

# HLA NEWS

NATIONAL NEWS BULLETIN OF **HEALTH LIBRARIES AUSTRALIA**

The national health group of the AUSTRALIAN LIBRARY AND INFORMATION ASSOCIATION • ISSN 1448-0840

## “Can I use my PHONE on this ward?” MOBILE TECHNOLOGY use by graduate nurses

Dr Ben Hay shared his findings on mobile technology use by graduate nurses with Librarian Lydia Dawe. While there is plenty of attitude shifting and guideline development needed, hospital libraries also have a role to play. Both Lydia and Ben work at the University of Notre Dame Australia.

When the Grenfell tower caught fire in June 2017, London's Imperial College Hospital was inundated with casualties. Despite the chaos, Dr Helgi Johannsson's anaesthetics team were noticeably well-coordinated and informed. "Other teams looked on us with envy and the central coordination team was asking me for updates", [Johannsson recalls](#). A few months earlier, Dr. Johannsson had set up a WhatsApp group within his team for such large-scale emergencies, despite the fact that this action contravened NHS rules. In response to this and other success stories of using mobile technology, the NHS is now providing [guidance](#) on the use of mobile devices and apps in clinics. For nurses in Western Australia, however, it's still not clear whether mobile phone use could help or hurt their careers.

When Dr. Ben Hay was an intensive care nurse, he noticed that attitudes varied toward mobile devices as a work tool. Some managers would encourage use,

with entire teams getting together to share apps and resources, while others would forbid any use of a device at all. After moving into academia, Hay noticed that student nurses were reporting the same inconsistencies. "We want students to enrol in courses on the mobile devices, access slides, Blackboard, apps and drug applications – and everything is based on mobile technology. Then I found that they had a lot of issues going to clinical practice – even though we tell them to use mobile technology for everything". Hay decided to explore these inconsistencies as part of his PhD thesis, *The factors influencing nurse graduates use of mobile technology in clinical settings in Perth Western Australia: A mixed method study*.

The following points come from a conversation I had with him about some of the research findings.

### Graduate nurses are motivated to use mobile technology in their work.

"From the cognitive point of view they felt that it saved them time and improved their quality of care because they could access information at the bedside. It improved their confidence, time efficiency, and organisational skills", Hay explained. Nurses used their devices in a variety of non-traditional ways, including for basic language translation, and to help with patient education.

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## Graduate nurses receive mixed messages about using mobile technology in their work.

Hay recounted a nurse graduate's story of using the MIMS app to look up drug information at the bedside. "The preceptor saw them and said 'what are you doing?' and got them to use the MIMS book that was a few years old, and find older information. Based on the experience of that nurse, that's what they were used to." However, this was not always the case. "Sometimes [the graduate nurses] would see someone they looked up to using the devices as well, and were encouraged by those mentors to use them".

## Graduate nurses use mobile technology covertly.

As a result of this confusion, some nurses were careful not to openly use devices in front of colleagues. One of Hay's study participants spoke of how they were forced to hide in another room to look up information, and yet "many [Junior Medical Officers] also use their phone at the bedside if unsure of medications/dosages/diagnosis etc., which makes me feel like it isn't a problem to do so." (Hay, 2018, p. 162) For the nurses, this was impractical and puzzling. As one participant put it, "I work in a high IT environment, but using your phone to Google something quick is frowned upon" (p. 160). One nursing student was even told that she wasn't allowed to use her phone on her lunch break.

## Graduate nurses lack access to other forms of information technology.

Participants recounted that, when they were students they weren't given access to ward computers. Even for those who have logins, computer time is at a premium. "Other staff use them all the time. That's why [graduate nurses] tended to prefer their own mobile technology". Doctors are also treated differently from nurses in this area. When Hay was working in intensive care, he was told by a manager that doctors, not nurses, were allowed to use mobile technology. "Medical staff could take calls at the bedside, they'd have conversations that would sometimes not even be work related".

