The Spencer S. Eccles Health Sciences Library was the host for the National Library of Medicine "Changing the Face of Medicine: Celebrating America’s Women Physicians" from August 20-October 7, 2012. This is the last stop in the exhibit’s long seven year journey across the country and this celebration also represents the culmination of the library’s journey through several remodeling projects, opening of the Health Library, an internal library reorganization and Infofair 2012. Whew!

The exhibit itself was scheduled several years in advance. It arrived on time and was fairly easy to assemble. A library committee was formed about eight months prior to its arrival to plan the events surrounding the exhibit and soon it began to take on a life of its own. Because we had six weeks of exhibit time to work with, we decided on four events; an opening speaker with reception following, a panel of women health care professionals, a girls’ activities event and a speaker with local historical background. The budget included travel, honoraria, flowers, printing, photography, refreshments and giveaways for attendees and visitors. They all added to the sense of celebration and required lots of planning.
At the Exhibit’s opening event, Director Jean Shipman had the pleasure of introducing library donor Spencer F. Eccles who made comments on behalf of the family on the library’s history and recent renovation. Then the new Senior Vice President for Health Sciences, Dr. Vivian Lee, introduced our featured speaker, Dr. Ellen More from the University of Massachusetts Soutter Library. Dr. More was the natural speaker choice as she was at the National Library of Medicine as visiting curator for the original exhibit and she co-authored the book *Women Physicians and the Cultures of Medicine*, (Johns Hopkins Press, 2009). Her lecture entitled “Personal Stories, Cultural Change: Women Physicians in America 1850-2012” was thorough and thoughtful as she recounted stories of 19th-century women in medicine as well the development of the exhibit.

Our second event was a Saturday morning co-sponsored by the School of Medicine and the Library. Approximately 45 school age girls enjoyed the exhibit and activities which gave them an opportunity to learn about nutrition, physical diagnosis, microbiology and women in medicine throughout history. Comments were very favorable from both the girls and the parents who accompanied them. The following week we teamed up with the Women in Medicine and Science Program in the School of Medicine for a panel discussion entitled “Changing the Face of Medicine: Across Generations, Across Disciplines.” Five health care professionals representing nursing, pharmacy, research and clinical medicine discussed their personal experiences and observations on how and whether times have changed in their professions over 30 years. The final event featured local Utah historian Will Bagley who spoke on “The Women’s Face of Medicine in Frontier Utah.” He spoke about early women settlers who were sent to the east coast to study medicine and return to serve the growing population.

The events surrounding the Changing the Face Exhibit were further enhanced by the “new” look of the library. In the past three years much work has been done on the building to make it a truly different place to be. The collection has been moved to the lower level in compact shelving leaving room for innovative projects and programs such as the Center for Clinical & Transitional Science offices, the Center for Medical Innovation and the Health Sciences Student Council as well as conference rooms, study spaces and offices.

New Look, New Name: PMC

PMC, formerly known as PubMed Central, has been updated for improved viewing and navigation. PMC is the *National Institutes of Health’s* repository for peer-reviewed primary research reports in the life sciences. This free archive houses journal literature and author manuscripts, and currently contains 2.4 million articles. There are over 1,000 full participation journals, 1,753 selective deposit journals, and 233 NIH Portfolio journals.

Updates to PMC include:

A more compact, uniform presentation of article information allowing for easier navigation:
Improved linking to PubMed search results:

Enhanced viewing capability for tables and figures:

"Go to" links to quickly navigate through articles:
More PMC enhancements are coming! Are you a frequent PubMed, PMC, or NCBI user? Stay up to date by subscribing to news on all the updates and enhancements.

- Dana Abbey, Colorado/Health Information Literacy Coordinator

**Whooo Says...**

**October 2012**

Dear Whooo,

I've been hearing comments advocating that the practice of health care would be much better if it were managed like the Cheesecake Factory. This is an interesting comparison, but I'm not quite sure what it means. I'm interested to know more about the healthcare environment even though this probably doesn't apply to librarians. Can you explain this to me?

