NER'eastah

Newsletter of the New England Regional Medical Library

July-August 2002
Volume 2 - Issue 1

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Welcome to the first issue of volume 2 of our newsletter!

Thank you to all of our readers for your support and input to help make

"The Ner'eastah"

a success! The New England Region hopes you continue to enjoy our articles and as always, please feel free to contact us with any questions or suggestions.

NLM | NN/LM | NER

Comments to:
Rebecca.Chlapowski@umassmed.edu

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

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Newsletter of the New England Regional Medical Library

Director's Corner

An important article on the subject of outreach by Carol Sherrer from the University of Illinois at Chicago was published in the July, 2002 issue of the Journal of the Medical Library Association. Unlike most "how we done it good articles", Carol provides an accurate account of lessons learned from a project that was not successful. Her premise is that the traditional models for providing outreach to health professionals in rural areas and to health professionals practicing in community based HIV/AIDS clinics that have been so successful in the past, do not translate well to outreach to community-based agencies or volunteer organizations.

What is the traditional model for providing outreach to health professionals? There are four characteristics:

- Provide equipment and access to the Internet to each site
- Provide classroom training
- Provide document delivery
- Create a website or e-mail listserv linking participants

A fifth characteristic emphasizing the importance of a liaison at each site grew out of the outreach model for HIV/AIDS clinics.

Carol's article discusses in detail how following this model did not work in her experience with providing outreach to environmental health community based groups in Chicago. So if this is not the model for providing outreach to these groups, what is the model?

My own experience in Chicago and Massachusetts suggests the following:

1. De-emphasize the computer. Since many of the organizations are run by volunteers, and funding fluctuates, the groups can not always guarantee the computer will be used for access to NLM services and products. Sometimes we use the computer as the "carrot" to entice groups to participate in our project. In the end this backfires, because once the computer is acquired, sometimes excuses are made to not attend training. In one of our outreach projects in Massachusetts, we provide a laptop to a church which runs a health clinic two nights a week. They lock the computer up in a secure location when the clinic is not in service.

2. Do not require people to come to traditional classroom training. Training needs to take place at the sites in small snippets; 20 minutes at a time. Busy health professionals do not have the

time, with the change in health care reimbursement today, to travel to training or the financial incentive to cancel patient visits to attend a class. Volunteers sometimes do not have a mode of transportation to attend training classes at the university medical library. If training is done in groups, consider reimbursing participants for travel and babysitting services.

3. Emphasize the development of personal relationships between the library project personnel and project participants. This requires repeated contact over a long period of time.

4. Rethink our assumptions of a well-thought out budget for a winning, sustainable grant proposal. In the past, we have assumed that we should divide the budget amongst the participants in an effort to ensure equal collaboration and commitment between the sites and the library; and that too much money in support of project personnel showed lack of ability to sustain the project post-funding. I think we need to focus our efforts on funding personnel in order to develop the lasting relationships needed to ensure project success.

5. Acknowledge the fact that outreach to community based groups is different than outreach to health professionals, a patron group we are familiar with in serving at our own libraries. We need to develop and provide training for librarians on how to provide this kind of outreach. Involve health educators, public health workers, etc. in library outreach projects to community groups. We can learn from them. The article in this newsletter by Barbara Winrich, a health educator on the Lamar Soutter Library staff, is a good example of what we need to consider when providing outreach to special populations in the community. We need to exchange more lessons from the field.

Finding the best model for providing outreach to community based organizations and special populations is the RML's challenge for this contract period. We'd love to hear from you on what has worked and what hasn't.

Elaine Martin, Director

In This Issue:
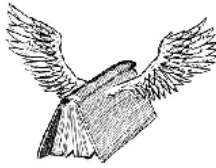
ILL Advised

Browser?? Shmowser!!

From DOCLINE1.3 to DOCLINE 1.4-No Work Stoppage for the Minors

Rout Out the Rot..and Realize More Robust Routing

ILL Aboard the FreeShare Train!

United We Stand...Behind EFTS!