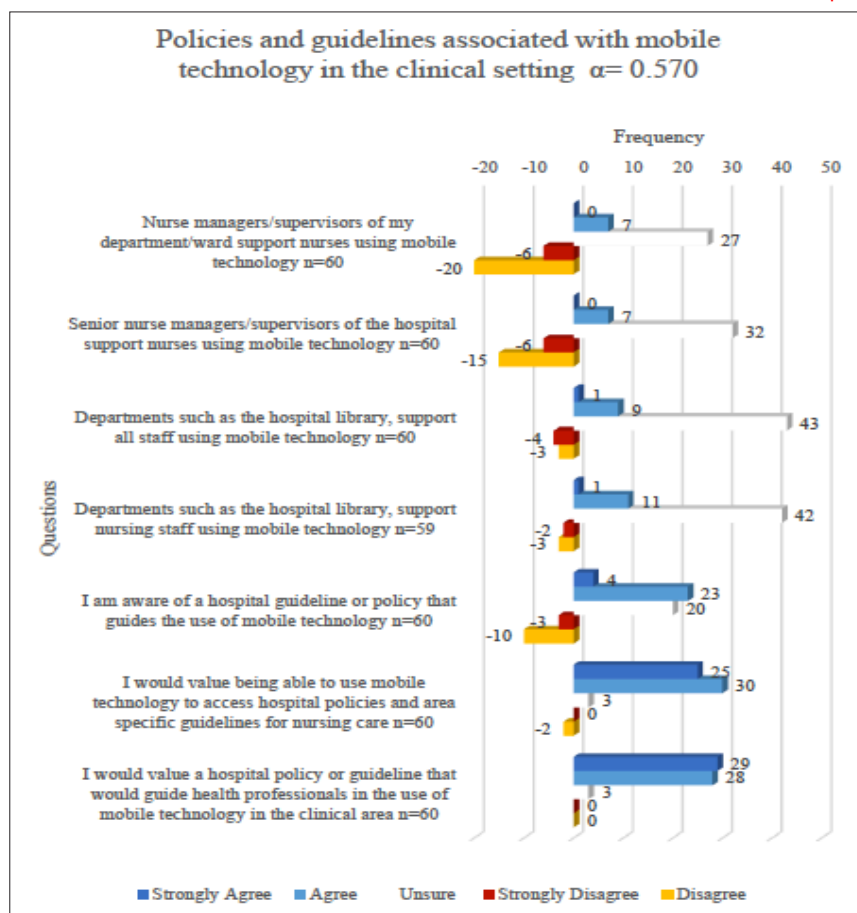
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... results of one of Hay's surveys (Figure 1) shows that the majority of respondents are unsure whether the hospital library was supportive of nursing staff using mobile technology

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LEFT – Figure 1, sourced from Ben Hay's thesis, *The factors influencing nurse graduates use of mobile technology in clinical settings in Perth Western Australia: A mixed method study.*



Graduate nurses aren't sure that hospital libraries support their use of mobile technology. As one participant put it: "In University we are encouraged to use mobile technology every day – in fact it's not just encouraged, but essential. It's how we learn" (p. 176). Once students move into the clinical setting, however, it appears that this sense of support falls away. The results of one of Hay's surveys (Figure 1) shows that the majority of respondents are unsure whether the hospital library was supportive of nursing staff using mobile technology. The majority of respondents showed that they would value the introduction of a policy that would provide guidance in this area.

### **Graduate nurses are worried about how their mobile technology use appears to patients.**

"There was a strong social factor that came through. They were worried about the influence of patients, worried about patients thinking that they were using their mobile technology unprofessionally", Hay explains. One nurse was allowed to use her mobile device, but cautioned by a colleague not to let patients see her on her phone. Self-consciousness about using mobile devices affected women in the study more than men. "More females than males were sensitive to the social aspects of working in a team and the perception that they were using it [mobile device] for the right reasons".

