the following page will load.



Image 27 – Deleting an E-person

Click on the **Delete** button do confirm the deletion of the e-person.

Groups

Groups are created to apply authorizations or assign duties to multiple epeople. Administrators assign groups. Users can't assign themselves to groups.

Administration

Groups are administrated from the Administration Main Page (Image 1). By clicking on the Groups link in the left side column, you get the following page.

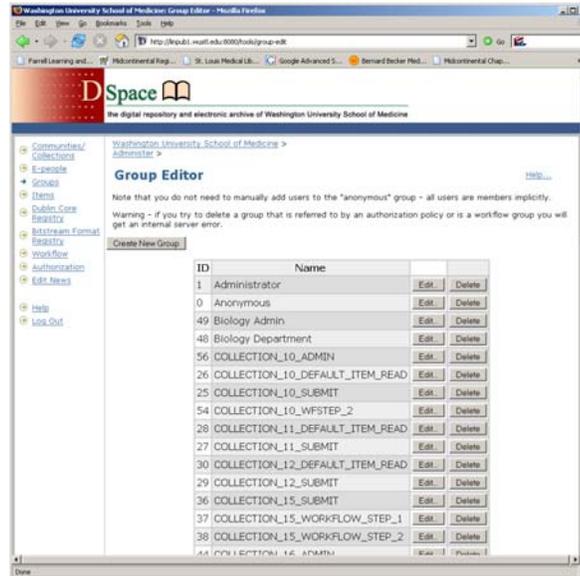


Image 28 – Group Editor

This page looks very similar to the Eperson's page. You can edit a Group or you can delete Group from this page. To delete a Group, click on the **Delete** button.

To create a new Group, click on the **Create New Group** button.

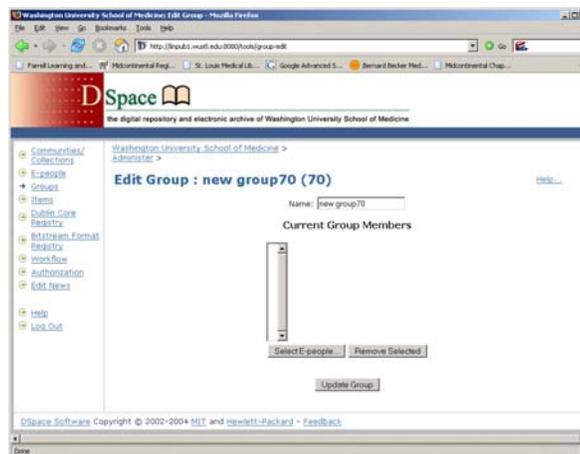


Image 29 – Create New Group

To give the group a name, type in a name for the group in the Name text box. To add people to the group, click on the Select E-people button. In the list in the new window, click on the Add button next to the name or names of the people you wish to add to this group.

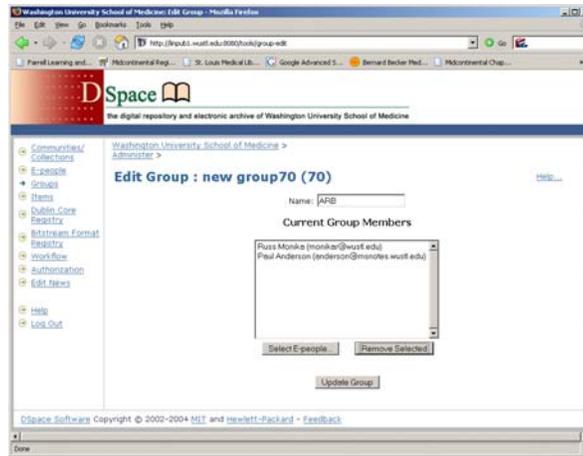


Image 30 – New Group

When finished adding people to the group, close the window and click on the Update Group button. To return to the Groups list, click on the Groups link in the left side Administration menu.

To edit a Group, click on the **Edit** button.

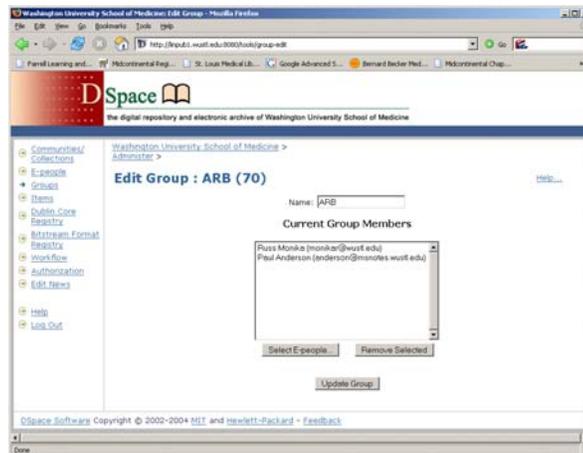


Image 31 – Edit Group

Here you can edit the name of the group and click on the **Update Name** button. You can also **Select EPeople** to add to the group and **Remove Selected** people from the group by clicking on the appropriate buttons.

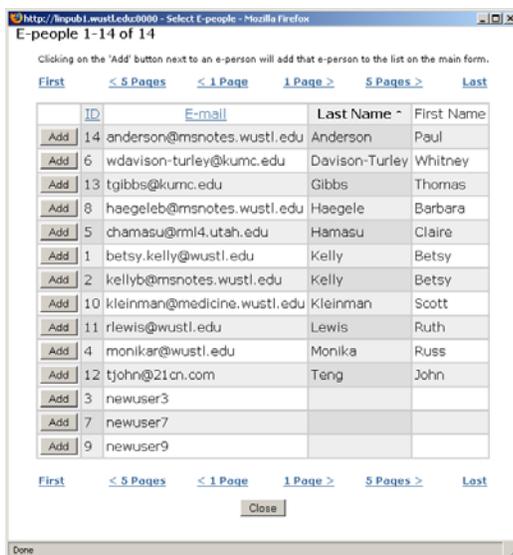


Image 32 – Adding an EPerson

Click on the Add button next to a person's name to add them to the group. When finished, click on the Close button to close the window and return to the Edit Group page.

Groups Notes

- *Reasons for creating Groups*
 - *Restrict users who can submit to a collection. Create a submitter group. When a new user is added to DSpace who can submit to a collection, add that person to the submitter group.*
 - *Restrict users who can read a collection.*
 - *Create a group for a specific workflow. Create a workflow for a collection and leave the users blank. Then assign the workflow group to the workflow.*

Authorization Policies

Each Eperson and Group must have the correct Authorizations in order to function in DSpace. The Anonymous Group must have Read authorization in order to view the content of DSpace. Other users and groups performing other tasks must have the correct authorizations to perform those tasks.

The four basic authorizations in DSpace are:

- READ – The ability to read records.
- WRITE – The ability to make edits to records.
- ADD – The ability to add a record to the archive.
- REMOVE – The ability to delete records.

Assigning Authorizations

Here is the Authorizations Page.



Image 33 – Administer Authorization Policies

On this page, you can administer the following authorization policies:

Manage a Community's Policies



Image 34 – Community's Policies

On this page, you select a community.



Image 35 –Policies for a Community

Here you can edit or delete existing policies or add new policies. Since allowing anonymous users to read your collection is a necessary policy, we won't touch that one.

To create a new policy, click on the Add New button.



Image 36 – New Policy for a Community

Here you can assign a task to a group for the Community. **Select the Group** and **select the action**. Then **click on the Save Policy** and it will be added to the Community's Policies.

Manage a Collection's Policies

Editing a Collection's Policies is the same as for a Community. When you click on the **Manage a Collections Policies** button, you get a page similar to the Edit Policy for Community page (Image 22). You **select a group** and **select a task** and then **click on the Save Policy** button.

An Item

You can edit or assign an authorization to an individual item in DSpace. Click on the **Manage an Item's Policies** button to see the Select an Item Page.

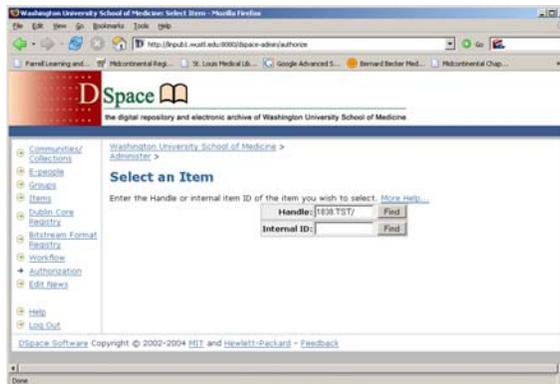


Image 37 – Select an Item

You need to search for the items handle to finish the handle number to find the item you want to assign an authorization. Once you have the handle number, type it into the top box in the search form.

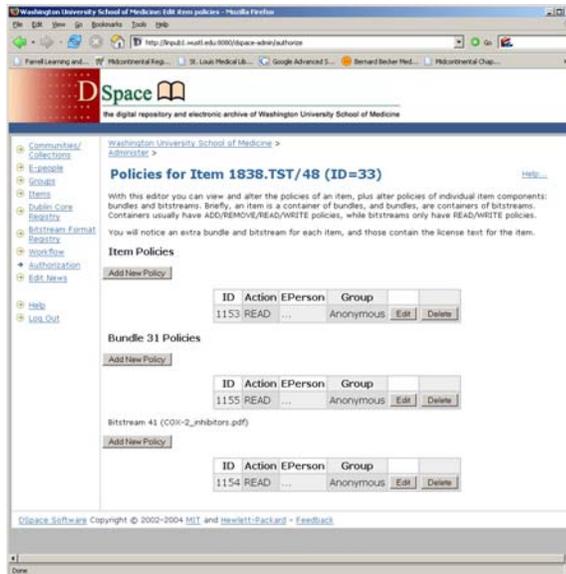


Image 38 – Edit an Item's Policies

Here is the text from the Edit an Item's Policies Page. This is a page that we at WUSTL don't use often.

"With this editor you can view and alter the policies of an item, plus alter policies of individual item components: bundles and bitstreams. Briefly, an item is a container of bundles, and bundles, are containers of bitstreams. Containers usually have ADD/REMOVE/READ/WRITE policies, while bitstreams only have READ/WRITE policies.

You will notice an extra bundle and bitstream for each item, and those contain the license text for the item."

Advanced/Wildcard Policy Admin Tool

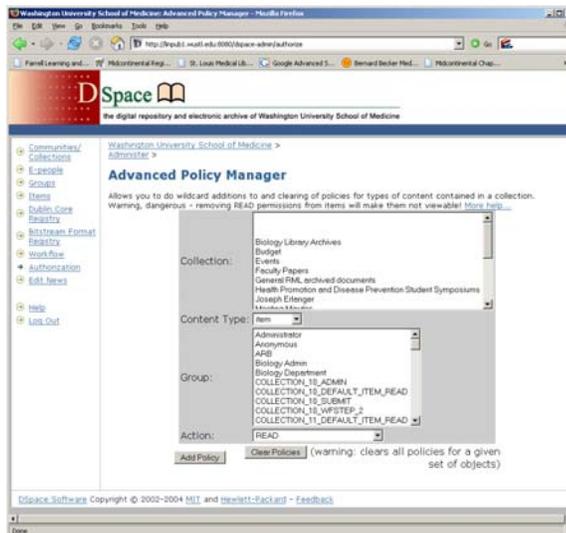


Image 39 – Advanced Policy Manager

Here is the text from the Advanced Policy Administration page:

"Allows you to do wildcard additions to and clearing of policies for types of content contained in a collection. Warning, dangerous - removing READ permissions from items will make them not viewable!"

This is not a page that we at WUSTL use very much.

Web Interface

All of the files for the Web Interface are **Java Server Pages (JSP)** and are written in that format. It sounds daunting, but only a strong knowledge of HTML is really needed to edit the basic pages. **We found no need to edit the JSP programming in DSpace.** All we did was edit the HTML coded embedded in the JSP pages.

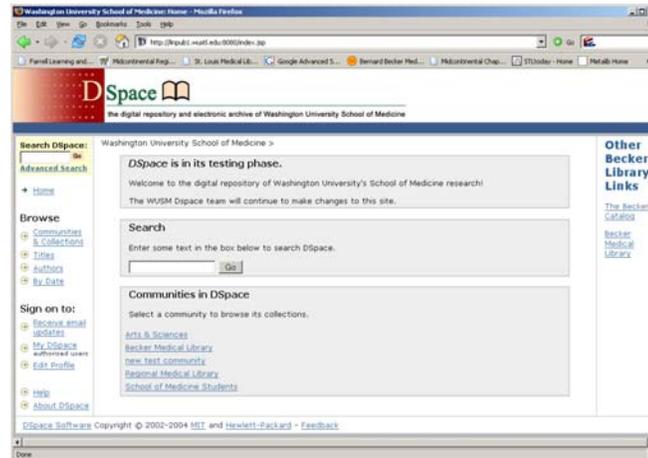


Image 40 – DSpace Main Page

Brief Overview

Here is a brief overview of the steps we at WUSM took to get DSpace running. Detailed instructions of how we accomplished these steps will follow.

1. Identify the files that make up the Main Page.
Several individual files make up the main page. They are combined by the home.jsp file.
2. Copy files that are to be edited and used into the **/home/dspace_source/dspace-1.2-source/jsp/local** directory.
All of the files that you edit and use in your local installation of DSpace should be saved into the /local directory of the /jsp directory. Copy the **/images** directory there as well. Then you can add and delete images whenever you want. The **/local** directory should have the identical directory structure as the **/jsp** directory. DSpace will look for files in the **/jsp/local** directory first, then look for the file in the **/jsp** directory. The files that are saved in the **/local** directory are not touched when a new version is installed.
3. Edit those files to make DSpace our own.
You can edit the files. You can add your own images. You will need to change the path in all of the tags to the /local directory for the images in your files. You don't have to refer to MIT or HP. You will want to add links to your own sites and email addresses. Again, you shouldn't have to change any of the JSP programming.
4. Edit the styles.css.jsp stylesheet to use the files in the /local directory.
You will have to change a statement at the beginning of the stylesheet so that it will use the local stylesheet. Instructions are later in this document. The stylesheet is very involved and most styles are best left alone, but this is the file that governs all styles in all files in the site.

The following sections will give you specific instructions about accomplishing these steps.

Identify Files that Make Up Main Page

The first step is to determine which files make up the main page of the Web Interface. The main page is made up of several component files that are then put together to make up the main page.

Those files are:

Home.jsp – This file is the one that puts together most of the components for the main page. It calls for the components/news.jsp file for the top box in the middle column. It creates the Search section in the middle box of the middle column. And it brings up the list of Communities in the bottom box of the middle column. It also is where you can add text and link in the right column of the main page if you would like.

Index.jsp – This is the main page that browser will load first when the go to <http://linpub1.wustl.edu:8080/>. It launches sever Java Applets that allow DSpace to operate properly. It also launches home.jsp which loads the rest of the main page components.

Styles.css.jsp – This is the style sheet for the site. Even though it has a .jsp file extension, it is really a Cascading Style Sheet. Most of the styles will be left at their default settings, but you will want to change some of them. We will discuss which ones later.

Components/news.jsp – This is the file that fills out the top box in the middle column. This is where you would put News items and other announcements about your DSpace installation. Other news information can be put here as well.

Layout/footer-default.jsp – This file is what makes up the bottom part of the main page below the three columns. By default, there are some MIT and HP icons there. This page is set up like the header-default.jsp page in that it has a three column table in it but with only one row.

Layout/header-default.jsp – This file makes up the top part of the page. It includes the banner and the blue stripe. It is a table with two rows and three columns. The default file has the DSpace image in the leftmost cell of the first row and an MIT image in the rightmost row. In the center cell of the top row is text and a link to the About DSpace page at MIT. As you can see, we merged the first two cells and put in our own banner and left aligned it. We put in the Medical School logo in the rightmost cell and right aligned it. This way, as the browser windows widens, it will separate from the banner and align with the third column of the body of the rest of the page. The second row contains the blue stripe image.

Layout/location-bar.jsp – This file brings up the name of the DSpace installation which shows up above the top box in the middle column. This is the name of the institution sponsoring the DSpace installation.

Layout/navbar-default.jsp – This file is what makes of the contents of the left column navigation from below the blue bar from the header to right above the footer. It starts with the Search text box and ends with the About DSpace link. Most of the time, you won't be editing this file very much.

Copy Files to Edit to /Local Directory

All files that you are editing and using for your local installation of DSpace **must** be copied into the **dspace/jsp/local** directory in the DSpace directory structure. The files should follow the same directory structure as they do in the **/jsp** directory. That is where you can edit and save the files. They should not be edited in their default locations.

Style Sheet – styles.css.jsp

This is the file that set the display styles for all of the pages in DSpace. It is basically a CSS page with some minimal JSP code to fit in with the other JSP files. There are several edits to make to the file and procedures to do after the file is uploaded to make it work.

- The file has a typo. There is a JPS comment between the declaration that change the tag and the declarations that create the classes. The first line of the comment ends with --%., when it should end with --%>. The end bracket is crucial as it throws off the rest of the style sheet.
- You must delete all references to looking for the local style sheet. This file is the local style sheet. In the first JSP statement, leave in the text/css line, the imageURL line, and the

Netscape 4.x stuff. Delete the if/then stuff about the local style sheet stuff. It causes a loop that shuts down DSpace. See Appendix A, Editing the Styles.css.jsp Page.

- After you upload the styles.css.jsp to the dspace/jsp/local directory, you must restart the server for it to recognize the local style sheet. Otherwise, it will stop using the old style sheet but the styles in the new sheet won't take effect, so no styles will show at all.
- Once the new style sheet is in use, in order to avoid restarting the server many times, I recommend editing the styles.css.jsp on the server using Pico. There is no real benefit editing a CSS page is a program like Dreamweaver since you have to edit it in Code View anyway. You'll probably want to FTP the file after editing it for backup purposes.

Item Importer and Exporter in DSpace

DSpace provides command line tools to import and export in batches into collections in the system. They launch Java applets to do the importing and exporting. I have spent some time working with these tools, applets, and the documentation and have successfully imported and exported items. These are my notes about both processes. I have enlisted the help of both our staff and the DSpace-Tech listserv in making these applets work on our DSpace.

DSpace Simple Archive Format

The Simple Archive Format is what DSpace used to create an archive for the items. The archive is simply a directory full of items, with a subdirectory for each item. Each subdirectory contains a file for the item's descriptive metadata, and the files that make up the item.

Here is what the [archive](#) should look like:

```
archive_directory/
  item_000/
    dublin_core.xml      -- qualified Dublin Core metadata
    contents             -- text file containing one line per filename
    file1.doc            -- files to be added as bitstreams to the item
    file2.pdf
    ...
  item_001/
    dublin_core.xml      -- qualified Dublin Core metadata
    contents             -- text file containing one line per filename
    file1.doc            -- files to be added as bitstreams to the item
    file2.pdf
    ...etc.
```

Notes:

- *The contents file contains the name of the files that are part of the item, one filename per line.*
- *You must include the path to Java in the PATH environment variable.*
- *I put the archive_directory in the dspace/bin directory. Several messages in the listserv mentioned that their importing efforts didn't work until they did this.*

Dublin_core.xml

The dublin_core.xml file has a strict format. The root element is <dublin_core> and the only element allowed in the document is <dcvalue>. Only three attributes are allowed in the <dc_value> element. They are:

<element> -- the Dublin Core element
<qualifier> -- the element's qualifier
<language> -- (optional) language code for the element

Here is an example of a [dublin_core.xml](#) document used in importing an item.

```
<dcvalue element="contributor" qualifier="author">Walter, Ed</dcvalue>
<dcvalue element="date" qualifier="issued">2001-12</dcvalue>
<dcvalue element="identifier" qualifier="citation">News@Becker,1(1),Nov-Dec
2001</dcvalue>
<dcvalue element="description">Quarterly newsletter of the Becker Medical Library. Also
available on the library website at
http://becker.wustl.edu/newsletter/v1i1/index.htm</dcvalue>
```

If there is no qualifier, then the qualifier="none" is used.

Notes:

- *I was able to import items with dcvalues that didn't have qualifiers. You are supposed to use a qualifier="none" but I had problems with it. I took out the qualifier attribute and those items imported fine.*
- *The file that determines what elements can be used is the **/dspace/config/registries/dublin-core-types.xml** file. It contains the metadata for the acceptable metadata for the items in DSpace. I used this file, along with the records of existing, similar items in DSpace to determine what metadata to put in the Dublin_core.xml file.*
- *Also in the same directory is the **bitstream-formats.xml** file. This file holds all of the bitstream formats that are acceptable in DSpace. When you add a bitstream type, this file is edited by the system.*

Importing Items

The item importer is in the `[org.dspace.app.itemimportItemImport]`, and is run with the `dsrun` utility in the `dspace/bin` directory.

To import a group of items with an Eperson as submitter, the command syntax is:

```
dsrun org.dspace.app.itemimporter.ItemImporter --add --eperson=joe@wustl.edu --
collection=collectionID --source=source_dir --mapfile=mapfile
```

- **eperson** – a valid eperson registered in DSpace
- **collectionID** – the database number found when you click on the Collections link
- **source_directory** – the archive_directory for the items
- **mapfile** – a name you give to a file that DSpace create when it imports the items. This file can use this file to unimport files.

When all elements are structured correctly, the [import utility works well and quickly](#). If there is an error in an element in the metadata file, the output of the utility tells you which element made the program stop.

Here is an example. One time, the program stopped because of the citation element.

```
Element: publisher Qualifier: none Value: Becker Medical Library
Element: language Qualifier: iso Value: en_US
Processing contents file: archive_directory/item_000/contents
Bitstream: news@beckerv1i1.pdf
Processing handle file: handle
It appears there is no handle file -- generating one
java.sql.SQLException: bad_dublin_core identifier citation
at org.dspace.content.Item.update(Item.java:1085)
```

```
at org.dspace.content.InstallItem.installItem(InstallItem.java:181)
at org.dspace.content.InstallItem.installItem(InstallItem.java:90)
at org.dspace.app.itemimport.ItemImport.addItem(ItemImport.java:475)
at org.dspace.app.itemimport.ItemImport.addItems(ItemImport.java:333)
at org.dspace.app.itemimport.ItemImport.main(ItemImport.java:281)
java.sql.SQLException: bad_dublin_core identifier citation
[dspace@linpub1 bin]$
```

Here the program tells us that the Dublin Core is bad. This gives you a guide to what needs fixing in the `dublin_core.xml` file before you run the importer utility again.

Notes:

- *All the files must follow all of the above guidelines. Any error and the process will stop and show an error message.*

Exporting Items

The item exporter is in the `[org.dspace.app.itemexportItemExport]`, and is run with the `dsrun` utility in the `dspace/bin` directory. You can export several items or a single item using the exporter utility.

To export all items in a collection, use the following syntax:

```
dsrun org.dspace.app.itemexport.ItemExport --type=COLLECTION --id=collID --dest=dest_dir --number=seq_num
```

Notes:

- *The collection ID can either be the database ID or the handle.*
- *The dest_dir is a directory that you create to hold the files that you export. The system will create subdirectories for each item in the collection that will hold all of the files for that item. I created a directory in the dspace/bin directory just to be consistent with the imported files. I gave the directory the name of the collection.*
- *The seq_num is a number you assign that will begin the sequence of items that are exported. There can be no alpha characters or dashes in the number.*

To export a single item in a collection, use the following syntax:

```
dsrun org.dspace.app.itemexport.ItemExport --type=ITEM --id=itemID --dest=dest_dir --number=seq_num
```

Notes:

- *The item ID is the item's handle. A handle file is exported and can be used when importing into another DSpace machine so that it can keep its same handle.*
- *The dest_dir is a directory that you create to hold the files that you export. The system will create subdirectories for each item in the collection that will hold all of the files for that item. I created a directory in the dspace/bin directory just to be consistent with the imported files. I gave the directory the name of the collection.*
- *The seq_num is a number you assign that will begin the sequence of items that are exported. There can be no alpha characters or dashes in the number.*

Here is what the directory structure of the `archive_directory` looks like for imported items.

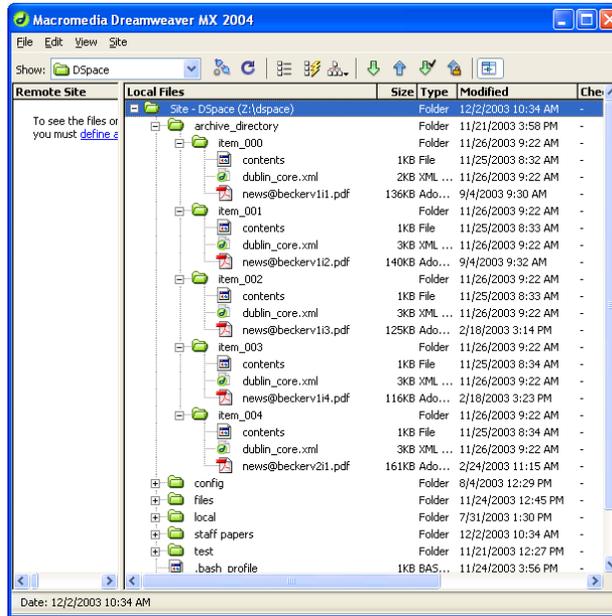


Image 41 – Import files

Here is an example of a complete **dublin_core.xml** document used in importing an item.

```
<?xml version="1.0" encoding="ISO-8859-1"?>
<!DOCTYPE dublin_core [
  <ELEMENT dublin_core (dcvalue+)>
  <ELEMENT dcvalue (#PCDATA)>
  <!ATTLIST dcvalue element CDATA "none">
  <!ATTLIST dcvalue qualifier CDATA "none">
]>

<dublin_core>
  <dcvalue element="contributor" qualifier="author">Schoening, Paul</dcvalue>
  <dcvalue element="contributor" qualifier="author">Murray, Carol</dcvalue>
  <dcvalue element="contributor" qualifier="author">Prendergast, Neville</dcvalue>
  <dcvalue element="contributor" qualifier="author">Kelly, Betsy</dcvalue>
  <dcvalue element="contributor" qualifier="author">Halbrook, Barbara</dcvalue>
  <dcvalue element="contributor" qualifier="author">Ferguson, Erin</dcvalue>
  <dcvalue element="contributor" qualifier="author">Walter, Ed</dcvalue>
  <dcvalue element="date" qualifier="issued">2001-12</dcvalue>
  <dcvalue element="identifier" qualifier="citation">News@Becker,1(1),Nov-Dec 2001</dcvalue>
  <dcvalue element="description">Quarterly newsletter of the Becker Medical Library. Also available on the library website at
  http://becker.wustl.edu/newsletter/v1i1/index.htm</dcvalue>
  <dcvalue element="description" qualifier="abstract">Newsletter of the Becker Medical Library, Washington University School
  of Medicine</dcvalue>
  <dcvalue element="format" qualifier="mimetype">application/pdf</dcvalue>
  <dcvalue element="title">News@Becker</dcvalue>
  <dcvalue element="type">Newsletter</dcvalue>
  <dcvalue element="subject">Web of Science</dcvalue>
  <dcvalue element="subject">proxy</dcvalue>
  <dcvalue element="subject">electronic resources</dcvalue>
  <dcvalue element="subject">Archives and Rare Books</dcvalue>
  <dcvalue element="subject">Digital Gallery</dcvalue>
  <dcvalue element="subject">MSCNS</dcvalue>
  <dcvalue element="publisher">Becker Medical Library</dcvalue>
  <dcvalue element="language" qualifier="iso">en_US</dcvalue>
</dublin_core>
```

Here is a log of a successful import of five items into the News@Becker collection.

```
[dSPACE@linpub1 bin]$ dsrun org.dspace.app.itemimport.ItemImport --add --eperson=monikar@msnotes.wustl.edu --collection=12 --source=archive_directory --mapfile=map7
```

Adding items from directory: archive_directory

Generating mapfile: map7

Adding item from directory item_000

Loading dublin core from archive_directory/item_000/dublin_core.xml

Element: contributor Qualifier: author Value: Schoening, Paul

Element: contributor Qualifier: author Value: Murray, Carol

Element: contributor Qualifier: author Value: Prendergast, Neville

Element: contributor Qualifier: author Value: Kelly, Betsy

Element: contributor Qualifier: author Value: Halbrook, Barbara

Element: contributor Qualifier: author Value: Ferguson, Erin

Element: contributor Qualifier: author Value: Walter, Ed

Element: date Qualifier: issued Value: 2001-12

Element: identifier Qualifier: citation Value: News@Becker,1(1),Nov-Dec 2001

Element: description Qualifier: none Value: Quarterly newsletter of the Becker Medical Library. Also available on the library website at <http://becker.wustl.edu/newsletter/v1i1/index.htm>

Element: description Qualifier: abstract Value: Newsletter of the Becker Medical Library, Washington University School of Medicine

Element: format Qualifier: mimetype Value: application/pdf

Element: title Qualifier: none Value: News@Becker

Element: type Qualifier: none Value: Newsletter

Element: subject Qualifier: none Value: Web of Science

Element: subject Qualifier: none Value: proxy

Element: subject Qualifier: none Value: electronic resources

Element: subject Qualifier: none Value: Archives and Rare Books

Element: subject Qualifier: none Value: Digital Gallery

Element: subject Qualifier: none Value: MSCNS

Element: publisher Qualifier: none Value: Becker Medical Library

Element: language Qualifier: iso Value: en_US

Processing contents file: archive_directory/item_000/contents

Bitstream: news@beckerv1i1.pdf

Processing handle file: handle

It appears there is no handle file -- generating one

0 item_000

Adding item from directory item_001

Loading dublin core from archive_directory/item_001/dublin_core.xml

Element: contributor Qualifier: author Value: Schoening, Paul

Element: contributor Qualifier: author Value: Murray, Carol

Element: contributor Qualifier: author Value: Prendergast, Neville

Element: contributor Qualifier: author Value: Sullivan, Christina

Element: contributor Qualifier: author Value: Lipsey, Kim

Element: contributor Qualifier: author Value: Vekerdy, Lilla

Element: contributor Qualifier: author Value: Kelly, Betsy

Element: contributor Qualifier: author Value: Halbrook, Barbara

Element: contributor Qualifier: author Value: Ferguson, Erin

Element: contributor Qualifier: author Value: Walter, Ed

Element: date Qualifier: issued Value: 2002-04

Element: identifier Qualifier: citation Value: News@Becker,1(2),Mar-Apr 2002

Element: description Qualifier: none Value: Quarterly newsletter of the Becker Medical Library. Also available on the library website at <http://becker.wustl.edu/newsletter/v1i2/index.htm>

Element: description Qualifier: abstract Value: Newsletter of the Becker Medical Library, Washington University School of Medicine

