

Catalogue and Index

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Editorial

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Welcome to C&I 204.

For this issue, we asked you to share your experiences with metadata work during a pandemic, and tell us how your ways of working have changed.

Jane Daniels tells us how the statements of principle from the Cataloguing Code of Ethics have informed her work during the pandemic, and provides an update on the work of the Cataloguing Ethics Steering Committee.

The articles by Mary Coe and Karen Pierce shed light on how two very different teams have dealt with lockdowns and remote working, and how, despite the difficulties, metadata staff worldwide have kept working hard to support others, whether making sure services continue running or contributing directly to the fight against the virus.

On the latter subject, Arwen Caddy provides a fascinating insight into how a specialist controlled vocabulary has rapidly evolved to help researchers tackle the pandemic. The huge change in functionality between April 2020 and September 2021 really demonstrates how important high-quality, well-maintained metadata can be to cutting-edge research.

Finally, following on from issue 202's focus on subject headings and efforts to change them, we have a report from the University of Macedonia in Greece on their project to update subject headings in their own catalogue. Staff there are engaging with global movements to change terminology, but also consider local political and linguistic considerations. Please do keep sending us reports on how you've tackled these thorny issues in your own institutions!

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This article provides some personal reflections on how the ethical statements in the Code of Cataloguing Ethics¹ have informed my professional practice during the pandemic plus an update on the work of the CESC (Cataloguing Ethics Steering Committee)² during 2021.

I hope that it will show that although the challenges of the last 18 months have been immense and disruptive the pandemic also provides opportunities.

As our galleries, libraries, archives, and museums begin to re-open their doors what lessons have we learned? Surely the reliance on, and demand for, digitised and electronic resources during the pandemic has highlighted the importance of good quality metadata and our responsibility, regardless of sector, for creating, sharing, enriching, and maintaining it?

Metadata knows no boundaries when it is compiled to international standards and we are all part of a global ecosystem ostensibly with a common goal; but maybe we can collectively drive change to make progress on some pressing issues that have blighted our metadata landscape for too long. For example, can we reduce duplication in our workflows by leveraging the relationships between metadata managers working in GLAM and for the companies that provide us with systems, resources and services; train and develop a diverse workforce that can service metadata requirements both now and in the future for all user communities; address historic bias in our collections and in the classification and vocabularies that we use to describe and arrange them; ensure that our standards are agile and accessible?

Let me explain how the principle statements contained in the Code of Cataloging Ethics have informed my work over the last 18 months.

1. We catalogue resources in our collections with the end-user in mind to facilitate access and promote discovery.

Our Special collections support the teaching, learning and research of our School of Art and Design but the quality of the records is not sufficient to service search and discovery.

The metadata does not currently support IFLA LRM (International Federation of Library Associations Library Reference Model) user tasks³ i.e. Find, Identify, Select, Obtain, Explore.

All the resources have at least stub records, but they lack authorised name, subject, and genre headings.

¹ CESC. (2021) Cataloguing Code of Ethics. Available at: https://docs.google.com/document/d/1lBz7nXQPfr3U1P6Xiar9cLakzoNX_P9fq7eHvzfSIz0/edit (Accessed 29th August 2021)

² Cataloging Ethics Steering Committee. (2021) A code of ethics for catalogers. Available at: [Cataloging Ethics Steering Committee Website \(google.com\)](https://www.catalogingethics.org/) (Accessed: 30th August 2021)

³ IFLA Functional Requirements for Bibliographic Records (FRBR) Review Group (2018) Available at: <https://repository.ifla.org/handle/123456789/40> (Accessed 30th August)

For our artists' books I want to ensure that the records also contain rich contextual information (e.g. artists' statements and notes about the materials and techniques used to create the books) - in other words, the types of meaningful information that the prospective users of these resources could use to aid them in their teaching, learning or research.

As the staff who use the resources for teaching are now creating reading lists for books with certain physical attributes or subject interests it will be possible to use their categorisation to choose appropriate controlled terms to enrich the records and facilitate discovery and access.

2. We commit to describing resources without discrimination whilst respecting the privacy and preferences of their associated agents.

Like most institutions we are trying to make our collections more representative of the global society that we and our users live in. Being the CESC liaison for the Authorities Working Group really made me aware of the responsibility of NACO⁴ (Name Authority Cooperative Program) participants in deciding what information should be included in records.

However, publishers also face the same dilemmas.

What information do they need about, and from, an author to service publicity and marketing of both person and book, and what information can, and should, they share?

As we try to create diversity, equality, and inclusivity in our collections, and publishers seek out authors to satisfy that need, might it be possible to combine our efforts in this very complex area and uphold the right to privacy of those who create the resources that we include in our collections?

3. We acknowledge that we bring our biases to the workplace; therefore, we strive to overcome personal, institutional, and societal prejudices in our work.

Unconscious bias was a new concept for me and now I keep in mind that as a white, Welsh CIS person I can have no concept of what it is like to be anything other than this demographic. Now that we are seeing more diversity in the collections, I do see different cultures and genders represented in print and on film.

This is an education in itself and helps to broaden my horizons as well as challenging some of my assumptions about these groups.

4. We recognise that interoperability and consistent application of standards help our users find and access materials. However, all standards are biased; we will approach them critically and advocate to make cataloguing more inclusive.

As a generalist, mainly copy cataloguer, I find the notion of being able to identify and correct the inherent bias in our standards a daunting task, but the good news is that we are a community.

There will be colleagues with a far better understanding of the issues in specific areas who can lead the way by suggesting changes or additions which I can support.

I also know that our library and information schools are encouraging a critical approach to cataloguing which will surely lead to far more engagement and a faster evolution of our standards.

⁴ Library of Congress. NACO – Name Authority Cooperative Program. Available at: <https://www.loc.gov/aba/pcc/naco/> (Accessed 29th August 2021)

5. We support efforts to make standards and tools financially, intellectually, and technologically accessible to all cataloguers, and developed with evidence-based research and stakeholder input.

In the UK we are fortunate to have regional cataloguing and metadata special interest groups.

We can and should use these to lobby for accessibility, in its widest sense, to the tools and standards that we need to do the job.

I would also expect that CILIP, utilising the expertise of the MDG committee could spearhead these efforts.

6. We take responsibility for our cataloguing decisions and advocate for transparency in our institutional practices and policies.

We have a cataloguing policy which definitely does need updating.

I would also like to have a statement on the front page of our Primo instance that sets out our institutional support for DEI initiatives and includes instructions for contacting our Technical Services department with questions, queries, or suggestions regarding any of our metadata.

7. We collaborate widely to support the creation, distribution, maintenance, and enrichment of metadata in various environments and jurisdictions.

Like most institutions we employ a pic'n'mix approach to systems, resources, and metadata services.

I recognise that the metadata issues that I encounter are shared across the ecosystem and by many different stakeholders.

This is why, with the encouragement of my employers, I engage in discussions with suppliers of systems, content and metadata, strategic library organisations, and industry bodies, to review and redesign workflows and licences.

8. We insist on diversity, equity, and inclusion in the workplace. We promote education, training, equitable pay, and a fair work environment for everyone who catalogues so that they can continue to support search and discovery.