### **Graduate nurses lack formal policy and guidance on mobile technology.**

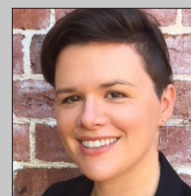
From a health and safety perspective, mobile phones can pose real risks to patients. There have been horror stories of healthcare workers taking selfies next to patients, or sharing patient information on social media. Mobile phones are breeding grounds for deadly bacteria, and can put vulnerable patients at risk of infection. So how do hospitals deal with these risks, and still allow mobile technology to assist our healthcare professionals? A top-down approach and clear policy is key, says Hay. "Something that says 'yes, you can use it, it's appropriate to use it in these circumstances, however if you abuse the privilege, then this is what should happen'". Because there is no national or state-wide consensus on mobile technology use, it is left up to the individual preferences (and prejudices) of managers and administrators. Only one hospital (Fiona Stanley Hospital) in Hay's study had a policy which covered mobile technology use, and few of the staff in the study were aware of it.

## **HOW CAN LIBRARIES HELP?**

Libraries can and do provide workshops on information resources. However, in order to use them efficiently and effectively, hospital staff need to feel supported in their use of mobile devices. It is up to managers in all areas to set the standard by encouraging access to library services and library orientation attendance. "The reality is, hospital libraries are so innovative, and the same with the university libraries, there are some amazing resources to use". Hay found that inconsistent access to library orientation was a contributing factor in this awareness. "Some staff are using things well, other staff aren't aware that they exist." Hay's research shows us that hospitals can no longer afford to formally ignore the information-seeking behaviour of their staff. Once clear guidance is established, libraries can continue to do what we do best – finding ways to get that life-saving information closer to our clients than ever.

**Do you know what your health service policy is on mobile technology use on the ward or in patient settings? What methods of graduate nurse orientation are working in your organisation? Share with us at [hlanews@alia.org.au](mailto:hlanews@alia.org.au)**

## **ABOUT THE CONTRIBUTORS**



**Lydia Dawe** has worked in public and academic libraries in Australia, New Zealand,

the United States and Canada for over a decade. All of her roles have shared the common purpose of connecting people to information efficiently and effectively. As a Health Sciences Librarian at the University of Notre Dame Australia, she aims to empower students and scholars to be confident researchers with strong evaluative skills. She is always looking for creative ways to use technology to teach information skills to students at all stages of the research process. Her interests include user experience and service design, open access publishing, and library marketing.



**Dr Benjamin Hay** is an experienced health professional and academic based at the School

of Nursing & Midwifery at the University of Notre Dame Australia, Fremantle. He has worked in the critical care area since the year 2000 in both clinical and non-clinical roles. These roles included Intensive Care (ICU), Staff Development and Postgraduate Staff Development, Clinical Nursing, Clinical Nurse Consultant-Critical Care Outreach, and numerous Acting roles in Equipment nursing, research and teaching. Benjamin is an award winning academic, most recently receiving a VC Award for educational partnerships and collaborations for initiatives that enhance student learning. In 2018 he was nominated for an Industry Engagement Award by the Australian Financial Review (AFR) Higher Education Awards. His interests include mobile technology, social media in health care and critical care.



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Anne Dabrow Woods,  
DNP, RN, CRNP, ANP-BC, AGACNP-BC, FAAN  
Chief Nurse of Wolters Kluwer,  
Health Learning, Research and Practice



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Australian College of Nursing

Wolters Kluwer, a global leader in professional information services has partnered with The Australian College of Nursing (ACN), Australia's preeminent and national leader of the nursing profession, to adapt *Lippincott Procedures* for Australia, fully reflecting local protocols and regulations, terminology, and drug names.

# CONVENOR'S FOCUS

Encouraging applications for the HLA MedicalDirector Digital Health Innovation Award

• Change of date for digital health information services course • HLA PD Day diary date for 2019



“

... I enjoy reading about why people make the switch to health libraries and how they've applied skills learnt in previous jobs to the role ...

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I can't believe we are only a few months into 2019 because the year for Health Libraries Australia has begun with a BANG!

Last edition I talked about our partnership with The University of Melbourne to bring you a Digital Health Information Services course (updates Health Librarianship Essentials) which will be run in semester two, 2019. Registrations are about to open and the exciting news is that on completion of the course ALIA members can receive a 10 percent reimbursement.

