

**Title of the paper:** QMed Knowledge Foundation - Empowering the Medical Information User

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**Abstract:**

"Positioning the Profession" has become an issue important enough to be the theme of the 10 ICML. Medical librarianship has grown rapidly with the growth of technology. Paradoxically the "other side of the coin" is that the role of libraries and librarians is being questioned. Erroneously, increased access to information is considered as a replacement for libraries and librarians. India too is facing these issues. Moreover, information literacy training is not given enough importance and librarianship is not a first career choice for youngsters. The LIS curriculum has not exactly managed to keep up to the current needs. As a result, medical libraries and healthcare professionals have not been able to reap the complete benefits of IT. QMed Knowledge Foundation is a 'first of its kind' venture; it is an independent Not-for-profit Trust started by a medical librarian with a team of librarians. The Foundation's vision is to "empower the medical information user" - the "user" being a healthcare professional or librarian. Through its activities it seeks to take to the highest levels - the synergy between medical libraries, librarians and end users. Since inception, QMed has conducted training programs that have changed the way users search literature, helped libraries offer value added services, provided document delivery services to a large audience, contributed to professional copy editing for several medical journals and has had dialogues with the country's apex medical education bodies for revamping the medical information scenario. QMed is also sensitizing youngsters in the advances of medical librarianship.

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"Positioning the Profession" has become an issue important enough to be the theme of the 10 ICML. Medical librarianship has grown rapidly with the growth of technology. Paradoxically the "other side of the coin" is that the role of libraries and librarians is being questioned. Erroneously, increased access to information is considered as a replacement for libraries and librarians. India too is facing these issues. Moreover, information literacy training is not given enough importance and librarianship is not a first career choice for youngsters. The LIS curriculum has not exactly managed to keep up to the current needs. As a result, medical libraries and healthcare professionals have not been able to reap the complete benefits of IT. QMed Knowledge Foundation is a 'first of its kind' venture; it is an independent Not-for-profit Trust started by a medical librarian with a team of librarians. The Foundation's vision is to "empower the medical information user" - the "user" being a healthcare professional or librarian. Through its activities it seeks to take to the highest levels - the synergy between medical libraries, librarians and end users. Since inception, QMed has conducted training programs that have changed the way users search literature, helped libraries offer value added services, provided document delivery services to a large audience, contributed to professional copy editing for several medical journals and has had dialogs with the country's apex medical education bodies for revamping the medical information scenario. QMed is also sensitizing youngsters in the advances of medical librarianship.

### **Introduction:**

The advent of the technology and the Internet has brought about many changes and advancements in librarianship especially since the 1980s, and in India since the 1990s. Beginning with computerized catalogs and automated housekeeping operations, we have moved on to web based catalogs and services. Library websites help users to get services not only from the library itself, but from a host of services and "aggregators" that the library has made arrangements with. Every library website is doing all it can to allow a user to get as much as possible "on his/her desktop". Interestingly the more the user gets at the desktop, there is an increasing belief that the role of the library is diminishing or is questionable<sup>1</sup>. Barring academic institutions where

the need for a library is mandatory, the perception of the role of libraries is being questioned. Librarians are working creatively to enhance their roles and demonstrate that the library is indeed a growing organism – as quoted by Dr. S.R. Ranganathan – the Father of Library Science. This paper highlights a work of such creativity in India – of a relatively new Foundation in which a team of librarians offer library and related services to Health care professionals and medical libraries in India.

## **Why QMed**

QMed Knowledge Foundation was set up in December 2007 to bridge several gaps identified in the medical library & information sector in healthcare education and practice in India. While on one hand India has been coming up in a big way in the IT Sector, the usage of IT in many non-IT sectors has not kept pace – especially in the areas of medical librarianship & medical information

### **Some of the key areas we identified are:**

#### *Lack of training in the optimal use of technology:*

The most important thing we identified is that even if access to information is available on the Internet, most health professionals do not know how to search for the same with a structured approach. They waste time<sup>2</sup>, and either do not get what they need, or get information that may not be the best, but they simply "make do" with it.

Though some programs are conducted by medical colleges and other bodies, these train a small number of people and do not address the needs of thousands of medical professionals & students.

#### *Lack of library and interlibrary cooperation:*

Medical libraries spend significant amounts on subscriptions to journals. Most of the collection is accessible only to staff and students of the subscribing institution and only within their libraries or within campuses. Many libraries have still not activated IP based access to offer off campus access. Inter library loan facilities are relatively primitive and still based on phone, email and personal requests

#### *Inadequate number of good medical websites:*

It is not just libraries; many medical bodies like hospitals, medical associations etc still do not have websites. Some have static sites and many entities do not keep their websites updated for various reasons.

Library websites do not exist in many institutions, and most that do are limited to one page with basic information about the library.

### *Lack of adequately trained Internet – savvy librarians*

The number of medical librarians trained to exploit the Internet for their libraries is very low. For instance only six libraries in India have customized PubMed to be able to display their holdings. Most libraries that buy library automation packages resort to tedious manual data entry for their catalog records. Automated ILL systems do not exist and there has been no effort in this direction.