Element: format Qualifier: mimetype Value: application/pdf

Element: title Qualifier: none Value: News@Becker

Element: type Qualifier: none Value: Newsletter

Element: subject Qualifier: none Value: Web of Science

Element: subject Qualifier: none Value: Paul Schoening

Element: subject Qualifier: none Value: Library Director

Element: subject Qualifier: none Value: Archives and Rare Books

Element: subject Qualifier: none Value: Digital Gallery

Element: subject Qualifier: none Value: evidence-based medicine

Element: subject Qualifier: none Value: Journal Citation Reports

Element: subject Qualifier: none Value: journal impact factor

Element: subject Qualifier: none Value: anthrax

Element: subject Qualifier: none Value: smallpox

Element: subject Qualifier: none Value: rare infections

Element: subject Qualifier: none Value: bioterrorism

Element: subject Qualifier: none Value: Tyler Collection
 Element: subject Qualifier: none Value: The Practice of Medicine
 Element: subject Qualifier: none Value: bioterrorism
 Element: subject Qualifier: none Value: Centers for Disease Control
 Element: subject Qualifier: none Value: CDC
 Element: publisher Qualifier: none Value: Becker Medical Library
 Element: language Qualifier: iso Value: en_US
 Processing contents file: archive_directory/item_001/contents
 Bitstream: news@beckerv1i2.pdf
 Processing handle file: handle
 It appears there is no handle file -- generating one
 1 item_001
 Adding item from directory item_002
 Loading dublin core from archive_directory/item_002/dublin_core.xml
 Element: contributor Qualifier: author Value: Schoening, Paul
 Element: contributor Qualifier: author Value: Grant, Georgiana L.
 Element: contributor Qualifier: author Value: Kelly, Betsy
 Element: contributor Qualifier: author Value: Halbrook, Barbara
 Element: contributor Qualifier: author Value: Ferguson, Erin
 Element: contributor Qualifier: author Value: Walter, Ed
 Element: date Qualifier: issued Value: 2002-07
 Element: identifier Qualifier: citation Value: News@Becker,1(3),Jun-Jul 2002
 Element: description Qualifier: none Value: Quarterly newsletter of the Becker Medical Library. Also available on the
 library website at <http://becker.wustl.edu/newsletter/v1i3/index.htm>
 Element: description Qualifier: abstract Value: Newsletter of the Becker Medical Library, Washington University School of
 Medicine
 Element: format Qualifier: mimetype Value: application/pdf
 Element: title Qualifier: none Value: News@Becker
 Element: type Qualifier: none Value: Newsletter
 Element: subject Qualifier: none Value: Exhibits
 Element: subject Qualifier: none Value: Deafness in Disguise
 Element: subject Qualifier: none Value: Instructional Technologies and Library Systems
 Element: subject Qualifier: none Value: Archives and Rare Books
 Element: subject Qualifier: none Value: presentations
 Element: subject Qualifier: none Value: Interlibrary Loan
 Element: subject Qualifier: none Value: evidence-based medicine
 Element: subject Qualifier: none Value: Cochrane Library
 Element: subject Qualifier: none Value: Family Resource Center
 Element: subject Qualifier: none Value: St. Louis Children's Hospital
 Element: subject Qualifier: none Value: concealed hearing devices
 Element: subject Qualifier: none Value: electronic journal usage
 Element: publisher Qualifier: none Value: Becker Medical Library
 Element: language Qualifier: iso Value: en_US
 Processing contents file: archive_directory/item_002/contents
 Bitstream: news@beckerv1i3.pdf
 Processing handle file: handle
 It appears there is no handle file -- generating one
 2 item_002
 Adding item from directory item_003
 Loading dublin core from archive_directory/item_003/dublin_core.xml
 Element: contributor Qualifier: author Value: Schoening, Paul
 Element: contributor Qualifier: author Value: Lipsey, Kim
 Element: contributor Qualifier: author Value: Anderson, Paul
 Element: contributor Qualifier: author Value: Kelly, Betsy
 Element: contributor Qualifier: author Value: Halbrook, Barbara
 Element: contributor Qualifier: author Value: Ferguson, Erin
 Element: contributor Qualifier: author Value: Walter, Ed
 Element: date Qualifier: issued Value: 2002-10
 Element: identifier Qualifier: citation Value: News@Becker,1(4),Sep-Oct 2002
 Element: description Qualifier: none Value: Quarterly newsletter of the Becker Medical Library. Also available on the
 library website at <http://becker.wustl.edu/newsletter/v1i4/index.htm>
 Element: description Qualifier: abstract Value: Newsletter of the Becker Medical Library, Washington University School of
 Medicine
 Element: format Qualifier: mimetype Value: application/pdf
 Element: title Qualifier: none Value: News@Becker
 Element: type Qualifier: none Value: Newsletter
 Element: subject Qualifier: none Value: Cowdry, E. V.
 Element: subject Qualifier: none Value: Proteome BioKnowledge Library
 Element: subject Qualifier: none Value: WUSM's electronic repository
 Element: subject Qualifier: none Value: informatics

Element: subject Qualifier: none Value: Wang, Lili
 Element: subject Qualifier: none Value: EndNote
 Element: subject Qualifier: none Value: citations
 Element: subject Qualifier: none Value: finding aids
 Element: subject Qualifier: none Value: archives
 Element: subject Qualifier: none Value: web resources
 Element: subject Qualifier: none Value: wireless networking
 Element: subject Qualifier: none Value: Medical School Computing and Networking Services
 Element: subject Qualifier: none Value: Instructional Technologies and Library Systems
 Element: subject Qualifier: none Value: Instructions to Authors in the Health Sciences
 Element: subject Qualifier: none Value: Karolinska Institutet: Diseases, Disorders and Related Topics
 Element: subject Qualifier: none Value: computer classes
 Element: publisher Qualifier: none Value: Becker Medical Library
 Element: language Qualifier: iso Value: en_US
 Processing contents file: archive_directory/item_003/contents
 Bitstream: news@beckerv1i4.pdf
 Processing handle file: handle
 It appears there is no handle file -- generating one
 3 item_003
 Adding item from directory item_004
 Loading dublin core from archive_directory/item_004/dublin_core.xml
 Element: contributor Qualifier: author Value: Schoening, Paul
 Element: contributor Qualifier: author Value: Lipsey, Kim
 Element: contributor Qualifier: author Value: Kelly, Betsy
 Element: contributor Qualifier: author Value: Halbrook, Barbara
 Element: contributor Qualifier: author Value: Ferguson, Erin
 Element: contributor Qualifier: author Value: Walter, Ed
 Element: date Qualifier: issued Value: 2002-01
 Element: identifier Qualifier: citation Value: News@Becker,2(1),Dec 2002-Jan 2003
 Element: description Qualifier: none Value: Quarterly newsletter of the Becker Medical Library. Also available on the
 library website at <http://becker.wustl.edu/newsletter/v2i1/index.htm>
 Element: description Qualifier: abstract Value: Newsletter of the Becker Medical Library, Washington University School of
 Medicine
 Element: format Qualifier: mimetype Value: application/pdf
 Element: title Qualifier: none Value: News@Becker
 Element: type Qualifier: none Value: Newsletter
 Element: subject Qualifier: none Value: MDConsult
 Element: subject Qualifier: none Value: Wang, Lili
 Element: subject Qualifier: none Value: electronic resources
 Element: subject Qualifier: none Value: Archives and Rare Books
 Element: subject Qualifier: none Value: HIPAA
 Element: subject Qualifier: none Value: bioinformatics
 Element: subject Qualifier: none Value: USA PATRIOT Act
 Element: subject Qualifier: none Value: grant
 Element: subject Qualifier: none Value: Institute of Museum and Library Services
 Element: subject Qualifier: none Value: Missouri State Library
 Element: subject Qualifier: none Value: 21 General Hospital
 Element: subject Qualifier: none Value: WWI
 Element: subject Qualifier: none Value: WWII
 Element: subject Qualifier: none Value: Create Change
 Element: subject Qualifier: none Value: scholarly communication
 Element: subject Qualifier: none Value: medical students
 Element: subject Qualifier: none Value: Pharmacia
 Element: subject Qualifier: none Value: Pfizer
 Element: subject Qualifier: none Value: Norman Rockwell
 Element: subject Qualifier: none Value: art exhibit, paintings
 Element: subject Qualifier: none Value: LibQual+ survey
 Element: subject Qualifier: none Value: wireless networking
 Element: publisher Qualifier: none Value: Becker Medical Library
 Element: language Qualifier: iso Value: en_US
 Processing contents file: archive_directory/item_004/contents
 Bitstream: news@beckerv2i1.pdf
 Processing handle file: handle
 It appears there is no handle file -- generating one
 4 item_004
 [dSPACE@linpub1 bin]\$

Here is the log for a successful export from the News@Becker collection.

```
[dspace@linpub1 bin]$ dsrun org.dspace.app.itemexport.ItemExport --type=COLLECTI
ON --id=12 --dest=news@becker --number=001
Exporting from collection: 12
Beginning export
Exporting item to 1
Exporting Item 49 to news@becker/1
Attempting to create file news@becker/1/dublin_core.xml
Exporting item to 2
Exporting Item 63 to news@becker/2
Attempting to create file news@becker/2/dublin_core.xml
Exporting item to 3
Exporting Item 70 to news@becker/3
Attempting to create file news@becker/3/dublin_core.xml
Exporting item to 4
Exporting Item 71 to news@becker/4
Attempting to create file news@becker/4/dublin_core.xml
Exporting item to 5
Exporting Item 72 to news@becker/5
Attempting to create file news@becker/5/dublin_core.xml
Exporting item to 6
Exporting Item 73 to news@becker/6
Attempting to create file news@becker/6/dublin_core.xml
Exporting item to 7
Exporting Item 74 to news@becker/7
Attempting to create file news@becker/7/dublin_core.xml
[dspace@linpub1 bin]$
```

Here is a screen shot of the directory structure of the exported items from the News@Becker collection.

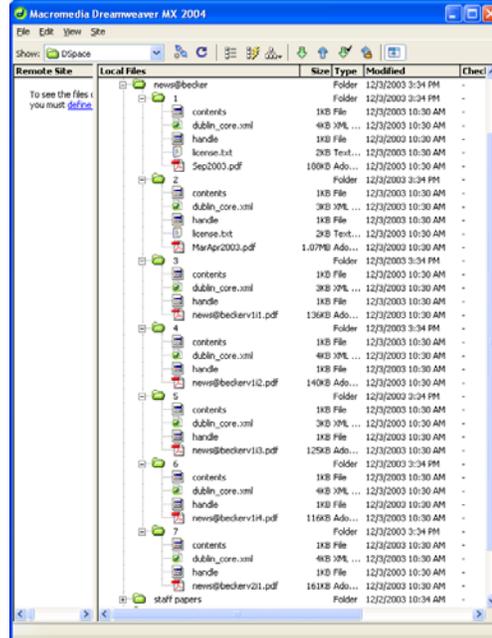


Image 42 – Exported files

Using Exported Items to Import Items into DSpace

You can use items that you have exported from DSpace to import into another DSpace server or to import into the same server after deleting the items. Reasons for doing this would include:

- Transferring the items to a production server
- Re-importing the items to have new handles assigned to them if your handle server has been changed
-

You can just turn around the files without making some edits first.

Step 1 – Delete the **licence.txt** and **handle** files – These files are the byproducts of the exporting process and are not part of the importing process. They should be deleted as they are not needed and will throw off the import command in DSpace.

Step 2 – Edit the **contents** file. – This file lists the files you are importing into DSpace. During the export command, it adds the licence.txt name to this file. You need to delete this name because you are not importing the licence.txt file. It will again throw off the import command in DSpace.

Step 3 – Edit the **dublin_core.xml** file. – This is the file that provides the metadata for the items record in DSpace. The export process adds the handle at the time of exporting to the file as a URI metadata field. If you don't delete this line, the new record will have two URIs and both will look like handles. Delete this line and DSpace will generate a new handle for the new record.

Step 4 – Rename the folders. – The folders that hold each collections items that you exported have a simple numbering system. To import the items, the first folder should be named **item_000** and the subsequent folders should be numbered sequentially. The folders in the **bin/archive_directory** should be emptied and then overwritten with the new files. Be sure to delete all of the contents of the folders on the server. The item_000, item_001, etc. folder shouldn't have any old files in them from previous imports.

Appendix A

Editing the Syles.css.jsp File

In order for browsers to use the files in the /local directory first, before they use the default files, you must edit the styles.css.jsp file. At the beginning of the file, there is an if/then statement that you must remove. You must use just the then part of the statement.

The statement is this one:

```
// Make sure the browser knows we're a stylesheet
response.setContentType("text/css");

// Check for locally modified version
String localVersion = JSPManager.getLocalJSP("/styles.css.jsp");
if (!localVersion.equals("/styles.css.jsp"))
{
    // Local version is different
    JSPManager.showJSP(request, response, "/styles.css.jsp");
}
else
{
    // Use this version (site default)

String imageUrl = request.getContextPath() + "/image/";

// Netscape 4.x?
boolean usingNetscape4 = false;
String userAgent = request.getHeader( "User-Agent" );
if( userAgent != null && userAgent.startsWith( "Mozilla/4" ) )
{
    usingNetscape4 = true;
}
```

You should change it to read:

```
String imageUrl = request.getContextPath() + "/image/";

// Netscape 4.x?
boolean usingNetscape4 = false;
String userAgent = request.getHeader( "User-Agent" );
if( userAgent != null && userAgent.startsWith( "Mozilla/4" ) )
{
    usingNetscape4 = true;
}
```

Appendix B

DSpace Administration Instructions

Path for Dublin Core XML file

`/home/dspace_source/dspace-1.2-source/config/registries/Dublin-core-types.xml`

Path to Tomcat /work directory – if changes to the jsp or stylesheet don't register, this is one place to check. You can delete all of the files in this directory, stop Tomcat and then re-start Tomcat to clear the server's cache.

`/usr/jakarta-tomcat-4.1.30/work/Standalone/localhost` – This should be cleared before stopping and restarting Tomcat

Commands to stop and re-start Tomcat:

Stop Tomcat:

```
JAVA_HOME=/usr/java/j2sdk1.4.1_02
export JAVA_HOME
/root/Jakarta-tomcat-4.1.18/bin/shutdown.sh
```

Re-Start Tomcat:

```
JAVA_HOME=/usr/java/j2sdk1.4.1_02
export JAVA_HOME
/root/Jakarta-tomcat-4.1.18/bin/startup.sh
```

DSpace Flowchart

1. Create a Community. (Administrator)
2. Create a Collection. (Administrator)
 - Create Workflows
3. Create groups (Administrator) – The ability to add, edit, and perform other tasks in a collection is assigned to groups of users in a collection. Users are assigned to these groups by the administrator.
- 4.
5. Create authorizations by groups (Administrator) – The different authorizations (ADD, WRITE, READ) are assigned by the Administrator.

Anonymous must have READ so the collection can be read by all.

Workflow 1 and 2 don't need any special authorization, unless you are going to use Workflow 1 only. Then it must have the ADD authorization.

If you use only Workflow 1, you cannot edit the metadata that was provided by the submitter.

Workflow 3 must have ADD authorization.

If only one Workflow is needed, Workflow 2 is the best. It can reject a submission as well as edit the metadata.

Appendix C - DSpace Files

The files that make up the Web Interface for DSpace are stored in the **jsp** directory off of the **dspace-1.2-source** directory. Here is the path to the **jsp** directory:

/home/dspace_source/dspace-1.2-source/jsp.

Here is a screen capture of the directory structure.

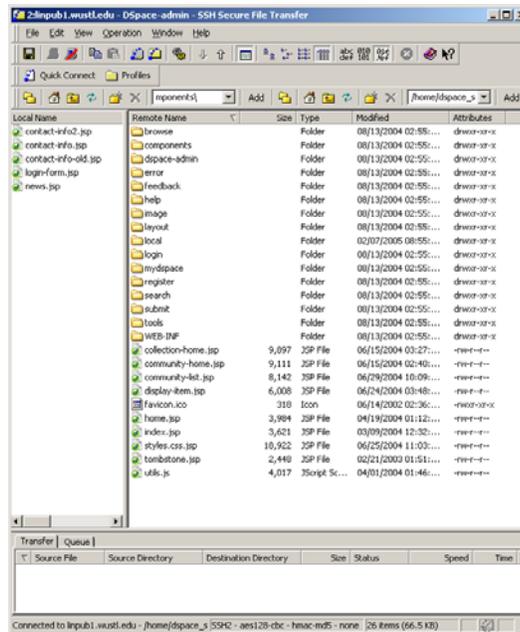


Image 43 – /jsp directory

/jsp/local – where the locally edited files are stored and used

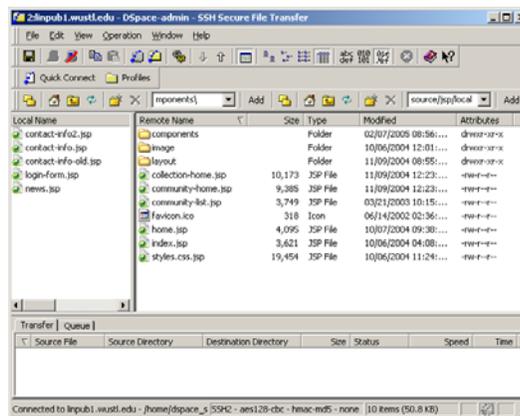


Image 44 - /jsp/local directory

/jsp/image – Image files for DSpace

Below is the list of the contents of DSpace/jsp/image directory. They are the original DSpace images that come with the installation. If you are going to use them in your local configuration, you should copy them into the /jsp/local/image directory as well as any local images you create.

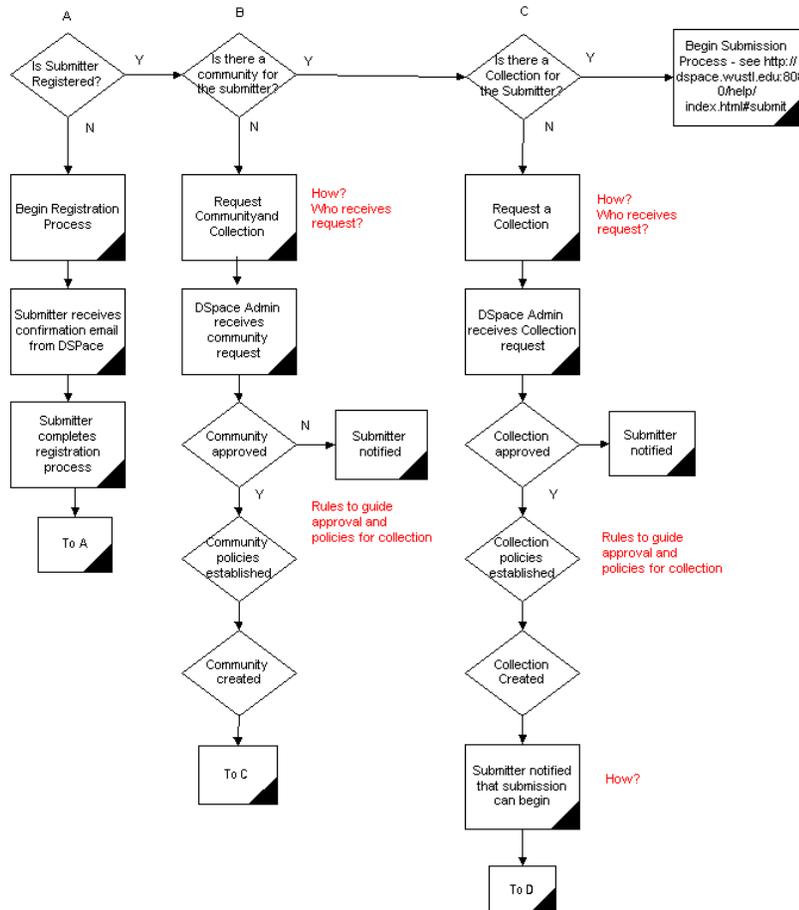
- Arrow.gif – right facing arrow in left side frame
- Arrow-highlight.gif – right-facing arrow with transparent background
- Banner-large.gif – Dspace banner with star background – wider and taller
- Banner-small.gif – Dspace banner with star background – narrower and shorter
- Dome-bluewhite-smaller.gif – MIT libraries logo in top right-hand corner of main page
- Dspace-blue.gif – Dspace logo in top left corner of all pages
- Flying-man.jpg – man flying from Earth
- Hp.gif – HP logo in footer of pages
- Hp-mit.gif – HP + MIT logo in footer of pages
- Search-go.gif – Go button with yellow background
- Sfx-link.gif – MIT-SFX links logo
- Star-background.jpg – star field background image
- Stripe.gif – blue stripe image under the header on each page.

Appendix D - DSpace Flowchart

1. Create a Community. (Administrator)
2. Create a Collection. (Administrator)

Create Workflows

3. Create groups (Administrator) – The ability to ADD, EDIT, READ, and perform other tasks in a collection is assigned to groups of users in a collection. Users are assigned to these groups by the administrator.
4. Create authorizations by groups (Administrator) – The different authorizations (ADD, WRITE, and READ) are assigned by the Administrator.
 - Anonymous must have READ so the collection can be read by all.
 - Workflow 1 and 2 don't need any special authorization, unless you are going to use Workflow 1 only. Then it must have the ADD authorization.
 - If you use only Workflow 1, you cannot edit the metadata that was provided by the submitter.
 - Workflow 3 must have ADD authorization.
 - If only one Workflow is needed, Workflow 2 is the best. It can reject a submission as well as edit the metadata.



Appendix E - Customizing the Web User Interface

The Web UI is implemented using Java Servlets which handle the business logic, and JavaServer Pages (JSPs) which produce the HTML pages sent to an end-user. Since the JSPs are much closer to HTML than Java code, altering the look and feel of DSpace is relatively easy.

To make it even easier, DSpace allows you to 'override' the JSPs included in the source distribution with modified versions that are stored in a separate place, so when it comes to updating your site with a new DSpace release, your modified versions will not be overwritten.

However, note that the data (attributes) passed from an underlying Servlet to the JSP may change between versions, so you may have to modify your customized Servlet to deal with the new data.

The JSPs are stored in `[dspace-source]/jsp`. Place your edited version of a JSP in the `[dspace-source]/jsp/local` directory, with the same path as the original. If they exist, these will be used in preference to the distributed versions in `[dspace-source]/jsp`. For example:

DSpace default

Locally-modified version

`[dspace-source]/jsp/community-list.jsp` `[dspace-source]/jsp/local/community-list.jsp`
`[dspace-source]/jsp/mydspace/main.jsp` `[dspace-source]/jsp/local/mydspace/main.jsp`

Heavy use is made of a style sheet, in `[dspace-source]/jsp/styles.css.jsp`. If you make edits, call the local version `[dspace-source]/jsp/local/styles.css.jsp`, and it will be used automatically in preference to the default, as described above.

Fonts and colors can be easily changed using the stylesheet. The stylesheet is a JSP so that the user's browser version can be detected and the stylesheet tweaked accordingly.

The 'layout' of each page, that is, the top and bottom banners and the navigation bar, are determined by the JSPs `[dspace-source]/jsp/layout/header-*.jsp` and `[dspace-source]/jsp/layout/footer-*.jsp`. You can provide modified versions of these (in `[dspace-source]/jsp/local/layout`, or define more styles and apply them to pages by using the "style" attribute of the `dspace:layout` tag.

After you've customized your JSPs, **you must rebuild the DSpace Web application**. If you haven't already built and installed it, follow the install directions. Otherwise, follow the steps below:

1. Rebuild the `dspace.war` file by running the following command from your `[dspace-source]` directory:

```
ant -Dconfig=[dspace]/config/dspace.cfg build_wars
```

Building .WAR files

```
-bash-2.05b$ cd /home/dspace_source/dspace-1.2-source
-bash-2.05b$ ant -Dconfig=/dspace/config/dspace.cfg build_wars
Buildfile: build.xml
```

compile:

build_wars:

```
[copy] Copying 1 file to /home/dspace_source/dspace-1.2-source/build/jsp
[copy] Copying 28 files to /home/dspace_source/dspace-1.2-source/build/jsp
[war] Building war: /home/dspace_source/dspace-1.2-source/build/dspace.war
```

BUILD SUCCESSFUL

Total time: 17 seconds

```
-bash-2.05b$
```

2. Shut down Tomcat, and **delete** the existing **[tomcat]/webapps/dspace** directory.

Shutdown Tomcat.

```
-bash-2.05b$ /usr/jakarta-tomcat-4.1.30/bin/shutdown.sh
Using CATALINA_BASE: /usr/jakarta-tomcat-4.1.30
Using CATALINA_HOME: /usr/jakarta-tomcat-4.1.30
Using CATALINA_TMPDIR: /usr/jakarta-tomcat-4.1.30/temp
Using JAVA_HOME: /usr/java/j2sdk1.4.2_05
```

Delete existing dspace.war file.

3. Copy the new .war file to the Tomcat webapps directory:

```
cp [dspace-source]/build/dspace.war [tomcat]/webapps
```

Copy dspace.war file.

```
-bash-2.05b$ cp /home/dspace_source/dspace-1.2-source/build/dspace.war /usr/jakarta-tomcat-4.1.30/webapps/dspace.war
```

Customizing Web Files (JSP Pages)

4. Restart Tomcat.

```
-bash-2.05b$ /usr/jakarta-tomcat-4.1.30/bin/startup.sh
Using CATALINA_BASE: /usr/jakarta-tomcat-4.1.30
Using CATALINA_HOME: /usr/jakarta-tomcat-4.1.30
Using CATALINA_TMPDIR: /usr/jakarta-tomcat-4.1.30/temp
Using JAVA_HOME: /usr/java/j2sdk1.4.2_05
-bash-2.05b$ cd ..
```

When you restart the web server you should see your customized JSPs.

Appendix E

Focus Groups Final Report

Assessment and Evaluation, 2003-2004
Focus Group Interviews
National Network of Libraries of Medicine, MidContinental Region

National Network of Libraries of Medicine, MidContinental Region
University of Utah Eccles Health Sciences Library
Salt Lake City, Utah
February 2005

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Executive Summary

The Regional Medical Library (RML) for the National Network of Libraries of Medicine in the MidContinental Region conducted a series of focus groups with representatives of Network member libraries in order to gather information about their opinions, knowledge, perceptions, and concerns regarding RML programs and services. The RML sought to gain insight into the needs and expectations of Network members, their own success or failure in meeting those needs, and potential opportunities for RML program development. Six sessions with a total of 34 participants were conducted in spring and summer 2003. Participants at each of the sessions addressed the following questions:

- 1) Think back to a recent experience where you interacted with the RML, or one of its representatives and tell us about that experience.
- 2) Think about how information flows between you and the RML. What is the best way for this to happen?
- 3) Think about what you do for your own professional development. How can the RML support you in this area?
- 4) What other services could the RML provide that would be useful to you?
- 5) What is the RML doing well that you would not want to change?
- 6) Think of all that we have talked about today, if you could add, change or improve only one RML service or product what would it be?

Participant comments in response to these questions focused on the themes of RML Staff, Information Flow, Professional Development, Education, Shared Purchase/Access, Library Sustainability, Outreach, DOCLINE, Funding Awards, and Technology Awareness/Applications.

Participant comments indicate that the RML provides essential technical support for library operations, valuable professional development assistance for library staff, and effective networking among Network members. Very few specific problems with RML staff interactions were identified, though the RML will certainly examine those instances closely to improve customer service based on the lessons learned. Focus group participants commented favorably on the visibility of RML staff, the proactive approach of RML liaisons in making contacts with library staff in the region, and their responsiveness to emails and phone calls. The distributed staffing model is working well. Some comments pointed to the need for the RML to better communicate what services it can offer. Other speakers commented on the helpfulness of the weekly RML listserv postings and the annual RML presentation at the regional Medical Library Association chapter (MCMLA) meeting. Members indicate they have adequate DOCLINE support, even though there is no designated regional DOCLINE specialist, and they are supported in outreach programs through funding awards and promotional materials.

Staff at Network member libraries are concerned with keeping pace with technology and general advances in the library field, both to maintain efficient and effective library operations and to attain knowledge levels that enable them to advise their users on technology innovations. Some libraries still experience problems with basic information technologies, such as limited email storage capacity and cumbersome functionality due to

security precautions for computers in sensitive healthcare environments. Library sustainability was a pressing issue among the groups that raised the concept, with participants interested in honing skills in business management to better position the library to meet information needs cost effectively. Participants were appreciative of the role of external agency standards and guidelines for libraries in healthcare institutions, and welcoming of the RML's role in furthering library sustainability. The idea of expanding shared purchase agreements, especially for access to electronic information resources, was proposed as a means of improving service to users and as a more cost effective and efficient purchasing arrangement from the library administration perspective. In organizations with a one-person library, the challenge of turnover and library staff coverage compound concerns posed by the business constraints of the healthcare field. Travel time and travel costs were identified as potential barriers to professional development. Lack of time overall is a major barrier that hinders figuring out how to use new educational technologies, pursuing available development opportunities, and putting new concepts and approaches into practice. However, participants were enthusiastic about the possibility of educational programs delivered by new technologies, if accompanied by appropriate orientation and technical support.

The comments from focus group participants yielded indicators for RML action, including continuation and expansion of successful programs in networking, communication, technical assistance, and use of education technologies. In addition, areas identified for RML programmatic consideration include new and renewed initiatives in communicating the RML role, information exchange between the RML and Network members, professional development, library advocacy, and planning for shared purchase of and access to library resources.

Introduction

To accomplish the mission of the National Network of Libraries of Medicine (NN/LM) in the MidContinental Region, the Regional Medical Library (RML) works toward goals established by the National Library of Medicine (NLM):

- To develop collaborations with NN/LM libraries to improve access to and sharing of biomedical information resources throughout the nation;
- To promote awareness of and access to biomedical information resources for health professionals and the public;
- To develop, promote, and improve access to electronic health information resources by Network member libraries, health professionals, and organizations providing health information to the public.

Following from these goals, the Assessment and Evaluation Program, a core program of the MidContinental regional services plan, set forth the specific objective of “coordinating focus groups in the region, analyzing the data, and reporting the results”¹ to identify regional needs and opportunities for program development. This report presents the findings of RML focus group interviews conducted in spring and summer 2003.

Methodology

The focus group as a method of qualitative research in the library setting is described in a Medical Library Association (MLA) publication, *Focus Groups for Libraries and Librarians*,² and is the topic of an MLA continuing education course, *Focus Group Interviewing: A Qualitative Research Methodology for the Library*.³ RML staff members have experience and training in using focus group methodology, and they decided to use this approach to gather information about the opinions, knowledge, perceptions, and concerns of library staff regarding RML programs and services for Network members. The RML sought to gain insight into the needs and expectations of Network members and into their own success or failure in meeting those needs.

Six different focus groups were held at locations throughout the NN/LM MidContinental Region, with a total of 34 participants. Four sessions were conducted in person in St. Louis, Denver, Kansas City, and Salt Lake City. The Denver session included three people from rural Colorado, who participated via teleconference. Two sessions were held entirely via teleconference, with participants from both rural and urban areas of Nebraska and Wyoming.

Participants came from a representative mix of institutional types, including community hospital, mental health center, Veterans Administration medical center, academic medical center, nursing school, community college, and corporate institutions. Recruitment of focus group participants was approached in two ways. First, open invitations were

¹ Objectives for the Assessment and Evaluation Program of the MidContinental Regional Medical Library for 2002/2003, <http://nmlm.gov/mcr/about/evaluation/assessobjectives.html>

² Glitz, Beryl. *Focus Groups for Libraries and Librarians*. Chicago: Medical Library Association, 1998.

³ Hamasu, Claire. *Focus Group Interviewing: A Qualitative Research Methodology for the Library*. MLA course approval for 8 contact hours. <http://www.mlanet.org/education/cech/>

emailed to the MCMLA-L and to local and state medical librarians groups to seek volunteers for the focus groups; this approach brought limited response. Subsequently, RML liaisons were asked to identify staff at Network member libraries who might participate, and the RML Assessment and Evaluation Liaison, Betsy Kelly, sent invitations to those individuals. All who accepted the invitation were enrolled in a group.

There were several different group facilitators and recorders. None of the facilitators and recorders was on the RML staff, in order to encourage openness from the group participants. Joan Gregory, of Eccles Library, conducted sessions in Denver, with Liz D'Antonio-Gans as recorder; in Kansas City, with Beth Banks, recorder; and in St. Louis, with Barbara Halbrook, recorder. Sally Patrick facilitated the session in Salt Lake City, with John Bramble as recorder. Beryl Glitz conducted the two teleconferences, with John Bramble as recorder. The sessions were tape recorded; the recorders were present to take notes as backup in case of any problems with the tapes and to assist the facilitators and participants as needed during the sessions, for example to summarize major points of discussion as a bridge to additional feedback.

