

September-October 2002  
Volume 2 - Issue 2

# NER'eastah

Newsletter of the New England Regional Medical Library

**In This Issue:**

- [Home](#)
- [Director's CorNER](#)
- [Ill Advised](#)
- [Inside Outreach](#)
- [PubMed Particulars](#)
- [Tres Chic](#)
- [Santa and Digital Delivery](#)
- [Sister Library](#)
- [Announcements](#)
- [Links](#)

## Home...It's Where the Articles Are...

### Table of Contents

- [Director's Corner](#)
- [Ill Advised](#)
- [BHSL Levels](#)
- [DOCLINE's Resubmit Feature](#)
- [DOCLINE 1.4 Updates](#)
- [Time-Triggered Actions](#)
- [Linkout Presentation](#)
- [INSide OUTreach](#)
- [PubMed Particulars](#)
- [Tres Chic](#)
- [Desde Bethesda viene MedlinePlus en español](#)
- [Consumer WebWatch Studies](#)
- [Santa and Digital Delivery](#)
- [Sister Library](#)
- [Announcements](#)
- [Links](#)

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

Comments to:  
[Rebecca.Chlapowski@umassmed.edu](mailto: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:**

- [Home](#)
- [Director's CorNER](#)
- [Ill Advised](#)
- [Inside Outreach](#)
- [PubMed Particulars](#)
- [Tres Chic](#)
- [Santa and Digital Delivery](#)
- [Sister Library](#)
- [Announcements](#)
- [Links](#)



## Director's Corner

In my last Director's Corner, I talked about the need for a different approach for providing outreach to community-based groups and special populations. In this one, I would like to suggest a different kind of thinking about evaluating the effectiveness of an outreach program which targets community based organizations and special populations.

The traditional method for evaluating library effectiveness and the effectiveness of traditional outreach programs (outreach to health professionals) has been to set goals or objectives based on the number of outputs. Examples of goals or objectives of a traditional outreach project (one aimed at health professionals) may have included: 1) to teach X people PubMed; 2) to install X computers in each office; 3) to provide X articles through document delivery services, etc. Effectiveness would have been measured by how close we came to meeting our target numbers. The implication, of course, was more is better or the closest we came to our target numbers the more effective we were. Following this reasoning then, a \$50,000 project that trained 100 people, gave away 5 computers and delivered 100 articles was more effective than a \$50,000 project that trained only 10 people, gave away 5 computers and delivered no articles. I'd like to suggest this logic that we need to think differently in terms of defining outreach effectiveness; especially when we look at providing outreach to community based groups and special populations.

Rather than the "more is better" approach as a definition of effectiveness, I propose we look at the conditions for effectiveness. In his most recent book, [Leading Teams, J. R. Hackman](#), a well-known researcher in organizational behavior, suggests a model of measuring effectiveness that focuses on *conditions* rather than *outputs*. His theory is that if his five conditions are in place, the likelihood of effectiveness is greater than if the conditions were not in place. These conditions, though applied to teams, can be adapted to outreach projects. (J. R. Hackman, *Leading Teams*, Harvard University Press, 2002).

**Condition 1:** a real team. Hackman says that the people in a team must work together interdependently. In applying this to outreach, the community groups must be in real partnership with the library providing the outreach services. The groups may feel they are truly a part of the outreach team not just passive recipients of services. They must be part of the decision making and project planning processes.

**Condition 2:** a compelling direction. Hackman says teams must have a clear purpose. In

applying this to outreach, I would suggest that the community groups must have a compelling reason to participate in the project; and that reason can not simply be to get a computer into their organization. They must truly believe that access to quality health information will help them in some way make better decisions.

**Condition 3:** an enabling team structure. By this, Hackman refers to having the right mix of people on the team; that the team be the right size for the tasks at hand. I would translate this into thinking about making sure that the right library staff member is assigned to the project; that there is a liaison established in each participating group. Also, that there is stability to the project participants at this level.

**Condition 4:** supportive organizational structure. Here Hackman says that teams do not operate in a vacuum; that there needs to be information, communication and educational systems in place for support of teams. The same with outreach projects. The library and the community-based groups must have ongoing support of their organizations for the project. These may include the use of e-mail for ongoing communication, a newsletter to promote classes to be offered, computer support, etc.

Keeping these conditions in mind when planning on outreach project geared towards community-based groups will ensure a greater likelihood of success to you project.