On a Last, but SERHOLD Note

Signal For Support

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BROWSER ? SHMOWSER !

NLM has received numerous questions from the NN/LM offices and from individual network member libraries about browser support for the DOCLINE system.

Internet Explorer 6 (a.k.a.**IE6**)

DOCLINE login statistics show that over 550 libraries nationwide are accessing DOCLINE with IE6. IE6 has no known issues when used with DOCLINE 1.3 and Loansome Doc. Official support of IE6 has yet to be announced because of system testing still pending. IE6 is included in the testing of DOCLINE 1.4 and formal support for IE6 will be announced shortly following the release of DOCLINE 1.4 (slated for mid-September.)

Netscape 6 (a.k.a.**NS6**)

Libraries using NS6 will encounter problems with DOCLINE 1.3 and as well as **Loansome Doc**. NLM addresses NS6 issues in DOCLINE 1.4 and it is expected that NS6 will receive

official support shortly after the software release. One known problem with NS6 (which is addressed in DOCLINE 1.4) relates to Borrow/LOCATORplus encountering an error when clicking the "DOCLINE Order" button on a bibliographic record.

Please remember to forward all detailed problem reports to NLM via the "Contact DOCLINE" form, by clicking on the following link:

http://wwwcf.nlm.nih.gov/docline/help/contact_nlm/problem.cfm

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From DOCLINE 1.3 to DOCLINE 1.4

- - No Work Stoppage for the Minors

DOCLINE® Version 1.4 Release Notes

REQUEST Module:

1. Reports: Report 1-7: Routing Table Statistics. Modified report to suppress display of closed libraries.

2. Status/Cancel: Added time in hours and minutes to the History of Request page. Time is displayed in 24 hour format, Eastern Time (ET).

3. Delivery Address: Added validation to prevent blank shipping address; data is stored in the 'Ship to Name', 'Street', 'City', & 'State' fields.

DOCUSER Module:

1. Address-Institution: Added fields -- 'Library Home Page (URL)'; 'Institution Home Page (URL)'; Phone Number.

2. Codes: Changed field label -- from 'National Union Catalog ID' to 'MARC Organization Code'.

3. Contacts: Added contact types -- 'Consumer Health'; 'Link Out'; 'Other'. Other may be used to add staff not associated with defined contacts.

4. Search/View:

- a. Added the ability to search by 'number of holdings';
- b. Added number of holdings to the "ILL Information" search result display;

- c. Added library group membership to the "ILL Information" search result display.
- d. Changed the "Contact Names" search results display to list all contact types instead of just ILL contact name.
- e. Added a link to full DOCUSER record in all DOCUSER search result displays.
- f. Removed 'Old LIBID' as a search and sort order option.

5. Interlibrary loan:

- a. Changed field label -- from 'Participates in Electronic Payment' to 'Participates in EFTS'.
- b. Added 'Date Joined EFTS' field to ILL Services.

6. Services:

- a. Added field for authorizing listing in MEDLINEplus Consumer Health Libraries page (http://www.nlm.nih.gov/medlineplus/libraries.html).
- b. Removed redundant or outdated fields: 'Has access to the World Wide Web'; 'Has a Satellite Receiver Dish'; 'Provides internet training'; 'Prefers not to be listed in public directories'.

SERHOLD Module:

1. Display: On all SERHOLD screens -- removed "Frequency Code" and added "Current Publication Frequency" field (310 in the MARC bibliographic record).

LD Module:

1. LD Patron Admin: Added delivery method, comments, and transfer authorization information to LD patron display for ordering library.

2. Messages: Added notification to Home Page message area when new LD patron registers.

HELP Section:

1. Help screens: Added/Changed to reflect features of DOCLINE 1.4.

2. Contact DOCLINE and Contact RML:

- a. Added ability for sender to copy message to their email address on all 'Assistance and Comments' forms.
- b. Separated Name field into 'Last Name' and 'First Name' on all 'Assistance and Comments' forms.
- c. Removed field 'DOCLINE User ID' from all 'Assistance and Comments' forms.