Cheesecake Fan

Dear Fan,

Thanks so much for writing. I'm pleased that you are interested in following issues in medicine and health care. As we all know, health care in America is faced with huge challenges and is undergoing serious transformations. The suggestion that health care adopt the practices of the Cheesecake Factory is directed at improving quality of care and working toward controlling cost.

Both Atul Gawande and Peter Pronovost, champions for quality of care, have spoken about this suggestion. In his Annals of Health Care column in the New Yorker, Gawande describes an evening with his family at the Cheesecake Factory and his reflections on the quality of that experience leading to recommendations for healthcare. The basis of the comparison is that both entities are trying to deliver multiple services to large numbers of people at a reasonable cost with consistent quality.

The Cheesecake Factory is a chain of restaurants with standardized restaurant and kitchen design, and precise instructions about ingredients and objectives. There is a large body of “tacit knowledge” or that knowledge that resides with the individual and has not been formalized into instructions. Also, each Cheesecake Factory restaurant has a kitchen manager that rates each serving as it comes off the line. No food is served that does not pass the kitchen manager; the kitchen manager acts as a coach rather than a policeman in order to respect and improve the skills of the cooks. This restaurant company also has an elaborate “guest forecasting” system that predicts the number of guests to be served, the most ordered
items on the menu and the amount of groceries needed to purchase. It even makes adjustments for weather conditions. Scheduling and execution of quality service follows in a carefully prescribed fashion.

Traditionally, health care has resided within individual physician practices and independent hospitals. The emerging model is for large chains of health systems operating with many staff physicians. “According to the Bureau of Labor Statistics, only a quarter of doctors are self-employed—an extraordinary turnabout from a decade ago, when a majority were independent.” 1 Also changing is the reimbursement system. Previously, physicians were paid for services performed; the new model is to link financial reward to clinical performance. Though healthcare chains have not yet developed the coordination and teamwork necessary to operate as efficiently as the Cheesecake Factory, the new model is moving toward this goal. Work is being done to explore the idea of “kitchen manager” in the surgical arena, building consensus among physicians about best practices, standardizing procedures and prostheses to deliver high outcomes as well as improved cost. I think the crucial element here is the consensus building and enforcement of quality standards while controlling costs.

Now, Fan, you have mentioned that you don’t see how this issue pertains to librarians. Let’s step back and take a look at the healthcare system and the role of the librarian in that system. We all know that healthcare is a huge and complex system requiring a significant flow of knowledge and information to operate smoothly. We also know that librarianship is detailed and requires a variety of skills and knowledge.

- How and where do the two intersect?
- Is it seamless?
- Is there a possibility of error, misunderstanding, or miscommunication?
- Are the librarian’s skills excellent, up to date, and appropriately engaged for the needs of the hospital?
- Does the librarian have a peer review process to ensure her skills are excellent?
- Do the members of the healthcare team know about and use the services of the librarian?
- Is there a review process for the library that will identify and hopefully eliminate the potential for error?

These are a few of the questions that the librarian should ask when evaluating the contribution of the library to healthcare. Answers to these questions are not easy. It will take all of us as individuals in our own environments and as a profession to work on these questions. We need to assess our environment to make sure our services are appropriate for our users. We need to continuously evaluate our practice, identify and implement needed changes. Our users and our patients depend upon us; we cannot afford to be complacent.

I hope this has piqued your interest, Fan. The healthcare environment is in the midst of huge changes and the librarian must change to meet the needs of that system. There are many articles and books being written on this and related topics. If you are interested in some recommended reading, contact Barb Jones at jonesbarb@health.missouri.edu or 573-884-5042.