*Elaine Martin, Director*

---

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

Comments to:  
[Rebecca.Chlapowski@umassmed.edu](mailto: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

July August 2002  
Volume 2 - Issue 1

NER'eastah

Newsletter of the New England Regional Medical Library

**In This Issue:**

- [Home](#)
- [Director's CorNER](#)
- [Ill Advised](#)
- [Inside Outreach](#)
- [PubMed Particulars](#)
- [Tres Chic](#)
- [Santa and Digital Delivery](#)
- [Sister Library](#)
- [Announcements](#)
- [Links](#)



**ILL**

**Advised**

[BHSL Levels](#)

[DOCLINE's Resubmit Feature](#)

[DOCLINE 1.4 Updates](#)

[Time-Triggered Actions](#)

[Linkout Presentation](#)



## **BHSL Levels (\*n): a BHSL of this .... and a BHSL of that.**

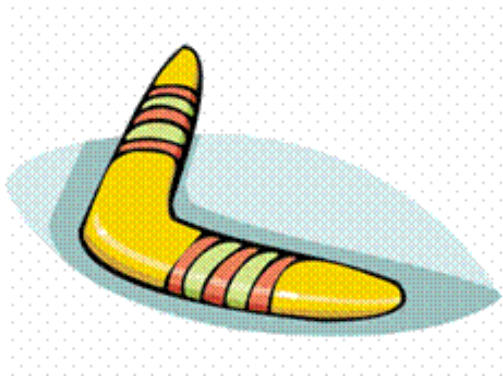
The Basic Health Sciences Library Network (BHSL) is a network of health science libraries and college libraries within NN/LM Region 1 and Region 8 whose goal is to increase free reciprocal interlibrary loans beyond the boundaries of state lines. Today, there are 424 network member libraries identified as BHSL members in the DOCLINE system.

BHSL is similar to FreeShare (Free Reciprocal Interlibrary Loan Group), except that BHSL members must submit statistics to their respective BHSL Coordinator, who in turn, assigns a "BHSL level" based on their BHSL borrow and lend statistics. The BHSL level is a mechanism designed to ensure even load balancing. If you're either a new BHSL member --or-- an old BHSL member who's been assigned a different level, please contact your DOCLINE Coordinator to update the administrative portion of your DOCUSER record. Also, it's common practice for each BHSL member to indicate their "BHSL level" after the Institution Name field on the Document Delivery Address screen within DOCLINE, by adding the level number within parentheses "(n\*)".

[back to the top](#)

---

## **DOCLINE's Resubmit Feature: A Boomerang Benefit**



When NLM first introduced the Resubmit feature in DOCLINE more than a year ago, it would not have been surprising to find the benefits of such a feature lost on many DOCLINE participants. Today, however, many DOCLINE users have begun to realize (and appreciate) its benefits. If a request is retired for a Reason of **cost**, the Resubmit feature can be used (like a **boomerang**) to:

- (a.) quickly change the value of the Cost Limit field on the Routing Instructions screen; and
- (b.) send it back pronto through the routing system under a new request number.

For additional information on the Resubmit feature, please refer to your DOCLINE documentation.

[back to the top](#)

---

## HEAR ALL ABOUT IT!--DOCLINE 1.4 UPDATES



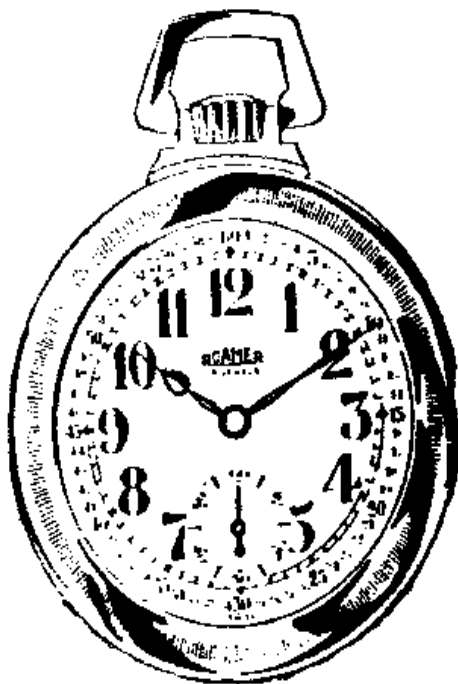
**Do any of the following statements apply to YOU:**

- a.) I was unable to attend the NAHSL Conference this year.
- b.) I attended NAHSL, but was unable to make it to the DOCLINE/Ariel/ILL Systems Update meeting on Tuesday morning?
- c.) I attended NAHSL, made it to the DOCLINE/Ariel/ILL Systems Update meeting, but my cat **r-i-p-p-e-d** the handout completely to shreds!

