Chapter 5

Recommendations
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CHAPTER 5:
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A. Use of ICT:

Information and Communication Technology has become the signature tune of today’s information scenario. Libraries all over the world are harvesting benefits from the latest developments in the ICT sector. Indian libraries have also taken part to some extent in this modernisation effort by computerisation and subsequent digitisation of documents and processes of the library. Health sector libraries in West Bengal is somewhat lagging behind in this regard as is evident from the non-presence and/or non-use of OPAC by the respondents in the hospital libraries.

This neglected sector should be given proper importance by pursuing several road of action, starting from simple and growingly complex requiring expanded fund and infrastructure and also radical attitudinal changes in the medical library staff. Some measures to be taken follow:

5.1 Optimum use of Internet:

Information delivery in this era must take into consideration the crucial role of Internet that has become a key gateway to knowledge.
This major interface must be used to its fullest potential as a specialized delivery technique.

5.2 **CD-ROM Corner with CD-server:**

Due to its vast storage capacity, flexible search features with multiple access points, multimedia content and various other interesting features; CD-ROM is fast becoming our choice for

5.2.1 (offline) e-books

5.2.2 Multimedia encyclopaedia and/or other reference books.

5.2.3 Add-ons that supplements and/or complements a print book, usually contains problems, exercises, etc. related with the book.

5.2.4 Full-text and/or bibliographic databases of journals.

5.3 **Multimedia Educational Resources:**

A good collection building is to be done in this format which will include

5.3.1 Lectures of eminent psychiatrists.

5.3.2 Product demonstrations by Pharmaceutical Companies.

5.3.3 Case studies presented by subject experts.
5.3.4 CDs on relaxation techniques and other methods.

5.4 Web interfaces:
Much free and useful information is available in the World Wide Web. Interfaces to indexes and full text journals must be designed carefully keeping in mind the usability and aesthetics factors. It is interesting to note that Web OPAC option is included in the leading vendors’ carts (like LIBSYS) that should be properly utilized to open up the concerned library’s resources to its potential users.

5.5 Proxy servers:
The arrivals of proxy servers make the library networking much more cost effective than yesteryears. Using this option can extend the range of service.

5.6 Use of teleconferencing software:¹
Teleconferencing software is a major breakthrough of this era that has developed the concept of telemedicine and taken medicine to the remote corners. We must explore avenues through which we can make use of this for the benefit of our clientele, namely the psychiatrists.

5.7 Evaluating Web Sites:

¹ Quality on the Line, p.3 - http://www.nea.org/he/abouthe/Quality.pdf (Visited on 13.11.07)
Relevant websites are abundant in the information super highway with varying degrees of reliability. The links may be collected and graded according to their relevance, reliability, authenticity, and other usability features.

5.8 Acquainting users with the different relevant search interfaces:

People who may not wish to call a professional organization, even anonymously, may be quite happy to search a Web site if only because it does not represent any great commitment. To acquaint users with the different relevant search interfaces and the new changes incorporated in those from time to time, the Library & Information professionals can provide the following measures:

- Providing proper documentation or a link to an already-existing documentation

- Preparing useful webinars or providing a link to an already-existing webinars

- Preparing assistive PowerPoint presentations or providing a link to an already-existing relevant PowerPoint presentation

- Providing links to related listserv- as for e.g., PsycINFO listserv is in http://forms.apa.org/psycinfo/pin-signup
Providing links to Librarian’s Resource Center (if any) for more information - as for e.g. www.apa.org/librarians

Providing information about Vendor Reload Schedule i.e. when the library vendor plans to reload the relevant database (it is very important information like the new editions info in case of a book as it informs about the currency and up datedness of the database)

5.9 Links to Multimedia:
Wherever necessary and possible, links to multimedia resources are to be provided.

B. Use of Special Classification Scheme and Subject Headings:

5.10 Using ICD-10 or DSM-4 for classifying and/or indexing documents-
International classification schemes exist in the field of mental health that are widely accepted by psychiatrists. The most popular ones are International Classification of Diseases 10 and Diagnostic and Statistical Manual 4. Both contain special segments for Psychiatry.
Due consideration should be given towards using one of this Special Classification Scheme. If impossible to adopt in the present day library scenario, efforts may at least be made towards using these standardised terms for indexing and other purpose. This will lead to standardised practice and better access.