Sincerely,

Whoosee

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www.newyorker.com/reporting/2012/08/13/120813fa_fact_gawande

**ALA “Libraries at Crossroads”**

*Funded by a professional development award from the NN/LM MidContinental Region*

Karen Wells
Exempla St. Joseph Hospital
Denver, Colorado
I attended the ALA Conference, Anaheim, along with 20,134 other attendees. The theme was "Libraries at Crossroads," covering transformations in services, digital resources, and customer needs. ALA challenged us to examine: our past, our present, and our future.

The Past

Historically, the library was a storehouse of archived printed materials. Only a select few such as scholars could go into a library. Libraries had limited access and it was librarians who initially retrieved materials for people to use in the library and return them on site. The "catalog" of item location was known often exclusively to the librarian. Later on, classification schemes and the card catalog became accessible to patrons' usage, as they were more freely admitted to the library to borrow items.

But libraries still were STOREHOUSES and their purpose was to solve information scarcity through librarian mediation. This made librarians highly valued by researchers.

The Present

Today, that scenario is much changed. Information is bountiful and ubiquitous. Users are becoming significantly more adept at do-it-yourself (DIY) searching. WikiAnswers showed a 136% in growth over the past 5 years, according to a 2010 OCLC Report of the Perceptions of Libraries, The Association of College and Research Libraries reported reference questions down by 60% since 1995.

DIY searching is possible as library commercial databases are more user friendly, often performing weighted searching, mapping, and related and synonymous linkages automatically, using lay language.

User characteristics have thus changed. Users are:

- Using reference tools other than librarians and approaching library staff only when needed.
- Shifting to faster, quicker search processes.
- Executing "SATISFICE," by stopping their searching when their own personal levels of acceptability are achieved.
- Expecting technology tools to further help them in more DIY searching.

Technology tools are conduits for DIY information access. Reports from AT&T note an increase of 20,000% in wireless data traffic. Smart phone sales have gone through the roof. Traffic to mobile web sites grew 600% after tripling between 2009 and 2010. Statistics reported by numerous others at ALA reported a massive increase in the use of mobile devices, with adults using a cell phone for many activities, as seen in the chart below:
Social networks usage is STILL high. No longer seen as just a fad, usage is 68-87% of adults ages 12-49.\textsuperscript{5}

So where do we go from here?

**The Future**

We need to change our services from those that suited the needs of the old scenario to those that enhance the needs of today’s world.

Speaker David Weinberger, fellow at Harvard’s Berkman Center for Internet and Society, says the universe of knowledge can only be comprehended by knowledge networks, aided by the platforms on which they reside. He challenges us to think of **LIBRARIES** as the platforms on which all of this can reside.\textsuperscript{6}

Moreover, Pew Research Center (Pew), ALA’s Library Information Technology Association (LITA,) and other ALA speakers, noted the following librarian futuristic roles:

- Aggregators, organizers, and facilitators, of **networked, community (learning) nodes**.
- Identifiers of high **quality information**, as sentries, evaluators, filters, certifiers, and authenticators of the ambiguity of networked information.
- Virtual facility cultivators and developers of creation libraries rather than collection libraries.
- Archival collectors.
- Structured data project specialists, since we have owned structured data in the form of authors, works, and subjects for many years.

LITA and others called us to stop designing things for librarians and start designing them for our users. A huge change in how we train people must shift from didactic, singular instruction to communities of practice. More services, spaces, people, events, and tools, are needed that will allow patrons to locate the information, and make use of it through more networking experiences. Many are promoting open spaces, event gatherings, white board spaces, and librarians with no offices, but rather sitting in the middle of the gatherings—engaged as part of the gathering.

Stephen Abram, Gale Cengage Learning, said that learning may be enhanced through assessment of users’ emotional response; known as “experienced-based transformational development.” Said Abram, “We say we’re about learning, but most of the evidence is, we’re about reading.” We need to make sure we are in the LEARNING business as well.