Well, have no fear! -- the handout is now posted out on our NN/LM NER Web site. And while you're there, feel free to download a new copy of our DOCLINE Overview Manual for Release 1.4. It's been reformatted as a "PDF" file for easy download.

Simply a *click* away: <http://www.nlm.gov/ner/DocumentDelivery.html>  
**back to the top**

---



**F  
A  
L**

## **L BEHIND DOCLINE'S TIME-TRIGGERED ACTIONS**

As everyone knows, it's that time again to turn the clocks back one hour to standard time. And while we're on the topic of time, we wanted to take a "moment" (ahem!) to remind everyone to keep in mind about DOCLINE's "**time triggered 1-3 rule**": DOCLINE participants have **one (1) day** in which to receipt a request and a subsequent **three (3) days** in which to fill or reject it.

DOCLINE's "Time-Triggered Actions" program runs from 12:05 AM-12:15 AM Eastern Time (ET), Monday-Friday. DOCLINE begins counting at 12:05 AM Eastern Time (ET), the morning after the request is initially routed to an institution. Requests that are not receipted by 12:05 AM ET the following day, will be re-routed to the next potential lender.

For example: a request which routes to an institution Monday morning at 8:00 AM, but does not get receipted, will be re-routed to the next potential lender on Wednesday, at 12:05 AM ET.

NLM urges potential lenders to receive and update requests in a timely fashion. Prompt receipting and updating of requests provides the most efficient routing of unfilled requests. And the timely receipt of requests also gives the DOCLINE system a more accurate picture of all active requests for tracking and reporting purposes.

Please keep in mind that receipting a borrow request in DOCLINE is not an agreement to fill; rather, it's more of an acknowledgement of the request from a potential lender.

**[back to the top](#)**

---

**Catch the new**





*wave*

## of LinkOut Presentations

We're beginning to roll out a new LinkOut presentation across the region. If you'd like to host us a LinkOut presentation at one of your state consortia meetings -or— simply provide us with a classroom that is centrally located, please contact your NER LinkOut Representative, Mark Goldstein, by either e-mail ([mark.goldstein@umassmed.edu](mailto:mark.goldstein@umassmed.edu)) or by phone (508-856-5964 ).

**[back to the top](#)**

---

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

Comments to:  
[Rebecca.Chlapowski@umassmed.edu](mailto: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

left;

**In This Issue:**

- [Home](#)
- [Director's CorNER](#)
- [Ill Advised](#)
- [Inside Outreach](#)
- [PubMed Particulars](#)
- [Tres Chic](#)
- [Santa and Digital Delivery](#)
- [Sister Library](#)
- [Announcements](#)
- [Links](#)



## INside OUTreach

It's been a busy couple of months here in the New England Region. We've been exhibiting and teaching in lots of different venues. Here's a sample of what's been going on in Outreach since our last newsletter:

- Taught PubMed at Newport Hospital Grand Rounds in Newport, RI
- Attended the Building Bridges Conference in Worcester, MA sponsored by MIRA (Massachusetts Immigrant and Refugee Advocacy Coalition)
- Exhibited at the New England Business Expo in Worcester, MA
- Attended NAHSL and exhibited there
- Taught PubMed for CMCHRL (Central MA Consortium of Health Related Libraries) in Shrewsbury, MA
- Taught Toxnet at the North Country Health Consortium in Littleton, NH
- Taught PubMed at the Littleton Regional Hospital in Littleton, NH
- Did an Intro to PubMed session for the Emergency Medicine residents at Bridgeport Hospital in Bridgeport, CT
- Exhibited and taught PubMed at the American Academy of Pediatrics annual meeting at the Hynes Convention Center in Boston, MA
- Taught PubMed at Tufts in Boston, MA
- Exhibited at the Midwives Alliance of North America annual meeting in Wakefield, MA
- Taught PubMed to the nursing faculty at U Mass Boston in Boston, MA
- Taught PubMed at Baystate in Springfield, MA

Others in our office have been busy with meetings and teaching classes. It's been a whirlwind month.

But, we want to do more! It would benefit everyone in our region if we could schedule introductory PubMed classes monthly in various locations around New England. If your institution has a computer classroom or a meeting room that would hold about 15 students and you'd be willing to host such an event, please contact me. It would be terrific if we could have these learning opportunities available to more people in more locations.