I am not a manager - my post is unique in the institution - but I do have colleagues who I have trained and whom I supervise.

This is done with due recognition of qualifications and salary grades, and clear expectations and boundaries drawn regarding the allocation of tasks.

9. We advocate for the value of cataloguing work within our organisations and with external partners.

I fully accept that my institution is reliant on the commercial metadata supplied as part of contractual agreements with various suppliers of systems, resources, and metadata.

But the pandemic has only highlighted the messy, duplicated workflows and metadata silos that blight our workflows.

This has provided an opportunity to propose and promote reviews, redesigns, and new collaborations.

10. We work with our user communities to understand their needs in order to provide relevant and timely services.

As part of our DEI work, I have been reviewing the Thema⁵ and BISAC⁶ headings supplied in records from our main supplier.

Apart from the comparative natural language of these subject vocabularies, which must aid accessibility, they seem to evolve in response to societal change far more quickly than Library of Congress Subject Headings.

A great additional finding aid and perhaps an area where libraries and the publishing industry can collaborate?

CESC Update

Diane Pennington and I presented at the CILIP MDG (Metadata and Discovery Group) online conference on the work of the CESC.⁷

In that presentation we were candid about the effects of the pandemic on CESC's timeline for creating and sharing the final version of the Code.

Like everyone else we faced a sea change in our working and personal lives but despite this, and with the unstinting generosity of cataloguers prepared to devote time to reviewing the drafts and providing feedback, we did publish the Code in January 2021.

Since then we have been actively promoting it as a group at events hosted by e.g. CILIP ILIG (International Library and Information Group) in June;⁸ Orbis-Cascade summer meeting in July;⁹ and ALA CORE (American Library Association, Leadership, Infrastructure and Futures Group) in August.¹⁰

In the UK, the Code has been approved by CILIP MDG and has been presented to the CILIP Board for endorsement. Diane, as Chair of MDG, has received some initial requests for clarification from the Board and CESC have provided this.

⁵ EDItEUR. (2020) About Thema. Available at: <https://www.editeur.org/206/About-Thema/> (Accessed 30th August 2021)

⁶ BISG. (2020) BISAC subject codes. Available at: <https://bisg.org/page/BISACSubjectCodes> (Accessed: 30th August 2021)

⁷ Daniels, Jane. (2020) A code of ethics for cataloguers: committee progress and group discussion. Available at: <https://www.youtube.com/watch?v=2ZoOqHWYKB4&list=PL1jZ6RAW3dE246cEV1d-YTW9QhtWhsa36&index=22> (Accessed 29th August 2021.)

⁸ Pennington, Diane. (2021) International cataloguing ethics: planting the seeds. Available at: <https://www.youtube.com/watch?v=dJqqK-CAWSU> (Accessed 29th August 2021.)

⁹ Snow, Karen, Shoemaker, Elizabeth, Furger, Sarah, Chan, May, Pennington, Diane, Daniels, Jane. (2021) Ethics, the catalog, and you: how the Cataloguing Code of Ethics can inform your EDI initiatives. Available at <https://www.orbiscascade.org/about/events/meetings/summer-meeting-2021/> (Accessed 29th August 2021.)

¹⁰ Chan, May. (2021) Walking the talk: realizing ethical considerations in cataloging work. Available at: <https://drive.google.com/file/d/18Z0aqEm48NT9GHm1uvZ2ryqnCwriJUI/view> (Accessed 29th August 2021.)

We await further developments and hope that with endorsement the Code can be added to the CILIP Ethics Hub.¹¹

The Code was endorsed by ALA COPE (Committee on Professional Ethics) & CORE in August and CESC are working with the organisations to formulate an announcement to ALA members and decide where the document will be hosted.

In Canada planning is underway for a series of engagement events as part of the official endorsement procedure.

Future promotional activities include CESC attendance at a CILIP RBSCG (Rare Books and Special Collections Group) event and we also hope for another with CILIP BAME (Black Asian Minority Ethnic) Group.

We also welcome brief case studies from the community of practice describing your experience of encountering ethical dilemmas in cataloguing whether that be as manager, educator, or practitioner.

Please do tell us what the issue was and how you resolved it.

You can find a form to submit your case studies¹² and full instructions on the CESC website.

¹¹ CILIP (2018) Ethics hub. Available at: <https://www.cilip.org.uk/page/ethics> (Accessed 29th August 2021)

¹² CESC. (2021) Case studies. Available at: [Cataloging Ethics Steering Committee Website - Case Studies \(google.com\)](#) (Accessed: 30th August 2021)

AIHW's Metadata and METeOR Unit: on the metadata frontline during the COVID-19 pandemic

Mary Coe, Metadata Specialist (on behalf of the Metadata and METeOR Unit, Australian Institute of Health and Welfare)

The [Australian Institute of Health and Welfare](#) (AIHW) is an independent statutory agency that produces information and statistics to support policy and service delivery decisions in the health and welfare sectors. In the 30 years since it was set up by the Australian government, AIHW has worked with a broad range of stakeholders to manage, link, and report on data that affects the health and welfare of Australians.

The [Metadata and METeOR Unit](#) (MMU) at AIHW supports the institute's metadata capability, manages the Metadata Online Repository ([METeOR](#)), and contributes to Health Classifications development.

There are 12 members of the MMU team. The MMU team have a variety of qualifications (including degrees in library and information science, health information management, health systems, and infrastructure and nursing) and a range of professional skills (such as indexing, graphic design, editing, and contract and project management). We are spread across 3000 kilometres in eastern Australia. Nine staff members work from the AIHW offices in Canberra and Sydney and the other three work remotely from their home offices in Melbourne, Cairns, and Wagga Wagga.

We are segmented into smaller teams that focus on different areas:

The *Metadata teams* develop and maintain metadata standards that ensure the quality, comparability, and consistency of health and welfare data. These standards provide the national infrastructure for data collection and analysis that enable authoritative reporting of health and welfare information. The metadata teams are focused primarily on managing the METeOR system (AIHW's Metadata Online Registry), providing feedback and technical advice on aligning metadata standards with [ISO/IEC 11179](#) (the international guidelines that underpin metadata registries), and advising and assisting clients with data development and data governance processes. The teams work with internal and external stakeholders in the following areas: health, children and families, education, disability, homelessness and housing assistance, Indigenous population, veterans.

The *Health Classifications team* consists of specialist advisors who contribute to national and international health classification development, provide a source of expert advice for AIHW staff working with classifications and coded data, and provide secretariat support for the Australian Collaborating Centre for the World Health Organization Family of International Classifications Network and its Classification and Statistics Advisory Committee. Health classifications and terminologies support consistent capture of clinical information and are integrated with metadata standards.

There is considerable overlap between these teams, however, and we regularly collaborate on whole-of-unit projects. Despite being far apart physically, we are able to keep the team connected and working well, and in some ways the restrictions imposed during the COVID-19 pandemic have made this process easier for us.