RML Administration:

1. Added date of last routing table update and date of last SERHOLD update to DOCUSER ftp file.

For Loansome Doc Patrons:

1. Change Ordering Library: Added 'contact Library for service' message to LD instructions.

2. Order Documents:

- a. Enhanced message indicating user is no longer authorized for ordering library.
- b. Added author field to 'Loansome Doc order sent' page.

3. Status of Orders: Added the reason the request was 'Not Filled' to the LD patron's Status page. For example, Cost.

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ROUT OUT THE ROT

--AND REALIZE MORE ROBUST ROUTING

Apart from an alliterative attempt to address attention to the agricultural accoutrement accompanied by our colleague above, it is important to keep in mind that tending your Routing Table is aptly analogous to tending one's garden - regular weeding will help you realize a more robust growth from your flowers and plants; likewise, remove "closed" libraries and other unwanted LIBID's from your DOCLINE Routing Table will help you realize more robust performance in the automated routing of your borrow requests. It is recommended to "tend thy routing table" at least twice annually - let's say: after the Fall harvest and before Spring planting. Normally, if a [libid] within the Routing Table is displayed in small letters with square brackets around it, it can mean two things: (a.) the library has placed a temporary HOLD request and is not accepting lend requests for the moment; or (b.) the library is CLOSED, which is more permanent. In the latter case, it is advised to "rout" these LIBID's from your Routing Table.

There are currently 119 LIBID's in New England (Region 8) that have a "CLOSED" status. Please follow these steps to produce a regional listing of Closed Libraries:
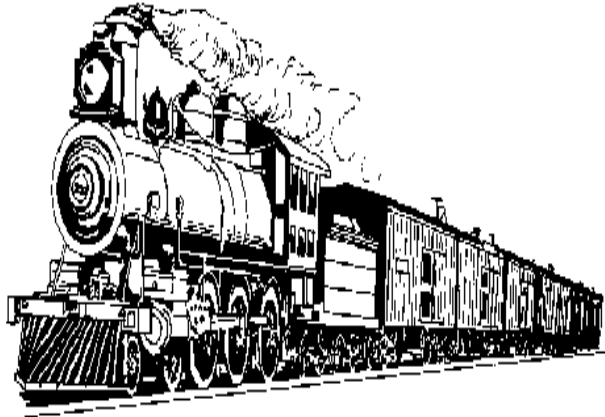
- Step 1. Log into DOCLINE.
- Step 2. Click on the icon DOCUSER.
- Step 3. Click on the icon Search/Update.
- Step 4. At either the 4th or 5th line down, where the "Only if:" search criteria boxes are

displayed, select "Library Closed" from the list box.
- **Step 5.** Click on the grey SEARCH button and the results are displayed on the screen.

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ILL ABOARD the FreeShare Train!

-- ride the rails for ILL requests charge-free !

The National Network of Libraries of Medicine (NN/LM) web site has redesigned the FreeShare web page:

1) a straight-foward statement of FreeShare policies such as charging and what to do if you are receiving too many requests from a library; and

2) a link to a chart that will help you identify FreeShare libraries for your routing table.

You can use this chart to find FreeShare libraries by region and by collection size. You can also easily see if the library offers electronic delivery.

The updated FreeShare page is at the same location -- http://nnlm.gov/libinfo/docline/freeshare.html. Click on the "FreeShare Libraries Directory" link to get to the chart of FreeShare libraries.

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UNITED WE STAND … BEHIND EFTS!

The Electronic Fund Transfer System (EFTS) is a transaction based electronic billing system for ILL and document delivery charges. It was developed by the University of Connecticut at Farmington. Operations began in 1996 and under contract with NLM, UCONN's Health Center Library will continue to provide both administration and support to its growing base of nationwide customers.

EFTS has virtually eliminated the need to create invoices and cut checks for re-imbursement for interlibrary loans and document delivery between participants. Among the advantages are: monthly detailed transaction reports; the ability to handle differential charges (such as additional rush or fax charges); the ability to vary charges to members of special groups; and the ability to handle non-Docline transactions.