### **Noteworthy:**

NLM has a new online exhibit called Smallpox: A Great and Terrible Scourge available

at <http://www.nlm.nih.gov/exhibition/smallpox/index.html>. It is worth a look.

The Journals database in PubMed has changed. For a full description of the changes, please see the NLM Technical Bulletin article at [http://www.nlm.nih.gov/pubs/techbull/so02/so02\\_journals\\_database.html](http://www.nlm.nih.gov/pubs/techbull/so02/so02_journals_database.html). \*\* To do a search for all the citations from a particular journal using the Journals Database, click on "Links" on the right hand side of the page and then click on PubMed.

The NLM Classification 2002 edition is now available online. Please see the NLM Technical Bulletin article at [http://www.nlm.nih.gov/pubs/techbull/so02/so02\\_classification.html](http://www.nlm.nih.gov/pubs/techbull/so02/so02_classification.html)

Those of you who are [MLA](#) members have probably already received your MLA News. In it, there was this interesting tidbit that may be of use to many of us:

If you need a free tool that converts documents into portable document format (PDF) files, then NLM's DocMorph (<http://docmorph.nlm.nih.gov/docmorph/default.htm>) may be for you. It allows users from anywhere on the Internet to upload scanned image files and other types of information for conversion to alternative formats. Some of the document conversion techniques offered by this service are reportedly not readily available elsewhere on the Web. After a one-time free registration, you may use your Web browser to upload files to DocMorph for conversion, or download MyMorph, DocMorph's new companion software, which may significantly increase user productivity. For more information, contact Frank Walker, webmaster, at [walker@nlm.nih.gov](mailto:walker@nlm.nih.gov).

And, finally, the History of Medicine division has produced yet another excellent online exhibit entitled Dream Anatomy which makes available some of the anatomical images from the collection of the NLM, 1500 to the present. See the exhibit at <http://www.nlm.nih.gov/exhibition/dreamanatomy/index.html>

***Donna Berryman, Outreach Coordinator***

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

Comments to:  
[Rebecca.Chlapowski@umassmed.edu](mailto: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

September-October 2002  
Volume 2 - Issue 2

# NER'eastah

Newsletter of the New England Regional Medical Library

## In This Issue:

- [Home](#)
- [Director's CorNER](#)
- [Ill Advised](#)
- [Inside Outreach](#)
- [PubMed Particulars](#)
- [Tres Chic](#)
- [Santa and Digital Delivery](#)
- [Sister Library](#)
- [Announcements](#)
- [Links](#)



## PUBMED PARTICULARS

### UMLS: Unified Medical Language System

*You say "to-may-to" I say "to-mah-to"*

OK, so it's not usually like that in the health sciences. Here, it's more like this: you say "acetaminophen," I say "Tylenol," and that guy over there says "paracetamol." In a general sense, we're all talking about the same thing. That's the naming problem: lots of different terms that name the same meaning.

Back in 1985, Dr. Lindberg testified before the House Committee on Appropriations and proposed a long-term research and development program he felt was needed. He said, in part:

*"The objective of this program...is to solve what is the most fundamental barrier to the application of computers in medicine; namely, the lack of a standard language in medicine... It is inevitable that the various [computer] systems now under development will be hampered by the lack of such a language as they attempt to integrate and link existing information resources in the hospital, the classroom, the library, the administrative center, and in remote networks and databases..."*

What Dr. Lindberg and others at [NLM](#) foresaw was that the naming problem, as complex as it was in 1985, was going to get worse. Not only would each biomedical database use its own terminology, but each new computerized component of the health system would add to the growing number of ways to name the same meaning. Computerized billing records would develop coding systems. Electronic patient records would develop systematic terminology. Radiologist would devise a scheme to encode their information. Each hospital and every medical school would develop terminology and coding systems. Everyone would get in on the act.

So, the naming problem would get exponentially worse.

More importantly, Dr. Lindberg and NLM realized that in order for all these different computerized pieces to communicate effectively there had to be a way to solve that naming problem.

Oh, many of you are saying, that's why we have controlled vocabularies. That's right. Every controlled vocabulary used for indexing and/or cataloging is an attempt at dealing with the naming problem. And, in one sense, it's an effective solution. Look at our favorite example, [MeSH](#). It's been an incredibly powerful tool. But, now think about the fact that there is MeSH and there is the CINAHL vocabulary and there is the PsycINFO vocabulary and there is the College of American Pathologists' SNOMED (Systematized Nomenclature of Medicine) vocabulary and the ICD-10 and HCPCS and the CPT and the hundreds of other vocabularies out there.