COVID-19 pandemic in Australia

The first confirmed case of coronavirus disease (COVID-19) in Australia was in January 2020, and by March 2020, Australian borders were largely closed to the rest of the world and restrictions were imposed on residents, including social distancing rules and closures of non-essential services. The number of COVID-19 cases and deaths in Australia has remained low compared to other parts of the world, but there have been several waves of infection since that time, mainly due to outbreaks in Sydney and Melbourne. Currently (August 2021), an outbreak of the Delta variant of COVID-19 has resulted in the lockdown of almost half of Australia's population. Australia has previously aimed for zero transmission of COVID-19 in the community, but the new variant is challenging the assumption that this will be possible. Fortunately, a vaccination program is underway and may provide a path out of restrictions.

During the past 18 months, the MMU team has had to roll with the punches as waves of COVID-19 infections have hit Australia. When restrictions have been imposed, we have worked completely remotely, and at other times, when restrictions have lifted, the staff in the Canberra and Sydney offices have been able to return to work there. The only face-to-face meeting that included all MMU team members over the past year was in December 2020. Consequently, we regularly use a remote access system that allows us to not only send and receive emails safely but store and access team documents in a secure environment. The increase in remote working during the pandemic has also catapulted us into new ways of communicating. For example, the MMU team's weekly meetings have moved from teleconferencing to videoconferencing, where we can now see as well as hear each other. We work closely with other staff at AIHW and with external stakeholders, and the videoconferencing system has become a useful tool for connecting with them as well. Instant messaging services have also helped us to stay in touch, not just for work purposes but for social connections. During lockdown periods, the team meets for virtual Friday night social catch-ups. We also use a messaging app to chat about our daily lives and alert each other to work-related issues. The remote system and communication technology have also enabled us to provide virtual placements for students from the Health Information Management course at La Trobe University and from the School of Information Studies at Charles Sturt University.

The MMU team has had to stay nimble during the pandemic as new demands have been placed on our time. We currently have a staff member on secondment to the National Incident Room (NIR), which is the Australian Government Department of Health's emergency response centre. AIHW has regularly responded to requests for help from the NIR during the COVID-19 pandemic, and the MMU team has volunteered to assist when they can. Working from home has also been a challenge at times during lockdowns for staff members caring for children, elderly parents, or other family members. Consequently, "staffing/resourcing – who needs support/who has capacity to give support" is a regular feature on the agenda in our team meetings.

We have been busy not only with our regular work during the pandemic but with updating metadata standards and associated health classifications related to COVID-19. For example, the health classifications team worked with the World Health Organization to determine the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10) codes for capturing data related to COVID-19 in mortality and morbidity data systems. The metadata team worked with the Independent Hospital Pricing Authority (IHPA) to revise data elements for the collection of emergency care data. Data elements are foundational concepts in an ISO/IEC 11179 metadata registry such as METeOR. They are composed of an Object Class (the person, organisation, structure or event of interest), a Property (a characteristic of the object class), and a Value Domain (a set of permissible values, which can be a health classification scheme). One of the data elements that we revised looks like this (note that you can follow the links to the METeOR items below to see full details):

[Emergency department stay—principal diagnosis, Emergency Department \(ICD-10-AM 11th Edition\) Principal Diagnosis Short List code ANN{.N\[N\]}](#)

The Object Class in this data element is “emergency department stay”, the Property is “principal diagnosis” and the Value Domain is the [Emergency Department ICD-10-AM Principal Diagnosis Short List \(ED Short List\)](#). The ED Short List is a list of codes and medical terms based on the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) Eleventh Edition. The ED Short List was revised in April 2020 to include codes for COVID-19 and in March 2021 to include a code to capture adverse effects of COVID-19 vaccination. Classification schemes and data elements such as this are part of a nationally mandated data set specification, the [Non-admitted patient emergency department care NMDS 2021-22](#). Together they ensure a nationally consistent approach to data collection in emergency care services.

Looking ahead

If metadata is a love note to the future,¹ then the MMU team is not only thinking ahead but already in a committed relationship with the next generation. We have not only withstood the challenges of managing metadata during the COVID-19 pandemic but thrived during this time. We have found new and better ways to work together. We are actively training new metadata specialists and health classification specialists. And we are engaged with international partners. For example, we are active members of the National Initiative Network (an international committee comprising of more than 20 countries with a focus on improving data quality and secondary use of health data) and are currently working with the World Health Organisation to undertake a data quality review of the Healthy Island Monitoring Framework for the Pacific Islands.

Perhaps most importantly of all, we are thinking ahead by developing the next iteration of our online registry system. The new METEOR is scheduled for completion in late 2021. It will include not only the existing functionality of the current registry but support future enhancements. Our aim is to become a leading metadata repository capable of supporting the needs of other sectors and stakeholders. The new system will continue to be based on the ISO/IEC 11179 standard, which is currently being updated. We hope to be on the frontline of metadata for many years yet to come.

Acknowledgements

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¹ Paraphrasing the words of Jason Scott from The Metadata Mania weblog (June 26, 2011) at <http://ascii.textfiles.com/archives/3181>.

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Introduction

Monday 16th March 2020 was the last day I worked in the office. At that point I was getting twitchy about travelling into work on the crowded train and was hoping that during that week I'd be able to persuade my line manager that I could work from home for a while. In preparation for this prospect I took a few documents home with me, not suspecting that I wouldn't actually be returning the next day, or for the next 18 months or longer...

I don't expect that anything I say here will be that much different from others - most people who work in our sector faced lockdown and the aftermath in a similar manner and have probably contended with similar issues - but I do think it is important to record this period. During 2020 in Wales library staff were invited by CILIP Cymru Wales to contribute to [*For the Record*](#), a compilation of experiences of lockdown featuring both work and home life which aimed to capture a moment in time. These have now been archived on the People's Collection Wales website.

I was deluded in the early days of working from home, I thought I would have the chance to catch up on lots of projects, such as being able to finally re-write the cataloguing department manual. I was pretty soon disillusioned of that idea, and sad to say, 18 months on, the manual still awaits its re-write. It probably needs an even bigger re-write now, as it is probably fair to say that our 'normal' ways of working have changed immensely.

During the previous year our department (which includes acquisitions, cataloguing, e-resources) had already begun to look at how we were working as a team, plotting out the tasks that everyone undertook, and trying to see where duplication of work was occurring. We knew we weren't working at our most efficient, and that people tended to work in small silos. During recent previous years we had noticed this keenly when a few staff members had had long term sickness absences, and it became apparent that there were certain tasks they undertook that no-one else really knew about, or weren't sure how to do. So we were already thinking of overhauling our working practices, which we realised were still essentially based around our previous LMS, even though we had migrated to Alma in 2016. To start this process we were mapping our current roles and activities, and in doing so finding out what different members of the team actually did in detail.

Since the pandemic hit this process has been left behind and we are uncertain when we will resume it, if at all; some roles have changed, and we're not sure yet what our department is eventually going to look like, or whether some of the changes we knew we needed to make will have taken place organically.