In summary, ALA encourages us to realize this is a time of great opportunity for librarians and libraries. We should think about how:

- Libraries can be the PLATFORM on which the KNOWLEDGE NETWORKS reside, using the tools and data libraries already understand.
- Libraries can meet the need for the way technologies have impacted our profession, particularly through developing MOBILE FIRST.
- Librarians can develop opportunities in which ACCESSED INFORMATION is USED in some useful way so libraries participate in active, community-focused learning which further promotes libraries as attractive spaces of engagement.

Alfred North Whitehead said “The art of progress is to preserve order amid change and to preserve change amid order.” Historically, we librarians have been in the forefront of progress, always bringing together community and knowledge, in an organized manner. We still can, by addressing the need for new services, digital resources, and customer needs, and by being forward looking, willing to keep an open mind to approaching better advances in our profession that are yet to be.

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4Kim, Boyhun. It’s Time to Look at Your Library’s Mobile Website Again. ALA Presentation, LITA Mobile Technology Group, June 2012.


6Weinberger, David. Fellow, Harvard Berkman Center for Internet and Society. ALA Auditorium Speaker. June 2012.

Save Time and Money with EFTS

Does your library participate in DOCLINE and is your staff growing weary of writing checks to lending libraries to cover the fees or are they weary of billing borrowing libraries? Could your staff use some relief? We have a solution!!

Electronic Fund Transfer System (EFTS) is used by 1,403 DOCLINE participants to streamline the billing process, mainly by reducing the paperwork in each interlibrary loan transaction. The service became operational in 1996 and is a collaboration between the U.S. National Library of Medicine and the University of Connecticut Health Center. The NN/LM MidContinental Region (MCR) wholeheartedly supports EFTS use, with 78 MCR libraries currently enrolled.

Our goal this year is to have five new members enroll before May 1, 2013. We congratulate Logan College of Chiropractic Library in Chesterfield, Missouri for being the newest EFTS member from the MCR!

Here are some advantages for using EFTS.

- It's FREE!
- Reduces paperwork and human error
- Streamlines the billing process
- Generates regular statements
- Reduces ILL costs and increases return on investment
- User friendly
- Enthusiastic support staff
- EFTS-L listserv assists members

Do you want to know what members are saying about the service? [https://efts.uchc.edu/EftsPublic/WhatLibSay.aspx](https://efts.uchc.edu/EftsPublic/WhatLibSay.aspx).

Are you ready to get started and want to know how to enroll? It takes just a few steps at: [https://efts.uchc.edu/Common/JoinEfts.aspx](https://efts.uchc.edu/Common/JoinEfts.aspx).

If you have any questions, please don't hesitate to contact me or Jolanta Sliwinski, Program Coordinator, sliwinski@nso.uchc.edu.

-Jim Honour, Wyoming/Member Services Coordinator

The Examined Life:

Writing, Humanities and the Art of Medicine

Mary Helms
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I was fortunate to receive a 2012 NN/LM MCR Professional Development award to attend the Examined Life: Writing, Humanities and the Art of Medicine conference April 17 – 21 at the University of Iowa Carver School of Medicine. This conference is attended by a variety of people interested in incorporating health science education and practice through the written
I first learned about this conference through my participation in the University of Nebraska Medical Center's campus workshop the “Seven Doctor’s Project,” an eight-week immersion course in Spring 2012 on learning about writing poetry, narrative fiction, or nonfiction. As a self-professed “non-writer,” I was intrigued in discovering if I could write! Discovering that writing poetry was something that I really enjoyed, through this workshop, I decided to attend The Examined Life conference.

This conference was fabulous! I participated in an all-day poetry writing workshop on April 18th, spending the day with a writing mentor and four other students; a retired nurse, an ENT surgeon, and an HR specialist. We spent the day doing writing exercises, creating “found” poems, reading our own work, and critiquing each other’s work. It was a day well spent with the end product a completed poem.

The actual conference was Thursday through Saturday with concurrent sessions during the day, a public poetry reading at the Prairie Lights Book store on Thursday evening, and a reading by the U.S. Poet Laureate, Philip Levine (http://oets.org/plevi) at the University of Iowa main library on Friday night.