### *The problems of private practitioners*

Very importantly, private practitioners in India, who comprise about 70% of the healthcare providers, lack the means of staying updated as they do not have access to medical libraries / healthcare information professionals.

The authors would like to stress that there are a number of medical libraries in India that have taken initiatives in integrating technology with their offerings are doing well. But the numbers that are relatively backward is very significant. We would like to stress that libraries can reach much better levels, and the ones that have not made much effort, need to truly make a headstart. The efforts for this change need to be initiated by librarians and taken very seriously by the Medical Education Entities like the Medical Council of India, the Diplomate of the National Board and all medical and related colleges. Similarly many hospitals and other healthcare entities, including nursing homes and offices of private practitioners have adopted IT and exploit it well. But this number is still a small percentage of the total number of entities.

## **Activities of QMed Knowledge Foundation**

### 1. Training programs:

Our Foundation took up the issue of the dearth of training programs very seriously and has made training and empowering the health professionals as our main objective. In the first year of our existence, we have conducted 21 training programs in effective literature searching, for about 500 participants – mostly doctors but also a few paramedical professionals and health librarians. We also delivered talks on the same topic in about 14 events – conferences / workshops / general lectures.

### 2. Document Delivery

We have introduced schemes for individuals, medical libraries and pharmaceutical companies to enable them to get articles through our Foundation. We get articles from local libraries, International libraries, and commercial vendors and also do direct downloads from the net. Pharmaceutical companies are charged copyright fees, while the academic members are provided articles under the Fair Use clause. In the first year, we have been able to provide over 800 articles. Our fill rate is about 90%. Our turn around time for academic requests is about 4-5 days, and for copyright-paid orders is within 48 hours.

### 3. Medical Websites

Our Foundation handles six websites; one medical college, two research institutions, two associations, and one Foundation. The first and the last, we have handled for about 10 years (starting from the time we ran as a company, before converting to a not-for-profit Foundation). For new entities, we help them create very simple sites first and encourage them to get comfortable with the content and navigation before moving on to spending more on technology features and other enhancements.

At the time of writing, we are on the verge of getting a project for managing the content of a website, and this is what we would like our long term focus to be. We plan to help create good information architecture and content in websites.

### 4. Library projects

In the first year, we computerized the collection of a medical research foundation. We recommended to them the subscription to an affordable online reference database management system (RefWorks) and worked to import catalog records from the catalogs of the NLM and the LC and bibliographic records from PubMed. We did a similar project for creating a simple bibliographic repository of a research institute's publications in their website. We also helped three institutions integrate their journal holdings in PubMed, so that they could restrict searches to their institution's collections

### 5. Membership facilities

We offer membership facilities to doctors, other healthcare professionals and students in various faculties of healthcare. Our membership facilities include a monthly alert of articles of their specialty, literature searches, document delivery, copy editing of journal articles, and other support facilities.

6. QMedLINKS – We take on projects of creating hyperlinks to “search results” for several topics. Using this facility, we created a simple but

powerful E-Library for our city's branch of the Indian Academy of Pediatrics. The E-library offers members access to very relevant information for about 50 diseases in Pediatrics. For each disease we created four subtopics:

- a) Systematic reviews, meta-analyses and guidelines
- b) Etiology
- c) Diagnosis
- d) Treatment

For each topic, we created two hyperlinks – one that would fetch references with abstracts only; another - references with links to free articles. The E-library is accessible from [www.iapmumbai.org](http://www.iapmumbai.org) for members who have subscribed to the same.

7. Directory of Indian Medical Sites – India does not have any equivalent of Medlineplus or similar directories for the field of health and medicine. There are portals like [www.medindia.net](http://www.medindia.net) and a couple of others that have primary directories – but there is no specific mention of how they are updated and hence no way to judge their complete reliability. QMed has undertaken to develop a Directory of Indian Medical Sites. The directory is available at [www.indianmedicalsites.in](http://www.indianmedicalsites.in) and can be browsed category wise. It also has simple and advanced search utilities. Currently we do not have any funding for creation and maintenance of this directory and strive to work at it with a slow and steady pace. The special inclusions in the directory are links to all Indian healthcare guidelines, otherwise not available at a single point anywhere on the web, and also a list of non-Indian journals that are available free to India as a developing country.

### **Analysis of QMed's activities and the preliminary impact**

The Foundation in about over a year of its existence has made a good beginning to create an impact in the healthcare profession and librarianship.

- a) Training programs: In each of our training programs, we conducted a pre and post evaluation to judge how much participants knew about searching literature in PubMed. We found that before our program only about 35% of the answers from participants were correct whereas after the program, respondents managed about 75% correct answers. Participants ranged from Deans of medical schools to medical students, medical librarians and paramedical professionals. A large percentage expressed an opinion that these programs should be part of the medical school curriculum. A few participants at later

dates gave a feedback that they were able to do better literature searching thanks to our programs.

