BRIEF COMMUNICATIONS

Electronic access in Russian medical libraries*

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As a result of the collapse of the Soviet Union in 1991, the last decade has been one of immense political, social, and economic change in Russia and the countries of the Commonwealth of Independent States. Just before the collapse of the Union of Soviet Socialist Republics, Soviet medical libraries underwent a reorganization resulting in the creation of the ''SOYUZMEDINFORM'' consortium. The SOYUZMEDINFORM consortium is headed by the Russian State Central Scientific Medical Library (RSCSML) in Moscow, which serves as the ''national'' library for a network of ''republic'' libraries (similar to the U.S. regional medical libraries), ''district'' libraries, and hospital and medical school libraries as well as libraries in research institutes and ''scientific medical libraries of universities'' [1]. In addition to the RSCSML, SOYUZMEDINFORM includes the All-Union (now State) Institute for Scientific and Medical Information and a publishing house.

The purpose of the SOYUZMEDINFORM consortium was to build national databases and disseminate information both inside and outside the Russian republics [2]. Specifically, the reorganization of the highest levels of Russian medical libraries into the SOYUZMEDINFORM consortium was intended to produce a bibliographic database from within Russia's largest medical libraries, to provide access to foreign databases as well as the production of domestic databases on CD-ROM, and to ensure online access to catalogues for users.

During November 1998, administrators of the district medical libraries met in Moscow for a professional conference. At the time of the conference, Russia was just three months beyond the devastating economic crisis of August 1998. The financial state of Russian medical libraries was dire. For example, at the Russian State Central Scientific Medical Library in Moscow (the site of the conference), there was not enough money to heat the entire library. Heat was provided to half of the staff areas on alternate weeks. Lighting was dimmed in most areas with whole reading areas in the dark in order to conserve resources for selected reading rooms. Paychecks for staff were delayed by months, but services were maintained through the dedication of librarians.

Given that the political system collapsed since the formation of SOYUZMEDINFORM and that Russia has suffered two severe economic crises since 1992, it appeared that examining medical libraries' progress toward reaching the original SOYUZMEDINFORM goals would be helpful. Avoidance of the notoriously unreliable Russian postal system was possible because of the presence of the library administrators in Moscow.

The intent of this survey was to take advantage of the opportunity to question library administrators attending the meeting to obtain a snapshot of current access and automation activities in the ten years since SOYUZMEDINFORM was formed. Survey questionnaires were distributed to fifty conference attendees. Responses were received from fourteen medical library administrators from across Russia (Moscow, Nizhniy Novgorod, Irkutsk, Arkhangelsk, Cheliabinsk, Perm, Smolensk, Omsk, and Kazan).

The primary users of these libraries were researchers, physicians, and medical students. Collection size varied greatly, from fewer than 100 journal subscriptions to over 500 and from fewer than 100,000 total volumes to over one million. The average number of journal subscriptions was 211 and the average total number of volumes was 473,000. When asked how electronic access and automation activities were funded, most respondents (10 of 14) indicated that they had to make special budget requests to their institutions. One library had a budget that covered all electronic access and automation activities, and the other three libraries indicated that they needed to seek grant money from nongovernment organizations. The rest of the questionnaire was divided into two parts: access to electronic databases and automation activities. The results follow.

ELECTRONIC ACCESS TO DATABASES

Overwhelmingly, MEDLINE was considered to be the most important foreign database, with nine respondents selecting this databse. Also mentioned were HealthStar, Cumulative Index to Nursing and Allied Health Literature (CINAHL), Biological Abstracts, Chemical Abstracts, Micromedex, and POPLINE.

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There were two primary means of access to foreign databases: CD-ROM products and Internet access. Ten of the fourteen libraries used two means to access foreign databases. One library accesses foreign databases via switched telephone network (STN).

All the libraries provide access to the SOYUZMEDINFORM-produced ''Russian Medicine'' database, a product of the RSCSML available on CD-ROM. This database includes records describing Russian journal articles, monographs, dissertations, government documents, and medical patents. Over 150 Russian medical journals are indexed with standard author, title, and MeSH terms along with English translations of titles and MeSH terms. This database is the primary source of medical information in Russian health sciences libraries.

Twelve of the fourteen libraries offered end-user searching service, either through CD-ROM access (12 of 14), an Internet connection (9 of 14), or an online connection (1 of 14). One library offered end users all three options (CD-ROM, Internet, and online access) and seven of the fourteen offered both CD-ROM and Internet access. Only eight of the respondents indicated that they provided intermediary search services, three for all patron requests (i.e., no end-user search services) and five only upon request. Seven libraries had between one and five computers available for users to search electronic databases; four had six to ten computers available; and two libraries had more than ten computers available for end-user searching. Bibliographic instruction services were provided to help patrons gain access and effectively use electronic databases. Ten libraries offered instruction in search techniques for CD-ROM products and seven libraries offered instruction on Internet search techniques. Only two libraries indicated that they offered online search techniques and one had been able to offer vendor-sponsored educational programs. Two offered no instruction at all.