Key struggles

Initial struggles were around technology and physical space. There was a huge disparity between different individuals and how well they were set up to work from home. I counted myself very fortunate because at home I already had a desk top PC, my husband and I had separate studies, and no children or dependents to look after. I have on previous occasions worked from home when the weather has been too bad to travel to work - in fact earlier in 2020 there were several instances when the local station and train lines were flooded. At the other end of the scale there were staff members in our department who had no IT equipment, no broadband, not even a mobile phone – and they were expected to still do their job. The university IT department were busy attempting to ensure laptops were available for those who needed them – but individuals without broadband were still trying to contend with getting connected at a time when the world was crashing down. We tend to think of the digital divide being more prevalent in other areas of society so it was perhaps surprising for some to encounter it amongst their colleagues.

Working conditions became a lot more difficult for some staff in comparison to when they were in the office; there was little or no separation of space for them physically or mentally. Although a variety of options were suggested or explored, like pop up desks, at the end of the day some staff faced more disruption or cramped conditions than others and hadn't counted on just how long this would last. It wasn't just internal space either; it included access to outside space and greenery and the difference between living in a city centre flat and living outside the city with the countryside on your doorstep.

For some, especially our assistants, a lot of the work has been very repetitive - people have been working from spreadsheets and lists most of the time; depending on the task some have found this to be relentless and quite tedious. Individuals have had to find their own ways of coping with this kind of work which was different to what they did in the office.

Personally (and I understand that this is a minor thing) I miss the physicality of dealing with print items, especially rare books. After establishing a procedure, including a public note pointing out the item has not been catalogued in hand, we have been able to do some remote rare book cataloguing. It is however very different from working with the object itself, and we are unable to record any item-specific details for the time being.

Another struggle for some has been that of isolation and loneliness, which leads me on to how the department has tried to stay in touch with one another.

Staying in touch

We set up a monthly Teams meeting for our department, and this was initially as much about just being able to see other people. We shared what we were doing (workwise) but were also able to share a few more personal stories, as if we'd all stopped to chat in the kitchen at work. I heard of other departments having online 'coffee mornings' once a week or so, or evening socials. We also set up a Teams channel to communicate in – and this too is about having an informal chat and keeping connections (there are other channels to discuss various work issues). Not everyone joins in, but the opportunity is there to have those simple exchanges about the weather, pets, food, books, TV etc. In the beginning the meeting and the chat were definitely needed, and I believe people were relieved to hear that they weren't the only ones who might be struggling, in whatever way – even if it was just feeling fed up. As time has gone on participation has dropped off, people are no longer feeling the shock of the 'new', and although many of still haven't seen one another in these last 18 months restrictions have now eased back in the outside world.

The cataloguers also have fairly regular Teams meetings (separate to the main department), sometimes when we have particular issues to discuss, but again as much for the social interaction as anything, especially as one person lives on their own and has found the isolation quite difficult at times.

Like most people we've become accustomed to Teams and Zoom as all our meetings moved online. But I have noticed that we do have fewer connections with library staff who are not in our department. For instance, our physical location (not in a library, but an office) includes the Open Access team, who look after the repository, REF, and the University Press, and support researchers with open access publications. Pre-pandemic we saw these people all the time as their desks were just the other side of the room. Since the first lockdown we have had virtually no contact with these staff members as our departments operate separately; this has felt very odd. Throughout the library service are staff who were back on campus last summer and have continued to work in the library sites since then, and there are others who are still working fully at home. A range of staff therefore have very different experiences of working through the pandemic.

Metadata work

As I mentioned there has been no time for luxurious extended manual re-writes, essentially because, as far as cataloguing and metadata work was concerned, departmental business continued - if not quite 'as normal', then in a similar vein. This was due in the main to two factors. Firstly, the increase in e-books that were bought and needed cataloguing, and secondly a large reclassification project that began during lockdown.

E-books

In the last five years or so, like many similarly-sized universities, we have increasingly been buying more e-resources and fewer print ones. Our policy during the last few years has technically been 'e' first, but in practical terms we still had a lot of print material arriving to be catalogued. With the advent of the pandemic the print buying stopped, and the buying of e-resources increased. During the first couple of months of lockdown we bought, activated, and catalogued over 2,000 individual e-books, in addition to the large packages we were also acquiring. All this could be done quite easily from home and wasn't much different from what we did in the office.

I should admit that my husband is the Acquisitions Librarian and his workload increased to the point where he needed some help, and I was the closest/easiest person to train. The tasks that I took on included activation of e-books and the importing of MARC records – which it could be argued were cataloguing tasks anyway, although they happened to have been undertaken by acquisitions staff up to this point. I see this as a positive – I have gained skills and experience in tasks I previously had not undertaken.

Reclass

The reclass project had been on the horizon anyway due to stock movement and building closures. From a previous project we had learned that we could do the majority of the reclass work from spreadsheets, rather than object in hand, apart from any tricky items. So this has been ideal work to do from home, and personally I have enjoyed exercising my 'classification muscles' which don't get used when cataloguing e-books (which we don't classify). During the process we have also been able to upgrade and tidy some of the older catalogue records.

Remote rare book cataloguing

As mentioned above, our Rare Book Cataloguer worked out a procedure and notes to be added so that some remote cataloguing of our rare and antiquarian book collections could take place. This was dependent either of someone on-site taking photographs of title pages, or of working from a collection list that had previously been collated. Fortuitously for myself, the collection I normally work on when on-site (History of Medicine) has such a collection list and I have been able to work through part of it. Although these items will have to be revisited at a later point to verify the accuracy of the record, and to add provenance and binding information for example, they are now at least visible on the catalogue and available for users to request to view.

Other

As far as I know none of my work directly impacted on those tackling the pandemic, but as part of my remit involves overseeing the cataloguing work of the NHS Wales Libraries, I was aware that many of their roles were crucial. Most of the NHS Wales libraries stayed open throughout the various lockdowns, although some did have their space requisitioned for other purposes. They were helping to compile relevant information on COVID-19, providing help and a safe space for medical staff to decompress, and they were still adding print books to their catalogues when we had stopped.

Staff Development

One advantage of the situation was the proliferation of online staff development opportunities, from webinars to conferences to whole courses, with many of them being free or reasonably priced. Although Zoom fatigue certainly set in after a while, it was possible to pick and choose opportunities which would not have been possible in the pre-pandemic world either through cost, time, travel, or because they would be seen as too tangential to a person's main role. I've attended sessions based outside of the UK, webinars on topics such as decolonising reading lists, and conferences embracing wider topics in librarianship than metadata – I believe this can only be positive and hope some online events will continue to be available as we go forward.

For the 2020 MDG conference I was able to encourage all the staff in my team to attend, and most of them did join at least some of the sessions. In 'normal' times we would be limited to probably just two attendees at most due to costs.

During the first lockdown I witnessed the ALCTS e-forum on 'Navigating the impact of COVID-19 on Library Technical Services' – predominantly US based it was nonetheless fascinating to hear how people were coping and what they were doing. Some people were regularly taking books home to catalogue (something we weren't allowed to do), others were immersing themselves in online training, and getting into data clean-up projects. The issues they faced were both similar and different to over here in the UK, and I realised later it might have been beneficial for MDG to have held a similar e-forum (I was on the committee at the time, so I should have thought to suggest it!). It helped to demonstrate to people that they weren't alone, and it gave them ideas, hope, and support.