The questions to be posed to the focus group participants were vetted by the RML staff. At the different sessions, the facilitators asked the same questions in the same sequence. The questions, in the order they were asked, are as follows:

- 1) Think back to a recent experience where you interacted with the RML, or one of its representatives and tell us about that experience.
- 2) Think about how information flows between you and the RML. What is the best way for this to happen?
- 3) Think about what you do for your own professional development. How can the RML support you in this area?
- 4) What other services could the RML provide that would be useful to you?
- 5) What is the RML doing well that you would not want to change?
- 6) Think of all that we have talked about today, if you could add, change or improve only one RML service or product what would it be?

The focus group sessions were tape recorded and the recordings were transcribed. Elaine Graham, a librarian consultant with previous RML experience, coded and analyzed the transcriptions and prepared this report of findings.

The transcripts were reviewed several times to identify the primary themes and related topics revealed in the comments of focus group participants (see Table 1). Then, each comment was categorized by theme and any specific topics were noted. Additionally, each comment was coded by location or teleconference where it was generated, by the question that prompted the comment, and by the page number of the transcript where the comment appeared (for later reference, verification, or quotation). Data coding was performed using Microsoft® Excel, which accommodated the storage, categorization, and analysis of qualitative data (text comments), as well the creation of pivot tables for more quantitative analysis.

THEMES	TOPICS
RML Staff	<ul style="list-style-type: none"> • Contacts/visible/proactive • Appropriate referrals • Problem resolution/follow up • Responsiveness • Distributed staffing model (including the idea of specialists available to region) • Communicate RML role • Support/assistance (including personal attributes)
Information Flow (Communication)	<ul style="list-style-type: none"> • Email • Listserv • Digest (combining messages in one transmission) • Print newsletter • In person • Web site (usage, content) • Info to RML • Clinical information/alerts • Directory • Site visit • Other
Professional Development	<ul style="list-style-type: none"> • Barriers (time, funding, distance) • Resources (experts list/mentoring; library/business literature access; tools, including a survey template) • Interest area
Education	<ul style="list-style-type: none"> • Delivery mechanisms (web-based/online opportunities, videoconference, satellite, instruction by email) • Other
Shared Purchase/Access	<ul style="list-style-type: none"> • Rationale (clout to unbundle publisher packages, scope, reasonable cost, returns for large and small players, common online catalogs) • RML coordinating role
Sustainability (Library)	<ul style="list-style-type: none"> • RML advocacy role • Recognition of the hospital library and the librarian's role (negotiate, train users, access to resources outside library, promotion, standards) • One-person libraries
Outreach	(no topics noted)
DOCLINE	(no topics noted)
Awards (Grants)	(no topics noted)
Technology Awareness/Applications	(no topics noted)

Table 1. Topics and Themes Identified in Focus Group Transcripts

Findings

Focus Group Responses by Themes and Topics

Comments from the focus group participants centered on the themes and related topics identified in Table 1. The first three questions on experiences with the RML staff, information flow, and professional development prompted the most numerous comments, as would be expected given that these major themes flow from the NN/LM mission and goals. The final three questions, which dealt with envisioning new RML services and prioritizing existing and possible new services, and which probably were more difficult for participants to answer readily, yielded a range of responses and interesting themes. The comments in some thematic categories could be subcategorized by topic, reflecting either the volume of comments centering on a topic within a theme, or the differentiation of an important issue within a theme. The narrative presentation of the results of the focus group interviews is structured according to the themes and topics reflected in the participants' comments. While the data generated by the group sessions is by nature qualitative, the number of comments on a topic is given to convey a measure of the scope of discussion.

The complete set of comments, extracted from the transcripts and categorized by theme and topic, appear in the Appendix. All mentions of individual library staff and institutional names have been removed to preserve confidentiality.

RML Staff

Contacts/visible/proactive (22 comments). Focus group participants commented favorably overall on the visibility of RML staff and the proactive approach of RML liaisons in making contacts with library staff in the region. Comments from newer library staff in the region reflected special appreciation for contacts from RML liaisons—"the energy was just immediate...I can see that I have a new relationship to be built...a new young partnership..." RML collaborative efforts to solicit input on projects and feedback on services were noted, and staff were declared to be "very proactive as far as staying in touch and spreading new information, asking for your input." A number of comments indicated the RML is effectively meeting the challenges of the geographical isolation that characterizes much of the Midcontinental Region—the liaisons "travel quite a bit and try to make as many connections as they can throughout the area." Several comments noted the need for an easy mechanism to identify appropriate RML contacts, "something you can get off the Internet," and the level of services available, for instance, in training new staff. Only one group participant indicated a lack of RML visibility, with a comment on not having "any sense for who I would talk to" at the RML.

Participants from academic medical libraries where RML liaisons are based expressed their understanding that the RML staff would support primarily the other NN/LM members in the states and special outreach projects, and these focus group participants initially indicated that they did not see much role for the RML to support them. Interestingly, as the discussion unfolded and the activities of the RML liaisons in their host libraries were described, it became apparent that the liaisons do contribute substantially to their host libraries, with reference desk coverage, teaching, partnerships,

contacts with campus constituents (faculty and students), and promotion of the library's role in the campus community.

Appropriate referrals (6 comments). In relating their experiences with RML staff, group participants indicated that when the staff person contacted could not answer a question, they provided referral to another resource. The referrals were to appropriate resources who could promptly answer the question or provide the needed assistance.

Problem resolution/follow-up (4 comments). Participants described two situations in which RML staff dealt effectively with convoluted problems. The participants had not understood the causes of the problems and were uncertain how to proceed; they were grateful that the RML staff was willing to make the series of phone calls to investigate the issues and come up with solutions. One situation with a negative outcome was described, in which materials from a conference were not posted on the web as promised, even after a follow-up email from the participant.

Responsiveness (7 comments). Most of these participant comments indicated that RML staff had been responsive, in that email and phone calls were answered quickly. One unfortunate misunderstanding involved the newly implemented 24/7 online reference service: apparently apologies were offered following a refusal of service from someone not yet familiar with the program, but the initial negative response left a fairly new Network member reluctant to try the service again. (The exact servicing library is unclear, but the service was advertised by the RML, so the perception was left of a lack of responsiveness on the part of the RML.) Another person who asked about a replacement for an expired NN/LM membership certificate wanted a specific schedule for renewals, but also understood that the new RML was still just getting established at that point in time.

Distributed staffing model (18 comments). Participants indicated that having a local representative in each state (a "gatekeeper") had made a positive difference in communications and support from the RML—"just having a face, knowing there is a person to talk to." There was a clear feeling that the state liaisons "can have more face time and more personal interaction," resulting in part from their ability to participate in local consortia activities and meetings. Participants who commented on the distributed staffing model favored the state RML representative approach, and they advocated continuing this staffing plan. Some comments did reflect uncertainty about calling an RML specialist in another state, for example, the RML specialists for consumer health, evaluation, or technology. Other comments reflected considerable familiarity with the various specialist roles, as well as confidence in being able to call upon RML staff in other states for assistance in their areas of technical emphasis. The 800 number was identified as a means of being routed to the "right person," and an idea was proposed for a "tips and tricks email" that would highlight the specialist roles of the various RML staff members. Participants indicated confidence that the state-based specialists could answer questions about the RML outside of their specialty. (Note also the related discussion on appropriate referrals made by RML staff.) There was some question about how extensive the reach of specialists would be beyond the state in which they were based, along with

some understanding that the specialist efforts within a state would serve as a model for the rest of the region. One participant noted the possibility of a lower level of interaction with an RML state liaison if the individual's library was not involved in the specialty area covered by that liaison. Another speaker noted the benefits of increased library involvement statewide in the specialty area addressed by the state liaison.

Communicate RML role (13 comments). Some comments pointed to the need for the RML to better communicate its role. Comments ranged from “didn’t have a clue” even after attending past RML meetings to “am probably not aware of all the other areas” and “believe that they are doing a lot behind the scenes that we perhaps on a daily basis are not aware of.” A few participants did not understand the organizational structure—“NLM layers”—or the scope of assistance available from the RML—“what they can offer us—particularly in the area of training for library staff or library end users. (Other report sections deal with feedback on professional development and education; these comments related to uncertainty about whether the role of the RML encompassed training support.) Additional comments reflected some sense that there probably was more information on the RML role available, and that it was the speakers’ responsibility to seek it out. One speaker was familiar with the five-year regional plan, having “found the proposal on the Internet by accident before it even got approved.” Some of the comments reflecting uncertainty about the RML role actually seem to indicate really just lack of acquaintance with the new RML staff in their new locations and new roles—“now that they are in Utah”—revealed by one speaker noting that a returning RML staff person was “a known entity unlike these other people who aren’t known entities.”

Suggestions for communicating the RML role included a period listserv message about the RML programs, highlighting one program at a time, such as technology, with a heading reflecting that content; continuing in-person presentations on RML services; a streaming video of the RML presentation at the Midcontinental Medical Library Association (MCMLA) conference; a regular videotape of that RML presentation; videos from the individual RML staffers (as a web page link that you could select for individual viewing or as a merged program on videotape for lending); and a newsletter issue communicating “more specifically what you can do for me...because then I know when to call you.”

Support, assistance (15 comments). Comments on support and assistance from the RML were very positive—“we have the resources and we get help...we couldn’t get along without them” and “I would hate to lose the service now that I found it...in the outlying areas.” Especially helpful because of vast distances between RML staff and some member libraries, the RML offers “another voice to talk to,” as well as expert consultation for problem-solving and advice on implementation of new ideas. Specific RML support was readily identified in a variety of areas, including LinkOut startup and icon development, consortium activities, educational presentations, recommendations of web sites and listservs, levels of Network membership, and grants consultation. Speakers valued the personal attributes, such as energy and positive approach, found in the RML personnel, and comments throughout the interview transcripts reflect sincere fondness for individual RML staff members.

Information Flow

Email (7 comments). The speakers who addressed email in general (see also comments on the listserv) stated that email is the preferred communication method—email is read consistently, announcements and reminders of events and information resources are noticed, and it’s the best way to keep in touch with those at other locations. One speaker noted it’s easy to lose track of the source of information, due to the volume of email received. Another speaker pointed out the critical importance of ensuring “there is someone who will definitely respond” and having “someone as a specific contact person.”

Listserv (21 comments). Speakers commented that the weekly listserv postings from the RML are “wonderful...helpful...timely” and result in improved information flow. Speakers appreciated the content from the RML, and cited postings on important topics (bioterrorism) and updates on NLM product enhancements (MedlinePlus). While one speaker indicated “you can easily see what you want to look at and what you don’t” and someone else noted the “table of contents at the top,” other speakers had suggestions for improving the readability of the format, including inserting HTML links to topics, though recognizing that some email systems might not accommodate this; providing clearer headings within postings to indicate a change in topic, or just sending an email with a link to an updated newsletter web site. A question was posed as to the availability of a listserv archive, so that someone could go back and read a message they originally thought was not important to them. The problem of bounced emails at some libraries when listserv postings are voluminous was noted, as well as missed messages due to lack of time to read all the postings. Another speaker countered that “the RML does not send out a ton of email [and] what they send is usually worthwhile.” Confidence in the value of postings from the RML was indicated more than once—“you know that you are going to get some good stuff from them...so I always read them.” Some confusion surfaced over various medical library related listservs (e.g., MEDLIB-L) though there was also recognition and approval of the RML’s use of the MCMLA listserv as the RML’s official list.

Digest (9 comments). The weekly aggregation of news from the RML was valued as easy and quick to scan, though one speaker thought more attention might be given to messages sent individually. Another speaker suggested adding more news focused on RML programs, including news from all the specialists (mentioned also in the context of ways to communicate the RML role), in addition to the “tips and tricks and other things that are very important.”

Print newsletter (8 comments). Several participants commented favorably on the RML’s print newsletter, with one person grateful for something that could be filed for reference (and not erased by a computer that “blitzed”). One speaker didn’t see a need for a print newsletter, preferring to get “something in an electronic format.” Two other speakers thought there was no longer a print RML newsletter.

In person (16 comments). Several speakers identified the in-person RML update presentation at the annual MidContinental Medical Library Association meeting as

critical to information flow from the RML—“that is where I hear about what is going on...what is new...what I need to pay attention to” and “the inspiration that really sticks for me.” Smaller gatherings convened by the RML, such as workshops and even the focus groups themselves, were identified as important vehicles for people in a local area to become acquainted with each other, be informed about RML programs and services, and learn how to keep themselves more in the information flow. In local areas where neighboring libraries are geographically dispersed, or where staff at various libraries have quite different education and experience levels, the role of the RML in bringing together the medical library staffs was viewed as very critical – to bring about an “important outcome – getting to know each other.”

Web site (23 comments). Many speakers who addressed their usage of the RML web site and the scope and quality of its content had been prompted to review the site prior to the focus group sessions. Some speakers questioned the need for an RML information portal, indicating that useful web resources could be easily located and bookmarked. Some who had viewed the web site in preparation for the focus group session indicated they didn’t see any “tools” or other useful resources. On the other hand, some speakers indicated they had found the RML web site very useful, for example, when they were just starting in a medical library. One participant who had reviewed the web site much earlier had found the regional strategic plan, and made a point to read it again before the focus group. Another indicated they had found some useful items “that I should probably pay attention to,” and someone else described the usefulness of web links to state liaisons and their specialty areas. Speakers suggested that the RML should advertise, via email reminders, what they have to offer on the web site, and announce when the site has something major added. One RML web resource that was identified specifically at two different focus group sessions is netLibrary, though other participants at those sessions expressed lack of awareness of this resource.

On web sites in general, participants indicated they don’t have time to just browse web sites—they only visit a site if they’re looking for something or have been alerted to new, useful information appearing on a site. One speaker suggested that web resources need to be posted in printer-friendly format (and described the difficulties in printing from a national, not RML, web site).

Clinical alerts (3 comments). Though only three people commented on the clinical alerts that are forwarded on the RML listserv, their praise was strong. “We are sort of isolated where we are...this helps me...I just zapped it on to our pharmacist...” “I just can’t cover it all...I know who would be interested and click their names and just send it out.”

Directory (4 comments). Several comments on the preference for the former print library directory surfaced; all of these comments were at the same session. One participant did not know there was a web replacement, and others found the web version hard to use—“you have to go into six screens or eight screens and...go through three passwords on my computer at work...you know it will take me 10 minutes....” (Note that this comment may reflect also on product design and the persistent information technology problems at

some libraries and parent institutions, rather than simply on the ease of use of print versus electronic.)

Site visit (4 comments). Three participants recounted RML site visits; in each case, the visits had a positive impact and enhanced ongoing communications with the RML. One speaker from a small but active library expressed interest in a site visit—“I would love to have somebody come out to my place and look around...so they have an idea of what I am facing...they may come up with [good advice].”

Information flow to the RML (14 comments). Forwarding information to the RML was a new idea for some; in the course of the discussion, some participants identified activities the RML might like to know about, such as a local public health campaign. Participants mentioned surveys as a means for the RML to obtain opinions from members; there was no consensus on whether online or mailed surveys were more likely to be completed quickly. Two participants felt either too new or from too small a library to provide useful information to the RML; another participant reported regularly mentioning items of interest to the RML liaison as their paths crossed frequently. As for the RML focus groups, one participant commented, “we’re all focused on the needs of our individual libraries, and it is hard to even find the time to take a step back [to consider] the resources through a network like RML that would support some things we are doing, even to give this kind of feedback is a time commitment...and perhaps some people aren’t even able to provide [that]. Others found the focus group meeting beneficial to themselves as well as to the RML—“like today, having our networking...we are getting all these ideas from each other” and “communication can always be better...and this is great that we are doing this phone conversation. I would like to see more of these....”

Other (8 comments). Other comments on information flow included the ease of getting in touch with the RML either by email or phone, the positive way communication is working with the RML (the information “pushed” by the RML), and the hope that experiments with new communications technologies (“I see you...you see me”) will work better in the future as connectivity improves in more areas. One speaker was not aware of the RML’s 800 number.

Professional Development

Barriers (23 comments). Focus group participants identified a number of barriers to professional development, and offered some suggestions for making professional development more accessible:

- Cost of classes – High registration fees for many CE-approved courses make it difficult to fulfill AHIP requirements. Often the employer doesn’t pay for registration, so the charge needs to be affordable for the individual.
- Time away from work – For one- or two-person libraries, there is no replacement staffing coverage.
- Lack of time for individual pursuit of professional development, such as web-based resources, newsletters, email communications – Competing demands of

- library workload or other non-library job responsibilities leave little time for professional development.
- Low concentration of staff in sparsely populated, outlying areas (“boondocks”) – In areas away from the population centers, it is difficult to find classes offered locally, to find the variety of classes needed, or to get enough attendance to hold a class.
 - Lack of technology skills – Busy staff find it too difficult and time-consuming to figure out how to access video streaming/videoconferences. (One speaker suggested the RML could give instructions on these technologies.)
 - Lack of time and motivation to follow up on great ideas from classes – Once the professional development activity is over, staff find themselves getting “back to life again and trying to keep your head above water.”
 - Distance – It is easier to get to events that are within driving distance. An event in another state may be more geographically accessible than something in one’s own state.
 - Costs of travel (lodging, transportation) – Travel funds are often cut from library budgets.
 - Cost of satellite broadcasts – When there are just a few people at a site, the downlink fees (i.e., \$300-400) are prohibitive even with cost-sharing.
 - Lack of awareness of opportunities outside immediate area – While people often can’t go to a distance national conference, they could attend something in another part of the region (another state) if they knew about the opportunity.

It was clear that these barriers result in frustration for the affected library staff, who can’t respond to “push within the profession” to “do all these extra things.”

Resources (33 comments). Participants described the professional development resources they currently have available, and they addressed resources they would like to have. Various speakers identified RML resources for their professional development: advice on graduate library programs, library listservs, and scholarships; informational announcements for library action and follow through; course announcements; training and updates; presentations at local consortium programs; subsidies for continuing education (CE) courses (e.g., a recent MCMLA course on PDAs); netLibrary access; and MLA transcripts for loan. One speaker named the RML as the main source of professional development. Another speaker indicated that the RML is not viewed as a continuing education resource for more experienced librarians. Several speakers expressed confusion about the role of the RML in professional development for medical librarians, as opposed to the Medical Library Association and the regional MLA chapter (MCMLA), along with lack of awareness of the particular expertise of various RML staff to present CE courses. MLA resources described were the national conference and the certification program for consumer health information providers. Various library listservs were seen to be “helpful about bringing pertinent topics to the forefront.” Other resources included educational programs sponsored by local groups (consortia), the MCMLA, and by national library organizations, in addition to MLA, such as the American Library Association (ALA), the Association of College and Research Libraries (ACRL), and the Association for Research Libraries (ARL).

Possible approaches to enhance professional development resources were suggested:

- Improving the process for obtaining CE credit (or improving understanding of the process) for educational programs sponsored by local groups.
- Building awareness and learning to use tools to “facilitate the work process and to make things more efficient, easier...” – for example, templates or tools for evaluation, beyond just encouragement and knowledge building.
- Sharing of individual expertise, rather than waiting for external opportunities – this might include availability of a list of peer experts or just more emphasis on sharing knowledge and experience with others.
- Forming RML partnerships with graduate library schools that offer a distance curriculum in health sciences librarianship – The larger audience brought by the RML (staff at NN/LM libraries) could help defray the costs for individual attendance; the graduate school would have technology for distance learning and relevant content. Some RML staff are already faculty in the library schools.
- Improving access to library literature through collection development and resource sharing – This might take the form of listing library journals available for loan. Library literature may be “hidden,” that is, not listed in bibliographic tools and/or kept in generally inaccessible areas (e.g., the director’s office).
- Facilitating mentorships – New library staff would benefit from being connected to someone trained (in DOCLINE, etc.) and experienced in the network.

Interest areas (13 comments). Participants described areas of interest for professional development. Most often mentioned was the need for professional development in the area of business management, including how to “market yourself to your administration,” “how to sustain yourself to survive,” “proving your value,” showing the “return on investment that the institution puts in you,” justifying library costs, creating a business plan, and accounting skills (reading financial statements “so you know exactly where you stand in your budget”). Other areas of interest for professional development were PDAs, electronic journals, and consumer health. A speaker from one group suggested copyright as a “hot issue,” while someone from another group thought there had been plenty of professional development opportunities on the subject of copyright. One speaker desired professional development that would “have direct relevance to what we are doing day-to-day ... meeting the needs of our users” as well as improving long-term planning abilities. Most of the comments on the need for professional development in the area of business management are directed toward sustaining libraries and their staffs in the face of health care economics—a sensible defensive reaction to news of library downsizing and closures. One insightful comment looks beyond mere survival: “We are all crying for ways to prove our worth or ways to just get ahead...out on the cutting edge.”

Education

Delivery mechanisms (27 comments). Videoconferencing, satellite teleconferences, and video streaming to the web were mentioned frequently as mechanisms for delivering distance education. Many participants had first-hand experience with these educational technologies, and they were enthusiastic about the possibility of additional programming in the future, for themselves and for their end users as well. Streaming to the web was

seen to have some advantages for individual users—no competition for conferencing equipment, the option of viewing and participating in real time or choosing to view later at a more convenient time, and presumably lower cost than satellite link fees. Interactive components for testing were described, and it was noted that some interactive online training could be “rather dry...interactive...that was read-click, read-click...was boring.” A video (streamed or taped) of someone lecturing seemed to be acceptable, and was mentioned favorably several times as people recounted previous educational experiences. More excitement was evidenced at the idea of having multiple sites, each with a video camera, so that the conference “is face-to-face...live interaction.”

Educational programming delivered in small increments was suggested. Several speakers mentioned the advantages of an ALA course that was delivered in a series of weekly email messages, “something that you can read in probably 5 to 10 minutes, but it is not overwhelming at any one time...and it is on a specific topic...something that can fit into my day easier than setting aside a block of time...to watch a video.” For complex topics that generate a flood of information throughout the health sciences disciplines, such as the HIPAA legislation, a one-page educational piece highlighting the impact on libraries would be helpful.

Concerning traditional education delivery mechanisms, one speaker noted it is important to keep “the actual instructors coming.” Another speaker described an upcoming symposium, where there would be opportunity to “meet the new people and to share ideas.”

Other (14 comments). Participants at two sites commented on the continuing need for basic library skills training resources for hospital and clinic personnel without experience or formal education in library and information management. Comments reflected awareness that the RML “had moved their focus away” from direct training in this area, but projected that a “readily available resource for me to use to train them...a web site...” or “even a videotape lecture” would be increasingly important for health care institutions that could not financially support professional library staffing. On the subject of end-user training, one speaker remarked that RML staff “experts” can better prepare and teach the PubMed curriculum, with facilitation by the local area library staff. General comments on the education of library staff themselves reflected interest in increasing the level of opportunities to refresh knowledge and build skills. At one site it was suggested that the RML poll Network members to come up with topics that would be of interest, then narrow down the listing through a continuing feedback process, and finally, develop the topic(s) that people committed to attend.

Sustainability

Recognition of the hospital library and the librarian’s role (24 comments).

Commenting on their reactions to downsizing and closure of some hospital libraries, participants described the desire to achieve better recognition of the hospital library and the librarian’s role. Hospital library sustainability can be achieved only if the institution recognizes the need for information resources to fulfill its mission *and* it is convinced the hospital library staff can meet the need competently and cost effectively. Promotion and marketing of the library, ensuring that critical resource needs (such as access to electronic

journals) are met, keeping statistics and records of positive feedback, and having “someone in administration who understands and is supportive,” were all seen as vital to maintaining libraries in hospitals. Joint Commission on Accreditation of Healthcare Organizations (JCAHO) information management requirements were seen as important motivation for maintaining a hospital library, though a library *per se* is not a requirement. The Medical Library Association minimum standards for hospital libraries were viewed as valuable if they are read, but lacking in “clout” since they are not required by government regulation or accrediting body.

On a personal note, some library staff expressed frustration at having to continually justify their role in the hospital, along with a certain longing for a powerful external agent to declare that a hospital must have library. At one focus group site, the National Library of Medicine was criticized for sometimes failing to advance the role of medical librarians in communications regarding public access to PubMed, Loansome Doc, and consumer health information resources. Amid the discussions of financial downturns for hospital libraries, a more positive report came from one speaker who described an increase to the annual library budget to keep pace with increased journal costs, along with a promise of future increases—“I am still shocked, I still don’t even know what to think about it. But, it wasn’t like that before and it was scary....”

One-person libraries (4 comments). Two issues surfaced in regard to sustainability of one-person libraries: staffing turnover and library coverage. When there is a turnover in staffing at a one-person library, the new person sometimes does not have adequate orientation or training—“I came into this position with no overlap from the prior librarian, so I was kind of learning everything from scratch....” In situations involving turnover with no overlap between departing and incoming personnel, the RML staff have been helpful in teaching DOCLINE and PubMed (in one-to-one or class training). When the one library staff person is away, there may not be anyone to cover for them—“my co-workers [from other departments] fill in for me when I am gone...and they just do the basics.” One speaker recalled previous arrangements for staff from another library covering for someone who was away; participants responded positively to the idea of reviving this approach (including creation of “while the librarian is out” signage.)

RML advocacy role (22 comments). Participants stated that the RML (and parent agency NLM), as a governmental entity larger and more powerful than the individual library, could help when librarians are called upon to justify what they do, when someone says, “it’s all on the web free...so why do I even need you?” The RML could help with promotional materials targeted to administrators to explain the necessary role of libraries in health care institutions. In response to questioning from the facilitator at one session, participants supported the specific idea of a letter written to the administration on behalf of the library; the letter might describe the NN/LM program, and the important job of the library. A more comprehensive approach was also suggested—“advocacy is not [only] a letter, advocacy is a program... every librarian and the RML and the NLM have to commit to...and so writing a letter is a good supportive piece, but on both ends...librarians and those big organizations have to commit to that advocacy program. It is constant. It is all the time.” The Special Libraries Association was noted as an

organization skilled in library advocacy. Another speaker described an approach for possible RML research that might yield data in support of hospital library advocacy: to examine the rank of hospitals and the characteristics of their library and then determine the correlation between the two measures. As part of an advocacy program, the RML might increase efforts to raise awareness among health professions educators, including those at community colleges, about the services medical libraries offer; one speaker described the lack of knowledge of nursing students and other health professional students about information resources available through the library.

There was a sense in the discussions that some participants thought the RML (and NLM) have centered attention on building awareness of consumers and public librarians regarding NLM health information resources, possibly resulting in less focus on promoting information resources and medical libraries to health professionals.

Participants discussed the Medical Library Association campaign to promote the profession of medical librarians. There was a feeling that what the RML could do would need to be somewhat different—the RML would need to promote the “idea of a library” and health information resources in order to be inclusive of the smaller and rural hospitals, which would be unlikely to have a professional medical librarian. The staff in those hospital libraries would not be members of MLA (and perhaps not members of the chapter either) so would not get MLA promotional materials.

Shared Purchase, Access

Rationale (23 comments). The concept of shared purchase agreements, especially for access to electronic information resources, arose at several focus group sessions. In addition, participants expressed interest in enhancements to resource sharing tools. (Note that there was no question from the group facilitator that addressed this issue.) “We struggle more and more to provide the resources that our users require, particularly in an electronic format. If we could look at ... [a] framework ... for us to share resources, but also enhance what we are providing to our local users ... really, I think that is the most important part of the network relationship that we have right now.” Speakers observed that consortial agreements for electronic access would give libraries leverage in negotiating with publishers and would be more efficient than each library negotiating with multiple publishers. One of the most troublesome issues beyond the cost of electronic resources is the bundling of electronic subscriptions, that is, the publishers’ requirements that electronic subscriptions be placed for a set package of electronic titles. “You are getting all sorts of [titles] you don’t need for the few that you really do need.” Shared purchasing was seen as a way to gain clout for unbundling electronic subscriptions, as well as a means to increase buying power and expand access for users (access 24/7 at locations convenient for users) to both electronic journals and standard reference works. “Patrons want...it instantly, they want it free, they want it all!”—a cost effective price for access to electronic journals obtained through group purchasing would indeed help in meeting library users’ expectations for information service. “They all want [electronic access] 24/7 and the reason we don’t have it 24/7 is cost.... It makes us look good when we can turn around and offer them the services that they are really telling us that they want.” Most speakers recognized the importance of returns for both the large and small libraries that might participate in shared purchasing; the smaller financial

contribution of smaller libraries (assuming some type of sliding scale arrangement) would partially offset the costs to the larger institutions and would contribute to the total purchasing power. This was not the universal understanding of those who addressed the issue, however—“whereby, four or five universities are funding the hugely expensive consortial agreements and everybody else is just taking advantage of them....” Another idea was for some type of “worldwide library agreement...one library that had everything...you would [just] pay for what you use”—current systems for “pay per view” or “pay for 24 hours’ use” are not seen as cost effective however.

One possible model for shared purchase and access was suggested: the Mobius group of academic institutions in Missouri, which was described as a broad library automation consortium with a common online public access catalog and consortially purchased electronic resources. “Anything that the region can do to enhance document sharing through DOCLINE in particular would be nice...some sort of non-periodical resource supplement [for biomedical monographs and audiovisuals]...that are difficult to locate regionally if they are not in WorldCat.” A speaker at another session noted that joining shared online catalogs would be helpful to resource sharing, and a second speaker noted the availability of OCLC’s WorldCat and FirstSearch for locating materials to borrow as well as finding cataloging copy.

RML coordinating role (10 comments). Several participants suggested a role for the RML in coordinating shared purchase agreements for access to electronic resources. There was a sense that DOCLINE could be a mechanism for examining library collections for existing licenses (though libraries do not list electronic holdings in SERHOLD if they cannot fill document delivery requests using those subscriptions, a policy of which some may not be aware), and that as an established network DOCLINE might be an access mechanism—“making the information accessible to everyone who is on DOCLINE.” The RML role might encompass communication and mediation with vendors, and serving as fiscal agent and administrator of a shared purchase program. Participants conjectured that as representative of such a large group of libraries, the RML would wield considerable influence in negotiations.

Outreach

(20 comments). Participants addressed outreach to the public, to health professional students, and to practitioners.

Consumer health information brochures produced by the RML were helpful to Network libraries “coming to the forefront” in promoting health information resources for the public. One librarian tracks web sites visited by patients so that physicians can be alerted to where patients are getting information; “good quality websites, like MedlinePlus [are promoted as alternatives to those] that make your eyes pop when you read them!”

Speakers described outreach activities, such as providing library services to nursing and allied health students who commute to classes in another town, assisting youth who are working on school papers, offering Loansome Doc to state epidemiologists, assisting at RML information booths at conferences, and making referrals from the hospital library to public libraries after the reference staff have received training in MedlinePlus.gov.

Pharmacists and pharmacy students were identified as possible outreach targets for the RML. Hospital librarians noted that pharmacy students on clinical rotation were not familiar with the range of health information resources; these students most likely had some introduction to information resources in their coursework, but they “don’t really pay attention until they are out on rotation and there it is and they really need it.” Practicing pharmacists “would be a wonderful group to target because they are [the] source of information for many people. If they can’t get in to see their doctor...they go see the pharmacist...” If more pharmacists were acquainted with MedlinePlus, they could use it as an educational tool with people who consult them.