If you haven't signed up already for an EFTS account, we strongly recommend doing so in the near future. For additional information about EFTS, please contact Colleen Giblin in EFTS Administration at 860-679-4500 or by e-mail at: efts@uchc.edu.

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ON A LAST, BUT SERHOLD NOTE ...

OCLC has decided that they will not charge users who add holdings to OCLC using the SERHOLD to OCLC Batch Update Function.

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SIGNAL FOR SUPPORT

Do you sometimes feel like you're awash in a bowl of alphabet soup?

Acronyms like LD, LC, CD, CCC, OCLC, LO, ISO, ETC ...

... swirling around your head, 'til it aches so much that you feel just plain...ILL???

Well, maybe it's time you signaled your Regional office for a steady shoulder of support!

Your Resource Sharing Coordinator is simply a phone call (or e-mail) away --

Please contact: Mark Goldstein 508-856-5964
mark.goldstein@umassmed.edu

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Comments to:
Rebecca.Chlapowski@umassmed.edu

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INside OUTreach

Ever get the urge to have an NLM baseball cap of your very own? Or, perhaps, the NLM golf shirt? Why, complete the ensemble with an NLM lapel pin, an NLM briefcase, and an NLM pen, and you'll be the envy of every PubMed user in the six state region! A veritable personification of the National Library of Medicine! Well, it's all possible. Visit the new NLM Online Giftshop at http://www.nlmgiftshop.org/ to see what's available. The Giftshop is a non-profit joint venture between the NLM and the National Institutes of Health's R&W store. Currently, it is running as a pilot project to see how interested people are in purchasing these items.

Don't forget, however, that some promotional items are kept here in the NER for the use of member libraries. If you're planning a library open house or other event this fall and feel that some bookmarks or pens or Medlineplus posters (or other items) would be useful, please contact us and let us know your needs. We'll be happy to work with you to help make your event a success!

Upcoming events for the NER include:

- Exhibiting at the New England Business Expo in Worcester Sept 18 & 19
- Attending NAHSL Sept 22 - Sept 24 at Attitash Bear Park, NH
- Exhibiting at the Mt. Wachusettes Community College Open House Oct 2
- Exhibiting at the American Academy of Pediatrics annual meeting in Boston Oct 19-20
- Exhibiting at NELA in Sturbridge, Oct 20-22
- Exhibiting at the Midwives Alliance of North America in Wakefield, MA Oct 24-27
- PubMed class at Baystate, Oct 30
- Exhibiting at the American Association for the Study of Liver Diseases Meeting in Boston Nov 2-5
- Exhibiting at the Gerontological Society of America's annual meeting in Boston Nov 22-

26

Highlights from the July-August edition of the NLM Technical Bulletin include:

- Announcement of the new Educational Clearinghouse Database
- PubMed's LinkOut for libraries and the SERHOLD connection
- New Entrez programming utilities
- New training manuals available for PubMed, Gateway, and Clinicaltrials.gov

Read the articles at: http://www.nlm.nih.gov/pubs/techbull/current_issue.html. While the Technical Bulletin may not be everyone's first choice for bedside reading, it is good to be familiar with it because most new developments with NLM databases are announced there first and explained in detail.

Donna Berryman, Outreach Coordinator

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Comments to:
Rebecca.Chlapowski@umassmed.edu

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

In This Issue:

PubMed Particulars: Preview/Index

Can you answer these questions without using search field tags? Or constructing lengthy searches in the PubMed search box?

1. Bibliographic citations in PubMed come from journals published internationally. But, how many different languages is that, really?

2. What if I have a good search strategy forming but it's a bit too broad. What can I do to narrow it down without breaking it into chunks and using the History function?

3. How many Publication Types are available in PubMed? Limits show seven. Is that all there is?

4. How many times does the word "garlic" appear in PubMed?

5. I want to select terms from a list, not type my terms into the search box. Can I do that on PubMed?

6. What's the other way to find all the articles written by D Colter?

7. After using the Journal Browser to do a search for all the articles from a particular journal, how can I limit my retrieval to a certain volume number?