New ways of working / Looking forward

When did 'the new normal' stop being new and just become normal?

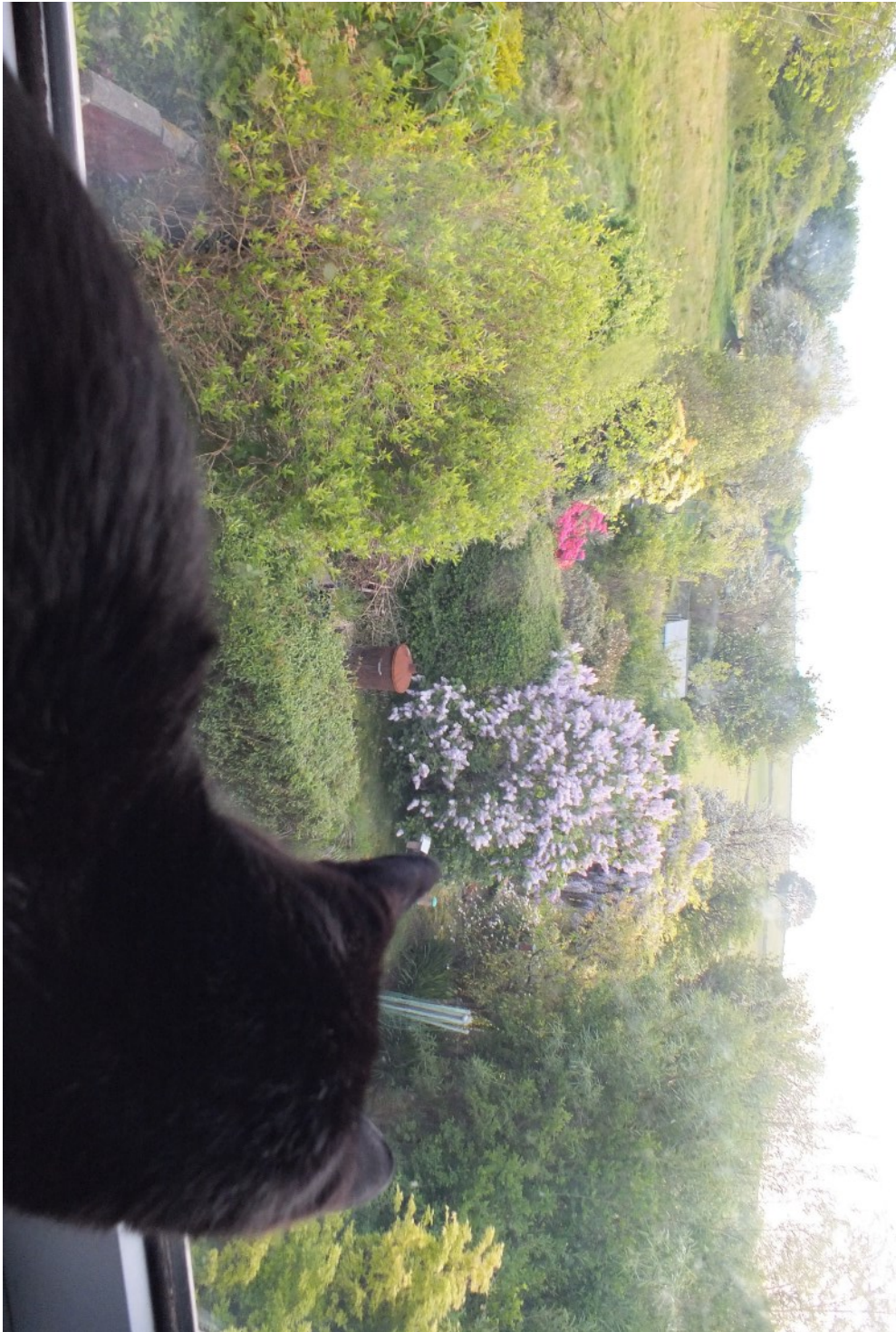
Up until 2020 most people probably wouldn't have considered 'new ways of working' unless they were starting a new job, or on those occasions when departments got overhauled. Since the first lockdown it has now become prevalent in people's minds, as they wonder where this interim period will lead to.

People might have been forced to work from home during lockdown, but it showed that for many it was not only possible but preferable. Our University polled its staff on their preferences and as a result are putting in measure to make it possible for staff to continue to spend some of their working hours at home should they so wish, even when things are back to 'normal'. I have certainly found it beneficial being at home, not just for the much nicer view out of the window, although I am very aware that this is not the case for everyone.

Of course, it all depends upon where you work. I'm sure many people reading this issue will be back to near normality and may have been for a while. I'm still not back in the office and probably won't be until the new year. Although increasingly more staff are being enabled to work on campus the priority is (obviously) going to frontline/customer service roles rather than back-office staff.

So, my next 'new' way of working has yet to be settled and experienced, but it is likely to be a blended way of working (part home, part campus). I've enjoyed saving 2 hours each day by not having to commute and will be pleased to carry that forward even if for just part of my working week.

An enforced shake up of working practices is also helping to reshape the way our department operates, and although there is still a lot to figure out, I think we are on the right path.



Sped-up science equals sped-up classification: tracking the Embase® controlled vocabulary for Covid-19 in the early months of the pandemic

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Introduction

The past 18 months have been, in many ways, something of a blur. The speed of the identification of Covid-19's novel makeup, the formalisation of its symptomology, and the development and rollout of vaccines have been extraordinary to watch. Also remarkable has been the pace in other areas affected by the pandemic as fashion and retail pivoted to lockdown comforts, and technologies that might have been considered 'nice to have' became absolute necessities in both our personal and professional lives. In lexicography, the new term 'Covid-19' was created, and others such as 'coronavirus', previously the preserve of scientists, came into common parlance. Both were featured in the 2020 Oxford Dictionaries' report of words of the year.

The pace of scientific endeavour demanded that the basic building blocks of research and information kept abreast. This has given cataloguers an opportunity to watch the creation and adoption of new controlled vocabularies in 'real time' in a way that we have not witnessed before.

In this article, we will present a chronology of five snapshots of terms used to search for Covid-19 in the Embase® biomedical database between April 2020 and September 2021. Our primary purpose is simply to tell the story of the evolution of the controlled vocabulary for Covid-19. We will also reflect on how robust classification improves efficiency of research, with implications for scientific excellence and good clinical practice. We have chosen Embase for our example as it has a sophisticated controlled vocabulary, called Emtree®.

Declaration

At the beginning of March 2020, we had not anticipated writing this article. Therefore, we unfortunately neglected to take any handy date-stamped screenshots to be offered to the reader as proof of what the database said at the time. We have reviewed our email correspondence and attachments from the period to compile our chronology, and we declare that we have only included in this article details of terms that we have internal evidence for.

Chronology

Strings

Search A: April 2020

Search B: May 2020

Search C: Feb 2021

Search D: June 2021

Terms E: Sep 2021

Key for simple form

Terms shown in "double speech marks" are free text terms. These were not recognised as preferred terms by the database and were entered as free text.

Terms shown in 'single speech marks' are called candidate terms by Embase. These are terms that have been flagged as potentially useful to be added to the controlled vocabulary but have not yet been fully indexed.