5.11 MeSH (Medical Subject Headings)

MeSH is NLM’s controlled vocabulary used for indexing articles in MEDLINE / PubMed. MeSH terminology provides a consistent way to retrieve information that may use different terminology for the same concepts.

C. Education and Training of our Users

5.12 Tips for Internet Searching:

A belief is prevalent among most of the men that since there is Internet – there is no need to form a search strategy like in the early days of online searching. Though this notion has a grain of truth in it as Internet definitely has eased the way, still there is more to it than ad-hoc searching. An ad-hoc search often yields millions of results many of them leading to false trails. It is often impossible to go through after exploring (at the most) a few pages of the search results.
In this context, some tips may come in handy. Choosing keywords using controlled vocabulary may be of help as there is more probability of their being used as ‘meta-tags’ in the online databases. Different search techniques- truncation, wild card, etc. – may be taught as and when necessary.

5.13 Online Course: Activities and Assignments-

5.13.1 As a by-product of their principal mission of serving their domain users, medical libraries may offer one or more short-term online and/or offline courses on ‘medical librarianship’.

5.13.2 Can take up a special paper on medical librarianship in collaboration with one or more neighbouring universities.

5.13.3 Can take up apprentice-trainees for doing practical hands-on on “Medical librarianship” from a neighbouring university.

5.14 Tutorial on The PubMed:

PubMed® is the National Library of Medicine's (NLM®) journal literature search system.

The PubMed Tutorial is available at

The "PubMed Tutorial": the Web-based learning program that shows how to search PubMed®, the National Library of Medicine's (NLM®) journal literature search system.

**PubMed** also offers brief tutorials on specific topics under the PubMed Quick Tours.

Medical librarians can impart tutorials on PubMed, IndMed and other databases.

**5.15 Tutorial on Internet-friendly writing:**

Users scan texts when reading on the web. Library personnel can give tips on how to write texts that can be scanned and hence will be attractive to online readers.

**D. Document delivery methods:**

**5.16 Document delivery**-

Using improved document delivery methods that would make access to materials much easier is a basic requirement. A viable resource-sharing program within the medical libraries in West Bengal is to be developed to fulfil this need.

**5.17 Web Authoring**

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Information professionals in the psychiatry field should have a sense of what is unique about the design of Web Pages on the World Wide Web and an idea about what types of information and materials can be disseminated through this medium. They should explore the very need for a Site, its unlimited scope, opportunities and implementation possibilities for the most modern ways of fast and immediate document delivery in digital format.

**E. Network for health libraries:**

5.18 There exists one Indian health libraries network in a rudimentary form run by Prof. R. R. Urs of Rajib Gandhi Health University. The viability of participating in that mainly South India based network or forming a separate network for mental health libraries in West Bengal (and later in India) may be explored.

**F. Digitisation Efforts:**

5.19 Indian Digital Library project as part of the World Million Book Project monitored by 8 nodal agencies of India like Indian Institute of Technology Kanpur, Indian Institute of Information Technology, etc. is already there.
Medical libraries may consider taking part in those efforts especially in the context of some classic texts whose copyright period is over like books by Freud, Young or Girindrasekhar Basu.

**G. Battle against non-use:**

Due to the availability of diverse ways of distraction in the form of entertainment and excitements in today’s world along with the boom in Internet technology, the people feel it hard to concentrate on books and libraries. This non-use is of grave concern all over the world and it has also been reiterated in our literature search (see chapter 2). To attract these non-users, innovative measures are to be taken.

**5.20 Creating comfort zones by Ergonomic Architecture** -

Instead of hard and uncomfortable furniture, ergonomic norms should be maintained. Proper lighting arrangements with a proper balance between sufficient and subdued lighting are to be installed.

Quality library service, extended library hours, improved staff motivation and promotion of reading habits also help in this regard.
H. Disable-friendly infrastructure:

5.21 The disable-friendly building (special gate, lift, slanting corridors, etc.), furniture (suitable stacks, table/chairs, etc.) and resources (talking books, Braille books, etc.) are a must to prove that ours is an inclusive society where even a disabled psychiatry student will get an all-out library support.