I attended several panel discussions:

- residents writing about their medical rotations;
- creative writing in the clinical context;
- alternative publication formulas (one of the speakers was Terry Wahls, an internationally known physician and researcher (http://terrywahls.com);
- writing in the professional curriculum in nursing and medical schools;
- humanities and nursing education;
- on University of Iowa medicine students and the humanities track;
- the role of the arts and humanities in medical education;
- and developing a course combining art and medical students.

I also enjoyed the feature presentation by David Watts, M.D. on what literature can do for medicine and how stories and poems should become a meaningful part of medical education.

I was able to meet like-minded people from all over the U.S., Australia, Canada, and Italy. Everyone believed that the Humanities is an important part of health sciences education. The conference was a great opportunity to learn that I am not alone in my thinking that the humanities should be a part of medical education and especially that putting words to paper (yes, I start with pen and paper), even if they are random thoughts or phrases is an exercise I should do every day. The Examined Life also gave me the confidence to read several of my poems in a very public event to complete strangers – not just in the safe environment of a campus workshop. It also provided the confidence to participate in another public poetry reading for the Omaha Writer’s Collective in May.

I want to thank the NN/LM MidContinental Region for the opportunity to attend The Examined Life. I think I am a more confident writer and even if I don’t actually put any ink to paper every day, I do think about writing all the time! I hope to be able to work the 2013 conference into my travel plans for next year.

Here is one of the poems written for the Seven Doctors Project, refined during the conference, then presented at the public reading during the conference.

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**Project X**

©Mary E. Helms 3/13/12

Men in comfortable shoes make their way

Power on power up machines with dials glow

Lights bright overhead flash on stainless steel

Controlled words spoken single
Librarians as Medical Reserve Corps Volunteers

Linda Cooperstock
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Barbara Jones – Missouri/Library Advocacy Coordinator

The mission of the MRC is to engage volunteers to strengthen public health, emergency response and community resiliency.

As a librarian, you might not think of your potential role in emergency response and public health prevention. I’d like to give you the information to help you re-think and sign up!

The Medical Reserve Corps (MRC) was created 10 years ago. The announcement was made during President George W. Bush’s 2002 State of the Union address, and officially launched as a demonstration project in July of 2002. The more than 200,000 volunteers across the country respond to emergencies and help build resiliency in thousands of local communities through prevention, preparedness, and public health activities.

Don’t let the term “Medical” in MRC dissuade you from signing up. During any emergency response or community public health incident many other functions are needed including collecting and organizing information, using databases to verify medical certifications of volunteers, locating information and resources. Do these sound like librarian skills?

During times of surge capacity, hospitals will ask or even require their medical/nursing staff to report for duty, reducing their availability to volunteer for community activities. Librarians may not have similar obligations and they provide a valuable, untapped volunteer resource.

You will be offered access to training, some of which is available online. You may also be invited to attend some meetings. You will certainly be called to assist with any number of interesting events and exercises. Your valuable “after action” input will be used to enhance the richness of the experience and to improve the response process.

Please visit the National MRC web site and explore their strategic plan at: https://medicalreservecorps.gov.
Once you complete the online registration, your name will be sent to either the local or the state contact. You will be on your way to making a difference in the health and safety of your community, your state, and the nation!

American Association for the History of Medicine 2012

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With the support of a Professional Development Award from the NN/LM MidContinental Region, I was able to attend the 85th annual meeting of the American Association for the History of Medicine, held April 26-29, 2012 in Baltimore, Maryland. Attendees at the conference come from a wide range of backgrounds and from various professions related to the health sciences. Those attending also have many and varied historical interests related to the history of medicine and the other health professions, as well as public health history.