I'll bet you knew from just the title of this issue of PubMed Particulars that these questions could be answered using the Preview/Index function of PubMed. That's because you're astute readers. You pay attention. That's what I like about you.

Preview/Index, however, is an often overlooked functionality of PubMed. As indicated above, it is a good way to narrow a broad search by adding terms. But that's not all it can do.

Ah, but let's begin at the beginning. Where is Preview/Index? Under the search box at the top of the PubMed page is a gray bar with the following links: Limits, Preview/Index, History, Clipboard, Details. Simply click on the words "Preview/Index" to access the page.

Once there, it may look oddly familiar. In fact, it looks a lot like the History page. That's because the last three searches completed are displayed here in the same way they are on the

History page. If no searching has been done, there will be a note saying "No history available." (Note: If the current History is cleared, the searches in the Preview screen will also be cleared.) But, scrolling down, the Preview/Index page changes and assumes its own look and feel.

Clearly noticeable is a box that says "All Fields" with a drop-down arrow beside it. Clicking on the arrow, a list of PubMed fields is displayed. Users may select a single field to search or search "All Fields." Adjacent to that is a text box followed by two buttons: "Preview" and "Index." Beneath that, an instruction: "Click AND OR NOT to add a term to the query box."

Using Preview/Index is rather simple, really, once one understands the concepts here. First, select a field to search. Then, in the adjacent box, type the appropriate word or term.

Using the "Preview" button: The Preview button here (as in other places in PubMed) will result in a listing under the history section of this page showing the number of results for this particular search and a providing a hot link to those results.

To add a term to a search: Click on the "AND" or "NOT" or "OR" button beneath the text box. The term will be added to the search box at the top of the page along with the correct field search tag and whatever Boolean connector you chose. This is easy to experiment with. As many terms as are necessary can be added to a search this way.

Using the Index button: To find out how many occurrences of this particular term are in PubMed, click on the "Index" button adjacent to the text box. This will open a new box and in it will be a list of terms followed by numbers in parentheses. As in #4 above, if "garlic" is entered into the text box, "All Fields" selected, and the "Index" button is clicked, the resulting display should look like this:

The word "garlic" appears 1,583 times in PubMed. Of those, 67 of them are "garlic/adverse effects" and 52 are "garlic/analysis" and so on. From this screen, the user can highlight which variation of the word "garlic" will be added to the search. Once highlighted, select from the "AND" or "NOT" or "OR" buttons as mentioned previously.

To find the answer to question #1 above, select "Language" and then click on "Index" for a listing of the various languages represented in PubMed. Of course, counting them all will take

some time and will required scrolling down through the listing, but it can be done. This same process will show how many Publication Types are actually used in PubMed.

So, it should be apparent now that using the Index function actually allows users to select terms from a list and add them to the search box (answering question #5 above). Entire search strategies can begin right on the Preview/Index screen.

Selecting multiple terms from the Index list: More than one term can be selected by holding down the "Ctrl" key (PC) or Command key (Mac) on your keyboard and highlighting the terms needed. Then select the appropriate Boolean connector to add them to the search. Please note that terms selected in this manner will be automatically OR'd together.

Before closing this column, it is important to note the use of the "@" signal in conjunction with author names in the Index function. Looking for articles authored by D Colter:

Click   to add terms selected from Index to the query box.

Click to add terms selected from Index to the query box.

There are 9 occurrences of "colter d" in the database. Four of them are "colter d@" and 5 of them are "colter dc." The @ indicates an author name with no second initial.

If you haven't been a regular user of the Preview/Index function, give it a try. If you've been using it for awhile, try something new. It's really quite a powerful tool.

And that's it for now. Enjoy the rest of your summer. It's rapidly disappearing….