Reference via a videoconference connection arose as an idea for outreach to rural hospitals that do not have a librarian. Practitioners might be more likely to seek answers to questions if they were able to consult with a medical librarian directly rather than relaying the question through a local contact person.

DOCLINE

(18 comments). DOCLINE was viewed as the foundation for cooperative action within the NN/LM network—the “most important part of the relationship that our library has to the other member libraries is through DOCLINE and through the resource sharing of that service.” DOCLINE participation enables Network members to provide excellent services to their own users and contribute to the flow of health information through the NN/LM network—“we want to be a good library citizen at the same time, I think appropriately, our focus is on the users of our institution, faculty, staff, and students...we would like to be able to do both very well...to do what we are doing in our local setting better and also to contribute to the other libraries....” DOCLINE (and other NLM systems and services) are seen as “efficient and well-designed...some people may complain about certain features here and there, but overall...the efficiency and what we are able to get...[is] pretty amazing.” NLM’s rush service for clinical emergencies was lauded—“NLM...that clinical emergency [service] has been a godsend...I can’t tell you how many times I have used that.” The FreeShare library group within SERHOLD (libraries that offer free reciprocal lending) was noted as a valuable component.

Participants reported various contacts with RML staff for DOCLINE technical support, including help with setting up initial routing tables; individual, in-person DOCLINE tutorials for new participants—“the ins and outs of DOCLINE”; questions on electronic journals; group training at conferences; and setting up a new library group in order to produce a local union list. One speaker indicated “we feel that we have the DOCLINE support that we need” even though there is no longer a regional DOCLINE specialist; questions are answered by state liaisons, with unusual or difficult questions referred to the RML office. One instance was noted in which the RML state liaison did not give a thorough answer regarding the schedule of DOCLINE reports; another librarian was able to direct the member to the fact sheet on the web that gives that specific information. There were several other reports of very helpful RML responses to DOCLINE questions and requests for training; one speaker noted that all requests for RML assistance (three or four contacts in 12 years) were in regard to SERHOLD or DOCLINE.

The national DOCLINE listserv keeps participants well informed, and the “level of communication is just right...it is not too much...not too little.” People from all over the country carry on discussions of document delivery technologies (e.g., which are the best scanners and how to send PDF documents) and offer other useful advice.

Awards

(8 comments). Participants commented on funding awards, including grants; helpful assistance was provided by the RML in some cases, and one participant reported on a successful experience with an in-house grant writer. Speakers appreciated consultation on how to frame a grant proposal to be responsive to the guidelines and ongoing communications, including reminders of impending deadlines.

Technology Awareness, Applications

(7 comments). The comments on technology awareness and applications reflect the concern of library staff to keep pace with technology, both to improve library operations and services (e.g., PDF and web delivery of ILL documents, EFTS, and LinkOut) and to offer advice to health professionals on new technologies (e.g., PDAs and videoconferencing). Several comments conveyed the notion that once someone has learned a technology, it doesn't seem difficult; however, before that knowledge is gained, even simple technology can be like a “black hole” and encouragement from a source like the RML is motivation to get started. (Note also the comments on technology applications in delivery of educational opportunities.)

Focus Group Responses by Location

Of the six focus group sessions, four were held in person with the participants, facilitator, and recorder at the same location, while two were held via teleconference. Appendix B shows the total of comments by location for each theme and topic. Participants at each location contributed a variety of comments in response to each question, except for question 6, for which there were no comments coded from the St. Louis session. Most of the themes identified were addressed by some speakers at each location, with the notable exceptions of “Sustainability” and “Shared Purchase/Access.” While these themes did not arise at all sessions, when they did come up, they resulted in a high number of coded comments. Library Sustainability came up at four of the six sessions, with the majority of comments on this theme (35 or 70% of comments coded for this theme) presented at the Salt Lake City session. The theme of Shared Purchase/Access came up at only three sessions, with 33 comments coded; three comments were from the St. Louis session and 15 comments each from the Denver and Kansas City sessions. Several other themes were not addressed at all locations, but these received fewer comments overall: “Awards” (8 total comments), “DOCLINE” (18 total comments), and “Outreach” (17 total comments).

Focus Group Responses by Question

Focus group participants contributed numerous comments in response to each question posed by the focus group facilitator. Perhaps not at all surprising for a set of interviews with librarians, the question on information flow generated 25% of the total comments recorded. Table 2 shows the number of comments coded for each question.

Questions	Number of Comments (T=454)	Percentage of Total (rounded)
1) Think back to a recent experience where you interacted with the RML, or one of its representatives, and tell us about that experience.	61	13%
2) Think about how information flows between you and the RML. What is the best way for this to happen?	110	24%
3) Think about what you do for your own professional development. How can the RML support you in this area?	85	19%
4) What other services could the RML provide that would be useful to you?	59	13%
5) What is the RML doing well that you would not want to change?	70	15%
6) Think of all that we have talked about today, if you could add, change or improve only one RML service or product what would it be?	69	15%

Table 2. Focus Group Responses Coded by Question

The first three questions posed to the focus groups generated 56% of the coded comments. While all of the questions were open ended in construction, these questions focused participants' attention on RML staff interactions, information flow between Network members and the RML, and professional development, respectively. (Additional comments on these themes occurred later in the sessions in response to the remaining questions as well.) The final three questions invited participants to offer feedback on existing RML services, to propose ideas for new services, and to single out one RML service to be added, changed, or improved. A range of themes occurred in response to each question (Table 3).

Theme	Question Numbers						Total
	1	2	3	4	5	6	
Information Flow	10	81	4	3	13	6	117
RML Staff	39	15	10	3	19	2	88
Professional Development		9	41	10	2	12	74
Sustainability	1		7	2	20	20	50
Education		2	18	6	3	12	41
Shared Purchase, Access				26	2	5	33
DOCLINE	6	2	1	3	4	2	18
Outreach	3	1	3	2		8	17
Awards	2				6		8
Tech Awareness, Applications			1	4	1	2	8
Total Responses	61	110	85	59	70	69	454
Percentage of Total*	13%	24%	19%	13%	15%	15%	

*(rounded to nearest whole percentage)

Table 3. Occurrence of Themes in Responses to Questions

Question 1

Many of the responses to the first question dealt with characteristics of the RML staff, as would be expected (39 responses or 64% of the comments coded for Question 1).

Participants offered mostly very positive comments on the nature of their interactions with staff, though a few specific instances were reported where follow-up did not occur as expected. In general, RML staff were assessed as making appropriate referrals, communicating the RML role effectively, maintaining visibility and proactively making contacts with Network members, resolving problems effectively, being responsive to members, and offering valuable support and assistance. Those who commented on the RML's distributed staffing model found it to be a successful approach.

Additional comments on technical assistance for DOCLINE, funding awards, and outreach (11 responses or 18% of the comments coded for Question 1) reflected a positive assessment of RML staff support as well, with one exception when incomplete information was provided. One participant commented on the helpfulness of an RML site visit to a one-person library; this provided some orientation for the new librarian who had not been able to overlap with the former librarian.

A number of comments (10 responses or 16% of the comments coded for Question 1) concerned information flow (the focus of the next question). The sense of these comments was that the RML continues to be a critical resource for keeping up with the latest information—both for new staff in Network libraries and for those Network members with some longevity (20 years). Various channels of information were noted, including the listserv, the print newsletter, and site visits.

Question 2

The second question, on information flow between staff at Network member libraries and the RML staff, generated one-fourth of the comments (110 total responses to Question 2, which is 24% of the total comments coded). While some of the responses to this question focused on themes other than “information flow,” including “RML staff” and “professional development,” most of the comments (81 of the 110 total, or 74%) did center on information flow as prompted by the question. “Information flow” as a theme was identified in 117 comments, with 36 additional comments contributed on the theme of “information flow” in response to the other questions.

Participants identified many aspects of information flow, including various communications channels such as email, the listserv, the print newsletter, in person meetings and site visits, and the web site. Most participants initially thought of information flow in one direction, from the RML to Network members, but as the discussion unfolded, they recognized the importance of information flow back to the RML as well.

Question 3

The third question raised the concept of professional development, and it invited input on what the RML could do to support Network members’ professional development. Most of the 85 coded comments to this question fell into the thematic categories of “education,” (with most of the comments concerning the topic of delivery mechanisms) and “professional development” (with numerous comments on resources and some comments on barriers encountered). This question also prompted additional feedback at one site on RML staff attributes and on the distributed staffing model. The question also generated a small number of comments on the theme of “sustainability” at three different sites.

Question 4

The fourth question asked what other services the RML could provide to Network members. Of the 59 comments recorded in response to this question, almost half (26 responses) were related to the theme of “shared purchase and access.” This topic came up at only three of the six focus group sessions, but when it did arise, the topic generated much discussion and agreement on the need for action. The remainder of the comments touched on the importance of continuing existing RML services, including information flow via email, training, networking, and technical assistance.

Question 5

Some of the responses to the previous question led right into this question on what the RML does well that Network members would not want to change. The theme of “sustainability” emerged strongly at one location (Salt Lake City) in response to Question 5 (20 of the 70 total comments coded for this question). Again, positive

comments were generated on information flow as well as RML staff support and assistance, including DOCLINE and funding awards.

Question 6

The final question asked participants to contemplate what one service they would add, change, or improve. This question generated an additional 20 comments (nearly one-third of the 70 comments coded for Question 6) on the theme of “sustainability”—this time the comments came from three of the focus groups. Participants also commented frequently on the themes of “professional development” and “education” (another one-third of the 70 comments coded for Question 6).

Conclusions

Comments from focus group participants covered a range of themes and topics, some prompted by the interview questions and others raised spontaneously by Network members. Many comments indicated the importance of continuing the array of RML services and identified needs for new and expanded programs. Overall, comments reflected a positive evaluation of the RML; participant comments also allow an assessment of the status of libraries in the regional network.

Indicators for RML Action

Based on the focus group responses, the RML should continue:

- To employ a variety of communications and contact methods in order to meet the challenges of geographical isolation that characterize the region, including travel to meet in person with individuals and groups in the network, email, training, and expanding use of communications and educational technologies.
- To provide appropriate referrals when RML staff cannot directly provide the needed information or service.
- To respond quickly to email and phone calls from Network members, and, as much as possible, provide specific timelines for response or action from the RML
- To follow the distributed staffing model, with state liaisons and regional specialists, and to publicize what Network members can expect from staff in various roles.
- To post communications weekly on the listserv, with an eye to improving readability of format and aids to navigate content.
- To facilitate networking in local areas by bringing people together in person and electronically for planning, education, and other events.
- To support outreach by Network member libraries, by providing materials for libraries to disseminate, advice, and funding awards.
- To offer direct outreach to communities and disciplines that may be identified by Network members (e.g., pharmacy), along with outreach to educational institutions for the health professions.

Participant comments suggest that the RML should take action:

- To create easy mechanisms to identify appropriate RML contacts and the type and extent of services available.
- To clarify and reinforce the region-wide role of RML specialists in the states; state liaisons need to ensure they reach out to Network members in their states who may not be involved in the specialty area they serve.
- To pursue additional opportunities to communicate the RML role – the presentations at MCMLA were viewed as effective and informative, and suggestions were offered for increased communication of the RML role, such as profiling new RML staff members and the assortment of RML programs in various communications channels, including the listserv.
- To find ways to draw people to the resources on and linked from the web site (e.g., listserv alerts to new resources posted), and to give thought to materials that need to be available in “printer-friendly” format on the web site.
- To clarify what information the RML would like from network participants on an ongoing basis (e.g., community activities that may offer opportunities for collaboration) – what is best way for members to communicate their input?
- To build on existing RML and other resources for professional development – to focus on awareness and learning to use tools to facilitate the work process, facilitate mentoring and peer sharing of knowledge among members, partnerships with graduate library schools, and improved access to library literature.
- To expand the RML role in library advocacy – ideas included promotional materials targeted to administrators to explain the necessary role of libraries in health care institutions. There was support for a letter from the RML to the institution’s administration on behalf of library.
- To explore a role for the RML in coordinating shared purchase agreements for access to electronic resources. The RML role might encompass communication and mediation with vendors, and serving as fiscal agent and administrator of a shared purchase program. Participants conjectured that as representative of such a large group of libraries, the RML would wield considerable influence in negotiations.

Evaluation of the RML

The overall impression from participant comments is that the RML provides essential technical support for library operations, valuable professional development assistance for library staff, and effective networking among Network members. Very few specific problems with RML staff interactions were identified, though the RML will certainly examine those instances closely to improve customer service based on those lessons learned. The focus groups were convened within the first two years of the five-year contract, and clearly the new staff was proactive in reaching out to the Network membership and in meeting service goals. Network members value the personal attributes of RML personnel, such as their energy and positive approach, as well as their technical expertise and responsive service. A tone of warmth and a sense of connectedness resonate throughout the participant comments. Focus group participants articulated their confidence in the value of communications from the RML.

The distributed staffing model, an innovation in NN/LM regional services plans, appears to be working well, though some initial confusion was evident about the divisions of responsibility among staff. (In fairness, it should be noted that confusion about individual RML staff roles occurs in the traditional centralized regional staffing model as well!) Members indicate they have adequate DOCLINE support, even though there is no designated regional DOCLINE specialist. Questions are answered by state liaisons or referred to regional office, and members rely on the national DOCLINE listserv for updates.

Assessment of Libraries

Staff at member Network libraries are concerned with keeping pace with technology, both to maintain efficient and effective library operations and to attain knowledge levels that enable them to advise their users on technology innovations, such as PDAs. Some libraries still experience problems with basic information technologies, such as limited email storage capacity and cumbersome functionality (slow access to online resources) due to layered security protecting computer networks in sensitive healthcare environments. Some yearning was expressed for the stability offered by the print format as opposed to the shifting sands of electronic media. Some personnel lack ready technology skills—and busy staff find it difficult to figure out new educational technologies (video streaming/videoconferences). However, the technology aspects of electronic publishing seem to cause less difficulty than the social and political concerns surrounding access and licensing of electronic resources.

The interview question on information flow stimulated much discussion in all the focus groups. Comments reflected deep concern with keeping up with news and advances in the field, and also indicated a good level of comfort with range of communications channels to be monitored.

Library sustainability was a pressing issue among the groups that raised the concept. Along with interest in honing skills in business management to better position the library and to better understand the parent institution, participants evidenced frustration at repeatedly having to justify their library's value. Participants were appreciative of the role of external agency standards and guidelines for libraries in healthcare institutions, and welcoming of the RML's role in furthering library sustainability. In organizations with a one-person library, the challenge of turnover and library staff coverage compound concerns posed by the business constraints of the healthcare field.

While geography did not emerge as a major theme, there were references to geographic distances and the rural areas of the region. Participants, presumably from more populous areas, expressed interest in knowing how things were working in isolated areas of the region. While care was taken to include staff from rural Network member libraries in the focus groups, no specific concerns were noted in regard to RML services in outlying areas. Comments on professional development identified travel time and costs as potential barriers, although these concerns did not seem to be linked specifically to the remote or isolated areas of the region; rather they applied to all areas, rural and urban.

Focus Group Methodology

Focus group methodology proved to be a successful tool for the RML to gain a more in-depth understanding of the needs and expectations of Network members and to obtain feedback on its own performance. The data gathered will be useful in strengthening ongoing RML programs and services and in strategic planning to meet emerging needs of the region.

Appendix A

Focus Groups Coded Data
Comments by Theme/Topic

<u>THEME</u>	<u>TOPIC</u>	<u>COMMENT</u>	<u>LOCATION</u>	<u>PAGE</u>	<u>QUESTION</u>
DOCLINE		I recently had a situation where, as a new DOCLINE participant I am still kind of learning the system and I was trying to find out when the reports, that are generated by the system on a quarterly basis, when those reports are generated and I did converse with [RML liaison] and she just basically told me to be patient...that they would eventually come out. And what happened, I conversed with another librarian in Kansas and she explained to me that there is actually a fact sheet, or DOCLINE web site that you could go to and it would tell you the actual dates that those are printed and that was really helpful.	Kansas City	4	1
DOCLINE		when I started this position about a year ago, I think that was my first interaction with the RML. This position is actually contracted through the University of Nebraska Medical Center and on that staff, or associated with that staff is the RML education liaison, so that person offered to come over to my hospital and kind of show me the ins and outs of DOCLINE, which she did, which was extremely helpful.	Second Telecon	3	1
DOCLINE		That is true [importance of continuing training from RML], I mean there are so many changes that happen in DOCLINE and just helping...being able to visit and go through a little bit of hands-on training or just trying to figure out what the new changes mean to us...like they just changed and added some nice enhancements for Lonesome Doc and I am just learning...I am looking forward to the training at the symposium because I want to know more about Lonesome Doc, because I have some Lonesome Docs. I have some Lonesome epidemiologists at the state...and I want to be sure I am doing this all the right way to help them.	Second Telecon	8	3
DOCLINE		I have had very little experience with the RML staff as far as having to call them. I think in my 12 years I have probably called them 3 or 4 times and each time...I think it probably had something to do with SERHOLD or DOCLINE...this kind of procedural thing and they were always very helpful.	First Telecon	5	1

DOCLINE		Because we are a new library I had to setup the DOCLINE system in our library and I came from a reference librarian position where I didn't do anything but reference. I had to call the RML to get the help in setting up my DOCLINE. I had no clue what to do. I had never done interlibrary loan at all and they were awesome. They helped me with my routing tables and _____ request from us, but it is because the RML gave us your name. But, it has been...I was very impressed with how helpful they were about DOCLINE and everybody I talked to there was very helpful. [...with RML HQ or with RML liaison?] Well no it was in Utah. I think maybe I called Dennison to ask questions....but most of my information came from the RML	Denver	2, 3	1
DOCLINE		I have asked her a DOCLINE questions and I know that she can refer those to _____ but we do have this ongoing question, now about electronic journals that ...there is a lot of DOCLINE technical questions...not one of these specialists are exactly in charge of, but they all know that and they are suppose to keep up on DOCLINE and then they are supposed to refer them to Utah....if there is a really bad question. So think we do feel that we have the DOCLINE support that we need...although that was a little weird at the beginning since we use to have a DOCLINE specialist, but then that maybe was to bring up the system and we don't really need one, although _____ said she has a lot of help...she got the help she did need to bring it up.	Denver	17	5
DOCLINE		agree ... on DOCLINE. I think that the level of communication is just right ...it is not too much....not too little. I feel like we are well informed and I do take...I usually set those emails aside for a later point in the day when I can really read them and look at them. And, again they are not so long, or so cumbersome in terms of having to deal with them.	St. Louis	9	5
DOCLINE		And I wasn't on the DOCLINE listserv so I wasn't aware of that...so I now understand [why the other librarian knew about the DOCLINE reports and he/she didn't].... The biomed...the Kansas Biomedical Librarians listserv... it was generated last year about this time from all the people who had attended this meeting...	Kansas City	4	1
DOCLINE		[Probe: how do you find out what other people, experts, are doing?] Email. On DOCLINE there are discussion groups sessions going on all the time about which is the best scanner system, and PDFs and things. A lot of people have lots of useful advice and they are not always in the Rocky Mountain region on that list. So you are listening to people from all across the country and there have been quite a few discussions about things I never would have thought about. It is interesting to look at those too.	Second Telecon	5	2

DOCLINE		Maybe there are other communications like our interlibrary loan person gets stuff about DOCLINE andbecause I know that communication is really good...and the serials person that does the SERHOLD, she communicates with NLM	First Telecon	6	2
DOCLINE		NLM.....that clinical emergency thing has been a God send...that National Library of Medicine's big guarantee that within 4 hours....I can't tell you how many times I have used that.	Kansas City	18	4
DOCLINE		The most recent thing [RML liaison] has been helping, I am going to say us, is I believe to a health system here in Kansas City that was recently sold, April 1 st and we are trying to set up a new user group ... for our system because, among other things, we want to have a common union list because we expect that there are cuts, we want to see what each other has and not...we belong to some other bigger groups, but we don't want a bigger group, we just want our own group that we can use that data internally for decisions and if we have to cut journals... .. We feel it is going to be useful for us to do budget and other sorts of things. We need to do budget collection development and things like that.	Kansas City	4	1
DOCLINE		I would put again the resource sharing element as a highest priority and look at ways building on this excellent foundation of DOCLINE. How can we together add and enhance that in ways that are useful to our libraries...of all types and sizes. And I know that we do a lot of lending to very small libraries, very large libraries, private companies through Lonesome Doc, individual researchers...so we want to be a good library citizen at the same time I think appropriately our focus is on the users of our institution, faculty, staff and students at our institution that we would like to be able to do both very well. We would like to use these network relationships for information and resource sharing to do what we are doing in our local setting better and also to contribute to the other libraries that are in the networks we are part of.	St. Louis	10	5
DOCLINE		FreeShare....that's been very good for us. My assistant can get the articles... so that's good.	St. Louis	9	5
DOCLINE		most important part of the relationship that our library has to the other member libraries is through DOCLINE and through the resource sharing of that service and I think that more and more, those kinds of relationships are going to be the critical elements of the relationship between and among our member libraries.	St. Louis	8	4

DOCLINE		I think DOCLINE is one of the great inventions of our profession in fact, it is clear that they have learned a tremendous amount from problems the OCLC has worked through over the years. I just can't imagine anything that would make that much easier, or much more that I need to know about...or more guides to than...you know, for at least these documents delivered through the National ...sponsored by the National Library of Medicine. I think that is one thing that they do very, very well.	St. Louis	8	4
DOCLINE		actually I was pretty agog when I came into this job that both DOCLINE and PubMed are as efficient and well designed as they are. I know some people may complain about certain features here and there, but overall I think the efficiency and what we are able to get out of those are pretty amazing.	Second Telecon	13	6
DOCLINE		I was just blown away when I first visited those web sites and exploring those databases. It is like...WOW...I think they are just wonderful and I love MedlinePlus and I love that it is out in Spanish and it is so helpful to people.	Second Telecon	13	6
RML Staff	Contacts/ visible/ proactive	I don't feel like I interact with them very often except for interlibrary loan and it is no different from interacting with Eccles, the way I did before.	Salt Lake City	3	1
RML Staff	Contacts/ visible/ proactive	I never honestly really paid attention to the RML before because it wasn't a visible body for what I was doing, and now it is very visible and whether you want to talk in person or just read stuff...via email I enjoy both ... Before we were....out here in the frontier...kind of...lost in a phone mail sort of nightmare.	Salt Lake City	3, 4	2
RML Staff	Contacts/ visible/ proactive	I am hoping that it is better for everyone and that it is not just a function of Eccles being 3 miles away from where we are located. I am hoping that the people in Wyoming are having a better experience also ... I think it must be [electronics?] ...because the changes I have found, besides having [RML liaison] come to our meetings...have been better communication.	Salt Lake City	4	2
RML Staff	Contacts/ visible/ proactive	[Probe: ...would the RML be one of the places you would thing to find resources...people...contacts...?] I don't have any sense for who I would talk to.	Salt Lake City	11	3

RML Staff	Contacts/ visible/ proactive	The new kid on the block which I consider myself as...I wouldn't know...what I would like to see is some kind of a, not a pamphlet but some kind of a something you can get off the internet...if you have questions this is where you go and you could get all your contact people off of there. But knowing the training module is what it is...welcome... When the RML was in Nebraska I knew who to call , if I had a a DOCLINE...and I just picked up the phone and called the DOCLINE person. In fact, when I decided to go to graduate school I called somewhere over there and asked if they knew of any good distance ed programs and that is how I ended up going to the University of Wisconsin, Milwaukee. I don't remember who I talked to...it was someone in the RML... But see, I knew this because I worked at a large academic health sciences library before I came here. So I knew how things worked already.	Salt Lake City	11	3
RML Staff	Contacts/ visible/ proactive	[institution] said yeah we will pay and send you down there so you can train. ...this is when the RML was still in Nebraska ...and I called and the person who was doing DOCLINE then, the next thing we knew she was coming to do DOCLINE training, the next day, she was scheduled, and that was so irritating to me because number one it was one of our hospitals so who cares if I go down to show them, I was trained, but the RML cared because they sent someone out. And that was so, if they care so much they should be on top of it. I don't know what happens with Eccles because a situation like this hasn't come up...so I can't gauge how they would react...but if they don't want people within a corporation going in a training... [Probe: RML intervened inappropriately?] No, my reaction was...if they don't want people doing outreach within their own corporations or their own structure, they should make it easier for people to get the outreach that they need... There should be something really easy set up...that is real easy to find...so like the place where I am talking about they are going to be expanding their library and adding a new librarian...if the RML wants to be the ones that make sure they get set up right...	Salt Lake City	14, 15	3
RML Staff	Contacts/ visible/ proactive	I went to our regional systems annual Institute ...a Friday, all-day session that introduced us to our person and then we had the training all day long and that is where I met the regional library person from the National Library of Medicine. Then the next week she happened to be in Norfolk at a conference that was held on our campus here and she stopped in and visited with me after that...and the energy was just immediate and I can see that I have a new relationship to be built and it is just a new young partnership that is starting.... , her and I just kind of clicked. Some of the ideas that she presented are ideas that I have had in the back of my mind...but hadn't acted on...so she gave me some ideas and some contact people from...she just seemed to be a source I could feed from real quick.	First Telecon	2	1

RML Staff	Contacts/ visible/ proactive	We have the RML person in our library, who has an office in our library, and I have to say from my job perspective and what I do, I don't see [RML liaison] much because she is always out traveling. So, I don't see what she does having any direct impact on the library.and I don't know if other people who have RML people in their libraries feel the same way...because they are out doing other things, they are supporting the state or a special project, so it is not the same kind of relationship that someone like at a rural hospital, who is a one person library might have...[RML liaison], she is a member of our faculty so she does some faculty activities with us when we have to do something as faculty. And she used to...sometimes she will cover the reference desk and when we need some extra help teaching I know she does that...but as far as...like the experience in Norfolk I don't see that really happening here because we don't see that as her role at all. We see her...I see her role, and I am speaking generally...is helping people out in the state and not necessarily helping us here.	First Telecon	3	1
RML Staff	Contacts/ visible/ proactive	I don't think we are missing out, I mean, specifically for our library...On campus they got some grant money, a huge grant contract, for bioterrorism preparedness. And so [RML liaison] hooked up with the nurse educator that was going to work on it...you know, start this department and be like the liaison...like the worker bee to get things organized. And we met with her because of [RML liaison]...and [RML liaison] helped write the job description and they hired a librarian for this project. And it is really not part of our library. It is a totally separate thing...so that was something [RML liaison] did on our campus. We interacted with this person and gave him advice, but ...I mean, directly with how our library functions, our day to day operations...there isn't a lot of interaction because she is out in the state...busy.	First Telecon	3	1
RML Staff	Contacts/ visible/ proactive	We have somewhat of the same situation, though [RML liaison] does work part of her time in the reference department as well. With [RML liaison] it is a little different I think, because of her role as inner city liaison, that she has more connection with the Omaha area because.... that is her focus. And so, [RML liaison], being outreach and education coordinator, has to travel a lot more. And we have seen some impact on our library in the fact that she has been working with some of the underserved community in the native American population. She has gone, in conjunction with _____ to work with some of our students that are working in some of those areas. I think it really depends on who the RML person is and what their focus is, whether it will have any impact on your own library.	First Telecon	3	1

RML Staff	Contacts/ visible/ proactive	We had interaction with [RML liaison] ...has come over and we have sort of team-taught a class...did a presentation to a class of PT students and has worked with somebody in our department with personal visual system(?) and offered classes to our local consortium as well. [RML liaisons] are active in our local consortium of health service libraries as well.	First Telecon	3	1
RML Staff	Contacts/ visible/ proactive	I really have to agree. [RML liaison], she does have a lot of enthusiasm and she is a good teacher and I know when she goes out...because she is housed at UNMC, she talks about the ----- library and tells them about us...which I would expect her to do. So she talks us "up" and everything. So that is one aspect that she does impact us I guess...that I didn't think of.	First Telecon	4	1
RML Staff	Contacts/ visible/ proactive	Our Wyoming liaison is at the University of Wyoming, which is at the other end of the state from where I am. I have not had much contact with her. I had a little session with her at the mid-continental meeting in Topeka last fall and she did come to visit my library a few months ago. And I really enjoyed her and her energy level was very high also. Unfortunately she has now left the position and I feel bad about that, but I know we will get someone new. But in Wyoming, we don't have a lot of trained librarians in hospital libraries...so she spent, I believe, more of her time working in the hospitals and maybe in the pubic libraries, where there are not trained medical librarians. So, I know that...I was important to her, but there were, perhaps, more immediate needs in the state. And, I offer a lot in my library that the other libraries don't have yet.	First Telecon	4	1
RML Staff	Contacts/ visible/ proactive	I have also had interaction with the RML staff at the mid-continental medical library association meetings and I find them so helpful and so eager to train and up-date librarians in whatever the RMLs are doing, or the NLM is doing. So my experience with any of the staff has been very positive.	First Telecon	4	1
RML Staff	Contacts/ visible/ proactive	I have not had any real need to interact with anybody on that level [RML in Utah]...other than when they came down for the hiring process at the very beginning, when they came to each of the libraries...when they held job interviews. But otherwise not very much interaction at Utah.	First Telecon	4	1
RML Staff	Contacts/ visible/ proactive	Yes, like I say, my relationship with this is so short lived, but I can already see that I have had more contact with [RML liaison] in the last month than many other people that I try to network with...so it is really nice to have found a new avenue for support and information and a way to serve my area up here.	First Telecon	7	2

RML Staff	Contacts/ visible/ proactive	I think the fact that they...at least the liaisons that are in this area...do travel quite a bit and try to make as many connections as they can throughout the area. I know it is sometimes hard to be gone that much...but they are able to get around to the different states and try to make those connections ...to reach those people that don't have a liaison person there in their library.	First Telecon	11	5
RML Staff	Contacts/ visible/ proactive	I did think of one thing that is transpiring here in Wyoming and our Wyoming liaison organized it... and that is in about 2 weeks we are going to have a 2-week [i.e., 2-day] workshop with about 15 people in attendance and that is the first time that has transpired in Wyoming...at least that I have been aware of...and I was highly encouraged by our liaison to attend and I know that she promoted it a lot and did a lot of work to set that up. And there will be professional librarians there like myself and there will also be non-librarians attending. So I really appreciate that in our rural area.	First Telecon	14	6
RML Staff	Contacts/ visible/ proactive	On the brochures...that she solicited input from consumer health librarians before finalizing them. It was a very collaborative effort.	Denver	4	1
RML Staff	Contacts/ visible/ proactive	my greatest contact has been through [RML liaison] and I guess created a lot more awareness with regard to the value of the consumer libraries and also, she is very proactive as far as staying in touch and spreading new information, asking for your in-put ... I have found her to be ready to interact with you quickly. She gets back to you as quickly as she can.	Denver	5	1
RML Staff	Contacts/ visible/ proactive	well our interaction with [RML liaison] do you mean...has been probably not as much as...because we are in Pueblo and Pueblo is still in many ways kind of an isolated geographical area, even though not as much as in the past. It's growing a lot more now... [RML liaison] did come...[at a time of turnover in personnel]...she came down and she did talk to us. She did visit us in Pueblo. She is very helpful...just kind of gave us an overview of services and MEDLINE and things like that. ...perhaps we don't contact people in Denver as much as other places do because of the geographical distance...and that type of thing...and also our library isn't...doesn't do as much consumer health...	Denver	6	1
RML Staff	Contacts/ visible/ proactive	I can sympathize with several of the comments, the lady from Pueblo...about being geographical...perhaps I haven't had that much need for RML services this year. I guess I have not used them extensively. [RML liaison] did come over here and introduced herself last summer and she certainly did try to maintain contact. So I have no fault with her. ...	Denver	6	1