Search A: April 2020

Embase string: ('covid 19'/exp OR 'coronaviridae'/exp OR 'coronaviridae' OR 'coronavirus, human' OR 'human coronavirus' OR 'coronavirus infection'/exp OR 'coronavirus infection' OR 'coronavirus infections' OR covid OR coronavirus)

Simple form of terms: 'covid 19'; coronaviridae; coronavirus infection; "covid"; "coronavirus"

Search B: May 2020

Embase string: ('coronaviridae'/exp OR 'coronaviridae' OR 'coronavirus, human' OR 'human coronavirus' OR 'coronaviridae infection'/exp OR 'coronaviridae infection' OR 'coronaviridae infections' OR 'coronaviral infection' OR 'coronavirus infection'/exp OR 'coronavirus infection' OR 'coronavirus infections' OR coronavirus OR 'covid 19'/exp OR 'covid 19' OR covid OR 'sars-related coronavirus'/exp OR 'sars-like cov' OR 'sars-like coronavirus' OR 'sars-related cov' OR 'sars-related coronavirus' OR 'sarsr-cov' OR 'severe acute respiratory syndrome-like coronavirus' OR 'severe acute respiratory syndrome-related coronavirus' OR 'sars coronavirus'/exp OR 'hcov-sars' OR 'human sars coronavirus' OR 'sars cov' OR 'sars associated coronavirus' OR 'sars coronavirus' OR 'sars virus' OR 'sars-cov' OR 'sars-associated coronavirus' OR 'severe acute respiratory syndrome coronavirus' OR 'severe acute respiratory syndrome virus')

Simple form of terms: coronaviridae; coronaviridae infection; coronavirus infection; covid 19; sars-related coronavirus; sars coronavirus

Notes: both "covid" and "coronavirus" are now no longer free text terms; in the space of a month, they have been linked to the preferred term 'covid 19'. 'Covid 19' itself is no longer a candidate term, but has been elevated to a preferred term. New connections have been created in the index that link the terms for covid coronavirus to the SARS coronavirus.

Search C: Feb 2021

Embase string: ('severe acute respiratory syndrome coronavirus 2'/exp OR '2019 new coronavirus' OR '2019 novel coronavirus' OR '2019-ncov' OR 'hcov-19' OR 'human coronavirus 2019' OR 'sars coronavirus 2' OR 'sars-cov-2' OR 'sars2 (virus)' OR 'severe acute respiratory syndrome coronavirus 2' OR 'wuhan coronavirus' OR 'wuhan seafood market pneumonia virus' OR 'ncov-2019' OR 'novel 2019 coronavirus' OR 'novel coronavirus 2019' OR 'novel coronavirus-19' OR 'sars-cov-2 vaccine'/exp OR '2019-ncov vaccine' OR '2019-ncov virus vaccine' OR 'covid 19 vaccine' OR 'covid-19 vaccine' OR 'covid-19 vaccines' OR 'covid-19 virus vaccine' OR 'covid19 vaccine' OR 'covid19 virus vaccine' OR 'hcov-19 vaccine' OR 'hcov-19 virus vaccine' OR 'human coronavirus 2019 vaccine' OR 'sars coronavirus 2 vaccine' OR 'sars-cov-2 vaccine' OR 'sars-cov-2 virus vaccine' OR 'sars2 vaccine' OR 'sars2 virus vaccine' OR 'wuhan coronavirus vaccine' OR 'coronavirus disease 2019 vaccine' OR 'inactivated sars-cov-2 vaccine' OR 'ncov-2019 vaccine' OR 'ncov-2019 virus vaccine' OR 'novel 2019 coronavirus vaccine' OR 'novel coronavirus 2019 vaccine' OR 'severe acute respiratory syndrome 2 vaccine' OR 'severe acute respiratory syndrome coronavirus 2 vaccine')

Simple form of terms: severe acute respiratory syndrome coronavirus 2; sars-cov-2 vaccine

Notes: [a different search tailored towards vaccines]; by Feb 2021, terms are much more consolidated (the number of synonyms linked to each term have grown), meaning that only two base terms were required. Note however that the term 'covid' is not part of the first clause; the terms 'covid' and 'severe acute respiratory syndrome coronavirus 2' were not linked. WHO had officially named both the virus and the disease a year previously in Feb 2020 [see Discussion section]; the researcher who used the string above may have neglected to cover both.

Search D: June 2021

Embase string: ('coronavirus disease 2019'/exp OR '2019 novel coronavirus disease' OR '2019 novel coronavirus infection' OR '2019-ncov disease' OR '2019-ncov infection' OR 'covid' OR 'covid 19' OR 'covid 2019' OR 'covid-19' OR 'covid19' OR 'sars coronavirus 2 infection' OR 'sars-cov-2 disease' OR 'sars-cov-2 infection' OR 'sars-cov2 disease' OR 'sars-cov2 infection' OR 'sarscov2 disease' OR 'sarscov2 infection' OR 'wuhan coronavirus disease' OR 'wuhan coronavirus infection' OR 'coronavirus disease 2019' OR 'ncov 2019 disease' OR 'ncov 2019 infection' OR 'novel coronavirus 2019 disease' OR 'novel coronavirus 2019 infection' OR 'novel coronavirus disease 2019' OR 'novel coronavirus infection 2019')

Simple form of terms: coronavirus disease 2019

Notes: by June 2021 the term 'coronavirus disease 2019' is now fully indexed in Embase as their preferred term for the disease.

Terms E: Sep 2021 [current]

Term: coronavirus disease 2019

Subterms: asymptomatic coronavirus disease 2019; COVID-19 skin manifestation; COVID toe; COVID-19-associated acute hemorrhagic necrotizing encephalopathy; COVID-19-associated coagulopathy; COVID-19 vaccine-induced immune thrombotic thrombocytopenia; pulmonary intravascular coagulopathy; COVID-19-associated meningoencephalitis; COVID-19-associated nephropathy; long COVID; pediatric multisystem inflammatory syndrome

Synonyms: 2019 novel coronavirus disease; 2019 novel coronavirus epidemic; 2019 novel coronavirus infection; 2019-nCoV disease; 2019-nCoV infection; coronavirus disease 2; coronavirus disease 2010; coronavirus disease 2019 pneumonia; coronavirus disease-19; coronavirus infection 2019; COVID; COVID 19; COVID 19 induced pneumonia; COVID 2019; COVID-10; COVID-19; COVID-19 induced pneumonia; COVID-19 pneumonia; COVID19; nCoV 2019 disease; nCoV 2019 infection; new coronavirus pneumonia; novel coronavirus 2019 disease; novel coronavirus 2019 infection; novel coronavirus disease 2019; novel coronavirus infected pneumonia; novel coronavirus infection 2019; novel coronavirus pneumonia; paucisymptomatic coronavirus disease 2019; SARS coronavirus 2 infection; SARS coronavirus 2 pneumonia; SARS-CoV-2 disease; SARS-CoV-2 infection; SARS-CoV-2 pneumonia; SARS-CoV2 disease; SARS-CoV2 infection; SARSCoV2 disease; SARSCoV2 infection; severe acute respiratory syndrome 2; severe acute respiratory syndrome 2 pneumonia; severe acute respiratory syndrome coronavirus 2 infection; severe acute respiratory syndrome coronavirus 2019 infection; severe acute respiratory syndrome CoV-2 infection; Wuhan coronavirus disease; Wuhan coronavirus infection