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Newsletter of the New England Regional Medical Library

tres chic

consumer health

by Javier Crespo

Direct to Consumer…or The other information providers

While we reach patients and the public by providing health information resources from print and online; tips on being better searchers, the pharmaceutical industry reaches the public with direct appeals at purchasing their prescription drugs. I thought I would devote some time to reading up on Direct to Consumer (DTC) advertising. I found some interesting things. What follows are some brief facts and figures, some resources that highlight some of the arguments surrounding DTC, and some annotations on the sources I consulted.

Factors that caused the growth in consumer health information also spurred the growth of direct to consumer marketing of pharmaceuticals--heightened patient involvement, managed care's restrictions in overall spending. Studies indicate that 91% of people surveyed have seen or heard an ad for prescription medications. (Kaiser *Trends*)

Studies on the effects of DTC drug advertising are pretty telling: One third of people surveyed indicated that an advertisement prompted a discussion with their physician about a prescription drug. Another study cited the same percentage, only the conversation with their physician was about a condition they had not discussed before.(MM&M Magazine *Power*) Yes, some of you are saying 'would that our influence be as widespread or as noticeable as DTC advertising!'

Direct to consumer (DTC) advertising of prescription drugs was legalized in 1983 (BMJ). Within the last 8 years, DTC advertising has been more widespread. From 1994 to 2000 spending on DTC advertising has grown from $266 million to $2.5 billion.

While the influence of DTC advertising seems staggering, there are a few facts to keep in mind. DTC advertising is faulted for the spike in prescription drug prices. Marketing budgets for drug companies are not up in proportion to their actual sales. Budgets for all promotional advertising (physician promotion and consumer promotion) hover around 14%. The proportion has remained the same over the last 5 years, but that's a high percentage when compared to other industries: Beer 7.5%, Tobacco 4%, Cosmetics 11.9%. Also, pharmaceuticals spending on actual research and development is slightly smaller (12% of sales) than their spending on

promotions. (Kaiser Trends)

Despite the pervasiveness of DTC advertising, it is a smaller percentage of total drug advertising and promotion. Physician promotion accounts for a large portion of all advertising, around 85%. Included in that figure is the 50%-60% that is spent on drug samples distributed to physicians (MM&M *Perfect Storm*).

The Pharmaceutical Research and Manufacturers of American (PhRMA) is the organization that represents larger pharmaceutical and biotechnology companies. Their website is full of position papers.

Their position on DTC:

> "PhRMA believes that advertising directly to consumers serves to improve public health. As patients are participating more and more in decisions concerning their health care, pharmaceutical advertising helps meet consumer demand for information about health conditions and possible treatments. Often, this information prompts people to seek medical attention, promotes informed discussions with medical professionals and further enhances the dialogue between physicians and their patients"

CENTER FOR MEDICAL CONSUMERS The Center for Medical Consumer's aim is to improve the quality of health care and protect consumer rights. The center works to improve oversight throughout the health care industry and works on New York state health issues. Excerpts from their HealthFacts newsletter are available on their website. Of interest is an article on Drug Advertising

The article outlines some of the approaches drug advertising takes: selling fear by outlining the dangers of a given disease; selling a test which would which would create a demand for the drug being advertised, advertising a drug without mentioned what the drug is indicated for, this way side effect need not be mentioned in the advertising.

The American Medical Association: Questions swirl around drug ads for patients...for an article on physicians perceptions of DTC.
The AMA policy statement on DTC advertising directed towards physicians:

> physicians should resist commercially induced pressure to prescribe drugs that may not be indicated. Physicians should deny requests for inappropriate prescriptions and educate patients as to why certain advertised drugs may not be suitable treatment options providing, when available, information on the cost effectiveness of different options

Other articles and links:

See the BMJ article Direct to consumer drug advertising is billion dollar business in the US. for the briefest of overviews and abbreviated guidelines developed by the AMA, FDA, and the Pharmaceutical Manufacturers Association.

Families USA the national nonprofit organization dedicated to the high-quality, affordable health and long-term care for Americans. They have numerous reports and overviews on drug companies and drug legislation. In addition to providing a useful primer on the drug approval process their Overview on the Hatch-Waxman Amendments provides background on the drug patenting process and how they help extend a pharmaceutical's market charge of a specific type of drug.