RML Staff	Appropriate referrals	While she wasn't able to answer my questions, she was very prompt in getting back to me and she did, if I remember correctly, she did put me...gave me the name of someone in the NLM to discuss this with. Nothing really complicated, just some background information.	St. Louis	2	1
RML Staff	Appropriate referrals	I haven't used it in the last year or so...but I use to use it and I use to give it out to people too because people would be moving from Salt Lake...and they would say...will you still be library and I would say...here is an 800 number and you call them and find out.	Salt Lake City	13	3
RML Staff	Appropriate referrals	EFTS is what I have worked with most recently and a couple of questions she couldn't answer...she just said why don't you talk to the people.....very specific and it was pretty smooth.	Kansas City	5	1
RML Staff	Appropriate referrals	and I have also talked with the folks in Salt Lake quite a bit. They helped me find an HTML class and then there will be an NNLM symposium at the University of Wyoming that I am attending in July and I just find them always helpful. If there is something they can't offer they are willing to help find another place that can help me.	Second Telecon	3	1
RML Staff	Appropriate referrals	...I asked [RML liaison] how do I get somebody to build some link out buttons for me and she forwarded my message on to [RML liaison] who did it for me and they are beautiful.	Denver	6	1
RML Staff	Appropriate referrals	[Probe: people say they don't understand roles of state reps] Well, I feel strongly, if I call [RML liaison] with a question that she will ask one of those people.	Denver	17	5
RML Staff	Problem resolution/ Follow-up	we had an experience that [RML liaison] helped us with...We had something weird we were trying to find for someone...we tried to find it free first and we found it a Canadian library that indicated on SERHOLD that they loaded free to reciprocal people and we also loan free to reciprocal people so we went ahead and ordered it and then we get I think it was \$49. I called quicklyand she did some dialogues with the folks up in Canada and ended up coming back and explained to us that Canada doesn't have the same rules or the same copyright policies that we do...and because their copyright works differently that they would have to pay for sending us that article...which I was not aware of...she dialogued with them on our behalf and it came back that this would be a learning experience for us, but if we did it again they would charge us. But they did give us a credit for the \$49...[RML liaison] made it very smooth for me...without me having to call Canada or figuring out how to deal with it.	Kansas City	5	1

RML Staff	Problem resolution/ Follow-up	I have had one negative experience with regard to communication to them...and never getting a response back. I presented something at MCMLA last October, and was asked by the consumer health reference liaison to send the paper and the work that I had done on the project to her and then she was going to post it on the consumer health site for the individuals who attended that session...they had requested that...and I followed through and ...it is not at the site and I have never received any feedback. At this point, I have decided just to publish it...which I tentatively was thinking about doing anyway...but I feel badly for the people that were promised at that consumer health class, that this was going to happen.... I did send a follow-up email ...and I was just told that she was busy with other things.... That would probably be my only negative...I am not the only person that wanted it. There was a large group of individuals who wanted the results of that study...so they could that information to administrators to push for money...for consumer health education.	Kansas City	7, 8	2
RML Staff	Problem resolution/ Follow-up	... because maybe she made a decision that it wasn't appropriate...so that would have been fine...just to have known....	Kansas City	8	2
RML Staff	Problem resolution/ Follow-up	I was in contact with [RML liaison] this week because there is going to be a list of consumer health libraries on consumer healthline plus, and [RML liaison] was real good about letting everybody know and encouraging them to get their information and we did get all our information and most of it we thought we had in there already, but we went and checked and everything...and so in the morning I looked at our listing and it was just right...and in the afternoon I looked at it and it wasn't right. So I emailed [RML liaison] and I asked what happened ... she tracked down what the problem was and she followed up with NLM and she has copied me a copy of the message that she sent from NLM and we will hear back now and see what...it is because of where they are taking the data from the DOCLINE User record. But, she explained that there might be other organizations that have 2 libraries so they really want to differentiate between the two. She is always so helpful, plus she paid for our speaker today ...so.... [laughter].	Denver	3	1
RML Staff	Responsive- ness	we have had some email back and forth and I wonder if it was about being on a publications committee thatshe is very...responsive in email which is very nice	St. Louis	2	1
RML Staff	Responsive- ness	another thing...DOCLINE when you redo your routing table and you are waiting for it to be approved...they do it fast and I like that too. I like not logging in 3 days later and it says...awaiting approval...are they ever just going to look at this and approve it? And Eccles is quick. I don't think they are quick just because they know I am across town and I can come and yell at them...same for our people in other states.	Salt Lake City	21	5

RML Staff	Responsive-ness	I was first set up at Cephalon to be a DOCLINE library, this is when Eccles did not have the contract...I had to wait almostI knew it was going to be okay...because I just basically copied and...and I knew it was said that it was okay to be a pharmaceutical ...and I had a big interview...yes I am a I library...went through this whole thing...sent in my routing table...they did, it was for 2 months and then they lost my routing table...and erased...and I was just up and running and then my routing table went away. Then I had to reapply and they insisted that they never had it from me...it was just terrible interaction and I am hoping that was just a bad fluke for a period of 3 months. It is just been...everything now is easy! And responsive...	Salt Lake City	21	5
RML Staff	Responsive-ness	I've had contact recently with one of them on finding out on the DOCLINE if I could put a hold and then still...hold on request...from the library and having someone being able to order and I felt the service was very prompt and they kept me informed.... one of the people called me to follow-up.	Kansas City	2	1
RML Staff	Responsive-ness	I would say what the RML does for me...she is available. She is there when I have a question. She is there to make suggestions. I think those resources would be much more [difficult to] locate had she not been in the same position.	Second Telecon	10	5
RML Staff	Responsive-ness	[probe: Is the RML as responsive to the one-person place?] Goes to the first question you asked...(the 24/7)...I realize it was new for everybody...but they said to try it and I did and just got...they didn't understand...it was still brand new ...I haven't used them...I have been chicken to use them.	Salt Lake City	10	3
RML Staff	Responsive-ness	I spoke to somebody even through email about those certificates the libraries good standing member of the NLM. Well, my boss looked at that and saw that our had expired and was wondering if we were no longer a good standing member ... they said that they... will send out certificates one of these days. [Probe] I guess, more specific information would have been nice...to say "yes, we understand" and we are willing to survey people and/or send out new certificates by...April, 2003 or whatever. Didn't get that specific information. But this was some time ago and I think was just after the center had switched from Nebraska to Utah. I think I actually might have communicated with [RML staff] and it might have been early...but again I haven't heard anything more about it.	St. Louis	1, 2	1
RML Staff	Distributed staffing model	someone as a specific contact person...which I think [RML liaison] does a pretty good job with. I do get a sense of her being kind of a gatekeeper. I mean, me and the RML both in Utah...and I get a sense of...as long as I have someone I can email with specific questions...get an answer back	St. Louis	4	2

RML Staff	Distributed staffing model	But you wouldn't really call if you were calling for DOCLINE...you would call the DOCLINE person wouldn't you? [Probe: The more global question I asked was if you just wanted a resource, where would you start?] ...wouldn't we call the person who handles the specific area, even if they are not in our state?	Salt Lake City	12	3
RML Staff	Distributed staffing model	What about a tips and tricks email that could come out every once in awhile. Tips and tricks for getting value out of the RML. That would be a hint...that if you have a technology question...even though you are in Utah you would call...technology librarian.	Salt Lake City	12	3
RML Staff	Distributed staffing model	if I have any question I would just call the person at Eccles and then assume that they would be able to...I frankly would never read a list of all the people. I know there is a distributed model which I think is cool...and I think it works, but I would still rely on one person.	Salt Lake City	12	3
RML Staff	Distributed staffing model	Has anybody tried the 1-800 number? You call it and...they are supposed to route you to the right person.	Salt Lake City	13	3
RML Staff	Distributed staffing model	I am not sure whether or not the distributed model works. I think it certainly works for people in Utah, because we have such contact with Eccles and our RML people are here, but I wonder do the people in Wyoming get....that works.	Salt Lake City	13	3
RML Staff	Distributed staffing model	Well, I like having the person in Kansas City who is energetic. The resource...the Kansas resource has kind of dropped off and there was not a good relationship between the resource library and the rest of us...and it has gotten built back up in the end and I would sure hate to lose them.	Kansas City	22	5
RML Staff	Distributed staffing model	I kind of like to watch the process and it seemed like [RML director] hired...he is a very quiet person...I felt it was not as outgoing and it seems to me that when [RML staff] was part...she is a very outgoing person and was carefully picked...these liaison people and I have been very impressed and [RML staff]. I know everyone had reservations because we did really enjoy the Nebraska people ...[RML staff].... I think it working because of the personnel. And true, KU has been very helpful...a very outgoing...younger person, lively, particular and knows her stuff. ... all of them have a lot of personality and they kind of network without really realizing so I think they were chosen carefully.	Kansas City	22	5

RML Staff	Distributed staffing model	I think one of the advantages...I think the best advantage to having a state liaison, I mean somebody in each state...and we are lucky that we have two...is that these people can have more face time and more personal interaction with everybody because they come to our local consortium meetings and they belong to our consortia. So we are at a great advantage to always hear things, if anything new is coming up with NLM. And I would hope that other liaisons in other states would make an effort to attend those kind of meetings because it is a good thing to do - a little hand and face time.	First Telecon	7	2
RML Staff	Distributed staffing model	She is the consumer health brain for the region. And I have talked to some of the other specialists...but I like the idea of specialists. Because if I want to know about some technology thing I definitely would call [RML liaison] and that thing going on and I have actually talked to [RML liaison] about the survey and I plan to involve her in that when we start. So I guess the positive thing about the new way of doing the RML is that now I feel like I have experts in all these different areas. Like there is an inner city person. ...	Denver	4	1
RML Staff	Distributed staffing model	I feel like with [RML liaison] in the region the role of the consumer health libraries has much more come to the forefront and it was jelled as a unit to meet in periodic meetings to get it to know other libraries in the area because different requests will come into my library because these folks come from other areas and because of [RML liaison's] presence and the fact that the consumer health libraries have come together more as a specialized unit, other than just a medical library...	Denver	4	1
RML Staff	Distributed staffing model	I interact with [RML liaison] mostly and probably because I haven't had this position that long, only a year and a half since I have been a manager. But as I am listening to people talk about how great she is with consumer health and how much that has really come to the forefront, I work in a library that does no consumer health and so part of ...maybe one of the things that we are missing...since those other specialists are in other states, we don't have that constant contact. So I feel a lot of the times what she is saying are things that aren't relevant for me in my library. Our institution does have a consumer health library, but since I am not in charge of that...that could be...it is not a specific interaction that I have had but maybe a lack of interaction. And I almost never hear from those other specialists, like the inner city person. I look to the web site. I am not really quite sure what they really do. [Probe: what would you be looking for from them?] Right, what could they be providing? And I don't know, since Stephanie doesn't have a presence in the other states, I don't know how strongly the people in the other states would feel about this... [unclear] ...consumer health library...	Denver	5	1

RML Staff	Distributed staffing model	I think what [RML liaison] is suppose to be doing is a model for the other states in terms of the collaboration with the multi-type library collections that she has been getting going here I think. This is my ... hat now...that is kind of what the plan was I think with her role and then the same way with the other specialist. So...	Denver	5	1
RML Staff	Distributed staffing model	And she is always available to answer questions that have to do with the RML and not consumer health. And I think she very strong with that too. So I don't want to say that she is not doing what she should be...as a representative. The focus is just different.	Denver	5	1
RML Staff	Distributed staffing model	I sometimes am at a bit of a loss perhaps about...who the specialist is...in a certain subject area but I haven't had any desperate need to talk to those specialists. So, that arrangement is an interest one because I am probably still adjusting.	Denver	6	1
RML Staff	Distributed staffing model	I would have to say, having a local representative in the states...it has just made such a big difference...just having a face, knowing there is a person to talk to.	Denver	16	5
RML Staff	Distributed staffing model	I agree with that, very much [having a state rep]. I would not want to go back to a centralized RML....ever again	Denver	17	5
RML Staff	Distributed staffing model	It [centralized RML] would be like going into phone hell.....(laughter) ... [I] like having a real operator.	Denver	17	5
RML Staff	Communicate RML role	I know [about the RML 5-year plan] because I found the proposal on the internet by accident before it even got approved one day...so I knew all about it before it happened.	Salt Lake City	4	2
RML Staff	Communicate RML role	Yeah, before the RML got here I wondered what they did... (Me too) ..what were they for, is it just another waste of tax dollars...I didn't understand all these layers and in a way I still don't understand some of the NLM layers...but that's a whole different story.	Salt Lake City	21	5
RML Staff	Communicate RML role	I went to quite a few of their meetings and I still didn't have a clue, I felt like it was wasted money and time, but sometimes...	Salt Lake City	22	5
RML Staff	Communicate RML role	Something they could do that is real doable...and I may be the only dummy out here...but I really don't know what everybody does. I have these general categories...this one does public health...this one does consumer health, but like if they have...if they have MLA approved classes....I don't know that they are an [?]. Instructor for us to say...Would you come to Kansas City and do this for us. I don't know what they do at their job...what they can offer us...so I am never calling them for help. If I had a clearer idea...a vision of what they do...and that may be...now that they have their little newsletter, maybe that is something that they could do with a newsletter issue or communicate that better...and just their broad terms...more specifically what you can do for me...because they I know when to call you.	Kansas City	19	4

RML Staff	Communicate RML role	But the thing is...we don't know if they can do that [teach an end-user class] or will they do that? So we are not asking them to. So maybe they are under utilized because we don't know what they can do. Today, I found out that [RML liaison] is coming back and she is a known entity because she has been an assistant before...Okay, I know when I can call [her]...I know what [she] can do.	Kansas City	20	4
RML Staff	Communicate RML role	I don't know that I know what they have accomplished	Kansas City	21	5
RML Staff	Communicate RML role	my own association is such that I am probably not aware of all the other areas outside of what the educational liaison does....and I probably like a little bit more exposure in that light, but that is my responsibility as well I realize.	Second Telecon	3	1
RML Staff	Communicate RML role	I believe that they are doing a lot behind the scenes that we perhaps on a daily basis are not aware of. So I think they are always improving things. But I know for myself, I know I don't...I realize this is happening, but I don't...I'm not conscience of each of the steps that they take.	First Telecon	14	6
RML Staff	Communicate RML role	But maybe once every other week, or once a month...it [listserv mailing] could have something about the RML programs specifically with that in the heading.it would be about technology from [RML liaison] and she would call it that and report on technology from the RML...and then the next month it would be a report on consumer health and [RML liaison] would write it...well, maybe every 2 weeks...and there you would hear about their programs in email. Because I swear, the web site is wonderful but who has time to pursue. But I bet you many RML people don't know [RML liaison]. Many people don't know [RML liaison] exists and they could call about PDAs...and stuff so I just thought that was an interesting idea. ... A second type of email to all and that was more focused specifically on the RML but just one program at a time so that you can skip one and not combine them.	Denver	7	2
RML Staff	Communicate RML role	I agree with that also [value of in person presentations on RML services]. I guess, I used to know what the RML did when things were in Nebraska, but now that things are in Utah...Things have been changed pretty radically...like my own ____ for the regional meeting.....I probably don't have a real handle on the services that the RML today...	Denver	9	2
RML Staff	Communicate RML role	I wonder if a streaming video of the presentation they gave at MCMLA....	Denver	10	2
RML Staff	Communicate RML role	Or just a regular video. [of the RML presentation at MCMLA]	Denver	10	2

RML Staff	Communicate RML role	My idea was, that if each of those people who gave their own video at MCMLA would go and have it taped specifically for the streaming video, not at that meeting, but whatever they said they could talk about their programlike 5 or 10 minutes, then you clicked on [one RML liaison's] page or [another RML liaison's] page you would be able to see them talking about what they do on the streaming video. But, not everybody can play the streaming video, so then you merge all those videos together onto videotape, which would be available to anybody to borrow or have.	Denver	10	2
RML Staff	Support, assistance	She is a known entity like of these other people who aren't known entities	Salt Lake City	1, 2	1
RML Staff	Support, assistance	I needed an icon for LinkOut and it went so smooth...it was beautiful. Just a couple of emails and very little time, no effort.	Salt Lake City	3	1
RML Staff	Support, assistance	I had the same experience [with LinkOut], I am half way through the process and it is going really smoothly.	Salt Lake City	3	1
RML Staff	Support, assistance	We have the resources and we get help...We couldn't get along without them..	Salt Lake City	21	5
RML Staff	Support, assistance	I do think that the consortium is used to interacting with each other...and to me the RML feels like a big bonus on top of that...it is hard divorce one from the other. [wasn't always here] Right...that's why I think it feels like a bonus...because the consortium is in place and has helped I think all of us out at our jobs.	Salt Lake City	21	5
RML Staff	Support, assistance	Actually, I am thinking that a representative that we can go from RLM to help just.... Say, here is my situation and things aren't working really well...and I am not really sure what ...to do next...and I would say...Yeah, you know if you write a grant and got this computer...or got this person...I don't know what... [Comment in the context of grant discussions - but seems to be about a visit/consultation in general]	Salt Lake City	25	5
RML Staff	Support, assistance	We spent years planning MCMLA last year in Topeka and we got more RML participation than you ever dreamed of... Every time that you would ask...they would just say...oh yea, we will do it!...They were wonderful to work with, we got them to be CE presenters...it was heaven. They kept saying...whatever you want we will do. They were really helpful.	Kansas City	4	1

RML Staff	Support, assistance	In Wyoming we are challenged by distance because _____ and I are some 300 miles away from each other...(that's right)...but other than that I think the RML really helps us...overcome some of those distance things and it gives another voice to talk to....with help and ideas and things. Because sometimes you get an issue...and you go...well what should I do...how can I resolve this...has anyone else come up with this idea...what are people thinking. It is really helpful to be able to call and get a hold of some other experts and find out the latest thoughts on the simplest things...card catalogue...that wasn't the way I would have done it.	Second Telecon	3, 4	1
RML Staff	Support, assistance	couple of sites that [RML liaison] had recommended to me early on were...very helpful.... [solo librarian and MEDLIB-L lists]	Second Telecon	5	2
RML Staff	Support, assistance	[Assistance from Resource Library and State Lib in area] I have yet to call Eccles, but I usually converse with [librarian] at the UW and she is very helpful and they usually are very, very helpful in recommending web sites or if it is something I am having trouble locating...either they or the Wyoming State Library will go on OCLC for me. And the state library is because of geographics. They are 2 blocks away.	Second Telecon	6	2
RML Staff	Support, assistance	I agree with that [RML liaison is available, helpful]. Just keep up the training, keep up the networking. Maybe even a listserv for each state for...	Second Telecon	11	4
RML Staff	Support, assistance	I just wanted to say that I for applied for one of the MLA grants and was not successful with the grant..but [RML liaison] was very, very helpful right up to the very end she had a lot of input for me and she was very very helpful to me in writing it and in presenting it and coming up with more information that we could add so I really appreciate her doing that and she was very positive about it and always very enthusiastic about what she could do to help us.	Denver	2	1
RML Staff	Support, assistance	This morning ... I introduced [RML liaison] to my new library educator and she is going to teach a consumer health class to our employees rather than just the scientists and doctors about MEDLINE. We are going to teach MedlinePlus to the employees and she is going to come over here to Dennison and learn from [RML liaison] her curriculum and [RML liaison] is going to share all of her course materials and they can discuss how to develop a one hour curriculum with hands on...so that is going to be very useful to us. [Probe: ...different role?] I could have gotten help from [Dennison] in the past but this is...she is much more of an expert and she has developed all this stuff on consumer health....	Denver	4	1
RML Staff	Support, assistance	[RML staff]	Salt Lake City	20	5
RML Staff	Support, assistance	We love [RML staff].	Salt Lake City	20	5

RML Staff	Support, assistance	Yes, [RML liaison] does have a of energy and is a positive...gives everything a good positive light and shows you that she is both promoting the products from the National Library of Medicine as well as trying to get people to be more effective in their research methods.	First Telecon	4	1
RML Staff	Support, assistance	I would just want to reiterate, in a different way, that I would hate to lose the service now that I found it...out in the outlying areas.	First Telecon	11	5
RML Staff	Support, assistance	talked to [RML liaison] about our membership renewal and the national network of libraries of medicine were at one time a resource library within our region here, and are no longer and are trying to re-establish a relationship that would allow us again to become a resource library ...she was able to explain to me the distinction of just the general membership and the membershipas a resource library within this region and ... the future in re-establishing that relationship.	St. Louis	1	1
Information Flow	Email	I would say email is the best way and I am subscribed to the listserv for this region that provides that information ...I am more responsive, I think, to email	St. Louis	3	2
Information Flow	Email	I would prefer to do everything by email. I would prefer to have this meeting by email! That is definitely the best way to get in touch with me and for me to get in touch ...with someone who is not co-located	St. Louis	3	2
Information Flow	Email	I would prefer to be able to communicate with them electronically. The main thing you have in electronic communication is to make sure that there is someone who will definitely respond, which of course is true of any web site or any organization and the second thing is to have someone as a specific contact person	St. Louis	4	2
Information Flow	Email	Email is good...email is something I always check.	Kansas City	6	2
Information Flow	Email	I do hear about them [new things that are going on], sometimes I lose track of who told me...what email I got...because I get a lot of information from the VA library network also. So...like I say, I kinda lose track of where that information comes from. But it initially, obviously comes from the RML or NLM.	First Telecon	7	2
Information Flow	Email	I have been very pleased, [RML liaison] has kept us pretty much involved for consumer health issues because that is a focus in our library by email. That is very helpful to me because she keeps us apprised as far as what is going on ...	Denver	7	2
Information Flow	Email	if somebody doesn't remind me by email, I am like everybody, we're so busy doing our job everyday that we don't seem to go out there searching for things on our own. [i.e., helpful info on RML web site]	Denver	7	2

Information Flow	Listserv	RML newsletter digest is excellent and it is timely and it is...even though I am on other NLM notification emails. I really appreciate the RML newsletter coming out...AND I do feel like the local resource of having Eccles around and having Claire and Molly and now John, being such an important part of the consortium...I feel like all information passes very easily.	Salt Lake City	3	2
Information Flow	Listserv	one thing about the table of contents...have it link to that blurb [HTML link to another part of message or to a web page] instead of having to scroll down all the way through	Salt Lake City	6	2
Information Flow	Listserv	Do you have an archive of that? I never thought to ask before...of the MRL news? [to go back and read a message you originally thought was not important to you]	Salt Lake City	6	2
Information Flow	Listserv	The weekly electronic newsletter is real helpful	Salt Lake City	21	5
Information Flow	Listserv	I wanted to comment, the Kansas liaison person, I think last....I don't know if before we had a biomedical listserv before..do you know? I thought it started and I just wanted to say that I thought it was very positive because I think that kind of keeps me...I don't like the word __ but it does keep it in the loop. It is very helpful, and particularly on the EFT recently and on the electronic _ transfer there were lost of different emails on that which is you could download and save that you know for your administration. I think the second, over the Kansas ad database [RML liaison] added the information on that and who to contact so there has been a lot, a wealth of information on that...which I think is real important.	Kansas City	3	1
Information Flow	Listserv	One of the trouble with email...some of these listservs that people are mentioning...I know that I am not on, because we have a limit in our office in-box and once I get all these listservs in there...I can't even get my in house news when my management tells me to be at a meeting at 2 this afternoon...that is the thing that bounces because the lists take up so much space in your mailbox and I don't join them...because I don't have the email space for them. So if they are depending on me to get that information by email through a listserv type of email...I'm not going to get it.	Kansas City	10	2
Information Flow	Listserv	That has to a MLC special library of medicine thing. They know all those library lists they are on and I know it is not an issue for the RML...but it is in a way...because it really should be DOCLINE, but that is really an issue for MLA...._____ loans on it. If you are not on the digest for the Medlib you can have to delete as many as 30-40 of those a day...it is incredible. ... So you are talking about Medlib ... as opposed to the MCMLA ... or the digest version of that list. [Problem of ILL requests on MEDLIB-L instead of through DOCLINE; some confusion over various medical library related listservs.]	Kansas City	10	2

Information Flow	Listserv	...for me since I work only one day a week, the only way I get these things done is to ... skip some I just browse...I pick out things.	Kansas City	10	2
Information Flow	Listserv	It will just bounce [if the email space is full]...and sometimes what bounces is what you want [to be deleted] ...except an in house message you need to respond do and it is from the [management?]...that better not be one that bounces.	Kansas City	11	2
Information Flow	Listserv	In their defense, the RML does not send out a ton of email. What they send out is usually worthwhile.	Kansas City	11	2
Information Flow	Listserv	I think that the communications that we get are distributed via email...which is fine, but I have to say it is not a very readable format and I am not sure if that is individual to what comes out in my area or if it looks different in different places. [Probe: more specific?] It doesn't make me want to go out there and read it. It is...there maybe a heading and a link...but those aren't always distinguished well from the next topic. So it would be swell if this was like in a web format, or something and you either had headlines or whatever...because I think it takes me more time than I wish it would to go through there. [Another speaker agrees]	Second Telecon	4	2
Information Flow	Listserv	and yes, email is how I have learned everything I know. I am avid reader of my RML news. We do get an email about every couple of weeks, or once a week or so in there and it has the most useful links and ideas and things. While it is harder to comb through, I am an avid reader...that is generally my main contact with the outside world. The only other medical librarian I see or consult with is my colleague at the VA here in Cheyenne. Because everybody else is a long distance call... [web cam comments]... so I think the idea of newsletter type format in the email would pop up and you go to a web site that could be updated with things, or even just the emails I get I really enjoy.	Second Telecon	4	2
Information Flow	Listserv	... wouldn't it be nice if we could have a list that we could post to...that was just medical librarians in Wyoming?	Second Telecon	11	4
Information Flow	Listserv	Just keep up the emails, those little RML things that come out are wonderful. And I would...if nothing else...if that was all you could budgetarily afford...that would be the one thing I would say keep doing. Keep sending the emails and keep the training up. [Probe: Is little the key word?] No I mean, I meant just mini emails that we get...being on listservs and I think the idea of a Wyoming listserv would be wonderful.	Second Telecon	11	4

Information Flow	Listserv	I like the email updates we get. I don't want anything in paper, I don't want anything in the mail...because I read my email like every body else mostly does and getting that RML update that [RML liaison] sends out is the only way that I keep informed because I actually pay attention to it and read it. It is just too hard to call people and try to make phone calls and everything else. The email stuff is great!	First Telecon	5, 6	2
Information Flow	Listserv	I would agree that the RML updates...they are well put out...you can easily see what you want to look at and what you don't, and I agree with nothing having paper that you have to file and try to remember where you put it.	First Telecon	6	2
Information Flow	Listserv	I know in-between times of the RML updates, [RML liaison] and [RML liaison] have both...if they have heard of something...some new MedlinePlus thing or some...the thing about the bioterrorism ...job opportunities, things like that they are real good about passing those along to us to the rest of us in the region. ... [how?]. Usually, through an email. I know [RML liaison] has sent me things on some new topics in MedlinePlus ...finding information on the web...and how to evaluate web sites, and little things that have appeared on MedlinePlus that we hadn't heard about yet.	First Telecon	6	2
Information Flow	Listserv	<i>[does that still work for people to have both ...to have the MCMLA list used as a mechanism of communication for the RML?] Yes</i>	Denver	12	3
Information Flow	Listserv	I guess as long as everybody knows that is the case [RML and MCMLA share listserv], I would think that if someone came in new they might not realize that. It might take them awhile to know that. I think it makes a lot of sense. Because. Otherwise...	Denver	12	3
Information Flow	Listserv	[Probe: important to brand listserv?] It is on the web site, the whole description of it...explaining how they don't have their own and are using this other one and anybody can join, you don't have to be a member of MCMLA...I think it is a nice use of resources...	Denver	12	3
Information Flow	Listserv	you know that you are going to get some good stuff from them...so I always read them. I might not read every section but I scan through...and it is nice to have the table of contents at the top.	Salt Lake City	5	2
Information Flow	Listserv	Well, even the RML News comes out...I don't know if it is every week or every 2 weeks...isn't it weekly updates?...I just quickly look at what the topics are and it has been very good.	Kansas City	3	1
Information Flow	Digest	very helpful to have the little bulleted headlines and then go down and see what the more detailed information is	St. Louis	3	2
Information Flow	Digest	Prefer one email [Everything brought together in one email]	St. Louis	3	2

Information Flow	Digest	Except for institution specific things that I would obviously be handled individually. I would prefer just looking at something [i.e., digest] once a month or once every 2 weeks...or something like that.	St. Louis	3	2
Information Flow	Digest	slight improvement for me over the RML Digest that comes basically as an email message ... [another entity's newsletter] comes as an HTML...as a URL and it is a nice simple kind of on-line publication that has hyperlinks in it...it is just very nice and it is nice to be able to click on something and it is formatted a little bit nicer than the digest that comes from the RML in the mail. Not withstanding its usefulness.	St. Louis	3	2
Information Flow	Digest	Email, in general, although I find myself, putting all the RML news in one message. I think I find myself glossing more than actually....let's see...at the risk of filling my mailbox...getting each news item separately....I might look at them more.	Denver	7	2
Information Flow	Digest	I like getting [messages in one transmission] , because if they are all like that and then you can go through them or not and then you are done with it. It's like a newsletter but it is a different format and I like that.	Denver	7	2
Information Flow	Digest	...frankly I don't read every week because am inundated, but I receive everyone and someday I might go back and look at it. I think that the ones that I have read they aren't always about...they are very interesting ...but they aren't always about RML programs, they are often about tips and trips and other things that are very important...and as I was thinking about it...this newsletter, this one week , sort of a once a week announcement about what all the specialists have gathered together from all their jobs...I think it is a great idea. ...	Denver	7	2
Information Flow	Digest	I think those email newsletters are...the weekly newsletter is...even if I don't read that much...I think it is a good idea because you know you can get really good information and you are using the expertise of all of these different people in the region...I think those are good.	Denver	18	5
Information Flow	Print newsletter	And I know there is also the printed newsletter and that I do read. I find it helpful.	St. Louis	3	2
Information Flow	Print newsletter	As opposed to sending something in print, I don't see a need for that. I would just as soon get something in an electronic format.	St. Louis	3	2
Information Flow	Print newsletter	There is one that comes electronically every week or so that I like, and then there is the print...and that is really good too	Kansas City	3	1
Information Flow	Print newsletter	I mean a one time thing, email or phone call is fine, but something that you are going to use over and over, refer to again...I still like the print that I can put in the file and know where it is and if I need it...I've got it and the computer hasn't blitzed and erased the email...and whatever.	Kansas City	6	2