So, I say myocardial infarction. You say 410 [the ICD-9 code]. And your aunt the RN says MI. The guy in the waiting room says heart attack. And while we may be able to make that mental leap to understand that we're all talking about essentially the same thing, computers can't unless they know all those different coding/vocabulary systems.

And that's the point of [UMLS](#):

Currently, UMLS takes over 90 different vocabularies and coding systems and not only finds and maps the synonyms to each other, but describes the semantic relationships between words in order that the computer system can literally "understand" all those vocabularies. That's a very simplistic description of the complex process of integrated vocabularies into UMLS, but, that's the idea.

The concept is NOT to build the uber-vocabulary. UMLS preserves each of the individual vocabularies inviolate. It is what UMLS adds that's important - and that is the understanding of the relationships between each of these.

UMLS will "enable computer systems to understand biomedical meaning in user questions and to use this understanding to retrieve and integrate relevant machine-readable information for the user." [UMLS class, Oct. 2002, Willis & Tilley]

So, you're thinking, why is this part of the PubMed particulars column? Ever wonder why the MeSH browser in [PubMed](#) will never map "heart attack" to "myocardial infarction"? But, if you type "heart attack" into the search box in PubMed, it WILL map to "myocardial infarction"? That's the power of UMLS at work behind the scenes in the Entrez system.

If you use the "Find Terms" button in the NLM Gateway, you'll also see UMLS at work. Try it sometimes. Just look for some terms. And, make sure you look for some medical terms and some non-medical ones. Try "pizza" just for the fun of it.

UMLS is improving searching and retrieval in bibliographic databases such as PubMed and the Gateway. Its development has been the result of the very hard work of a lot of very bright people at NLM and elsewhere. I've certainly only discussed the most simple concepts involved in UMLS here. I encourage us all, as librarians and searchers, to learn more about UMLS. You can do that by looking at: <http://www.nlm.nih.gov/research/umls/>



**Donna Berryman, Outreach Coordinator**

---

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

Comments to:  
[Rebecca.Chlapowski@umassmed.edu](mailto: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

September-October 2002  
Volume 2 - Issue 2

# NER'eastah

Newsletter of the New England Regional Medical Library

## In This Issue:

- [Home](#)
- [Director's CorNER](#)
- [Ill Advised](#)
- [Inside Outreach](#)
- [PubMed Particulars](#)
- [Tres Chic](#)
- [Santa and Digital Delivery](#)
- [Sister Library](#)
- [Announcements](#)
- [Links](#)



[Desde Bethesda viene MedlinePlus en español](#)

[Consumer WebWatch Studies](#)



On September 9th, 2002, the Spanish language version of MedlinePlus was unveiled. Regular users may have noticed the Spanish language links interspersed within the Health Topics section have been removed. The Spanish language interface includes three sections:

- The Adam.com medical encyclopedia with over 4,000 entries.
- The Interactive Health tutorials section with 63 (and counting) of the learning guides for important health concerns
- Over 500 Health Topics...that's a quick catch-up to the English language version's 560 topics.

The established English language interface has been replicated throughout the Spanish language pages:

The tables of contents

Links to the corresponding health agencies within the Health Topics pages. The Spanish language interface takes the user to a [page with brief descriptions](#) of the Institutes and a link to a corresponding Spanish language resource page (if available).

Cross referencing of *Encyclopedia* entries and Tutorials Interactives within the Temas de Salud.

The small icons that highlight an easy to read **Fácil de Leer** and PDF file

## Archivo PDF links.

Not included in the Spanish language version is the drug information database and the dictionary and directories links.

A key enhancement for both versions of MedlinePlus is the link on the top banner that will take users to the other-language equivalent of the Health Topic, Interactive Tutorial or Medical Encyclopedia page (if available).



Librarians and information providers with a Spanish speaking population will find the Spanish language version a useful resource. Those of you who would like promotional materials regarding MedlinePlus please contact me. A limited number of bookmarks and post cards are available.

---

## New studies from Consumer WebWatch

Hot off the pdf utility are two reports from the Consumer WebWatch. Both studies speak to concerns librarians share for the critical thinking needed when looking for health information on the Web.