Term: severe acute respiratory syndrome coronavirus 2

Subterms: SARS-CoV-2 (clinical isolate Australia/QLD02/2020); SARS-CoV-2 (clinical isolate Australia/VIC01/2020); SARS-CoV-2 (clinical isolate Belgium/GHB-03021/2020); SARS-CoV-2 (clinical isolate betaCoV/KOR/KCDC03/2020); SARS-CoV-2 (clinical isolate BetaCoV/Munich/BavPat1/2020); SARS-CoV-2 (clinical isolate Brazil); SARS-CoV-2 (clinical isolate Germany/291.3 FR-4286); SARS-CoV-2 (clinical isolate hCoV-19/Norway/Trondheim-S15/2020); SARS-CoV-2 (clinical isolate HKG/HKU-001a/2020); SARS-CoV-2 (clinical isolate human/NLD/Nijmegen1/2020); SARS-CoV-2 (clinical isolate Italy-INMI1); SARS-CoV-2 (clinical isolate Nepal/61/2020); SARS-CoV-2 (clinical isolate NLD/Leiden-0002/2020); SARS-CoV-2 (clinical isolate PIK35); SARS-CoV-2 (clinical isolate SWE/01/2020); SARS-CoV-2 (clinical isolate TWN/CGMH-CGU-01/2020); SARS-CoV-2 (clinical isolate USA/CA1/2020); SARS-CoV-2 (clinical isolate USA/IL1/2020); SARS-CoV-2 (clinical isolate USA/WA1/2020); SARS-CoV-2 (clinical isolate Wuhan/Hu-1/2019); SARS-CoV-2 (clinical isolate Wuhan/WIV04/2019); SARS-CoV-2 (clinical isolate Wuhan/WIV05/2019); SARS-CoV-2 (Germany/FI1103201/2020 (EPI-ISL 463008, D614G)); SARS-CoV-2 (human/tc/India/2020/Hisar-4907); SARS-CoV-2 (isolate hCoV-19/Egypt/NRC-3/2020); SARS-CoV-2 (isolate ICGEB-FVG 5);

SARS-CoV-2 (strain BetaCoV/wuhan/AMMS01/2020); SARS-CoV-2 (strain France/IDF0571/2020); SARS-CoV-2 (strain hCoV-19/CHN/SYSU-IHV/2020); SARS-CoV-2 (strain hCoV-19/Spain/VH000001133/2020); SARS-CoV-2 (strain IHUMI-3); SARS-CoV-2 (strain JPN/NGS/IA-1/2020); SARS-CoV-2 (strain JPN/TY/WK-521); SARS-CoV-2 (strain NL/2020); SARS-CoV-2 (strain PR-1); SARS-CoV-2 (strain Russia/RP/2020); SARS-CoV-2 lineage P.3; SARS-CoV-2 variant 20-C; SARS-CoV-2 variant 20J/501Y.V3; SARS-CoV-2 variant 501Y.V1; SARS-CoV-2 variant 501Y.V2; SARS-CoV-2 variant CAL.20C; SARS-CoV-2 variant VUI-202102/03; SARS-CoV-2 variant VUI-202102/04; SARS-CoV-2 variant VUI-21APR-01; SARS-CoV-2 virus (hCoV-19/Taiwan/4/2020); SARS-CoV-2 virus (HRB26/human/2020/CHN)

Synonyms: 2019 nCoV; 2019 new coronavirus; 2019 novel coronavirus; 2019 severe acute respiratory syndrome coronavirus 2; 2019-nCoV; coronavirus SARS-2; COVID 19 virus; HCoV-19; Human coronavirus 2019; nCoV-2019; novel 2019 coronavirus; novel coronavirus 2019; novel coronavirus-19; SARS Coronavirus 2; SARS-2 (virus); SARS-2-CoV; SARS-CoV-2; SARS-related coronavirus 2; SARS2 (virus); Severe acute respiratory syndrome coronavirus 2; Severe acute respiratory coronavirus 2; Severe acute respiratory syndrome coronavirus 2; Severe acute respiratory syndrome 2 coronavirus; severe acute respiratory syndrome 2 virus; severe acute respiratory syndrome corona virus 2; severe acute respiratory syndrome coronavirus 2019; Severe acute respiratory syndrome coronovirus 2; Severe acute respiratory syndrome coronavirus 2; severe acute respiratory syndrome CoV-2 virus; Severe acute respiratory syndrome related coronavirus 2; Severe acute respiratory syndrome virus 2; Severe acute respiratory syndrome coronavirus 2; Wuhan coronavirus; Wuhan seafood market pneumonia virus

Notes: at the time this paper was written, the status of the preferred Embase term for the disease, 'coronavirus disease 2019', was linked to 11 subterms and 45 synonyms and alternative spellings. The preferred Embase term for the virus, 'severe acute respiratory syndrome coronavirus 2', was linked to 47 subterms and 34 synonyms and alternative spellings.

Discussion

Embase® is a biomedical literature database that is built around a controlled vocabulary called Emtree®, named because it can be visualised like a family tree, with broader terms as higher branches and narrower terms sitting beneath them. For example, the term 'migraine' sits below 'headache and facial pain' (general topic) and above 'episodic migraine' (a more specific form of the condition). Each preferred term also has synonyms. These can link alternative spellings, such as 'covid 19' and 'covid-19' (with and without a hyphen). They can also link alternative terms used in different countries, for example paracetamol in the UK and acetaminophen in the US. When using certain search tools in Embase, searching for a preferred term will also retrieve results for all subterms and synonyms.

The amount of time and effort that is saved by having these terms already linked in the database can be enormous, and the decreased chance of missing relevant results due to a manual researcher not thinking of a synonym is one reason why Embase is one of the three databases recommended by the European Medicines Agency for pharmacovigilance (monitoring of drug safety).

At the beginning of the Covid-19 pandemic, the ability to find the most accurate and up-to-date medical information was vital for scientists and medical professionals around the world. Combating the spread of misinformation by being able to retrieve and analyse all of the data being generated also became (and remains) a knowledge management goal. However, with new terms being first created and then embraced or rejected by society at large, we could watch controlled vocabularies try to keep pace.

The World Health Organization (WHO) officially named the virus “severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)” and the disease “COVID-19” on 11th February 2020.¹ However, the UK public did not necessarily adopt these in their general conversation, and neither did they immediately appear in catalogues.

In April 2020, ‘covid’ on its own was not recognised at all by Embase, and their strongest candidate term, which was ‘covid 19’, was not an exact match to the WHO’s hyphen. By May, both ‘covid’ and ‘covid 19’ had been flagged as candidate terms by Elsevier’s cataloguers, but ‘covid-19’ (with hyphen) was still not in our string. It’s not known from our review when this was added, but certainly by June 2021 the following spelling variants had been linked: ‘covid 19’; ‘covid 2019’; ‘covid-19’; ‘covid19’. That there are four ways of spelling such a simple term will be a hazard readily recognised by cataloguers. We note that a case sensitive search bar could add at least 8 more by combining the variants Covid and COVID with all of the above.