I. Physical Environment:

5.22 Improve the physical and human environment:
A very attractive and inviting building (or part thereof) – ergonomically and environmentally sound and aesthetically pleasing- for hosting the psychiatry library may be considered.

5.23 Placing green plants wherever suitable to beautify the surroundings, to attract users and to make the place more environment-friendly and also to break monotony of long study hours.

J. Promoting reading (rather ‘information-use’) habits:

5.24 Inculcate reading habits-
This is customary for most of the Library personnel to blame the users’ lack of reading appetite as a moot cause for library non-use or less-use. Instead we must be pro-active, user-friendly, knowledgeable and
hard working to gatecrash the barrier between ‘us’ and ‘them’ and explore every avenue to promote reading habits.

K. Good recordkeeping of library transactions:

5.25 Good Housekeeping:

Many a users ask questions on the whereabouts of a book or journal-issue. So, keeping accurate records of all deals like issue, return, reference use, binding, photocopying, etc. is a must for providing reasonably satisfactory answers to our customers.

With the advent of library automation software like SOUL (N.R.S. Medical College & Hospital Library), LIBSYS (Calcutta Medical College & Hospital Library), etc. in some libraries, one may expect that the statistics will be readily available but the truth of the matter is computer machines and software are not yet used in their fullest potential. At the most, a bibliographic database has been built for a part of the collection; circulation and other activities are yet to be fully operational.

This sector should be given priority and planned implementation of library automation activities are to be taken place within a definite

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time frame. Only then answering queries on whereabouts of library documents would be possible.

If one side of the story is the want of comprehensive computerization, another side is recording of binding, photocopying, etc. data accurately and conscientiously by library staff.

**L. Towards Better Access:**

**5.26 Equal & Location-independent Access** - Both off and on-campus students, regardless of location, should receive the same resources and services.

**5.27 Increasing motivational and ethical standards:**
An all-out effort towards increasing motivational and ethical standards of the medical library employees seems to be on call. A genuine passion and love for the profession is to be instilled in them early in job. A comprehensive knowledge of the users and their expectations on the one hand and on the other the systems and services available within our reach will be a benefit.

**5.28 Boost and measure our progress:**
Innovative ways and means to measure the progress of the library should be there. Progress measurement will lead to identify the gaps between vision and reality and thereby preparing proper management plans.
5.29 Guarantee high quality supervision across every library program and improve all aspects of library services.

5.30 Focus on support and quality for every module of library and information systems and services.

5.31 Guarantee that students and other users have access to meaningful library experiences during the course of their library stay.

5.32 Expand the library access opportunities for our users by creating optimal synergies among all stakeholders: the library, the users and the administrators.

5.33 Enhance library accessibility even to the poorer of the poor i.e. the financially deprived users because they depend solely on the library services for their educational needs as they do not have any other form of educational support.

5.34 A Task Force on Student Life and Learning should be formed to make recommendations to improve and ensure the highest quality service.

5.35 A proper planning to streamline the available resources and strengths of the current medical library systems,
services and practices keeping in mind the mission and the principles of the organisation.

5.36 Ensure the Right Ambience in Library Environment-

Ensure an environment that is welcoming, safe, progressive, accessible and pleasant, that instils pride, a sense of belonging and community, and that fosters a positive engagement of staff, students and faculty in a dynamic, diverse and high-quality context of research, learning and discovery.

M. Special Zones:

5.37 Professional Development Corner:

A proper ‘Professional Development Corner’ or ‘Career corner’ for the users that includes career advising journals, newsletters, a portal with links to available e-resources pointing towards national/international psychiatric job market along with information about the courses available for further professional developments. Here question banks for MD Entrance Test (commonly called MCQ or Multiple Choice Questions) also should be kept.
5.38 Discussion Domain-
There is scope for a corner where teachers can advise or explain psychiatry students some critical portion of a book/journal, etc. whenever needed.

N. Networking and Resource-sharing:

5.39 Mental Health Library Network-
It is imperative for an even growth to create a nation-wide network of psychiatry libraries—big and small ones—to do optimal resource sharing in the field of cooperative acquisition, cataloguing, classification, etc.

5.40 Interlibrary Loan-
Mental health libraries may develop interlibrary loan system—especially in the case of rarely borrowed costly books.