Information Flow	Print newsletter	I can't think of anything else that they do [to communicate]. I don't know if anybody else does...but...because we don't get a printed newsletter any more.	First Telecon	6	2
Information Flow	Print newsletter	Is there still a printed newsletter? I haven't noticed it.	Denver	18	5
Information Flow	Print newsletter	Yes there is. It called Peaks and Plains...one came out about 4 weeks ago...it's tan. [answering question from another group participant] The email one comes out on the MCMLA listserv which you might not be a member of...and the MCMLA list and it is about weekly they collate all the information from all their specialists and put it in one email...rather than having each specialist emailing.	Denver	18	5
Information Flow	Print newsletter	new kid on the block ... everything has changed since I went to school years ago to what it is now and it is all electronic. So, I read those RML newsletters that come out like crazy...I love those letters because...somebody out there does a lot of work...summarizing all the cool information out there for me.	Salt Lake City	1	1
Information Flow	In person	I think is also good to have some face to face opportunity to meet and to talk and maybe the regular mode of communication could be through email and maybe I am just not aware of regular opportunities, say once a year for people within the region. I don't know, for example, if there are at the meetings like MLA, some attempt to pull people together as a region and say...if you would like to come.	St. Louis	4	2
Information Flow	In person	think my first meeting with the RML was that they had a get together in Laramie at the University which is some 40 miles away from me and there were people from St. Lake City. We got to meet [RMI staff], we got to meet a number of the other librarians in the science library at _____ and some of the other medical librarians in the area. And that gathering was very, very helpful to me since I was new, I hadn't met anybody. ...and it acquainted me with a lot of the things that the RML was doing. Because other than that, it was just sort of emails that I never had a chance to really find out what was going on.	Second Telecon	3	1
Information Flow	In person	my other source of information is.... also because I am on the staff of the _____ and [RML liaison] is also on that staff...the regional representative for the education. I hear about things that way...so, you know, there is less of a distance separation. I see her from time to time anyway and I probably gain a lot of information that way. [RML contact due to proximity]	Second Telecon	4	2
Information Flow	In person	I think more physical meetings. You know we are out here on our own little island and it is nice [to meet in person], like Speaker A, I am not sure I would know your face if I saw you. I probably would...and it is good that we are having the symposium in July...I would like to see more things like that.	Second Telecon	7	2

Information Flow	In person	For me...the most important communication [from the RML] is at the Mid-Continental Medical Library Association meeting. That is where I hear about what is going on...what is new...what I need to pay attention to.	First Telecon	6	2
Information Flow	In person	Traditionally and historically, the RML has always done an RML update every year at our chapter meeting and there are a lot of people that go to that chapter meeting that don't belong to MLA and don't get to the big MLA meeting...so that is really true, that update really informs a lot of people and I think it is nice to see the faces, especially since we are dispersed now. I don't even know a few of the other folks from other states. I can't picture them. That is really nice...that face to face update that they do in person is really nice.	First Telecon	6	2
Information Flow	In person	I think the other thing is making sure that those updates are done at the chapter meeting...because we are one of the few regions who only has one chapter, kind of...with just an extra state [SD in MCLMA, not MCR] so it is really convenient. I think that is really important.	First Telecon	11	5
Information Flow	In person	[At a 2-day workshop organized by the Wyoming liaison] we will be going over some consumer health issues and I am sure some update on DOCLINE and SERHOLD. I am expecting that for myself, perhaps most of it is not going to be real informative for me. But she did encourage we professional librarians and there are only a couple of us...professional medical librarians, to attend. I think to be of assistance to the others. ... So it is the first time that all hospital libraries in Wyoming have an opportunity to send someone to a 2 day workshop and we will get to know each other and that is real important for us in Wyoming...to get to know each other and to know who to call and who to go to for help. And I have a feeling that that will be the most important outcome - getting to know each other.	First Telecon	15	6
Information Flow	In person	... of two minds, I think the inspiration that really sticks for me is presentations that you give at MCMLA. Unfortunately, that's only once a year and I don't even get there every year. Email ...	Denver	7	2
Information Flow	In person	do they do an overview of what services are availableother than the web site...other than coming to your library but all, you know, I guess like this group getting together...but...making a couple of different places in Colorado, not just Denver, but maybe further west ... could go over some stuff that they offer...because it seems like on the one side it is pretty extensive... I haven't had any personal interactions with anybody from the RML except on the phone, which is fine, but it would be neat if it could be offered in that format maybe once a year, Like, just a meeting....can you do that? [relates to communicating RML role]	Denver	9	2

Information Flow	In person	I would say that it [regional presentations on RML] would be a real positive. I am not sure that I know myself just what...how many and what the breadth of the services are that we can take advantage through RML.	Denver	9	2
Information Flow	In person	They have a very good overview at the MCMLA meeting, but again, everybody can't attend. But I thought what they did there was really helpful and each of the liaisons talked about what they do and I think it was really helpful for people to see. On the other hand, you can't spoon feed people everything. I mean there are tools there, there are web sites, everybody gets the newsletter...	Denver	10	2
Information Flow	In person	And even, just this kind of focus group is allowing me more awareness to the fact that I don't need to be spoon fed, I can go and ask some of those questions...or if I'm puzzled there is a place to go. So this is one tool of awareness for me.	Denver	10	2
Information Flow	In person	I think, going back to the idea of having some sort of meeting where they could try services...and it sounds like they have changed recently...yearly in certain communication, in person, at a meeting....at least for me would help me at this point...in dealing with RML data,...how I can be a part of them and whatever else. [general agreement]	Denver	19	6
Information Flow	In person	I am not really sure. I'm glad I am here because at least through this meeting I am learning a lot about what is there that didn't really know was there. I'm kind of an oddity here because my... [library responsibility in addition to two other jobs]	Denver	19	6
Information Flow	In person	[keep up communication] Well I think having access to a focus group like this and having teleconferencing that we had last year seemed very beneficial to us because we kind of feel like we are out there tooat _____ are wonderful...and have been so helpful to me over the years but ... out there on their own. With each other, we see each other occasionally, but not really often...so having access at a meeting like this is every helpful and ___ appreciate	Denver	20	6
Information Flow	Web site (Usage, Content)	No I don't [look at the web site regularly]. I mean, you know, to be quite frank I am not really impressed with the web site. I don't really find much use personally or professional....I don't find much that helps me manage the library...the idea of organizations providing portals for useful...collocating useful resources. I don't even know how important that is to me....because it is so easy to do it yourself. I got all the resources I need...I am aware of it...I have it book marked and I know it is there...but I looked at it in preparation for this meeting...this focus group. I didn't...I don't see much...	St. Louis	5	2

Information Flow	Web site (Usage, Content)	No tools ...I have looked at it before. I looked at it when I first came to try...as part of the learning curve to just see what is out there in terms of resources...I printed this report and have read it in the past and looked at it again for this meeting. I guess it is really a strategic plan...or goals and objectives for this region as part of the National network ... Our perspective now is try to get some of our day-to-day operational needs met and then beginning to re-establish relationships in a broader network ... the web site, it seems functional. I can't say that I use it on a regular basis...it may be the experience of other...the more frontline librarians in our reference department for example...may have more of an occasion to use it.	St. Louis	5	2
Information Flow	Web site (Usage, Content)	I don't know exactly, because as far as the day-to-day stuff goes...I think things like reference, document, interlibrary loan...I already have access to what I need.	St. Louis	6	2
Information Flow	Web site (Usage, Content)	I never visit that web site. Never.	Salt Lake City	5	2
Information Flow	Web site (Usage, Content)	I found it just because I was trying...when I first come on board...I was trying to get help and learn what I could and everything else...and so it helped me get started.	Salt Lake City	5	2
Information Flow	Web site (Usage, Content)	I have never...looked at it occasionally in the past, but it is not really a need to...but I went back and looked at it because you said to...There is some useful stuff on there that I should probably pay attention to.	Salt Lake City	5	2
Information Flow	Web site (Usage, Content)	Well, if you go on their web page and then there is...off to the left...it is broken down by ...cause easy of the different liaisons have the state and they have something that they are responsible for...i.e. public health. ...that national networks of library of medicinetheir web page...and then if you click on each one of them, then it gives you the specific way to reach each of the liaisons and it gives phone numbers...that is what I use.	Kansas City	2	1
Information Flow	Web site (Usage, Content)	[Probe for info about RML staff that should be on the web site] I'm not one of these people who have time to go into a site with time to kill. I never go into the MLA site. That is one of the things that caught me...that there is something new at that sight...other than that I don't ...Unless I am looking for a piece of information I don't open it....we don't have time...all we do	Kansas City	25	5
Information Flow	Web site (Usage, Content)	[Probe on what would make them look at a site] Reminders...or they send out information...the place is right there...and I do it right then. I have to do it right then...or it doesn't happen. Well it won't happen because I don't want to keep the information to pile up, but sometimes if I take it off and do a paper copy, I circle it and then I never get back to it.	Kansas City	25	5

Information Flow	Web site (Usage, Content)	[Apparently not related to the RML site in particular, but generally useful feedback on web site usage]to the MLA...not long ago I called and asked them some questions and I had just been...I mean I had been through like 20 pages trying to find the answer, you know. And like each one you had to print out...because they didn't have a printer friendly page...you had all this garbage and ads along the top and sides...so it look like 20 pages to print out from something that you thought was something...and I finally called and said will you send this to me in the mail...and they said...well we don't have it in a paper copy any more...you just have to print it off the web site...and my thought...you know, here I have already sent an hour and a half and I don't have it all off the web site...So one thing they need to dothey need to be user friendly...they need to have a printer friendly merge that you can print off without all the garbage that is around it...	Kansas City	25	5
Information Flow	Web site (Usage, Content)	There should be enough of a prompt to let you know there has been a change at the web site.	Kansas City	26	5
Information Flow	Web site (Usage, Content)	However you get to it...it needs to be user friendly and self directed.	Kansas City	26	5
Information Flow	Web site (Usage, Content)	I have been using MedLib for a long, long time and I used it today. There was a citation I couldn't find in PubMed and someone was able to look at it for me and tell me it was a book review and that is why it hadn't of course been catalogued. So, I use it all the time. I very seldom...I'm thinking...I very seldom go to the RML's web sites or know what might be out there. I don't know why I don't use that.	Second Telecon	5	2
Information Flow	Web site (Usage, Content)	[Probe: why not used RML web site?] It could be a time factor. I think they could do maybe a little bit of advertising of what they have to offer for us there.	Second Telecon	5	2
Information Flow	Web site (Usage, Content)	I think one of the really nice features that I haven't taken much advantage of is the NetLibrary. Because the ___ gives us some exposure to some books that we might not otherwise have access to. [followed by various short comments indicating lack of awareness of this]	Second Telecon	5	2
Information Flow	Web site (Usage, Content)	...before the focus meeting that she [RML liaison] suggested that we look at the NLM web site and the NNLN web site which I did earlier today and its a good thing she reminded us, because I don't typically go out there looking for something like that unless I need it for a particular reason and I noticed out there that they have a section on preparing for JCAHO and a lot of other helpful connections that I haven't looked at in a while. ...	Denver	7	2

Information Flow	Web site (Usage, Content)	I did look at it too and I thought it was very good. And you can get a real idea of the program there. [but previous comment indicated no time to pursue]	Denver	8	2
Information Flow	Web site (Usage, Content)	[Probe: looked at web site before [RML liaison's] reminder?] I looked at it, I have used it a lot. It was really good for me because I hadn't really looked at it in quite a while, so it was good to have a reminder to go back and look at what was new there.	Denver	8	2
Information Flow	Web site (Usage, Content)	I looked at it as a result of [RML liaison's] reminder but I really hadn't used it in a long time.	Denver	8	2
Information Flow	Web site (Usage, Content)	I used it extensively when I first started at the library. I had, I was new to Colorado and I hadn't dealt with anything about our region at all so Iand I found it very helpful.	Denver	9	2
Information Flow	Web site (Usage, Content)	So it is probably one of those newsletters I didn't read, but when I went to the web site, there was the net library button...but it was actually just a NetLibrary button it didn't way anywhere on the web site why that button was there. So when you clicked on the net library, then it said you can have these books that the RML has bought for you. I imagine it was in a newsletter...but...then I went to...and I read one of those books...	Denver	10	2
Information Flow	Web site (Usage, Content)	Well, at least make sure that the web site is reflecting and so if there is a change in the program you go ...that reflects that changeso that it is clear what is available.	Denver	11	2
Information Flow	Web site (Usage, Content)	The ones that are pushed to us...the email...and even if it is just a little blurb...hey did you know you could find this out...and then a link to it....even if it already on your web page...	Salt Lake City	5	2
Information Flow	Clinical information/alerts	we are sort of isolated where we are...and we sometimes feel like we get left out of all things in general...and this helps me because they had that thing came out about SARS...they had something that came out some medication of some sort...it was real quick...and I just zapped it on to our pharmacist and our head control person and they just love it. It is something that I can't get for them...I don't have time and kudos to whoever does that because it is terrific.	Salt Lake City	4	2
Information Flow	Clinical information/alerts	I also appreciate [RML staff] sending out clinical alerts in case we haven't seen them...I appreciate that. Anything they can do to help us do our job better, I appreciate those kind of things.	Kansas City	6	2

Information Flow	Clinical information/alerts	but I really would like the RML to be the ones pushing things out there...more...that's true...the clinical alerts...SARS...somebody says that the Federal Registry...this thing came out on HIPAA yesterday and I just send the stuff on and people love it...I just can't cover it all. Maybe I just haven't figured out how to be organized. [Probe: How do you push it out to your] Email..right away. I say...this is something I just got...FYUI...forward it on...I know who would be interested and click their names and just send it out.	Kansas City	27	6
Information Flow	Directory	I use to use a lot of the printed directory and I miss it...because sometimes I need a telephone number and I ...it is difficult to find it...because in all the communications that I have with different libraries in the region I get always the fax number, maybe sometimes the fax number or the email..but not even that...and I did find...I use dt to find the directory very useful. ... I don't think is available in any way, is it? The directory of the region 4. ... It really was very useful, it was very quick and you don't have to start clicking, clicking and clicking.	Kansas City	2	1
Information Flow	Directory	Something that I would refer to over and over again, like maybe a directory I would want in print. That would be... I think I do too. I keep my directories all together and it is just easier than having to spend the time...the web site are layered...not that we can't all do it...	Kansas City	7	2
Information Flow	Directory	But sometimes it is more time consuming to find it, even if you have a bookmark...like she said, it is layered and you have to go into 6 screens or 8 screens and whatever, and I have to go through 3 passwords on my computer at work, every time I to into anything. That is an internal...but you know it will take me 10 minutes, but if he was in my drawer here and I just wanted that number...pull out the directory and I would have it in 5 seconds instead of 5 minutes.	Kansas City	7	2
Information Flow	Directory	A printed copy of the directory!	Kansas City	26	6
Information Flow	Info to RML	You know I never think about sending information to the RML...first, I don't even know what I would send them...	Kansas City	7	2
Information Flow	Info to RML	In Topeka there are probably some things they would want to know about...especially if they were doing a public health campaign...some of that...I never send them information...or share it with anybody else.	Kansas City	7	2
Information Flow	Info to RML	Who would you send it to? I guess you would just go to your resource person...just conditions and things that have come up in the settings we are in...it would be nice to send it on.	Kansas City	7	2
Information Flow	Info to RML	[Probe: ...best way for RML to ask opinions...] They usually mail them...like I think recently they sent a survey or something...and that is always really hard for me ...	Kansas City	9	2

Information Flow	Info to RML	One of the problems with the online survey sometimes they give you choices where none of the above apply and if it is a paper survey you know you can clarify the question of why none of the above is the correct answer...and you can't do that on the electronic ones and sometimes if you get to the end and you go to say I'm done...it will say...oh, no you missed this question and they make you fill that question out, even though none of the answers really applies.	Kansas City	9	2
Information Flow	Info to RML	I think I would tend to do an email survey over a print...because print I am going to put over here...and pretty soon I can't get to it...	Kansas City	9	2
Information Flow	Info to RML	I do the opposite. If it is an email and might...just let it sit there and say it is May 18 th ...you have 10 more days...because I think I will get back to it. ... Because it's paper I know it going to...I won't get to it if I put it aside, I make sure I do it within 24 hours and then it actually gets out faster than if it was on an email.	Kansas City	9	2
Information Flow	Info to RML	I think it was paper and a lot of stuff...that was the best one we got. Because I got a bad address on the envelope so I mailed it back and it was returned to me with no such address. So I called [RML staff] and said, okay ... how am I supposed return this to you...and she said...yeah, we mailed that out. No...she just gave me the address and I wrote my own envelope.	Kansas City	9, 10	2
Information Flow	Info to RML	I also use DOCLINE and PubMed on a daily basis. But as far as sharing information back with the RML I would say I probably feel too new to give a whole lot of good information the other way.	Second Telecon	7	2
Information Flow	Info to RML	The fact that the representatives are sort of spread out is helpful as well. Maybe you didn't have time to jot off an email, or you are not sure who would be the best person to give it to...but the fact that I can see [RML liaison] often, and remember to tell her something that I think she might be interested in...I have some of that. I can always email, but...it is easy to just talk to her in passing as well. [note also for RML staff, Distributed model]	First Telecon	7	2
Information Flow	Info to RML	Being a really small rural library I don't really have any information to get across to them. It is more...what they can do for me.	First Telecon	7	2
Information Flow	Info to RML	I have been in this job 20 years so I have seen a lot of changes take place...through NNLM, you know, in fact we were part of the very first grant that put basic collections in hospital libraries in the rural areas. I can not think of a negative thing. The only thing I might say is that communication can always be better. It can always be better. And this is great...that we are doing this...this phone conversation. I would like to see more these things.	Second Telecon	4	1
Information Flow	Info to RML	like today, having our networking...we are getting all these ideas from each other, so I think that is important [the RML role in coordinating the gathering]	Kansas City	23	5

Information Flow	Info to RML	I think people do want to connect to some substance stuff...you know, we are all very busy and I think there has to be purpose behind the meeting to be able to...and I think one of the realities of a day like today, we're all focused on the needs of our individual libraries and it is hard to even find the time to take a step back and just say...the resources through a network like RML that would support some things we are doing, even to give this kind of feedback is a time commitment...and perhaps some people aren't even able to provide.	St. Louis	4	2
Information Flow	Site visit	I have not had much communication with our state liaison with the exception of the last one that we had, and as I said, she unfortunately moved. But she made contact with me and it was the first time anyone paid a site visit to me. Up to that point I hadn't really thought about communicating with that person.	First Telecon	8	2
Information Flow	Site visit	and then later on in the year I mentioned that I was planning some trips out to Lincoln and Grand Island where we also have VA hospitals that are affiliated with this one and the RML representative, [RML liaison], offered to go with me. That she could make calls on those facilities as well. So that was really a win-win for both of us and was very helpful in both cases.	Kansas City	3	1
Information Flow	Site visit	the Wyoming liaison and I understand that she is gone now...but she has been very helpful. I have met with her here...she came to visit with me	Second Telecon	3	1
Information Flow	Site visit	I would love to have somebody come out to my place and look around to see...so they have an idea of what I am facing ...because they may come up with...mine is small...but it does a lot of stuff for the doctors.	Salt Lake City	16	4
Information Flow	Other	I never have any problem getting a hold of someone when I need to. [how?] Email, phone calls, I'll call Eccles Library quite often with questions.	Second Telecon	6	2
Information Flow	Other	[Probe: Any problem reaching RML?] No not at all. I either do it by email or by phone and obviously it is a local call for me so it is not a problem	Second Telecon	7	2
Information Flow	Other	[RML staff] is a good communicator. That is one thing that I think has been really get...since Eccles has the new contract...I love the way the communication is working with the RML and what they push out. And I feel like, yes I can go to the web site, but I don't need to...I am in a different situation because I am in a ... and the medical stuff isn't as important to me as it use to be...so that might be.	Salt Lake City	20	5

Information Flow	Other	or I have to arrange and technology has kind of gotten in the way of it...we did have a project where we had I see you...you see me software installed on our computers and we were able to do face to face with people who had good connections, but again there were challenges with...just because Wyoming doesn't have fiber optics everywhere...so we have old phone lines and if you are not on a T1 line or something...there is such a lag on the picture that is difficult and the voice is difficult on the computer...but we have attempted to do that and I understand we are attempting another project with another system which may prove helpful... [followed comments on listserv - high value]	Second Telecon	4, 5	2
Information Flow	Other	My relationship is so new, but already I would feel very comfortable if I had a thought or an idea, to jot off an email to [RML liaison] and ask her what did she think, or would she have ideas to help me out with this. I would be very comfortable doing that.	First Telecon	8	2
Information Flow	Other	[Continue] Regular communication from them [RML].	Denver	17	5
Information Flow	Other	I didn't know there was one [800 number]	Salt Lake City	13	3
Information Flow	Other	Sometimes the phone call is just what you need...phone calls are good. ... You may get the voicemail but they will call back...very quick.	Kansas City	6	2
Professional Dev	Interest Area	looking for things that have direct relevance to what we are doing day to day and meeting the needs of our users ... Either very timely...need to know...or more long term kind of planning things.	St. Louis	6	3
Professional Dev	Interest Area	certain kinds of areas, like copyright might be over-saturated already enough...actually I feel the same way about document delivery in a way, because I can't really imagine what our section of the RML could do to enhance what DOCLINE already does.	St. Louis	8	4
Professional Dev	Interest Area	A class, if there were something that say the majority of the consortium wanted to have taught...and it was something the RML had...that would be an excellent thing and I think a lot of consortium members would say... yes, let's do that...let's add it on to our meeting because it will add value...and then more people will come from... the trip...it is not worth it to come and have lunch and chat. You want to learn something. But sometimes it is hard for us to put it together.	Salt Lake City	9	3
Professional Dev	Interest Area	Sometimes we don't even know what we want	Salt Lake City	10	3

Professional Dev	Interest Area	[Probe for hot topics] How to market yourself to your administration, PDAs, electronic journals, consumer is a top issue, and copyright are hot issues.and how to sustain yourself to survive.	Kansas City	15	3
Professional Dev	Interest Area	Theme of the week...quarter...that would be wonderful. ...Hot topic to go with marketing is proving your value to market yourself and we have been...looking at that for presenters for the next MCMLA 2004 and we have got some ideas of who to bring in...that is a big national person...to discuss...and this is someone in the front line library...by proving his worth enough...and a fiscal formula was able to keep cuts out of his library. He is not talking about theory...he has done it. Come back and tell us how to do it! The marketing...and your value and return of investment that the institution puts in you, they are tied in. You can't do one without the other...you kind of have to have them go together...and since at the previous meeting ...a lot of the comments were about people's cuts and down sizing...that is real important..	Kansas City	15	3
Professional Dev	Interest Area	and thinking of things that can be offered...there needs to be more of a business management approach tofor the leaders of the library..... to make your dollars and...how do you make this look. ... How can I make this affordable and why is this such a good thing...how can I justify it? ...	Kansas City	19	4
Professional Dev	Interest Area	I attended a class...4 or 5 years ago...this time they had a business guy.....look you need to talk ...brass tacks...bottom line...to justify this. _____ I never see that kind of a class...that defines the economics of the situation...with.....everyone assumes you are going spend \$150,000 ...you have to maintain...you have to [Probe: ...would include writing a business plan?] Thank you...all that good stuff. You have to start...just so people know...maybe you could drop...but I think it is a needed thing in the library.	Kansas City	20, 21	4
Professional Dev	Interest Area	am working for person who has never worked in a hospital before...and it is an eye opening experience on both our parts. And I'm expected to come up with all these things...business plans...and I'm like...I didn't learn this in library school...I don't have a clue. ... Well, she keeps saying she will send a template...and then I muddle through and then she will say...you need to do this...you need to do that...and it takes 10 revisions and I eventually get what she wants but I waste more time.	Kansas City	21	4

Professional Dev	Interest Area	I think a spin off of that is not only knowing the bottom line in terms of the budget and how to create your budget...but you have to understand collection development and you have got to understand about doing a 5 year collection development plan and collection weeding plan...and all those things that feed into that budget...and a lot of that stuff, unless you have taken a class or find a class that deals with that...you are just flying by the seat of your pants half the time. ... I have been pretty fortunatein grad school I took a collection development class and I learned how to do a 5 year plan and then I took another class to teach me how to do weeding...and then I have used that to develop a budget...but I would have been lost without even that...because that gave me a starting point. That is all finance and that's all business...it has nothing to do with books. It had to do with how to take the books...how to find the books you need and how to build a plan for developing your collection.	Kansas City	21	4
Professional Dev	Interest Area	I have a lot of accounting background, but I know our hospital...they send...every month we get a breakdown on your ...it says what you are actually budget variance so you know exactly where you stand in your budget...but if you don't know how to read it...that type of thing.....there are a lot of things that a lot of us don't have. And trying...because...you are not supposed to have to cram for your budget...	Kansas City	22	4
Professional Dev	Interest Area	...if Emporia [graduate library school] could do it a nice business class or if the RML could do a nice business class...because that is a professional development.	Kansas City	27	6
Professional Dev	Interest Area	I guess if you are going to add something....it seems that those of us who have been around for awhile aren't finding the classes that they are offering....career development classes for those who have been in a while. Maybe having to do with librarians even retiring and how to make your career more meaningful so you don't get into a rut, or whatever - that type of a class or service...or more in the promoting of new librarians in the health sciences. They try to do that a little bit with some of the...I know they tried to do some of that with some of their outreach to students going into health sciences and things like that.	First Telecon	12	6
Professional Dev	Barriers	Not everybody gets to go to MLA. They have some great continuing education courses...but they are expensive and say you want to do AHIP....how are you supposed to manage AHIP you don't get a lot of support from where you work for it and you can't get to MLA...you need classes.	Salt Lake City	7	3
Professional Dev	Barriers	Just as we know that there are so many web sites out there...if we read and read and did what they said...we would all be better people! And better librarians...but when do you have the time?	Salt Lake City	5	2

Professional Dev	Barriers	It just seems like there is such a push within the profession...they are always wanting you to do all these extra things...but it is not easy to do them. And...especially in our region...where so many people are out in the boondocks...out really in the boondocks...[also complicated by] the variety of classes that I think people would want. Everybody has different focuses and different things they want to look at....	Salt Lake City	9	2
Professional Dev	Barriers	I feel like NLM is more focused in some ways with their classes on academic library models where there is a big staff, (X interjects: and a big budget to pay for it) so people can take off for 2 days...and I think they forget the 1 library people, the 2 library people who can't just...they don't have all the support to go in when they need to go do continuing education.	Salt Lake City	10	2
Professional Dev	Barriers	I didn't know what it took to get the video streaming...I thought that was a great idea, they were making those video conferences available every week...but I am just like...how do I do this? It was more time than I wanted to invest to figure out how to get on there. Video streaming I didn't know...I saw those buttons [Probe: What could the RML do?] ...tell me how...give me some instructions on how it works.	Kansas City	11	3
Professional Dev	Barriers	Resources...I would probably have to pay for it out of my own pocket. As long as it was [not] horribly expensive I could swing it and that is why I am think if it was a partnership...	Kansas City	14	3
Professional Dev	Barriers	Our one local group, when we have classes, all it is expected to cover is the actual cost. Like, if there is an honorarium to the person...it is an all day program and there is lunch...pay for the meals and breaks, any photocopying. Some of them may actually make a little money off of it...but that is not the purpose...it is to break even and usually you can go to a half day program for 20 or 25 dollars and a full day for 35 dollars if you are a member and 50 if you are not. You can afford it...because work doesn't pay for that...and I can actually afford to go.	Kansas City	14	3
Professional Dev	Barriers	If you go to a 2 hour MLA certified...there are always great ideas and stuff...and then I stick it in an envelope and don't do it. If there is a constant...	Kansas City	20	4
Professional Dev	Barriers	I just really need somebody behind me motivating...because I always come out of the meetings...like today...I will come out charged!...Carry that all the way home and then...back to life again and trying to keep your head above water.	Kansas City	28	6

Professional Dev	Barriers	it is not the most important priority, but you said we could go to any...I don't know if there would ever be monies available...and I guess it would have to be available competitively somehow...but even after meeting...people are talking about how we don't go to meetings. I have never been to the National MLA ever...because I have never worked any place that would send me and I personally don't have the budge to go..and I only get to MCMLA only very infrequently, because if it is not someplace I can get in my car and drive to...easily...if there are hotels...you don't go. I won't go to South Dakota...I'll go next year because we are hosting it...I got to go last year because it was in Topeka.	Kansas City	28	6
Professional Dev	Barriers	it is just that Wyoming is so vast and you are more likely to meet your neighbors in Alaska than you are. We are the least densely populated, so I did work in the Sweet Water County Library System so I am a little aware of Speaker B's difficulties [getting training, information], because you are kind of out there by yourself.	Second Telecon	7	2
Professional Dev	Barriers	I'll go to Topeka...and I go, but I'll probably end up paying for it.	Kansas City	28	6
Professional Dev	Barriers	If there was some travel monies for people to go...that is a way to network and to charge people up too....when you find out who is doing what...sometimes you find out that meetings...Hey, did you know that so and so does this sort of programming during the year...they are an expert...no, I never go to the meetings...how am I supposed to know	Kansas City	28	6
Professional Dev	Barriers	Any workshop or class that they would offer is usually too far away for me to be able to attend, but I do look forI guess at the chapter meetings...anything they might offer. I don't know if this would be a career development, but I just look for anything that comes my way. And emails and the Internet have been wonderful for that communication. But as far as career development is concerned, there is just nothing offered locally here for me to attend.	First Telecon	9	3
Professional Dev	Barriers	I use PubMed and DOCLINE probably on a daily basis and I have been to the training. I am only about 190 miles from Salt Lake, so I am on the other end of the state [Wyoming], so they are probably geographically more accessible to me.	Second Telecon	7	2
Professional Dev	Barriers	...but I think we are just so busy that sometimes...until you really need something...it's just like adult learning...until you really need something...it is just out there kind of [newsletter, web site, etc.] and you don't necessarily have an awareness of what might be available.	Denver	10	3

Professional Dev	Barriers	...for a little more in-put ...you said a place like Grand Junction...there are 3 libraries in this town and there are like satellite programs that come along on whatever topic you know, you have to figure out somewhere to round up the \$400 dollars to sit in Denver...you have to pay....all the librarians there I assume are by one facility...we probably face a different set of issues that even an MLA satellite program...the one in January as a matter of fact due to funding issues. I don't know whether that is necessarily ___ a thing to look at or not, but just an observation. [Cost, whether travel or technology, broadcast or video purchase]	Denver	13	3
Professional Dev	Barriers	We all try to work cooperatively__ - but as you all know, everybody resources are limited ----- we tried to make an effort to make one library contract a year....MLA and out of state....it might be 3 years before you can go to a library conference because you are travel budget is gone. Then you have to find the funding to do a satellite broadcast...is impossible for 3 people.	Denver	13	3
Professional Dev	Barriers	I even have trouble keeping up with all the communiqués like you are suppose to with regard to my job at the university _____ the library is a 3 rd responsibility kind of...I already have two other departments that I manage so it gets to be a bit overwhelming sometimes. ... coming to meetings like this for me is definitely a learning experience I try to stay connected...with what's going on in the Denver area. A lot of time I feel like _____ ...There is kind of a mind set with a lot of people there that it is _____, for me personally, I don't want to be isolated. ... a lot of people in Pueblo just sit there...and driving to Denver is just too much. ...almost unthinkable...it's like going to the moon...even Fort Collins.	Denver	19	6
Professional Dev	Barriers	there is going to be no PubMed training in Denver for the next year. ... that comes out of New York or some place else. I don't know why. It is always full, so I don't know why they can't come back to Denver. ... New York is the national training center so they're the ones that decide. It is not really an RML program... ... my new staff member has already looked it up and she has already signed up for one in Utah. So I guess we will buy her an airplane ticket. ... Well, just consistency of the PubMed training I think should be in every state of the union. Why is it in Utah and not in Colorado?	Denver	20	6
Professional Dev	Barriers	Those of us in outlying areas just rely on the Denver area to bring that education in... [PubMed training] so we knew that it would come time during the year and we would make a point to either get it in the budget...or travel for staff members, of course, to get there...we don't see that [coming to Denver after all]. And it would be really helpful.	Denver	21	6