Funded through the Pew Trust and other philanthropies, Consumer Webwatch is an offshoot of the Consumers Union, the folks who publish Consumer Reports.

Webwatch was established to bring the same principles of advocacy, strong guidelines and consumer awareness on the Web. Consumer Webwatch sponsors research, monitors web trends and practices and hopes to develop guidelines to rate different types of websites.

Unlike other evaluations and guidelines initiatives, ConsumerWebwatch is focused on credibility. Steering clear from the slippery pig known as 'quality', ConsumerWebwatch has staked credibility as the key component to rate websites.

ConsumerWebwatch guidelines list the following components in ensuring credibility:

Components	key concept or concerns
Identity	mission and ownership



<b>Advertising &amp; Sponsorship</b>	distinguish advertising from info. content; disclose relationship with sponsors
<b>Customer Service</b>	sites should reveal where information has been corrected
<b>Corrections</b>	reveal prices and fees and terms for goods and services transacted
<b>Privacy</b>	clearly stated policy on use of personal information given by user/visitor

The guidelines were developed through a previous study they sponsored [A Matter of Trust: What users want from websites](#). The two recent studies differ from *A Matter of Trust* in that actual websites were examined by users and a panel of experts.

### [How do People Evaluate a Website's Credibility....](#)

For the consumer study, close to 6,700 consumers were asked to evaluate 2 websites from one subject area. Although individuals evaluated only 2 websites, 10 websites from 10 topic areas were used. The results of the study provide data on what people look for in assessing credibility of websites in general as well as data on credibility factors within different subject areas.

#### **Credibility factors for websites overall**

Consumers assess credibility in the visual appearance design of the website (including layout, typography, white space, images, color schemes, etc), how the website is organized (how well or poorly the information fit together, as well as how hard it was to navigate the site to find things of interest), and what the authors call information focus (comprehensiveness, "clarity, potential bias, usefulness, and organization)

For the complete rankings of factors regarding credibility see the [http://www.consumerwebwatch.org/news/report3\\_credibilityresearch/stanfordPTL\\_part1.htm](http://www.consumerwebwatch.org/news/report3_credibilityresearch/stanfordPTL_part1.htm) [overall analysis](#)

#### **Credibility factors for health websites**

When evaluating the credibility of health sites, the greatest factor in credibility pointed to information focus and information usefulness. "There [were] a substantial number of comments saying that health Web sites won credibility by providing information that people found to be useful and to have a good focus." Subjects also commented more often about advertising on health Web sites. Here comments were both positive and negative regarding credibility.

Among the health sites used to assess credibility the top 3 were ranked as MayoClinic, IntelliHealth, and the NIH page. For complete rankings see the [Credibility Results for Health Websites](#)

[Experts vs. Online Consumers:](#) A comparative credibility study of health and finance web sites.

The expert portion of the study recruited academics and practitioners known in their fields. The

experts reviewed a series of websites, ranking them in paired groups and separately. Experts also entered comments regarding the credibility of the sites they ranked.

The study revealed that health experts and finance experts have varying perceptions of credibility.

**For health experts,** "a credible site must provide information from "good" sources that are specifically cited. Good, credible, knowledgeable sources are generally reputable health institutions that have earned their reputations through reliable research bolstered by the goal of advancing medical knowledge. "

**For finance experts** "a site must provide information from multiple points of view that a consumer can balance to make a wise investment decision. If a financial site presents only one perspective, it can increase its credibility by being up-front about its motive and target audience."

In comparison to the expert comments on the websites, consumer comments were concerned more with the look and design of health sites. "Health-site design was much more influential for consumers than for experts when judging credibility." According to the 'people' study, consumers do not question the information source but instead, "they make a personal judgment on how accurate they believe the information."

The [NIH](#) site was rated most credible by the experts. See the table on how [experts and consumers rated health websites](#).

### More on comparing the two studies...

While experts are impressed with the established credibility of the NIH, **consumers offered no commentary regarding the reputation of the NIH.** The report contends differences in assessing credibility ought to be "addressed in order to help consumers accurately assess the validity of online health information."

In contrast to consumers, experts were not concerned with the amount of information available. "Most experts were more concerned with evaluating the sources of that information rather than the amount of information available. Consumers however, feel more comfortable when there was a lot of information present on multiple health topics."