5.41 Consortium Formation for e-journal Acquisition-

5.42 Popularising the Efforts of National Informatics Centre in the field of Biomedicine-
National Informatics Centre has given laudable efforts towards development of medical databases like MedInd, IndMed, OpenMed. It has been assigned the duty of performing as Indian Medlars Centre.
5.43 Popularising the Traditional Knowledge Digital Library that holds Indigenous Knowledge in the field of Biomedicine developed by NISCAIR at Delhi.

O. Funding:

5.44 Achieve appropriate levels of funding on a predictable and stable basis, competitive with the best libraries in the same level and same subject area in national and international arena. Avenues for both public and private funding are to be explored. Medical library administrators should try to push the boundaries of excellence in a way that is not possible through public funding alone. Private public partnership is becoming common in many fields. This should be explored but in critical and judicious way with eyes open for pitfalls and undue conditions associated with it from the private sector.

P. Staff-related Considerations:

5.45 Behaviour pattern and accountability of library staff: Among the library staff to promote further an environment of tolerance, understanding and civility, freedom of expression and association within the academic context, and encourage behaviour that is always accountable, respectful of others and reinforcing of a strong organisational community.
5.46 Quality vis-à-vis Pay-scale—

It is sad that till date the medical librarians are not enjoying UGC pay scales. While there should be optimum efforts to recruit and retain the best of professionals, there should be appropriate pay structures and other professional-development opportunities associated with the medical library positions to attract the best talents.

Q. Recognition of the Leading role of information resources in Psychiatry:

5.47 The organisation should recognise that information resources are critical to the success of a student’s educational experience. They play a crucial role towards academic and administrative success. Also the importance it holds for teachers and practitioners in the psychiatry field are to be stressed.

R. Language and Communication Skills:

5.48 A psychiatrist needs to communicate well with his patients and also to his community. Location indications to both the relevant print and online resources on the subject ‘communication theories and techniques’ will help medical community. As psychiatrists need to talk for a long time with people with different languages and
(within a language) with different accents, an audio-video corner with related language-centred resources may be of much help.

S. Convergence:

5.49 We should keep in mind the convergence of technologies and how best to take advantage out of it.

T. Inventive Measures:

5.50 Different inventive and extra-support systems in the concerned library-cum-information centre to satisfy the super-specialty info-need and also to suit the psychiatrist’s choice of specialization (as for e.g., Suicide Prevention, Drug de-addiction, Child Psychiatry, Dementia, Alzheimer’s Disease, etc.).

5.51 "Ready-to-use" case studies for the medical students specializing in psychiatry-

There should be a well-maintained, comprehensive and constantly updated stock of case studies of different types of psychiatric illnesses, especially critical and complicated cases that may help even the teacher-cum-consultant psychiatrists of the hospitals and medical colleges. Searchable collection includes sites that range from courses delivered entirely via the web to courses that offer specific activities
related to a class assignment or perhaps courses that offer class support materials via the web.

5.52 Creation of small-scale Digital Library-
There is man-money-material and infrastructure constraints for taking up big projects, but small-scale digital library can be easily developed using open source Greenstone Digital Library software made by Digital Library Project Team at University of Waikato in New Zealand.

5.53 Developing an Institutional Repository-
DSpace by Massachusetts Institute of Technology is an easy option to build a repository by collecting all scholarly materials produced by the people of the concerned Institute. It can also hold notes, question banks, and other useful things.

5.54 E-Learning Platform for doctors and the biomedical fraternity in India, funded by WHO (2002) (http://www.medinfoguide.net) and created at IIM Kozhikode may prove to be very useful. A tutorial is available at http://www.medinfoquide.net/tutorial.html.

5.55 Patient Information Kiosks-
A study in Denmark by Pinz\textsuperscript{4} (1998) states the patient information centre Psyk-Info forms part of the library at Arhus's psychiatric hospital. It published a magazine and pamphlets and arranges counselling, theme evenings and exhibitions. Unlike Odense's patient centre staffed by nurses, Psyk-Info was run by librarians, although organisationally part of the hospital research library. Users are staff, relatives, patients and students.

Following Pinz’s line, here also patient information centre may be run for the patients and their relatives either as an extension or as a part of the main Psychiatry Library.