Professional Dev	Barriers	I think the other local groups in the region have CE courses, such as we just had. We just had the evidence based librarianship...Jonathan Eldridge from New Mexico and it was very successful...30 people signed up in Denver, but I doubt if anyone from Omaha or Utah knew about it...and it would cost a lot less for them to come here for the day then to go to the MLA to take the course there...plus it was \$50 instead of \$250. So, I think the other large cities in our region, bring in at least one MLA C course a year and if those could be centrally listed either at MCMLA perhaps or RML, or both...that would help people's professional education. [barriers of cost, distance, and communication of opportunities] ... there are programs in every state that are like that...that might be useful for other ...the librarian might be able to travel to Omaha, when they can't to San Diego or San Antonio.	Denver	21	6
Professional Dev	Barriers	[Probe: RML should offer or reinstate communication on opportunities] There is an education liaison... [Question from participant - what does she do?] She is sort of a clearinghouse of what is going on and that comes out of the thing you don't read sometimes!	Denver	22	6
Professional Dev	Resources	There could be...say you have people in a group...I mean Eccles is right there so the DOCLINE person is right there...say if you are in Wyoming and you have your Wyoming Health Services Library consortium and one person in that is trained...it is considered...well you can go when someone new comes...you can be the representative and teach them DOCLINE [Probe] Yes, like a mentoring program.... a mentoring program would be good, because having come from some place that was large and I had lots of mentors at my last job, people I still call...then I come here...	Salt Lake City	16	4
Professional Dev	Resources	I would also support ...a more focused mentoring program instead of an informal one.	Salt Lake City	24	5
Professional Dev	Resources	I would like to add to that [suggestion of experts list]. Maybe assigning a mentor or something as one comes into the system...when they take over a library position. I know that was a lack that I felt...not knowing anyone and kind of jumping in with cold feet...where to turn for that information. Now obviously I do have the VA network to deal from...but again they are all a long way away, and establishing some contacts locally...I know has been helpful for me.	Second Telecon	10	3
Professional Dev	Resources	I have not up until this point [attended MCMLA meetings]	St. Louis	5	2
Professional Dev	Resources	[Few options for CE] Unless you go to the MCMLA meeting or the MLA.	Kansas City	13	3
Professional Dev	Resources	Yes for me, and I am a member of MLA...was in Dallas last year and will be in San Diego in a week or so.	St. Louis	4	2

Professional Dev	Resources	[listservs recommended by [RML liaison]] I can't remember the name of the listserv, I think they are for the solo librarian and a MedLib listserv and those also have been helpful about bringing pertinent topics to the forefront. Some of those topics are kind of inane, but overall I think they are more positive than negative being on those listservs. [in context of information flow]	Second Telecon	5	2
Professional Dev	Resources	It is to my advantage that we have on our local health science group...a lot of education programs, particularly lately with new people...so [RML liaison] will present something.	Kansas City	11	3
Professional Dev	Resources	We have 2 groups ...we have one that is just health science librarians and one that is any library that wants to join and they both run CE programs, we still have things like a difficult patron, or classes that are for your paraprofessional staff if you should be so lucky to have some.... The only thing...we have talked about on the Education Committee locally, it would be nice to somehow streamline the MLA process to get ...to get MLA credit for some of the things we do. We are not saying they don't have something in place....but it can be expensive, it can be very time consuming...and there has to be an easier, better way to get CE credit that they recognize.	Kansas City	11	3
Professional Dev	Resources	I prefer tools [as opposed to courses or info about a topic] ...actually things that are not only content relevant, but things that actually facilitate the work process and to make things more efficient, easier and , help you do your work...not so much necessarily just things that apply to your work.	St. Louis	6	3
Professional Dev	Resources	and also information also to actually do some in-house development of things, that would be very useful. It might be unrealistic and I think it might be Panglossian but if there is a way...there are resources for that...that would be truly useful...uniquely useful thing that an organization like this could provide its members.	St. Louis	7	3
Professional Dev	Resources	And like there is a section on evaluation [on the NN/LM web site]. I think that is actually out of Becker...but whoever's library has...I mean like even providing for libraries to want to conduct their own surveys ...want to assess their own services, maybe could provide templates, tools, something more than just "we need to evaluate" and there are some free on-line services that I know of...I mean, collecting those kinds of resources...	St. Louis	5,6	2
Professional Dev	Resources	I don't see why we can't tap each other...spread it around...why we have to wait for something to come from... [Individuals sharing their expertise - possibly developing a training]	Salt Lake City	32,33	6

Professional Dev	Resources	I'm towards the end of my degree at SLIM and of course that is the school of library and information management in Kansas, and then you have Columbia in Missouri. One of the criticisms that I have given to the SLIM program with regard to individuals who are interested in the medical library tract is that they don't have anything in their curriculum to support this sort of specialty. They have a one 2 hour class in a 42 hour curriculum base and so what I have suggested to them is that I can go online and for example, the University of North Carolina at Chapel Hill has a library school, as does Columbia and many of these programs have online health science courses that are very pertinent to what we do. ...if there is anyway that you could partner with SLIM to get some of that stuff in our area here...to support us...I think that would be so dynamic. You [RML] could capture all those students at SLIM that are interested in it...and then you could also capture all of the librarians in this area who need those sorts of things to develop themselves professionally.	Kansas City	11, 12	3
Professional Dev	Resources	[Probe: Suggesting a partnership between the RML and SLIM] Right, that would be a way to help with costs, you would gather a larger audience and you would meet the need that you just talked about and then you could do the classes locally. And then transmit them out...oh yea, SLIM has all the video capabilities to do it...to do distance learning. That's their whole program. They have a Utah program, they have a South Dakota and they have all the technology to make that happen so you could serve all of us in this area. ... They could also work with Missouri because [RML liaison] she is teaching a class for Columbia this fall on consumer health and so am I. I am doing it in Kansas City and she is doing it up in Omaha, and then it also being taught in Columbia and St. Louis. I mean, that is just coincidence...but you could have more firm partnerships to do that....	Kansas City	12	3
Professional Dev	Resources	this is the second time they (library school at Columbia) are having this class and the first time they decided that there wasn't enough enrollment for multiple places and they decided to just have it in Columbia, but I think the first time ...they didn't do enough PR to get the enrollment.... But, that is the only thing they have for health librarians too. ... The Endst they have is special libraries which I taught last fall on the campus.	Kansas City	12	3
Professional Dev	Resources	the only people who are hearing about the classes are the SLIM students that are on campus. If you did a partnership...I mean they are always interested in providing professional experiences for their students because they want them to know about...to continue their professional development after graduation...so I know SLIM would be interested. I just know they would.	Kansas City	13	3

Professional Dev	Resources	I am wondering too...outside the pockets of Denver and Kansas City/St. Louis...is anybody even getting options for continuing education...there should be some options there. I just think that the rest of the states... .. What's happening in Wyoming?	Kansas City	13	3
Professional Dev	Resources	that could be a collection development thing, even if there was some way of identifying who has what...a lot of time people don't even put them in _____ so if you knew you wanted to borrow a library journal, some of those things sits in the director's office...so you don't know who to borrow it from. I mean, even if you could identify from a collection development standpoint, who owns certain library journals...and library literature that you could borrow...because that you can do on your own time. Since I don't have money to go to this conference, I can't go to Salt Lake City...	Kansas City	16	3
Professional Dev	Resources	Again, I would say [RML liaison] has been an excellent resource. I am currently about 2/3s of the way through my masters of library science program with the University of Missouri. [RML liaison] was also a graduate of that program and on occasion, when I have needed some direction, support on scholarship recommendations, whatever, [RML liaison] has really been there for me...and that has just been incredibly helpful.	Second Telecon	8	3
Professional Dev	Resources	I think that the RML tells us about things and we just have to kind react and follow through with them. I just finished an interesting class on evidence based librarianships that was online through the United Kingdom and that was...I encountered [RML liaison] taking that class too online. [heard about class from RML] ... and I would say that [RML] is my main source [for professional development]. I am an avid reader of any and all emails that come.	Second Telecon	8	3
Professional Dev	Resources	I think that through the years....and the updates, the PubMed, the MEDLINE training, I have taken as many of those as I possibly can and it has been...I can now teach my students, because I do a class with our nursing students and because of that I have been able to help them a great deal and pass that on.	Second Telecon	8	3
Professional Dev	Resources	More, you can always have more! More of the same [from the RML] ...more ...the updates, just keep it coming. Don't stop it [prof dev, training].	Second Telecon	8	3
Professional Dev	Resources	One of the fears that I have after I graduate is how do I stay as current as I am right now? And, obviously that is an area in which I will look more to the RML to help me do that.	Second Telecon	10	3

Professional Dev	Resources	...and I have thought of this at other different times and this is the perfect opportunity to mention it. At my hospital here, we have what we call our expert list and some of us are better at Internet, browsers and some of us are better with Word, or whatever software program...and it might be nice to have a list of people in the region who are so called experts in certain areas that would be a quick call list. If you are having a particular issue with something...for instance, DOCLINE. I know you can always call the DOCLINE desk and all of that...but an expert list of peers more...more than the RML would be nice to see.	Second Telecon	10	3
Professional Dev	Resources	we each bring to our...knowledge that are different...like my exposure to the public libraries, Speaker B's to the hospitals...there maybe another...our colleague down the street or at the VA exposure...you may have different sources of information, or a different idea or a different experience. That might be helpful to the person who is trying to decide about what to do about this situation, or where to look for the best information on this topic. ...	Second Telecon	11	4
Professional Dev	Resources	If we could share what resources and knowledge we have better then...this will improve the whole experience for all of us.	Second Telecon	11	4
Professional Dev	Resources	I don't think so. I don't see any classes that they [RML] would offer that I would take. It is not like the old days whensince I have been around for a few years...when they used to offer skills kinds of classes in the region I was in before. But...I look to other organizations for professional development.	First Telecon	8	3
Professional Dev	Resources	I really don't really even look to MLA...I look for stuff from ALA or College and Research Libraries Section, or maybe the ARL or maybe more business management...not library related+C225.[what kinds, classes?] Down links, classes, seminars, workshops. I know the RML has sponsored some down links...but usually it has been MLA that has sponsored them and we get them in our local consortium. I could see where it would be very helpful if they did things to help train in smaller communities where there isn't a professional librarian or somebody new or something like that...but I just never thought of the RML as a place where I am going to get continuing ed. ... for new librarians there are probably more things that they offer in consumer health and a few things like that a new librarian would find more options for CMEs or CE, than some of us who have been in the profession a little longer...and know how to search PubMed...updates on PubMed...things like that that they offer...that may not really be of very much help to somebody who has already taken those classes.	First Telecon	8, 9	3

Professional Dev	Resources	And being the new person, that is exactly what is sort of exciting to me about the possibility of here in northeast Nebraska, in a rural area...where we don't have medical librarians...if at all...that I can think of. We have a small resource center at our local hospital here but they don't have any one that is a professional librarian on their staff. So when I see that there are certifications that I could perhaps earn and then have that background to go with what I am trying to provide for my community college library students and the alumni of our college...I thought that might be something I might do just to add the fact...that the extra certification might give me the clout that might help serving those people as they move into their professional world.	First Telecon	9	3
Professional Dev	Resources	... a couple of nice things they have done was...of course...the MCMLA registration, essentially subsidizing a CE course of MCMLA last year on PDAs	Denver	11	3
Professional Dev	Resources	I think the Net Library and then they also buy the MLA transcripts...the MLA meeting that people usually who've been around know that that was done by Nebraska before...so I think that is something...borrow those transcripts from them.	Denver	11	3
Professional Dev	Resources	But again, not always knowing what they did...it was kind of like...well can you do it...if we have you come. But what is it you can do for us? [i.e., what is the particular expertise of various RML staff to present CE courses] ... So where can I find their...what can you find on the RML web page?more in depth on the staff members and liaisons would be nice.	Kansas City	24	5
Professional Dev	Resources	I get confused about what is the role that the RML...and what is the role of MCMLA...especially since they collaborate so much...in the regional meeting. So I am not really sure what part each of those groups play in creating that meeting...making it happen.	Denver	11	3
Professional Dev	Resources	This confusion has been in existence...for quite a while. My first MCMLA meeting, before it was MCMLA...and I think it is wonderful in this region that they do cooperate. Other regions have more than one MLA chapter and there isn't so much coordination...and it was decided not to have a separate RML email list, but to use the MCMLA list and almost everybody...	Denver	11	3
Professional Dev	Resources	Not much! [response to probe on what do you do]	Kansas City	11	3
Professional Dev	Resources	Is that [CE] the RML function or is that the MLA's?	Kansas City	14	3

Professional Dev	Resources	I'm thinking again...whose role is this. Where we fit in our hospitals, in our institutions. We are all crying for ways to prove our worth or ways to just get ahead...out on the cutting edge. Those ___ are wonderful...that kind of stuff (CE), and I don't know if the MLA or the RML's...I don't know exactly what the RML's mission is I guess.	Kansas City	14	3
Education	Delivery mechanisms	I think it was the ALA, put out something about privacy and I think every week or two they would send out a message and there have been like 20 some so far...so it is something that you can read in probably 5 to 10 minutes, but it is not overwhelming at any one time...and it is on a specific topic. You know, you would sign up for it. I have found that format to be something that can fit into my day easier than setting aside a block of time or you know, having an hour to watch a video or things like that. ... [short messages that fit into life and schedule]	Second Telecon	11	4
Education	Delivery mechanisms	I'm not sure what [tools] the RML could put up there ... maybe not just information about educational materials or like web-based CD kind of courses, but actually to sponsor some, via the web site. Now that is just saying if you go this other thing you can sign up [link to registration page on web]...it should actually be more active to provide that kind of service for continuing education credits per the academy.	St. Louis	5	2
Education	Delivery mechanisms	ALA ... course they offered via a series of emails, now they are pricey. It certainly applies to everything we do in medical librarianship, but I am just saying that is the kind of thing that useful, really content oriented, instructional kind of thing that...if it came out of RML or even mid-continental section of the RML that would be the kind of thing that would be pretty useful.	St. Louis	6	3
Education	Delivery mechanisms	I agree if there are topics of shared relevance to medical health sciences libraries, for example with this HIPAA legislation, if there had been something that was even a one page...what is the impact on libraries? Or not...what is the relevance for libraries. This kind of a resource. Because there was such a flood of stuff and at St. Louis University we required anyone who worked with patient information to attend sessions and I am sure that is true in other institutions.	St. Louis	6	3
Education	Delivery mechanisms	training online that I could do ...Or If I wanted to train some of my doctors it would be possible...	St. Louis	10	5
Education	Delivery mechanisms	they need to do more [classes]...you can go out to Bethesda and you can take all these great classes and that's all fine and dandy if you have the support sitting out there. I don't understand why these classes [can't be sent by] satellite and be held a few times and say you go to Eccles and you sit in a room and there is a class.	Salt Lake City	7	3

Education	Delivery mechanisms	The teleconferences...the DuPage ones [MLA], I don't know why they are there...I don't know the connection... The one I went to was on web site development and I went to another one on HIPAA and others...and they have been very useful... go to Eccles ...and for me that is real convenient.	Salt Lake City	8	3
Education	Delivery mechanisms	Can that be copied? Can it be taped? [MLA satellite videoconference]	Salt Lake City	8	3
Education	Delivery mechanisms	My library degree was done as distance education... whole lectures via video...and you sat down and watched them...there would be interactive stuff you had to do. I don't see why the NLM can't do this for those of us who want to do more with continuing education ,, , bank of classes	Salt Lake City	8, 9	3
Education	Delivery mechanisms	we're gettinggrand rounds streaming over the Internet ... go back to the site and click on it and watch them.	Salt Lake City	8	3
Education	Delivery mechanisms	distance education program ... Polycom cameras where you can have up to like 9 sites go into one area and it is face to face...live interaction. I always thought it would be cool to kind of getting away from our program...to have a Polycom sitting on the desk and if a patron comes in they stand in front of the camera and anyone who has dialed in at that time could see someone come up and they could see you ...so you could actually share resources back and forth and see each other.	Salt Lake City	19	4
Education	Delivery mechanisms	we have these multi-million dollar library resources basically throughout the world...and people have changed how they want to be trained. Like nobody will come to a training class anymore that the library puts on...they are too busy. So the librarians try to figure out...alright...how are we going to get people to do these things...and that is what they are doing...they just tried for the last year...they just tried streaming web where they were just...one of their services...so they had this librarian videotaped...very popular because everybody is into it because it is new...but they were just trying it as a new training model	Salt Lake City	31	6
Education	Delivery mechanisms	The videoconferencing is fine except that when you are in a hospital where CE for the CMEs is way more important than the one librarian needs a class. I think a web model is really needed...	Salt Lake City	30	6
Education	Delivery mechanisms	[institution] is doing it with compliance...it is so cool you go on...you watch the little video [via streaming web]...you are test comes up...you take your test and you are on your way.	Salt Lake City	31	6
Education	Delivery mechanisms	[compliance course via streaming web] seemed rather dry. The stuff where you had to go in and take the courses. That was interactive...that was read-click, read-click....no that's boring. It was boring.	Salt Lake City	31	6

Education	Delivery mechanisms	When you say videostreaming...there are teleconferences some times but if you are in a small pocket and there is not a lot of people, you can't off set the cost, because when we pay to teleconference...we have satellite, but I can't afford the _____...we have offset it on...like they had it on patriot act and some of the legal questions and we have had the local librarian group and the special library association all have chapters and roots here...so I mean if everybody puts in part of the cost...between us we can afford to do...you know, 40 or 50 people there. But...I know Topeka...you don't have ...	Kansas City	13	3
Education	Delivery mechanisms	We use to...the VA had a huge stack...you know...now we are down to 3 medical libraries...they just don't have it any more.	Kansas City	13	3
Education	Delivery mechanisms	[Probe: what are options if don't have satellite link or can't afford fee?] Video, an interactive web course.....CDs...some in with these things on CDs...they just load then and send in a little post-test that shows they watched.	Kansas City	13, 14	3
Education	Delivery mechanisms	[SLIM] could easily sponsor an online class and then offer it at a reduced rate and then for members of the RML...if there was a partnership...that would be quite....	Kansas City	14	3
Education	Delivery mechanisms	And at your own pace would be great.	Kansas City	14	3
Education	Delivery mechanisms	Just automatic...just push information to us a little bit...just pick a theme like copyright for the next 6 weeks, or maybe.....I can digest 3 or 4 paragraphs real well...and building on that, basic education, small amounts and then save it, correct, go back and read it again.	Kansas City	15	3
Education	Delivery mechanisms	So I think that is important that is at least kept...the actual instructors coming, some way we could do it at a reasonable cost. [important for networking, in-person sharing - instructor and attendees]	Kansas City	23	5
Education	Delivery mechanisms	I think the symposium is going to be wonderful because I have had many phone conversations and people go...oh I vaguely remember you...because when you were on this committee or that committee with the Wyoming state library, but this is a new circle for me...so it is not children's libraries and it is not the public library. So, it is interesting to meet the new people and to share ideas because we are so spread out and you do...even though I am in Cheyenne, my radius goes out across the whole state because, as residents finish their residency training, and become board certified in Family Medicine...many of them practice throughout the state of Wyoming.	Second Telecon	7	2

Education	Delivery mechanisms	I know that Eccles Library puts out a noon conference with a streaming video every Tuesday I think it is. I haven't looked in a while. Streaming videoconference and I was wondering if...I realize that these are more topics related more generally to the field of medicine, but if maybe the RML could do one that was aimed directly at the medical librarians and I'll every once in a while insert one of those and spread it widely that they would be on. It would be stored so that if you had to miss that one, you could catch it later or if you are able to work at your desk and watch the conference or participate in the conference on your computer at noon or something...that would be wonderful.	Second Telecon	10	3
Education	Delivery mechanisms	I would like to see some online classes. If they could develop some. [tell us more] ... Perhaps things that have to do with interlibrary loans and DOCLINE and SERHOLD...and I know that a lot of the programs have tutorials and so that is kind of a...that's very helpful, but they maybe could go a little bit beyond those tutorials...into what I would call an online class, or an e-learning opportunity. [a live session?] No. It would probably be a web site that you would access.	First Telecon	10	3
Education	Delivery mechanisms	being in (remote) I would sayand I have no idea how much you can or you can't. I know that Utah is very technologically savvy, however, but looking at some distance learning concepts some systems ...CCML for a couple of years made us a part of their annual meeting by putting video-conferencing and I thought that was a very good thing that they did and I think it was supported in some part, if I'm not mistaken by some RML funds. ... So I think people are sitting out in the boonies, 5 hours away from over a mountain pass that is a way you can support us, although it is an expensive way I realize- I think it is getting increasingly less expensive.	Denver	12	3
Education	Delivery mechanisms	I know that Utah provides all of those informatics things on streaming video and as someone was saying maybe there would be programs that could be done that way and it would benefit professional kinds of program. I guess I am not clear as to how much the national library of medicine funding would support professional development. So, I am not clear at this point.	Denver	12	3

Education	Other	what I would do is in some form poll the membership and say...give us some ideas in kind of a brainstorming mode of topics that would be of interest to you...that you would really find engaging in terms of your own professional development or in terms of the operational needs in your library. Take that as kind of a list of laundry list and say...okay, now we want to really get specific about the kinds of programs that you would actually make a commitment to attend. Let's go from there and then work on maybe 2 or 3 of those that could be planned, developed and provided through RML. And I think people would need to make that kind of commitment to vote with their feet and say, I would come, I would commit my professional development, my staff time of our institution to come. That is one idea. I think there are various ways to approach it.	St. Louis	6	3
Education	Other	so the kinds of common mutual concerns of certain types of libraries might be a good place to begin some programming and say, we are really more at the nuts and bolts level...there are just different kinds of needs...the programming that we would plan would reflect...and maybe tier is the model or just categories of libraries that would find mutual topics of interest and do some program planning around those.	St. Louis	9	4
Education	Other	Even, not just for us...I am thinking along the avenue...why do each one of us, from 360 institutions, have to come up with a way to teach PubMed...if they are not on a circuit...and maybe they do come to Wichita, Topeka and teach...to be willing to come visit and teach 4 times a year...and teach PubMed and they I don't have to write out the program...their experts already know what...to answer those question, so I don't have to do it...you don't have to do it...you don't have to prepare it. Maybe that is a way to get in with our physicians, but if you moderate it or facilitate it...it is just as good.	Kansas City	19, 20	4
Education	Other	I will need to investigate whether they actually have this at this point, but I have been contracted by the local hospital to provide and to help them with their information center and they have 2 dietitians who are running that information center...so I don't know if the RML has any readily available resources for me to use to train them. I would love for there to be a web site that I could click on and there would be training materials for those who are responsible for libraries but are not a professional librarian.	First Telecon	12	6

Education	Other	That is something that RMLs use to do and then they stopped doing it over the last, I don't know how many years. They moved their focus away. Because when I was in graduate school up East, it was the old New England Region at the time and they offered classes all the time for non-librarians on how to manage the library or the information at their hospital or clinic, and I found it invaluable and I don't know why they stopped doing that. Especially in a lot of places where budgets just start getting slashed and they can't afford to hire anybody who has any kind of library experience or degree. I always thought that was so useful...and they just quit doing this a number of years ago.	First Telecon	12	6
Education	Other	Well, I think it would be helpful especially in rural states where you have hospitals, clinics and sometimes it is the secretary for a department or, like you said a dietitian or...medical records that has to manage this library and it freaks them out.	First Telecon	12	6
Education	Other	I think we are going to see more and more of that...where they slash the professional librarian and the expectation is that someone else can just do it. So I think that training is going to be...if it continues...I think it might even be more important. I know that is happening in our area.	First Telecon	12	6
Education	Other	I'd up the training...improve the training...renew people.	Salt Lake City	26	6
Education	Other	Offering more CME courses, I know Topeka excellent, I mean they had a lot of consumer, you know paying attention....they have things that I am interested in. ... [at a state library association conference] There are quite a few RML people doing CEs	Kansas City	23	5
Education	Other	I just think the education report [part]...and being a new librarian...that is important to me.	Kansas City	26	6
Education	Other	I would say continuing education also. I like the partnering idea with Emporia [graduate library school] or putting classes up on the web and you could do them at your own pace. Some top professionals with elements...	Kansas City	27	6
Education	Other	I would like to see just a slight increase in the number of training opportunities for us...we used to have an annual kind of MEDLINE update that we did for ourselves. We quit doing that, but I think that we need continuous refreshment on MEDLINE, PubMed all the things that are available to us, because sometimes we just get stuck in a track and we forget to look...and	Denver	20	6

Education	Other	When you have a class...sometime in the last 20 years...you learned...we had a class, it was held at the VA I think and we went through all the basic stuff, the collection development, interlibrary loan, but you can only do that so often...because you have a lot of new people. But it would be wonderful if they would put that curriculum together...these are the concepts that need to be covered and maybe even a videotape lecture.	Salt Lake City	16	4
Education	Other	It's informal...I mean informal. I know when I started at ____ I was new to librarianship and I would have been lost without consortia...I think actually, some kind of written manual, almost, might be...I know it sounds kind of archaic...maybe on the web... They have a book, MLA has a book...and there is also...when I did my homework and I went to the web site...I found a link on there to some new medical ...library...	Salt Lake City	17, 18	4
Shared Purchase, Access	Rationale	we struggle more and more to provide the resources that our users require, particularly in an electronic format. If we could look at...and I don't know what the framework for doing this would be, there are some commercial or quasi-commercial enterprises like Biomed Central that would be a way for us to share resources, but also enhance what we are providing to our local users and really, I think that is the most important part of the network relationship that we have right now.	St. Louis	8	4
Shared Purchase, Access	Rationale	It [RML/consortial agreements for electronic access] would give us leverage.	Kansas City	17	4
Shared Purchase, Access	Rationale	And the group that you could probably talk to in terms of been there and done that...is the state of Missouri. All of those universities in the state of Missouri got together and undid bundled consortial agreements and have access to incredible numbers of...online journal[s]. ... through that...the numbers and everybody contributing that they have gotten what they have.	Kansas City	18	4
Shared Purchase, Access	Rationale	And it is only through that...you know...the numbers and everybody contributing that they have gotten what they have.	Kansas City	18	4
Shared Purchase, Access	Rationale	And those agreements that have to be with multiple publishers because Elsevier has such a big piece of the market and then the other one is Lippincott Williams & Wilkins. I mean, they are both very fine publishers, but the thing is...when you buy these packages so many of them are bundled and since they are in competition of each other, you can only have these...or only have those. And we all know that our collections are not built on journals from only one publisher...we have to have some from both of these and they seem to always come bundled.	Kansas City	17	4

Shared Purchase, Access	Rationale	Yea, so you are getting all sorts of stuff you don't need for the few that you really do need....we don't have now, because we can't afford them...we can't even afford one bundle package...but even a single bundle package isn't going to come ... to taking care of our needs because this whole other group, you know, whatever the bigger group...there are two big ones and then you have all your independent and small ones out there...which would be your third group and you need to have those consortium agreements cover all those basis...not just the same old, same old cookie cutter we have seen.	Kansas City	17, 18	4
Shared Purchase, Access	Rationale	A worldwide library agreement...one library that had everything...and then we would just plug into it and get a fee based...you pay for what you use in a way...	Kansas City	19	4
Shared Purchase, Access	Rationale	Is there any other sort of ____ [shared purchasing] that exist in our area, region at all...	Denver	14	4
Shared Purchase, Access	Rationale	[Question from participant on other shared purchase agreements] You mean besides the state contracts for FirstSearch.	Denver	14	4
Shared Purchase, Access	Rationale	I don't know anybody that doesn't say that there hospital administrators or their doctors...they all want it 24/7 and the reason we don't have it 24/7 is cost. If we make our administrators and doctors[satisfied] ...we are doing our job very well. I don't see it eliminating our job because they still don't know how to use electronic products...they still need us to negotiate [licenses] for that...it makes us look good when we can turn around and offer them the services that they are really telling us that they want...I think we are all hearing that...my own institution...the dollar commitment has not been there...but they will keep turning around saying they well what aren't you providing this.... because you aren't willing to pay for it.	Kansas City	18	4
Shared Purchase, Access	Rationale	Well, I think the electronic journals...and the only way I can afford it is through consortiums...whether it is the local consortiums, state or our region, which is a possibility....and then that can make the smaller libraries available too ...[too soft] it could be a percentage of the collections...based on the budget.	Kansas City	27	6
Shared Purchase, Access	Rationale	But it still has to be a reasonable cost...some of these places are telling you to look at an article...we will give it to you for 24 hours..well how many times do you have to look at it in 24 hours...and they want to charge you \$30-40 to have it for 24 hours. I have gone in, downloaded it and it is done deal...in 5-10 minutes and the charges are outrageous. If you are not an academic library...they their own challenges but I mean the smaller library has a challenge as well.	Kansas City	19	4

Shared Purchase, Access	Rationale	...Journals and consortium agreements...that would be great...there was a lot of good ideas that people threw out...but I mean as far, you know...what the most number of my patrons want...that would be it. ... Electronic journals...at a cost effective price for us...that what it instantly, they want it free, they want it all!	Kansas City	26	6
Shared Purchase, Access	Rationale	to look at some consortial purchasing of things like StatRef or books on Ovid, which have Lippincott's Clinical Choice just as an example...of standard medical, biomedical reference works ... probably end up helping the [small institutions] even more than it would the [larger] institutions....and work with the vendors ...on kind of a sliding scale basis...the large institutions are going to pay a little bit more, but we are going to use our collective purchasing power to be able to have these kinds of resources available again not just in the local library, but in the places where clinicians are using them and could have access through their office. Vendors are probably not going to be too excited about that kind of conversation, but if they can figure out a pricing model that would work.	St. Louis	11	5
Shared Purchase, Access	Rationale	Well, actually the smaller people are the ones who gain the most as you can imagine, because they are getting access to numerous, numerous journals online that they could never, ever have accesses to at all. But they are still paying a piece of the price that cuts back onsaves some of the budget in the larger institutions...so they can buy other monographs or something else.	Kansas City	18	4
Shared Purchase, Access	Rationale	There are no consortial purchases of anything that is directly medical that I am aware of...that is available to individual libraries, individual hospitals except our OVID consortium... .. And one of the reasons I think is that the big players in the state are the universities and they are consortially buying through a group that is not available to the rest of us. The Alliance. So what you have to have to have a consortium that works, especially for somebody like you , is somebody who is going to buy 6 user licenses and there purchase kind of helps bring your costs down. Until we have some big players that are willing to work with a group like ours...it just doesn't happen.	Denver	15	4
Shared Purchase, Access	Rationale	The academics here are involved in this other group...so I don't know...we would have to have a different kind of make-up.	Denver	15	4

Shared Purchase, Access	Rationale	broader library automation consortium. Now it does not include all the medical health sciences libraries called Mobius which is 60 academic institutions throughout the state of Missouri...all are on a common library platform using Innovative Interfaces...one piece of that is resource sharing of electronic resources that are consortially purchased ... significant cost savings. And those are private, publicly supported institutions of all sizes and shapes ... a model in place for it and you know, I think there is a little more sensitivity to some issues of autonomy for academic health sciences libraries as a general proposition. But I think we could work in our own neighborhood to develop those kinds of relationships.	St. Louis	11, 12	5
Shared Purchase, Access	Rationale	that would be really helpful to us as far as resource sharing...join on-line catalogues like Impulse. We don't have the resources to do that either individually or collectively and we don't know what each other holds even here in ... without getting on the phone and calling each other up and finding out. With our state legislature cutting funding for our regional library...that is another loss for us because we utilize their resources a great deal even though we are not considered public libraries, we are open to the public but we're not publicly tax funded so we are going to be losing some of their resource as well so it would be real helpful if the RML would step in there and take some of that role	Denver	16	4
Shared Purchase, Access	Rationale	Given the experience here in Colorado with Prospector, which is of course the Carl program, at the same time includes public libraries...if there were a prospector type catalogue somewhere in the world in the region then you could combine your book holdings that way. At the same time, it is not necessarily the best use of funds because all these holders are available on OCLC...so although medical libraries use DOCLINE ad infinitum, those smaller libraries could be encouraged by the RML to join OCLC as a "gack" (sp) some kind of user who doesn't catalog there...like Jerry, so you pay less, but then when you have OCLC you have access to all of the books in everybody's library. But, of course, if the library doesn't catalogue on OCLC, then that isn't a good thing either. This all comes down to these cataloguing issues...the cost of cataloguing.	Denver	16	4
Shared Purchase, Access	Rationale	If you have WorldCat or FirstSearch you can go... [there for cataloging copy]	Denver	16	4
Shared Purchase, Access	Rationale	...if the 3 grand junction libraries are not on OCLC in the first place they are not going to be in WorldCat so it gets complicated. [i.e., can't find their holdings to borrow from]	Denver	16	4