AUTOMATION ACTIVITIES

Ten of the fourteen libraries did not start automation activities until after 1990. Two began before the collapse of the Soviet Union, and two had still not yet found the money to begin automating their libraries. Of the libraries that had automated any of their functions, seven had online catalogs; six had automated acquisitions processing; five had automated circulation systems; and two had automated serials control systems. Of the libraries with online catalogs, one had converted the entire catalog to electronic form; one had more than ten years of records converted; two had between five and ten years converted; and the rest had fewer than ten years of records converted to electronic form.

All the responding libraries provided a paper-based card catalog. This catalog was supplemented by a book catalog in four libraries and by a microform catalog in one library. Electronic catalogs were available in CD-ROM format in ten libraries and as an online public access catalog (OPAC) in five libraries.

Providing access to internal and external library information sources is an increasingly important goal of Russian medical libraries [3]. Staff members in the responding libraries have access to Russian databases in electronic form (12 of 14 libraries), foreign databases (9 libraries), Web access (8 libraries), electronic mail (6 libraries), and telnet access (2 libraries). Library users have more limited options, having access to Russian databases (11 of 14 libraries), foreign databases (9 libraries), Web access (8 libraries), electronic mail (4 libraries), and telnet (1 library).

LIBRARIANS' CONCERNS

The respondents were asked to describe any concerns they may have had regarding their library's access to electronic resources or their libraries' automation activities. Not surprisingly, most of the comments concerned the dire financial straits in which Russian libraries find themselves. Not only did they lack the financial resources to convert records, to make physical modifications, and to acquire hardware, but with the unstable economy they could not afford to commit their libraries to access options that might be affordable only with ''soft'' money. Several librarians commented that access to the Internet was too expensive and difficult because of the outmoded and unreliable telephone system in many parts of Russia.

CONCLUSIONS

Accart noted in 1992 that access to electronic databases in most medical libraries was limited to one terminal or printed products and that the ''hardware size'' would be exhausted in one year [4]. It is impressive to see that, despite the amazing changes that Russia has undergone in the past eight years, the network organized under the SOYUZMEDINFORM consortium has managed not only to maintain services, but improve access substantially. While this modest survey cannot be used as a comprehensive picture of all Russian medical libraries, it does provide a heartening illustration of what the dedicated and committed library professionals have accomplished under very difficult political and economic conditions.

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Preparing health information professionals for the twenty-first century: the Texas Woman's University dual master's degree program*

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INTRODUCTION

In response to the evolution in health sciences librarianship and the impact of emerging technologies on health information, education, and communication enterprises, Texas Woman's University (TWU) has created a new dual degree program to address tomorrow's health information career opportunities. The purpose of this article is to describe TWU's dual library science/health studies degree program. Designed to prepare health information practitioners for the twenty-first century workplace, this program is a collaborative effort involving the School of Library and Information Studies and the Department of Health Studies (the academic component in the College of Health Sciences that focuses on the discipline of health education). The dual master's degree program has been approved by the Texas Higher Education Coordinating Board and is currently enrolling students. Individuals enrolled in the program attend classes in library science and health studies, earning a total of forty-five credit hours. Earned separately, each degree requires thirty-six credit hours. Combining theory and practice, students are provided the skills and knowledgebase necessary to compete successfully in the changing health information environment. Upon completion, graduates are awarded master's degrees in both library science and health studies. Possessing specialized combinations of expertise, graduates of the dual degree program are ideally qualified for positions in health sciences information services, health education, medical libraries, health communication, voluntary and public health agencies, and health promotion programs in business and industry.

BACKGROUND

The initiative to develop a dual master's degree program in library science and health studies has grown from a recognition among collaborative academics that students are preparing for professional careers that are in many ways complementary. Indeed, a new profession may be emerging. Professions evolve as society continually reconsiders which entities will be responsible for which social problems [1]. This shift in the profession is also evidenced in the National Library of Medicine's acknowledgment of the need to examine the evolving roles of health sciences librarians relative to professional education [2].

Increasingly, health professionals confront problems that demand mastery of techniques for gathering, organizing, and disseminating information. Also, librarians increasingly find that fulfillment of their professional roles requires deeper understanding of the content and methods of the clienteles they serve. The central recognition that has spurred the two departments to act was the acknowledgment that the two professional education programs shared common learning objectives. Rather than responding competitively, the departments began looking for keys to synergism. The ensuing process gave staff reminders about perceptions of innovation, barriers to innovation, and consequences of innovation.

Discussions of the common ground between the two departments formally began with exchanges between the library science and health studies faculties in spring 1994. Subsequent events in the formal process of putting a dual degree program in place exemplified the difficulties of making changes in professional structures to meet the changed realities of social and technological environments. Professional structures in American society rest on a foundation of professional education.

The reasoning underlying the dual degree program was that students should be awarded a degree if they have met the requirements for that degree. The two

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