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

Comments to:  
[Rebecca.Chlapowski@umassmed.edu](mailto: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:**

- [Home](#)
- [Director's  
CorNER](#)
- [Ill Advised](#)
- [Inside  
Outreach](#)
- [PubMed  
Particulars](#)
- [Tres Chic](#)
- [Santa and  
Digital Delivery](#)
- [Sister Library](#)
- [Announcements](#)
- [Links](#)



## Santa and Digital Delivery

When I was a small kid Santa bought an electric train. It was a difficult day - oh, I loved the train but Dad insisted that he play with it the entire day! Well, those are the same feelings I experienced with 'my' new digital sender. Just like in the days of writing Christmas lists I carefully wrote to the RML explaining why this electronic toy is so important to the library. Saves money - don't spend any money on postage, the mailroom labor, stationery. Saves time - far quicker than the postal service and saves me at least a hike a day to the mailroom. Desktop delivery - what we all aspire to. Confidential - no calling the wrong fax number. Great quality, no grainy look, supports color. My boss thinks it's wonderful; his department was first in the system to have such a thing and it was outside money. Our Information Systems department supported the digital sender all the way, loving every second of a new challenge. Just like the train- absolutely what I wanted.

Then came the wait, just like I remembered it. Seems like FOREVER between writing the list and Christmas morning. Santa came through ! This time I was at a NAHSL meeting on Christmas morning; the Information Systems department took Dad's place and played with the digital sender all day. When I finally got my turn to play, the digital sender was even better than imagined. It's fast, quiet, doesn't take up much desk space, didn't tax the IS people or system, has a great address book that eliminates the need to type addresses any more than once, and has a message area. The wonders of digital delivery - there's just one little problem Santa - this library sends out loads of pdf interlibrary loans now but until more libraries get digital senders the interlibrary loans we've requested still come via pony express.

For sending libraries, especially those with a high volume of interlibrary loan traffic, this sender is truly an efficient piece of equipment. Many thanks to the [RML](#) and [NN/LM](#) for their support and to Alison Clapp for answering all my questions.

**Ann Tomes, Beverly Hospital**



---

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

Comments to:  
[Rebecca.Chlapowski@umassmed.edu](mailto: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:**

- [Home](#)
- [Director's CorNER](#)
- [Ill Advised](#)
- [Inside Outreach](#)
- [PubMed Particulars](#)
- [Tres Chic](#)
- [Santa and Digital Delivery](#)
- [Sister Library](#)
- [Announcements](#)
- [Links](#)

## Sister Library

I have a new sister! No, my parents have not surprised me with any news. My new sister is a sister library, specifically the Kim Barrett Memorial Library at the [Hospital for Special Surgery](#) in New York City. In mid April, having been giving an award through the [NN/LM NER](#) sister library program, I went to New York for two days to meet my new sister. In choosing a sister (I bet that there are many out there that might like this option with real siblings), I wanted to choose carefully. The award called for the sister institution to be in our New England region but my library, the [Paul E. Woodard Health Sciences Library](#) at the [New England Baptist Hospital](#), is a musculoskeletal specialty library and I wanted to work with a library that shared a similar focus. As the Hospital for Special Surgery and New England Baptist often show up on many "top orthopedic specialty hospitals" lists, I decided that this was the sister for me.

In planning my visit, I wanted to explore two different areas from which I could gather ideas and bring them back to my library. The first, of course, was the operation of the library itself and the second was their patient education programming. Later this year, I will be opening a Patient and Family Resource Room as part of my library and in doing so, will be putting together the first orthopedic specialty consumer health program in New England. I was hopeful that I could learn something that could help me to ply these uncharted waters.

I first visited the library and became quick friends with Inga Zhygalo, the librarian at the Barrett Library. We discussed many standard issues that all small libraries with limited personnel face such as the ability to be the reference, serials, collection development, interlibrary loan and systems librarian all at the same time. We also discussed our collections and traded information about the types of resources, print and electronic, that our unique set of patrons was looking for. I learned from Inga and she learned from me and we now both have an expanded point of view of the different possibilities available to us as we continue to plan and implement our services. I also learned that both of our libraries are in the small minority that have been named after their former librarians! The following day, I visited with one of the directors of the patient education program at Hospital for Special Surgery. In meeting with her, I learned not only of the many print and electronic resources they have in place for their patients but the many classes they offer both at the Hospital and in other areas of the New York community. I was invited to attend a yoga class at their midtown education center later that afternoon but time would not allow. I left New York armed with examples of many resources, lots of notes and fond memories of a new friendship.