Shared Purchase, Access	Rationale	Well, I have to agree with the consortial....the problem of not having access to the consortium. I mean, we are also an oddity at our university in that we are not a member...I think we are the only state university that never got into the Alliance and went onto Prospector which is something that we librarians have just cried over meeting after meeting because we can't get into the III system because we have a different online catalogue arrangement...we share an online catalogue with a local high schools and then we also have a _____ collection of catalogues, so that is another oddity.	Denver	19, 20	6
Shared Purchase, Access	RML coordinating role	of a great idea....there would be more collaboration with the RML about electronic access and consortial agreements. If we could some how masterfully bring together our resources and find a way to get access to electronic resources, whereby, 4 or 5 universities are funding the hugely expensive consortial agreements and everybody else is just taking advantage of them, but we all have a little piece of it and thereby have access to it...then is about sharing resources and information access...so what better person to head up something like that than the RML.	Kansas City	17	4
Shared Purchase, Access	RML coordinating role	They have several...they know what we own....so now looking at that and seeing how much duplication there is ... licenses somehow.	Kansas City	17	4
Shared Purchase, Access	RML coordinating role	And electronic somehow? Just putting together an electronic package...that you can add the bandwidth system of CanEd [cancer education network...Something they are trying to get off the ground. The state is working on...] ...or if it is another means of getting it out to people whether it is through DOCLINE or whatever, but you know, making the information accessible to everyone who is on DOCLINE.	Kansas City	17	4
Shared Purchase, Access	RML coordinating role	But certainly just doing it through DOCLINE...you have already got your network established.	Kansas City	17	4
Shared Purchase, Access	RML coordinating role	If we could do some sort of consortium buying through the RML to get some mediated by them...that would be awesome and other things too. But my experience with Science Direct except for the fact that it was Elsevier are fabulous. The content was great and I have been talking to the people that I talked to at Elsevier when I was in California about some way to work it out so that we could afford it...but the only way they can figure....____. I'm new to this state so I am...this is a question I guess.	Denver	15	4

Shared Purchase, Access	RML coordinating role	And there are roles besides just being the ones who negotiate the contracts. The RML could ask as a fiscal agent for us instead of my checkbook running through those \$300,000 we could be sending our money to the RML and have them administer the contract. That sort of thing...it wouldn't require even up front money from them to do something like that. And publishers listen to big groups.	Denver	15	4
Shared Purchase, Access	RML coordinating role	Other than they [RML] would be paying for the accountants.	Denver	16	4
Shared Purchase, Access	RML coordinating role	Regional licensing of electronic resources... [very vocal agreement – “aah” and laughter] ... Well, like Science Direct or something. I mean it is just...not that I would do it...I mean Elsevier, but I mean for an example...I think that we had a wonderful example, Sue Coldren worked out a deal with OVID to license the Lippincott Williams & Wilkins full text journals plus a number of databases. We got so much for our money through the effort...but it was a tremendous amount of work on Sue's part and it was a very scary deal because she took on the contract...\$300,000. And we have other opportunities for that renewal. We have a Colorado Resource Library sharing board that has done some licensing too, but it just seems like there could be other ways maybe that we could tap into some of these resources. [Another speaker:] We do have people out of Colorado...we have Wyoming and South Dakota and Oklahoma.	Denver	14	4
Shared Purchase, Access	RML coordinating role	Of all things that we have talked about, I would have saying pursuing consortial buying would be at the top of my list. [3 others agreed]	Denver	19	6
Shared Purchase, Access	RML coordinating role	Stuff like...we are dealing with all of these other issues, but I would definitely say that the consortial purchasing because I know...it seemed like about a year ago...along with the Centura health, Centura Health Hospital System...and the Centura Health corporate office in Denver was looking into buying MDConsult but I think that the latest decision was that they couldn't afford it or they couldn't somehow work out _____ that would work for all the libraries so we didn't get that. I know that was a hope, but even...it's even kind of a struggle to try to maintain communication with...the Centura Health office in Denver. So it's like communicating with everybody out there is takes a lot of my time and effort.	Denver	20	6

Tech Awareness, Applications		anything that the region can do to enhance document sharing through DOCLINE in particular would be nice. I don't know what it could do necessarily. ...maybe something to do with monographs available in the region... one of the things that DOCLINE is not intended to be...but it would be nice ... some sort of non-periodical resource...supplement ... regional in this case... a gap...for really clinical biomedical monographs, audiovisuals, that kind of thing...that are difficult to locate regionally, if they are not in World Cat.	St. Louis	10, 11	5
Tech Awareness, Applications		Don't you think, for instance, with ...I remember...it comes back to [RML staff] again...when she would come to the consortium meetings you remember the last 3 meetings...she was like...who is not on EFTS and why?	Salt Lake City	14	4
Tech Awareness, Applications		I think sometimes we don't avail ourselves of things like LinkOut...we know we should do it but we don't have time and that little hump of I don't know what to do next...it would be kind of neat if they would promote that more and say...you know...you can't go wrong with this little service ...it is really simple and some how encourage people to participate in that.	Salt Lake City	13	4
Tech Awareness, Applications		Or like using Marcive which is really so simple once you know how...but when you don't know how...it's like this black hole out there.	Salt Lake City	13	4
Tech Awareness, Applications		I was a part of the grant that put the envision or the see you see me system in Wyoming and mine was one that never did work properly once I put in a wireless Internet system, so technology. We have got to keep pace with technology in our medical libraries or we have lost it all.	Second Telecon	13	6
Tech Awareness, Applications		Yes, I agree with you. We really need to keep apace with technology so that we are not left behind and need to be able to ...you know...have good scanning equipment so we can email articles quickly to each other. We need to be able to use things like the ICU UCMeand to encourage pharmacists and physicians and allied health professionals to use that technology to consult with one and other.	Second Telecon	13	6
Tech Awareness, Applications		[Are librarians using PDAs?] I didn't at my library, but I was approached in my hospital by the education department...did I have resources or did I know about an expert in the field...or who could provide that sort of education for the people in my hospital.	Denver	11	3
Tech Awareness, Applications		There might be a way to add something on, which is the end point of that, in the actual delivery of it and where our library is using ILIAD to do that...so it is providing a PDF format. Again the distributed network of information, so the users don't actually have to come into the library.	St. Louis	9	4

Sustainability	RML advocacy role	and ____ is having some hassles with his...and there is pressure to say ...it's all on the web free...so why do I even need you. And then you look at ____ ...which is pathetic. Wouldn't it be nice if there were some way that the RML could help us...	Salt Lake City	22	5
Sustainability	RML advocacy role	I think we are always going to have to justify what we do...but everyone does.... It would be nice to have something big...behind you.	Salt Lake City	22	5
Sustainability	RML advocacy role	Don't you think the National Library of Medicine, a government thing...would have a lot more [clout]?...the Association for Medical Librarians...who like ____ ...everyone wants to...we like our jobs...we want to keep our jobs...we think they are important. That is one thing, but having an organization that is not ...	Salt Lake City	23	5
Sustainability	RML advocacy role	<i>[Probe: ...for that advocacy role to have a letter written to the administration on behalf of the library...saying the RML is here...your library is doing a really great job...]</i> Yes, I think that would be good.	Salt Lake City	23	5
Sustainability	RML advocacy role	but I think the advocacy is not a letter, I think advocacy is a program...for every librarian and the RML and the NLM have to commit to...and so writing a letter is a good supportive piece, but on both ends, I think librarians and those big organizations have to commit to that advocacy program. It is constant. It is all the time.	Salt Lake City	24	5
Sustainability	RML advocacy role	I think I would like to see a more formal advocacy....program also. ...in particular the hospital librarians... I get back stuff from SLA and SLA is awfully good at that sort of thing ... you either have a lot or you have nothing...so they are good about those programs	Salt Lake City	24	5
Sustainability	RML advocacy role	So really, the NLM and the RML...you would end up spinning your wheels a lot I think eventually...well maybe they have been ...because hospital libraries are closing all the time. You always get the message....this is about the time of year that all the little ... "I'm leaving" messages start coming in.... That my library has been ended...see you all...I'm retiring 10 years early.	Salt Lake City	27	6
Sustainability	RML advocacy role	You know what would be a great project...a very good project might be to dolooking at which hospitals...I should say this on the air...because I just came up with a good project...don't write this down. We should look at how hospital rank and what their libraries are like and see what the correlation is. That could be a project for the RML. ... Which hospitals have been in trouble with the joint commission, what are their libraries like? There are kinds of stuff that could be done I think...pushing the...	Salt Lake City	27	6

Sustainability	RML advocacy role	[Probe: RML action when new administrator on board] ...that would be a key thing...the presence...to be on top of what are the changes going on in the state? Who is buying what?...What administrators changing and who should we just get to know? ... I mean, if one place is getting downsized...someone is going to hear about it and think well...they saved a lot of money there...it is not a good thing.	Salt Lake City	25	6
Sustainability	RML advocacy role	Well, look at HIPAA...and how everybody is running around creepy about HIPAA and it is this government thing...from this agency thing....you must do this...why can't the NLM and RML throw their weight around and say...we...	Salt Lake City	28	6
Sustainability	RML advocacy role	Because if you look at IRBs and all the stuff they go through...making sure people...all of the right process and when do they bring the library into these things. I don't understand why their weight can't be thrown behind...	Salt Lake City	28	6
Sustainability	RML advocacy role	[Government requirements would] give them less of a choice to mess with...what is so important. I think hospital libraries are extremely important...any time somebody comes in and gets this information from me....they come back and say thank you...it went well with the patient and you helped...that is important. And if I'm not there...who is doing that search for them.	Salt Lake City	28	6
Sustainability	RML advocacy role	You are right, you do get out there and there is just so much hohum and passiveness...you come to library school and they get you all excited and ready to get out there and conquer the world...and then you hear librarians just complaining about the stuff. ... Well you hear it all... we don't make enough money and it is the same stuff...nothing ever happens. [Another speaker:] They get beaten down...yes, this is another place where the RML can help us.	Salt Lake City	29,30	6
Sustainability	RML advocacy role	[Probe for comment on role of RML] ...and I think one of these conduits, obviously they won't always remember to mention that a librarian....all the stuff that is coming out...if you get this...you could maybe....they are not exactly our...marketers... [Probe: And when you say they?] The ... RML...National Library of Medicine...	Kansas City	14	3
Sustainability	RML advocacy role	You see what is coming out of NLM is not sending good healthcare professional to the medical library...but more [consumers?] to the medical library.	Kansas City	15	3
Sustainability	RML advocacy role	I think that the message is that what they do to the consumers if you go to your public library...even though a lot of times public libraries don't have staffs that are reference members...that have a real familiarity with the health literature. They may be the business librarians and they may be a very good business reference librarian...but that doesn't know the medical resources.	Kansas City	15	3

Sustainability	RML advocacy role	Maybe some more awareness to the educational community that we can offer these services. I am not sure how much others know of what we offer. [Probe: Explain] Ok, for instance, my nursing students...the nursing students...I am connected with Western Wyoming Community College through a lot of their programs and they come down to this library and they are just totally amazed that I can offer these things and that they knew nothing about it. The MEDLINE, PubMed, DOCLINE, Lonesome Doc...they know nothing about it. Maybe the community colleges awareness of the health sciences. They just seem to know nothing about it when they come.	Second Telecon	9	3
Sustainability	RML advocacy role	I know that recently they have been discussing something about recent hospital library closings and trying to maybe get something together about how to promote hospital libraries and try to convince hospitals that they still need them...how to go to the joint commission and try to convince them that their regulations may need to be stronger in the area of libraries. I know the RML has been active in that, which in the long run is sort of career development. Trying to keep those career opportunities open. ... It goes along with the other things that they can offer, just the proactive promoting of libraries and librarians and fostering some of those same connections between those hospitals and other health organizations.	First Telecon	10	4
Sustainability	RML advocacy role	Really the topic that has been talked about [recognition of the complexity of info management] is an issue in all types of libraries that I can see in particular, just one are ...this is one area that we could focus on as a profession. We just need to get the word out in general. But if this RML area could help us with promotional materials to the administration in these hospitals and clinics to help us explain what it is that we do that is necessary and that would be marvelous.	First Telecon	13	6
Sustainability	RML advocacy role	MLA..yes, they have a whole campaign on doing that...the MLA does [promoting the profession]. [not helpful, different role for RML?] Well, because what the MLA does...it is for professional librarians...and what I think we are talking about and what I have had experience with...is those people who aren't librarians. They aren't going to join the MLA, they aren't going to join the chapter unless they are discovered and encouraged	First Telecon	13	6
Sustainability	RML advocacy role	The MLA is so much more expensive than like the MCMLA...so especially if they are not professional librarians..they are not interested in joining, in spending over \$100 to join an organization. [and so wouldn't get promotional materials from MLA]	First Telecon	13	6

Sustainability	RML advocacy role	<i>[And the materials that they [MLA] develop then, wouldn't be things that you could then take and use with rural hospitals in your area that would just promote the whole idea of medical librarianship? You would want something somewhat different from that?]</i> Oh, I think so. Because a lot of the people in these rural areas...they are medical record professionals or they are dietitians or they are nurse educators and I don't think we should be performing a profession that they are not going to change to. What I think the RML could do is promote the idea of a library...not you don't necessarily have to be a librarian...and it would almost seem like...if we used MLA's model we are promoting a profession on them...and that is not what is important...it is having the information resource...that's what is important.	First Telecon	13, 14	6
Sustainability	Recognition of hospital library, librarian role	I mean, right now it is all because of JCAHO ... if it wasn't for JCAHO our library would have went away.	Salt Lake City	22	5
Sustainability	Recognition of hospital library, librarian role	Well, thank goodness for JCAHO.	Salt Lake City	22	5
Sustainability	Recognition of hospital library, librarian role	And we do now have MLA's...or the hospital library section just put out their new minimum standards for hospital libraries...but it is still...if you don't go and read it...it doesn't do any good...you need someone with more clout saying...this is the minimum.	Salt Lake City	23	5
Sustainability	Recognition of hospital library, librarian role	[Probe: Biggest issue for medical librarian?] Getting a job...keeping our jobs...because even the joint commission...I think they have changed all that...didn't they come out and say that the medical libraries were not necessary...well, it has been drafted that ...the draft essentially reads...you do need to give information through Medical Library or you can out-source.	Kansas City	29	6
Sustainability	Recognition of hospital library, librarian role	You know one thing that did come up for me...I was thinking that sometimes there is erosion of support for hospital libraries and their facilities. Like with ___, he is only half time now...	Salt Lake City	22	5
Sustainability	Recognition of hospital library, librarian role	I think that [library cuts] is the number one important thing...and I am so glad you brought it up. In fact it irritates me to no end having to justify what we do.	Salt Lake City	22	5

Sustainability	Recognition of hospital library, librarian role	at the previous meeting [of the local health sciences library group] ...a lot of the comments were about people's cuts and down sizing...that is real important dup comment - related to professional development and CE topics]	Kansas City	15	3
Sustainability	Recognition of hospital library, librarian role	If you have a full profit come in, I don't care who is in there...if you are not a money making ...you are gone.	Salt Lake City	27	6
Sustainability	Recognition of hospital library, librarian role	And I guess that is where the electronic journals...we feel like that is almost a way of keeping our jobs...because that is the most critical resource that we need to meet our patrons needs. If you are meeting their needs...they are more than likely going to be...they are going to see you as important to them because they don't know how to get that resource.	Kansas City	29	6
Sustainability	Recognition of hospital library, librarian role	We need to educate them...but how do you do that? ...and then it goes back to marketing yourself. How do you prove how worth while you really are.	Kansas City	29	6
Sustainability	Recognition of hospital library, librarian role	An organization [NLM or MLA?] that is training one to be a consumer library [as opposed to supporting hp services role?].	Salt Lake City	23	5
Sustainability	Recognition of hospital library, librarian role	I am speaking for myself...but I think other people would agree that frequently when things come out of the NLM and it is like a bolt of lightening ...they have totally forgotten the hospital library again .	Salt Lake City	23	5
Sustainability	Recognition of hospital library, librarian role	And you wonder if that isn't part of the reason that they don't support us that much and they don't have thisit isn't overwhelming that you must have ...certain services.	Salt Lake City	23	5
Sustainability	Recognition of hospital library, librarian role	And when PubMed went public, that really was like another....well they did it...PubMed went public and they are like out...	Salt Lake City	23	5
Sustainability	Recognition of hospital library, librarian role	well...now everybody can do it [PubMed].	Salt Lake City	23	5

Sustainability	Recognition of hospital library, librarian role	Come on Lonesome Doc and they completely forgot...	Salt Lake City	23	5
Sustainability	Recognition of hospital library, librarian role	they [NLM] sent a letter to the hospital administrators...telling them about PubMed but forgetting to mention that they ought to have a librarian. Frequently, this is just not once or twice...	Salt Lake City	23	5
Sustainability	Recognition of hospital library, librarian role	and there are some smaller incidents where they talk about their new developments, but all of the people involved but don't mention librarians.	Salt Lake City	23	5
Sustainability	Recognition of hospital library, librarian role	It is pretty offensive say if a letter goes to the administrator when you are supposed to be the expert. I mean, how do you get to make high level decisions if the National Library of Medicine doesn't even treat you with the respect you deserve.	Salt Lake City	23	5
Sustainability	Recognition of hospital library, librarian role	What is the use of doing all these programs if you don't have librarians...we have lucked out where we are somehow, but the tide has changed and now they think we are really valuable.... they added money to our budget instead of decreasing it...well journals increased 11%, well we are going to increase your budget every year 11%.... I am still shocked, I still don't even know what to think about it. But, it wasn't like that before and it was scary...and think of a place like that without librarians...I think the advocacy should be the number one thing. It can change overnight.	Salt Lake City	27	6
Sustainability	Recognition of hospital library, librarian role	He was like, oh look 11% rise...where are you going to get that...it's all on the web...and we don't need librarians....I mean it is excellent that the librarians do a good job...that is essential too...but if you don't have someone in administration who understands and is supportive...	Salt Lake City	25	6
Sustainability	Recognition of hospital library, librarian role	I do them [statistics]...I am on top of that...we all do them...that is one of my highest priorities and when I first started...and I don't know what they were thinking...I had all the numbers.if they [library patrons] are really enthused about it [info provided by library], I ask them to send a letter to someone because I don't keep a little...this person told me...	Salt Lake City	28,29	6
Sustainability	Recognition of hospital library, librarian role	In the long run, that type of training [basic library skills] may make them realize that it takes more than just a dietitian that knows how to shelve books to manage the library if they know...they need to be taking the classes and know the complexities of managing health information. Then may be... they will be more likely to keep their professional librarian in place.	First Telecon	13	6

Sustainability	Recognition of hospital library, librarian role	...how can a librarian be a librarian in any field right now...in any...and survive without realizing that though [need to toot own horn, promote]....I think that many library schools have taken that and changed the way they teach students to promote library services. I think that everybody is working, whether you are working for non-profit or profit...or whatever the situation, everybody is pushed to be their own advocate. I think that is important and I think the more structure we have for that...the better.	Salt Lake City	29	6
Sustainability	One-person libraries	I got the job and then I found out that I could come to the consortial meetings and I came down and started meeting people and stuff like that...started asking questions. The lady that I replaced got ill so she wasn't able to train me...she trained me a little bit on the day to day operational thing...but it is the deep down stuff that I need to know about in order to make it function up there...using stuff...so I did come down for PubMed training that they had here, but I could sure use DOCLINE...I could sure use some of the other ones ...and I picked up on my own or asked questions. It is a crash program and okay do it...There has not been any official kind of thing...to let me know what is going on...	Salt Lake City	14	4
Sustainability	One-person libraries	I came into this position with no overlap from the prior librarian, so I was kind of learning everything from scratch and that was very helpful [visit from RML liaison to teach DOCLINE]	Second Telecon	3	1
Sustainability	One-person libraries	There are some satellites, but they aren't...there are no librarians. We have satellite facilities but if they need things they call me and ask me for it.... What you are saying...if I need training, maybe there are some other people [in the area who could serve as mentors - no]...my co-workers fill in for me when I am gone...and they just do the basics. They don't need to do all the stuff, but they need to be able to function when I am out of the office for any great length of time. So, it like our cross training thing and that is what we do within our little work area, because I have two other departments that house their desks in the library.	Salt Lake City	17	3
Sustainability	One-person libraries	Maybe we need to bring back the model of one person libraries when you are gone...another person covers for you. For instance, if you are gone...you could put our number out and your people could call us and we could...they call you. ... That happens sometimes. The people at IHC another one of our libraries...they now know they can call me...if their person isn't there and I just do what they need to do and I send it out to them...or...if I order an ILL for them make sure...where it is from. I don't go in use their id and password....I know it is an older concept that use to be done more...maybe it is something that could be done. [Probe for discussion of while the librarian is out sign; positive response prior to tape being turned over.]	Salt Lake City	18	3

Awards (Grants)		we have somebody in house who actually helped us write grants...actually came to [us] and said...I think that you can get this grant and I am going to write it for you. And we gave her all the information and it...it was wonderful because we gave her the information and we got the grant. It was a grant from the Utah Medical Association and we got all the computers.	Salt Lake City	24	5
Awards (Grants)		That is something that the old RML...they would send something out and say...this grant deadline is in 3 weeks. Let me...choke...	Salt Lake City	25	5
Awards (Grants)		You know in our region...with such a low population of libraries...we should be...it should be easier...to get this kind of stuff done. It should be way easier than out in the northeast...New York or the bay area.	Salt Lake City	25	5
Awards (Grants)		The time was just ridiculous before, but we would need someone on the lookout...here is money ... I heard a presentation at MLA...the Kaiser Permanente libraries...all over California...there are a lot of them...they also have a lot of money in the corporation...but they weren't really tapping into it and they put together a grant...they put together this grant and got a ton of money that they were absolutely shocked...wow...now...okay...I mean, even in these bigger places they are not that well versed in the process...	Salt Lake City	25	5
Awards (Grants)		That would be a great class [money sources and someone who can steer you in the direction] ...a great continuing education class...for librarians.	Salt Lake City	25	5
Awards (Grants)		And that [web resource for funding sources, deadlines] might be wonderful for other people but I would also need someone to say...you know here is a way you might think about it	Salt Lake City	25	5
Awards (Grants)		I have had more interaction recently than I usually have...because we applied for a grant that I was the PI for...so you know...I had interaction with Claire on procedural things...so that is probably my interaction with the RML. [specifics?] Well, you know, just emails back and forth...when are deadlines; what is going on; updates; that sort of thing. Keeping me up-to-date on things. When I need to have stuff done. [helpful?] Yes, because we needed to get this in and even though we didn't get the grant...it was helpful because...they were very prompt in answering my emails. So, that helps, because as you know, the NLM has such tight deadlines for things...for applications. So there is always somebody there that could answer my question.	First Telecon	5	1

Awards (Grants)		...talking about the grant. I also applied, I actually got the grant and I have to agree that [RML liaison] was very helpful, Claire was very helpful...and kind of focused on the grant....she thought that one thing we had planned to do would let...we weren't asking for enough to really do a good job with it...so she says "take that out" and encouraged us to apply for a new grant next year. Of course, since then the legislature has cut out our intended partner...but.... [was helpful]	Denver	3	1
Outreach		I would say consumer information and you touched on that when we were talking about MedlinePlus. I think lots of the public libraries aren't aware of it. I know lots of consumers aren't aware of it. And I think making good information available to the public is becoming more and more important as patients take on more of their research.	Second Telecon	12	6
Outreach		I think a good place to start with that [making good information available to the public] is our colleges, our community colleges, those that are linked to hospitals for clinicals. You know, using my setting as an example...the awareness and to know who they can go to and who to ask.	Second Telecon	12	6
Outreach		many patients are going on the Internet. They are going to various web sites and they are looking at information and I find it important to track all of these different places, so I am making my resident physicians aware of where the patients are going. Whether patients are reading...so they have an idea of where the patient is coming from when they are treating them. There is a real need for them to know the good quality web sites, like MedlinePlus...because there are a lot of them out there...that make your eyes pop when you read them!	Second Telecon	12	6
Outreach		...we're coming more to the forefront and the hospital pamphlet that she showed today that she put together with the listings is a very handy tool. Because, we had been nine health news fair. We were able to hand those out to the community and it was already done and taken care of. It is healthy for my hospital budget that I didn't have to print those up and provide them...that I could provide them...so it was very helpful. [follows comments on distributed staffing/specialist - pulling together CH librarians]	Denver	4	1
Outreach		...reiterate what _____ said about the brochures [RML liaison did] ...those have really been a nice picture of what consumer libraries are capable of doing and they are there and they are ready to go.	Denver	5	1
Outreach		one nice thing is that I have been able to go work information booths at conventions because of the RML being here and that is great.	Salt Lake City	3	1

Outreach		you are going to be doing outreach...that whole thing...maybe we should get these hospitals that are out there...like _____ or _____ where the people don't really have a librarian...they have a ILL...they have Lonesome Doc...it is not the same. It would be so great if there were places...well this is the person you call [i.e., Polycom videoconference].	Salt Lake City	19	4
Outreach		if you were in a rural library situation if someone may not feel comfortable sharing some information with the librarian...but if they could communicate privately with someone that would have the information...off site...away from the community they would be more likely to share question...	Salt Lake City	19	4
Outreach		And they still call home occasionally [hp students who go on to practice in the state] for help with information needs which is what we like them to do and we are happy to help them.	Second Telecon	8	2
Outreach		I am looking forward to the training at the symposium because I want to know more about Lonesome Doc, because I have some Lonesome Docs. I have some Lonesome epidemiologists at the state...and I want to be sure I am doing this all the right way to help them.	Second Telecon	8	3
Outreach		I too have Lonesome Docs and they love it and so do I. ... Mine do too and also I do a lot of tutoring for nursing students and allied health students from the University who also live in Cheyenne and commute to Laramie and sometimes it is easier to go to me than to ...	Second Telecon	9	3
Outreach		one other thing too that the RML has started to do, at least in Cheyenne, is that before she left [RML liaison] was able to come over and do a training for the reference desk at the Laramie County Library on using MedlinePlus.gov. Which really helps out. Because I get all these people that are just distraught and I really don't have any books to support them. My collection is small, it is for family physicians and it's really nice for me to be able to take them online to MedlinePlus, but I wish...I really wanted the public library reference people to do that too. To help people out and help young people out with all their papers. Needing the latest statistics on drug and alcohol and that kind of thing tool ... they either don't know we exist or...the reference people are not really aware, but they have made MedlinePlus a button on the Wyoming library database system so I am hoping that will help. [RML training for other types of libraries; also making them aware of med libs]	Second Telecon	9	3
Outreach		You know, you just touched on something I think our pharmacists for some reason aren't aware of the services.	Second Telecon	13	6

Outreach		I work a little bit with that because of many pharmacy students from UW do one of their ambulatory clinic locations here at Family Practice and they also do rotations at various pharmacies here in town and the VA so I see at least a couple dozen of them a year, which is probably more pharmacists than most people do.	Second Telecon	13	6
Outreach		We always have at least one come through here for the clinicals that are hospital pharmacists and they are also just amazed when I show them what is available. So I am wondering why the pharmacy schools that they are going to aren't relaying this to them? I think it is just a case of...they do some...but like all students they maybe don't really pay attention until they are out on rotation and there it is and they really need it	Second Telecon	13, 14	6
Outreach		Do you think this is something [outreach to pharmacy] that the RML might target a little more then? Because I know they have had programs in the past where they have targeted different groups...like Public Health was one big project that I recall.	Second Telecon	13, 14	6
Outreach		the pharmacists in Wyoming are reasonably well organized and I think that would be a wonderful group to target because they are source of information for many people. If they can't get in to see their doctor...they go see the pharmacist. ... They are not only providing the education to the pharmacist, but providing education that the pharmacist can provide to the patients. ... and I would think if more pharmacists were acquainted with MedlinePlus they would be happy to tell their people...you know, people who say...why don't you go and look at this and then go see your doctor with your concerns. There is even information, and my pharmacy students tells me...their drug content is package inserts, but it has the same caveats and if it is fine print and you can't read that...this is big and on your computer and you can read it...it is large print.	Second Telecon	14	6

Appendix D

Subcontract Final Reports

Appendix B

Occurrence of Comments by Theme/Topic and Location

		Number of Comments by Location						
Theme	Topic	Denver	First Telecon	Kansas City	Salt Lake City	Second Telecon	St. Louis	Grand Total
Awards (Grants) Total		1	1		6			8
DOCLINE Total		2	2	4		5	5	18
Education	Delivery mechanisms	2	1	7	10	3	4	27
	Other	1	4	4	3		2	14
Education Total		3	5	11	13	3	6	41
Information Flow	Clinical information/ alerts			2	1			3
	Digest	4					4	8
	Directory			4				4
	Email	2	1	1			3	7
	In person	8	4			3	1	16

		Number of Comments by Location						
Theme	Topic	Denver	First Telecon	Kansas City	Salt Lake City	Second Telecon	St. Louis	Grand Total
	Info to RML		2	9		2	1	14
	Listserv	3	3	7	5	4		22
	Other	1	1	1	2	3		8
	Print newsletter	2	1	2	1		2	8
	Site visit		1	1	1	1		4
	Web site (Usage, Content)	7		6	4	3	3	23
Information Flow Total		27	13	33	14	16	14	117
Outreach Total		2			3	12		17
Professional Development	Barriers	8	1	8	4	2		23
	Interest Area		1	8	2		2	13
	Resources	4	3	13	3	10	5	38
Professional Development Total		12	5	29	9	12	7	74
RML Staff	Appropriate referrals	2		1	1	1	1	6
	Communicate RML role	5	1	3	3	1		13
	Contacts/ visible/ proactive	4	12		6			22
	Distributed staffing model	9	1	2	5		1	18
	Problem resolution/ Follow-up	1		3				4

		Number of Comments by Location						
Theme	Topic	Denver	First Telecon	Kansas City	Salt Lake City	Second Telecon	St. Louis	Grand Total
	Responsiveness			1	3	1	2	7
	Support, assistance	2	2	1	8	4	1	18
RML Staff Total		23	16	11	26	7	5	88
Shared Purchase, Access	Rationale	9		11			3	23
	RML coordinating role	6		4				10
Shared Purchase, Access Total		15		15			3	33
Sustainability	One-person libraries				3	1		4
	Recognition of hospital library, librarian role		1	4	19			24
	RML advocacy role		5	3	13	1		22
Sustainability Total			6	7	35	2		50
Tech Awareness, Applications Total		1			3	2	2	8
Grand Total		86	48	110	109	59	42	454