\textbf{5.56 Computerized Clinical Database-}

In the line of Jandorf\textsuperscript{5} (1994), medical librarians here can develop a computerized clinical database by incorporating information like demographic information, psychiatric history, current symptomatology and DSM-III-R diagnoses for inpatients, previously hospitalized outpatients and never hospitalized outpatients for all adult admissions to inpatient and outpatient psychiatric services. Important

\textsuperscript{4} A. V. Pinz, “Psyk-info in Arhus grows with the demand” Bibliotekspressen 9 (May 1998):266-7

fields may be age at evaluation, marital status, age at first psychiatric episode, level of symptomatology, and suicide attempts. It will serve both clinical and research needs.

**5.57 Decision Support System In Clinical Psychiatry**

Though it may seem to be a little far-fetched in today’s West Bengal context, preliminary work may start now towards the development of a Decision Support System in Clinical Psychiatry. Steps required:

Preparation of

- disease profiles
- frames with semantic relations to represent clinical findings
- production rules with probabilities to relate findings with diagnoses
- a hierarchical classification tree, to represent disease categories
- heuristic questions, to narrow the diagnostic hypotheses
- diagnostic criteria to conclude the clinical investigation
- a new architecture for a support system connecting these knowledge bases in a particular way to simulate medical clinical reasoning
Quality assurance benchmarks:

Quality assurance guidelines are to be established and firmly adhered to. The following checklist with necessary additions and alterations may be of some use:

To what extent do the library's resources and processes:

- Foster collaborative learning?
- Facilitate formation of learning communities?
- Facilitate social integration and career integration?
- Impart the skills necessary to transfer knowledge to job performance?
- How flexible is the library in enabling learners to pursue study anywhere, anytime, at any pace?
- How does the library prepare participants to become successful lifelong learners?
- How well does the library address supplementary and complementary educational needs?
- Is the break up of library budgets examined comprehensively from the perspective of the learner, in terms of time, access, and money, as well as from the perspective of the institution on these measures?

- To what extent are requirements of governments and the state incorporated as a critical element of quality?
- Is meeting international standards and requirements for accreditation considered a key element of quality psychiatry library? Formal standards emerging from the International standards Organization (ISO) or the World Wide Web Consortium (W3C) and software, are of course well established. What we need to achieve is the 'when and how' to apply those formal standards in health science libraries and services.

- Do criteria incorporate performance evaluation criteria of the library staff appropriate to the goals and processes of the institute, and how far the library is implementing them?
- Do the organization recruiting the very best professionals available on the field enhancing spikes of excellence?
- Does any system exists of recognising the quality services rendered by the library staff, like giving certificates, prizes, awards of distinction, etc. so that the staff get extra motivation to win the approval of the authority and to give their 100%?
• Does the authority encourage training and research of library employees? Are they encouraged to participate in national, international seminar/workshop/symposia and conference to learn the latest? Are they required to submit a report of what they have learnt and how that could have been implemented in the concerned library to the authorities?

• Implement a full range of meaningful internal performance indicators?

V. Conclusion:

The World Health Organization defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity\(^7\). (WHO, 1948). We must ensure this well-being by being an active partner in tendering the best care for the psychiatrists’ information needs as in turn they will endeavour to keep our world healthy.

A new era of potential is ahead of us. Around the world, the intellectual landscape is shifting as new paradigms of knowledge emerge. We should structure our library system, resources, services

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\(^7\) Derek Yach (2000). Health and illness: the definition of the World Health Organization. URL: www.medizin-ethik.ch/publik/health_illness.htm (visited on 11.07.06)
and manpower in a way so as to foster the interaction of intelligence within the organisation and beyond. We must be in a position to quickly respond to emerging multidisciplinary avenues of discovery and innovation tacking together library & information science, information technology, communication technology, management and communication theories, and last but not the least, personal capabilities for leadership and innovation.

Our users are our Gods and their wishes should be our commands. We must firmly keep in view what our psychiatrists expect from us and how to redesign and reengineer our systems and services to accommodate their expectations and to respond to the emerging challenges of the new mental-healthcare-scenario. The spirit behind the concept of ‘library without walls’ should be adhered- not only technologically but also in a more humane, personalised way where the librarian is not merely a store keeper, rather a consultant in the learning process of the psychiatrists and also in a sense a living CME (Continuing Medical Education) provider as envisaged by an user\(^8\), a doctor-cum-teacher in a government medical college.

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