US president Trump was criticised for his use of the phrase “China virus”, but as time went on ‘Wuhan’ was a word that many researchers were using in their searches; perhaps as an acknowledgement of the widespread use, the term ‘Wuhan coronavirus’ was added to Emtree as an official synonym.

In June 2020, emails between our team advised ensuring that 7 separate terms were included in all covid-19 related searches: coronaviridae; coronaviridae infection; coronavirus; coronavirus disease 2019; covid 19; covid-19; covid. A year later in June 2021, all of these were captured under Embase’ preferred term ‘coronavirus disease 2019’ along with around 40 additional subterms and synonyms. It is interesting that Embase decided not to use the WHO’s exact official name for their preferred term (the WHO version does not include the date in the fully written term, although it is included in their acronym), however researchers were now able to retrieve using a single term that which less than 12 months ago would have taken 50. This is the power of a controlled vocabulary.

Conclusion

The pace of scientific progress during the covid-19 pandemic has allowed us to watch the development of controlled vocabularies within scientific databases. It has been a fascinating window into how language evolves and takes account both of common usage and official decision making from global organisations.

Medicine has long been a particularly rapid field for research. The motivating factor for this is patient safety. Monitoring of side effects and adverse events, and awareness of breakthrough treatments, impact the everyday clinical decisions of doctors and other healthcare professionals. Real patients are affected by the information that those who care for them have access to. Covid-19 may have thrown this into sharp relief, but (as any clinical librarian will agree) this has always been the case and will remain just as vital when the heightened focus of the pandemic passes.

Robust knowledge management is underpinned by classification. Without effective indexing, what should be the relatively simple task of retrieving accurate medical information becomes time-consuming, arduous, and burdened by the additional pressure of trying to capture synonyms. When facing a novel virus, the potential consequences could not be more serious. A strong catalogue, however, can render information retrieval efficient, allowing researchers to devote more of their time to analysis and to share their understanding with those on the front line.

¹ World Health Organization. Naming the coronavirus disease (COVID-19) and the virus that causes it [Internet]. 2020 [Accessed 24th Sep 2021] Available from: [https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/naming-the-coronavirus-disease-\(covid-2019\)-and-the-virus-that-causes-it](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/naming-the-coronavirus-disease-(covid-2019)-and-the-virus-that-causes-it)



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The University of Macedonia Library & Information Centre is an academic library located in Thessaloniki, Greece. Our library collection includes - among others - material in English, Greek, French, German, and Russian. Bibliographic records are available through our Online Public Access Catalogue.¹ Subject headings are assigned according to the language of the resource described, i.e. Greek resources are assigned both English subject headings (LCSH) and their Greek translation. Resources in other languages are assigned subject headings only in English.

Following the surge of academic libraries around the world to review their subject headings for racist or pejorative content, we decided to have a critical look at our catalogue. Our starting point was the *Change the Subject* movement² and the changes to MARC authority records as suggested by the American Library Association in its report from the Subject Analysis Committee Working Group on the LCSH "Illegal aliens".³ Taking into consideration the changes applied by Cornell University Library as well as Harvard Library and many others, and although these changes were not finally adopted by the Library of Congress, we embarked on a small-scale project.

The project focused on two areas: a) the 'Illegal aliens' family of subject headings and b) the recent change of name of the Republic of North Macedonia.

Illegal aliens

We started by searching our authorities files for use of this subject heading in all fields of authority records (1XX, 4XX, 5XX, 6XX etc). It turned out that we had used this term either alone or accompanied by a free-floating/ standard subdivision. There were also other subject headings that needed to change since they included the term alien (e.g. Women alien labor). As it turned out, changes had to be made to the following headings whether stand-alone or in combination with subdivisions:

- Illegal aliens
- Human smuggling
- Aliens
- Immigrants
- Human trafficking
- Alien criminals
- Alien labor
- Women alien labor
- Alien property
- Corporations, Foreign
- Repatriation

¹ <https://catalog.lib.uom.gr/>

² <https://www.library.dartmouth.edu/digital/digital-collections/change-the-subject>

³ <https://alair.ala.org/handle/11213/9261>, especially Att-6.

The English terms that were preferred were those suggested by ALA and other English-speaking academic libraries:

- Illegal aliens changed to **Undocumented immigrants**
- Aliens changed to **Noncitizens**
- Alien criminals changed to **Noncitizen criminals**
- Alien labor changed to **Foreign workers** (already authorized by LC)
- Women alien labor changed to **Women foreign workers** (already authorized by LC)
- Alien property changed to **Foreign-owned property**

Then there was also the issue of the Greek translation of the term Illegal aliens. Was the translated term also racist or pejorative? It was in our day and age. Perhaps it wasn't a couple of decades ago, but it wasn't being used anymore in government language. The Greek term was Παράνομοι ξένοι, now changed to **Παράτυποι μετανάστες**. Before changing the term we consulted the websites of Greek Ministries (i.e. Ministry of Interior and others) and the United Nations terminology.⁴

All of the changes were recorded manually, both in authority files as well as bibliographic records. When a MARC field had to change in a bibliographic record, field 650 was maintained, but the indicator changed from 0 to 7 and subfield 2 was added with the text **Change the Subject Project**.⁵

Since the cancelled terminology is still being used by the Library of Congress, there is a risk of downloading the same authority files again. This will be resolved by training the next cataloguers as to what happened and why, recording these changes to our department blog and perhaps checking our authorities again in a year from now.

North Macedonia

The country that is now called Republic of North Macedonia, authorized by LC as **North Macedonia**, was formerly in dispute with Greece over its name. The term used by Greece was Former Yugoslav Republic of Macedonia (FYROM). The Greek term was Πρώην Γιουγκοσλαβική Δημοκρατία της Μακεδονίας (ΠΓΔΜ). The two countries agreed to use the same terminology when they signed the treaty of Lake Prespa, which entered into force on 12/2/2019. The Library of Congress previously referred to this country as Macedonia (Republic).

Our bibliographic records now reflect these changes that were done manually. Since the number of records was not excessively long, we decided to alter them one-by-one for both projects, rather than add references to our OPAC indexer. We estimate that a total of 109 subject headings were affected. The time we invested was four working days of a single cataloguer.

Finally, we would like to express our appreciation to fellow-librarians who found the time to record their changes and share them online with the rest of the world. It is really important for librarians who are not native English speakers to understand when and why a term should not be used anymore. We hope that our work will inspire other colleagues in the future.

⁴ https://www.unhcr.org/cy/wp-content/uploads/sites/41/2018/09/TerminologyLeafletGREEK_PICUM.pdf

⁵ This was done for future cataloguers to understand the use of the terminology and why it happened. This way we could also track in our system all the bibliographic records that were affected. Our reference for this practice was Change the Subject Project Guide of SUNY Libraries Consortium available at <https://slcny.libguides.com/c.php?g=986218&p=7623203>.

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