Among the various individuals attending the conference were academic historians, medical professionals, archivists and librarians who work in the history of the health sciences, as well as graduate students from all of these disciplines. As an example of the wide-range of those interested in the history of medicine and public health who attend the conference, at the opening reception I met sisters, one of whom is a history professor at Rutgers University specializing in the history of medicine; while the other is an obstetrician/gynecologist, who is interested in the history of her own area of medical specialization.

My interest in attending the conference stems from my dual role as head of special collections in our library, and as an adjunct lecturer in history for undergraduates at another campus in our university system. In my library position, I function as both archivist and rare books librarian, serving a wide-range of library users. The library’s rare book collections contain volumes dating from the mid-1490s to the turn of the 20th century. I also help to organize our annual history of medicine lecture, presented by a visiting scholar. In my role as an academic historian, I taught a course during the summer of 2012 on the history of American medicine and public health.

Attending the history of medicine conference contributes greatly to my various academic roles. Most of the conference sessions that I attended helped to expand my knowledge in areas of study contained in our collections. The largest subject area in our rare book collections is obstetrics and gynecology, so sessions such as Politics of Medical Contraception and Abortion; Midwifery and Medicalization; and Our Bodies, Our Choices: The Language of Choice and Patient Responsibility contributed to my knowledge in that area of study. We recently received a large collection containing a number of works on eugenics, so I was interested to hear a session on Racial Degeneration and Eugenics. The second largest subject area in our rare book collections is general anatomy, so sessions such as Presenting and Representing the Body in Early Modern Medicine; and Medieval Medicine and Religion were of interest to me.

Our archives and rare books collections contain much 19th century material, including the history of our medical school and other colleges and department in our institution, so these conference sessions were of great benefit to me as well: Medical Education and Women; Medical Practice in the 19th Century; Medical Photography.

This conference has furthered my knowledge in various areas of medical history, really the history of the health sciences as a whole, including public health history. The historical knowledge I have gained through attending the conference helps me to better understand and evaluate materials in my own collections, as well as to better serve the needs of our library users who are searching for specific resources in the history of medicine and the other health sciences. This conference has provided me with information and historical knowledge to improve standards of service for users of our special collections, and also provided a networking opportunity with other individuals working in the field of medical history. Our library is one of the...
few in our region that has historical collections, so I would be willing to advise and assist other health sciences librarians in the region who are in need of locating historical resources or information for their library users.

## Diagnostic Error Training

Diagnostic error is a significant factor in patient harm and increased medical costs ([http://psnet.ahrq.gov/primer.aspx?primerID=12](http://psnet.ahrq.gov/primer.aspx?primerID=12)). A free class — on how multidisciplinary teams contribute to the reduction of diagnostic error. Class focus is on evidence-based processes and the impact of librarians.

**November 15, 2012**

**Room LL05 – Health Sciences and Human Services Library**

**University of Maryland Baltimore**

**9 am – 4pm**

Session content will cover:

- Team-oriented approaches to understanding the role of information and evidence in the diagnostic process.
- Case analysis and discussion of bias.
- Partnering of librarians/informationists with clinical staff to strategize improvements.
- Application of failure analysis techniques to explore system and process improvement.
- Design of evidence sharing innovations to reduce diagnostic error.
- Strategies for implementation of proposed projects.

Multi-disciplinary teams from organizations are encouraged to attend. MLA CE credits will be provided.

Register for this class at [http://nnlm.gov/ntcc/classes/class_details.html?class_id=505](http://nnlm.gov/ntcc/classes/class_details.html?class_id=505)

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## Book Review: The Accidental Library Marketer

**Jayne Williams**

**MedSocket**

**Columbia, Missouri**

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Marketing is pertinent in the library profession today, but many librarians who have inadvertently found themselves as their library’s marketer are not engaged in the true marketing process. In an effort to fill the gap in librarians’ education, *The Accidental Library Marketer*, by Kathy Dempsey, presents the process of true marketing and provides the knowledge and basics of marketing as it applies to libraries. Dempsey is a writer, editor, consultant, and passionate library advocate. She holds a degree in Journalism from Temple University and has years of experience working in libraries and publishing companies. Since 1994 Dempsey has been the sole editor of the *Marketing Library Services* (MLS) newsletter, published by Information Today, Inc. The MLS newsletter covers related topics in addition to marketing such as advocacy, fundraising, promotion, public relations, and outreach. *The Accidental Library Marketer* introduces the concept that the library profession should start thinking of libraries as businesses.