Within the scope of our work, we belong to many different resource sharing and networking groups. Through these groups, we have set up reciprocal document delivery

initiatives and gather at local, regional and national meetings to catch up and learn from one another. What we never seem to have the time to do, though, is visit each other in our own libraries. Only in this way can we observe concrete examples of what we are all doing in our own ways to provide better service to our patrons. Some of the tips I learned in New York I have been able to put in to practice at my library and other things just will not work within the culture that is unique to my institution. But in making this visit, I learned more than I ever could have sitting in my library, reading a journal article or in meeting Inga at a conference.

I would invite each of you, regardless of the size of your library, to explore the [NER's sister library program](#) and to add a new sibling to your life.

**Len Levin, New England Baptist Hospital**

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

Comments to:  
[Rebecca.Chlapowski@umassmed.edu](mailto: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:**

- [Home](#)
- [Director's CorNER](#)
- [Ill Advised](#)
- [Inside Outreach](#)
- [PubMed Particulars](#)
- [Tres Chic](#)
- [Santa and Digital Delivery](#)
- [Sister Library](#)
- [Announcements](#)
- [Links](#)



## And The Winner Is...

As we reach the mid-point of the RML contract's second year, we are happy to announce that several awards and contracts have been received by New England Region network member libraries so far. There are still several opportunities available. Please see the NER website (<http://nmlm.gov/ner>) for more information.

**ARIEL Awards** - Libraries may receive up to \$1,000 to purchase Ariel software or equipment that will help in electronic document delivery. Five awards will be granted during the fiscal year. The following institutions have received awards :

Baystate Medical Center, Springfield, MA will purchase a new scanner for their Ariel workstation. Parkland Medical Center, Derry, NH will purchase Ariel software. Qualidigm, Middletown, CT will purchase Ariel software. Roger Williams Hospital, Providence, RI will purchase Ariel software.

**Course Development Award** - Two \$4,000 awards are available during this fiscal year. The first is being awarded to Hongjie Wang, M.L.S., Head of the Information and Education Services Department at the Lyman Maynard Stowe Library, University of Connecticut Health Center in Farmington, CT. He will investigate and develop an online course which will teach students how to use health information data sets that are free and available on the Internet.

**Internet Connectivity Awards** - Beverly Hospital, Beverly, MA : Ann Tomes has purchased a digital document sender to enhance her interlibrary loan services. Be sure to see her article in this issue of the newsletter.

Middlesex Hospital, Middletown, CT : Nancy Goodwin has purchased two computers for the newly developed patient care library at Middlesex.

Penobscot Bay Hospital, Rockland, ME : Patty Kahn will purchase a new scanner for her Ariel workstation.

Five SEMCO libraries submitted a proposal to purchase digital document senders for each of their libraries. They will test the service among themselves and any other libraries who are considering using the same equipment. Recipients of awards are : Brockton Hospital, Brockton, MA (Mary Ann Finnegan) Cape Cod Hospital, Hyannis, MA (Jeanie Vanderpyl) Caritas Good

Samaritan Medical Center, Brockton, MA (Nancy Sezak) Caritas Norwood Hospital, Norwood, MA (Denise Corless) South Shore Hospital, South Weymouth, MA (Kathy McCarthy)

**National EFTS Subcontract (awarded by NLM)** - Ralph Arcari, Library Director of the Lyman Maynard Stowe Library at the University of Connecticut Health Center in Farmington, CT has been awarded a three year contract from NLM to promote EFTS and to make it a national system. Currently, three of the NN/LM regions participate in EFTS as regions (New England, New York and the South Central Regions).

We are very excited about these awards and each institutions' participation in the award process. Congratulations to everyone!

**Debbie Sibley, Associate Director**

---

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

Comments to:  
[Rebecca.Chlapowski@umassmed.edu](mailto: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:**

- [Home](#)
- [Director's CorNER](#)
- [Ill Advised](#)
- [Inside Outreach](#)
- [PubMed Particulars](#)
- [Tres Chic](#)
- [Santa and Digital Delivery](#)
- [Sister Library](#)
- [Announcements](#)
- [Links](#)

## [Links You Wanted To See!](#)

[Smallpox: A Great and Terrible Scourge](#)

[PubMed has changed](#)

[NLM's DocMorph](#)

[Dream Anatomy](#)

[Nursing Home Rankings](#)



*click on the pumpkin!*

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

Comments to:  
[Rebecca.Chlapowski@umassmed.edu](mailto: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