We plan to take the results of this pilot study to the boards of medical examinations and request them to include our training programs in all medical colleges (and other healthcare college curricula). We wish to work on creating a long term impact – where high quality information updates and optimal use of technology will result in better postgraduate theses, better academics and better patient care.

- b) Document delivery – In the first year, we delivered around 800 documents. Almost all our users are very satisfied with our services by way of fill rates as well as delivery times. Since practically all articles are procured from other libraries or web-resources, there is a scope for delays. We have developed very robust processes to ensure minimal or no delays from our side, and keep our users informed about any difficulties or issues. We hope to help Indian libraries offer robust document delivery services in the models of Docline and ourselves be the virtual library for private practitioners and those with no library access.
- c) Membership services. Private practitioners who comprise a large percentage of the healthcare profession have practically no access to libraries. Several doctors working in non-teaching hospitals have limited library facilities if at all. By introducing a membership scheme for doctors, we have provided them facilities for getting updates in their field and also for requesting literature searches and articles. In the first year, we had about 20 doctors take up our membership services. One member told us that thanks to our services, he was able to win an international quiz! We also had a Postgraduate student thanking us for all our support for his literature requirements.
- d) Libraries – A small research institute in our city had been wanting to computerize its collections for quite some time, and had made a couple of unsuccessful attempts at this. We selected an online bibliographic management tool (RefWorks) so that scientists could search the catalog from their homes too. We identified most of their books and other items like articles online and imported the bibliographic details into the online catalog.

The interesting thing was that we were able to do a lot of work from our office and one of our employees who lives in another city was also able to participate in this project.

We also integrated library journal holdings of three libraries in

PubMed, so that their library users could restrict their searches to journals available in their library

As a result of such project activities, the collections in all these libraries will be better utilized as users will be able to identify items available in their collection very easily. And more importantly they can access this collection from their homes too.

- e) QMedLINKS – We created an Electronic library for members of our city's branch of the Indian Academy of Pediatrics. Members can access this E-Library from any computer with an Internet access. This E-Library of 50 diseases now allows members to get instant access to articles available free and also abstracts of Evidence based articles. The doctors are not restricted to having access to a set number of journals. The Association does not have to subscribe to expensive resources. Even if an association does subscribe, they can only offer access to members at the association's office; this is not a convenient option for most busy practitioners.
- f) On librarianship – We are invited to talk at the local Universities to students doing a library science degree or to working librarians who attend refresher courses. Many participants of such programs have been inspired by our work and either wish to work with us or ask us for suggestions / help to implement changes in their libraries.

#### **QMed's plans for health consumers:**

- We are one of the early supporting organizations of the HIFA 2015 campaign. We would like to focus on building an information chain, where the results of our activities translate into strong guidelines for primary health workers and for consumers.
- In the cities, we plan to organize lectures on how to find relevant and authentic information for specific diseases for employees of IT / multinational companies; we are aware that in such environments, employees may be very technology-savvy, but do not find it easy to find health information very easily. We also plan to offer to talk on such topics at public lecture events sponsored by Rotary clubs and other health foundations and sensitizing people about the need to look for reliable information on the web and not accept anything they get.



## **QMed's contribution to the Profession:**

QMed wishes to contribute to the profession of library and information sciences in whatever way it can. We take on every opportunity to do what we can for the profession.

- We accept interns from our local Universities – when they have to work in libraries / information centres as part of their curriculum. We give them a good orientation to all the work that we do. Most often we also manage to accept at least one student from each batch as a trainee for about a year.
- When possible we talk to undergraduate students in colleges and tell them about the profession. This year we were invited to speak about librarianship – especially in the context of technology advances in a career guidance program for undergraduate students.
- We had one trainee who worked with us after her college education for about a year and she chose to enrol in a library science program to qualify further.
- We had programs during the launch of our Foundation and on completion of the first year, where we invited many health professionals as well as health consumers and sensitized them about the need for good professionals in the field if they needed high quality information resources being available to them. We have also made a small beginning in strengthening inter library cooperation, by getting our city's medical institutions librarians and doctors to come together and plan to work with us in this endeavour.

## **Some interesting aspects of our Foundation and our work:**

We wish to encourage remote working and working from home options so that we spend less on infrastructure, and it helps our employees get more time at home too. One of our employees lives in another city and currently works part time. In the long run she hopes to set up a branch office of our Foundation there.

We were involved in the development of two new websites this year. One was for a small research centre and the other a small health association. While both were budget-conscious, the association wanted a small no-frills website with all their information readily available. We used Google Sites for the latter – so that they had no hosting costs at all. For the former, we used Google sites during the content planning stage, so that it helped them to understand how the information would appear, thus helping them plan the navigation in

advance. We shared the site with our web-designer too, and this helped him plan the design very easily, since he understood the work of the organization very well.

For library projects and web-projects we always let institutions know that we would like to do the initial job for them, and then train their staff to keep updating the same.

**Conclusion:** Through its work, QMed Knowledge Foundation wishes to empower the medical information user; the user being any healthcare professional and also a health librarian. We hope to make a big change in health librarianship in India and also to sensitize health professionals, especially the bodies in charge of medical information to the need for good libraries and librarians.

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