Dempsey starts with describing the current climate and the general public’s perception of libraries simply as non-essential book repositories run by shushing spinsters. This image is entirely too familiar in part because little has been done that refutes the ugly stereotypes with clear and more complimentary images. Dempsey cites the lack of marketing education and marketing courses in MLS or LIS programs as contributing to this problem. Librarians become accidental marketers due to the lack of formal training and the necessity for
libraries to communicate their value and services. The chapters that follow serve as a guide through the process of true marketing for accidental marketers at any library with varying experience levels.

Most libraries are not engaged in true marketing, which is defined as the “process of asking people what they want, then creating and delivering it, then asking people how well you did it”. The first step is assessment. If you’re don’t conduct needs assessments, then you have no proof that the library provides any value to the public. Dempsey recognizes that assessment is likely to be the most difficult step in the process and provides a foundation, which readers can work from. For every assessment method Dempsey provides, she explains its value, instructs how to begin, provides useful resources, and offers advice based on experience. There are ideas for collecting quantitative and qualitative data to fit every budget. Especially helpful are the numerous checklists for getting started, which cover everything from the library’s physical and online environment to collections and services. A value calculator, created by the Massachusetts Library Association is another useful assessment tool (http://www.masslib.org/LibraryValue.html). Value calculators are easy-to-use and are effective way to show stakeholders a return on their investment. For an example see one on the National Network of Libraries of Medicine MidContinental Region’s web site (http://nnlm.gov/mcr/evaluation/calculator.html). You don’t have to do everything at once nor do you have to go it alone. Focus on one goal at time, communicate its message to your patrons, pay attention to their feedback, evaluate it, and repeat. She suggests to emulate best practices of other libraries and to study their methodology.

Dempsey is often frank in identifying what libraries think they’re doing and what they need to start doing. Readers frustrated by library staff attitudes of doing what they have “always” done will find this refreshing. Although she relates library services to businesses on a few occasions, the concept of library as business is not forceful. An effective marketing strategy is one grounded in the fundamental business practices. Libraries as business are ones are more readily to adopt continual assessment processes that will ultimately save time and money from making evidence-based decisions. Libraries as business will continually evaluate and write plans that align with the organization’s purpose and mission.

Dempsey brings her knowledge, experience, and enthusiasm for libraries together to guide the accidental marketers through the marketing process. The Accidental Library Marketer is an insightful guide for those lacking any formal training or experience in marketing to seasoned promotional staffers.

New Look and Content for ClinicalTrials.gov

ClinicalTrials.gov, the National Library of Medicine’s (NLM) Web-based registry and results database of clinical research studies, has a new look and new content. Launched in 2000, the site has not had a major redesign since 2007.

Visitors to the site will find new style and content from the homepage, to conducting a search, to general navigation of the site.

The redesigned homepage features a new menu bar and users can access trends, charts and maps for statistical information, as well as information on clinical alerts and advisories. Site visitors can use the new menu bar from any page on the site to access five areas of content on the site. For researchers there is a section for managing study records with information on how to register and submit results.
Search results have more features for identifying study and participant details, study identifiers, and study dates.

Even the study record has been updated and enhanced. Study sponsor and collaborator information plus prominent dates regarding the history of the study record are summarized at the top of the page.

For complete coverage of the changes please visit the NLM Technical Bulletin.

Stay current with all updates and enhancements to your favorite NLM tools and resources at: http://www.nlm.nih.gov/pubs/techbull/stay_current.html.

- Dana Abbey, Colorado/Health Information Literacy Coordinator