The Kaiser Family Foundation is an independent philanthropy that publishes numerous reports on health care issues. See their section on prescription drugs Of interest are Trends in Direct to Consumer Advertising of Prescription Drugs And Trends and Indicators on the Changing Health Care Marketplace

Medical Marketing & Media Magazine offers tips and trends to the industry. See their reprints page. Suggested articles to review in relation to DTC advertising: Power to the People: reaching the Smart Market of empowered consumers describes the IMS Health survey that gave feedback on consumer perceptions of DTC advertising. Representative quote:

> "In this world where services - including the delivery of information - win customers, marketers will increasingly supplement their broad DTC messages with highly specific direct-to-patient (DTP) messages, having used the Internet as a pre-qualifying tool."

Get Ready for the Perfect Storm A panel discussion of marketing consultants. Representative quote:

> "the demand for samples is directly linked to growth of DTC promotion. As more patients ask about specific drugs, doctors often respond by providing samples."

[Web Sites Offer Legal Channels for Off-Label and Preapproval Information](#) wherein the author advocates using the Web as a means to circumvent FDA regulations on DTC advertising

"company websites can provide both a highly informative and a remarkably "safe" medium for discussing off-label or preapproval information - "safe" meaning legally defensible and therefore at low risk for regulatory challenge"

.

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Comments to:
Rebecca.Chlapowski@umassmed.edu

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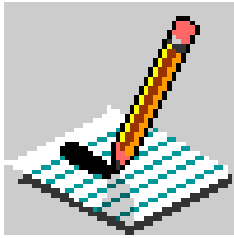Phone: 800-338-7657
508-856-5979
Fax: 508-856-5977

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Lists and More Lists!

The New England Region, through an agreement with the University of Massachusetts Medical School Information Services Department, hosts several electronic lists. You are probably aware of most of them, but there are a few that you might not know about. Here is a list and short description of each one.

STATE LISTS -

ARIHSL-L - For the use of members of ARIHSL, the Rhode Island Health Sciences Librarians state organization.

CAHSL-L - For the use of members of CAHSL, the Connecticut Health Sciences Librarians state organization.

HSLIC-L - For the use of members of HSLIC, the Maine Health Sciences Librarians state organization.

HSLNHVT-L - For the use of members of HSLNHVT, the New Hampshire/Vermont Health Sciences Librarians state organization

MAHSLIN-L - For the use of members of MAHSLIN, the Massachusetts Health Sciences Librarians state organization

REGIONAL LISTS -

NAHSL-L - The official list of two groups - the North Atlantic Health Sciences Librarians and the New England Regional office of the National Network of Libraries of Medicine.

RACDIR - For the use of NER Resource Library Directors.

NERRAC-L - For the use of the NER Regional Advisory Committee (composed of RAC committee chairs)

NATIONAL LISTS -

EBHCLIB-L - A new list, for discussion of librarians interested in Evidence Based Health Care. This list is hosted by the NER but managed by Shirley Gronholm of Hartford Hospital.

EFTS-L - A new list, for discussion of EFTS issues. The list of hosted by the NER but managed by the University of Connecticut EFTS staff. Watch for more information about this list!

MEDVOY-L - For the use of medical librarians who use the Endeavor/Voyager integrated library system.

QUICKDOC-L - For the use of medical librarians who use Quickdoc as their Interlibrary Loan management system. This list of hosted by the NER but managed by Jay Daly.

To subscribe to any of these lists :

- Go to the website http://list.umassmed.edu.
- Choose the Library Science option
- Choose the list that you are interested in joining
- Click on the JOIN button and complete the information requested.

We invite you to participate on any of the lists that you are interested in, especially the NAHSL-L list.

Deborah Sibley, Associate Director

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Comments to:
Rebecca.Chlapowski@umassmed.edu

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

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Newsletter of the New England Regional Medical Library

Consumer Health Outreach: Lessons Learned in Working with Special Populations

With the trend in medical library outreach of working with patient and consumer groups, librarians may need to consider some of the ways in which this outreach is different from working with our academic clientele. In our outreach programs at the Lamar Soutter Library, we have worked with groups of HIV/AIDS and psychiatric patients. We also provide point-of-care reference services in our affiliated Children's Medical Center. The lessons we have learned can be applied to other groups.

Medication Issues: One of our HIV/AIDS patients remarked after our first class that he had taken his meds right before class, which made him really drowsy for about an hour - exactly the length of our class! For subsequent classes, we were able to adjust our schedules so he was more alert and able to participate. This is an important lesson for librarians working with patient groups. Consider your population and ask the coordinator before you set up a class if there may be any medication side effect issues that could interfere with the class. If you have the ability to schedule your class around this, that may be the best option.

Psychiatric Patients: The coordinator for one of our groups of psychiatric patients asked that we stay away from the portion of the class on finding Internet Health Information because she was worried that teaching this skill to this patient group could bring counter-therapeutic results. When working with psychiatric patients, this is a very important consideration. For most patients, the ability to find information about their condition is empowering and positive; however, for this group that may not always be the case. Check with their coordinators and/or clinicians as to any issues that should be avoided or discussed more carefully. Another issue we have had with this population is that a health information kiosk placed in the waiting area of the outpatient psychiatric clinic is vandalized regularly. The director of the clinic pointed out that the kiosk is placed where it is not visible from the reception desk, and the clinic sees a lot of patients with aggression issues. Any unattended point of care information or equipment should be placed where the receptionist or other clinic staff can see it.

Sensitive Questions: Even the best preparation may not be enough for some of the questions class participants may ask. One of our HIV/AIDS patients was very interested in learning the scientific reasons for the safe sex recommendations. Uncomfortable as this topic was, the underlying question was valid, and the answers we found in PubMed may have prevented him from spreading this disease. Librarians should keep in mind that questions like this may come up, and we must be prepared to answer them in an objective and non-judgmental way.

Keeping these issues in mind will enhance your outreach efforts and make your classes for these groups run more smoothly.

Barbara Winrich, Assistant Director, UMASS Healthnet

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NAHSL and the NER

We hope that you're planning to come to this year's NAHSL conference (http://dana.uvm.edu/nahsl/) at Attitash, New Hampshire. This year's conference is September 22-24.

There will be several opportunities to meet with and interact with New England Region staff, including at our booth in the Exhibit Hall during the day on Monday. Exhibits are open from 7:30am-5:00pm.

On Sunday from 9:00am-12:00pm, the Resource Library Directors and Regional Advisory Committee Chairs will meet with NER staff. On Monday, Elaine Martin, Director of The Lamar Soutter Library and the RML will give an RML update during the Luncheon Business Meeting. On Tuesday morning from 7:30am-8:45am, Mark Goldstein, Network Coordinator, will host the DOCLINE User's Group meeting. A representative of RLG will be available during the meeting to answer questions about ARIEL software. Also on Tuesday morning, Debbie Sibley will give a presentation on the electronic document delivery project that was recently completed with several Maine libraries.

We look forward to see you in New Hampshire!

Penny For Our Thoughts

New Technology Coordinator, Penny Glassman

Please join me in welcoming Penny Glassman as the New England Region's Technology

Coordinator. Penny brings extensive experience in the information industry to her new position. She has fifteen years of experience at library technology companies. During her career, she has worked in several areas -- customer and staff training, web site development and maintenance, system administration and support, marketing, newsletter preparation, and management.

She recently completed a class at Harvard University Extension School on Strategic Management of Healthcare Organizations. Her most recent position with as Marketing Manager for Invention Machine's web-based and client solutions activities.

Penny holds a Bachelor's Degree in Latin American Studies from George Washington University and a Master's Degree in Library Science from Catholic University. She will begin working at UMass on September 1.

Please stop by the booth at NAHSL and meet Penny. You can reach her via e-mail at Penny.Glassman@umassmed.edu or by phone at 508-856-5974

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