We are busy compiling a fantastic program for our PD Days in Melbourne which will occur on July 18-19 at Monash University Caulfield Campus. The plan is to have one day of conference style programming and a second day of hands on workshops. Pop these dates in the diary – you won't be disappointed.

Our partnership with MedicalDirector continues to grow and we are once again seeking applications for the Digital Health Innovation Award. Applications close late March and I encourage you to visit <https://www.alia.org.au/about-alia/awards-and-grants/357/hlamedicaldirector-digital-health-innovation-award> for more information. This award ties nicely into one of the featured articles about mobile technologies. I know at my place of work clinicians love their devices and apps so we are always keen to hear about other workplace settings and their use of technology.

Another feature article is about switching library sectors. I enjoy reading about why people make the switch to health libraries and how they've applied skills learnt in previous jobs to the role. If you have a great story to tell us about your journey get in touch with our Editor – I'm sure she'd love to hear from you.

There is also plenty of work happening behind the scenes – consumer health literacy, updating of our guidelines, more professional development events and additional searches related to the National Safety and Quality Health Service (NSQHS) Standards so stay tuned as these developments unfold.

Gemma Siemensma  
[gemma.siemensma@bhs.org.au](mailto:gemma.siemensma@bhs.org.au)





# Final call – HLA Medical Director Digital Innovation Award

Have you initiated, or are planning to initiate, an innovative, technology-driven project which contributes to improved health outcomes? Then consider applying for the Health Libraries Australia/Medical Director Digital Health Innovation Award 2019! Prize includes money to fund your project, as well as travel and accommodation costs to attend the HLA PD Day and Awards Ceremony in July. Nominations close 25 March. For more info, head to [bit.ly/2rJCxf](http://bit.ly/2rJCxf)

## NLS9 EARLY BIRD REGISTRATIONS OPEN

Registrations for the 9th ALIA NSW Librarians' Symposium, to be held in Adelaide from 5-7 July, are now open.

ALIA is pleased to announce that three attendance grants (each worth \$800) for the New Librarians' Symposium 2019 (NLS9) have been made available by the International Librarians Network. The grant may be awarded to individuals from any part of the world, professional sector or career stage. Applications are due by 5:00pm AEST 10 May 2019.

Keynote speakers at NLS9 include:

- Craig Middleton, Centre for Democracy
- Sarah Brown, Code like a Girl
- Jacinta Koolmatie, South Australian Museum
- Dr Eva Balan-Vnuk, Dept of the Premier and Cabinet

For more information visit [nls9.com.au](http://nls9.com.au)



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# CROSSING OVER

## – a positive switch

You may have been a health librarian for all of your professional life, or like many, have found yourself in a health library either by accident or design. Have you wondered what it would be like to cross over into a different library sector? Jane Smith takes us on a very relatable journey from school library to hospital library.



**ABOVE** – Jane Smith is a Toowoomba-based librarian, author, editor and former physiotherapist who has worked in public, school and hospital libraries, and in private and public physio clinics in NSW. Jane writes fiction and nonfiction for children and adults. Her books include the non-fiction 'Australian Bushrangers' series, the 'Tommy Bell: Bushranger Boy' historical fiction series for children, and the biography Captain Starlight: The Strange but True Story of a Bushranger, Impostor and Murderer. Jane's Captain Thunderbolt was shortlisted for an ABIA in 2015, and Shoot-out at the Rock was a CBCA 'notable' book in 2017.

In mid-2018 I was offered the opportunity to do a locum as Health Service Librarian at Toowoomba Hospital, filling in for a librarian who was taking six months' leave. Although I was excited at the prospect, I was also a little bit daunted. Why? Because I was coming from a background as a school librarian to a job that demanded skills I wasn't sure I possessed.

The role was not completely foreign to me. I was a physiotherapist before I retrained as a librarian, so the hospital environment wasn't unfamiliar – but I hadn't practised physio since 2000. I had worked part-time at the same hospital library in 2010, but enough time had elapsed, I feared, to have wiped most of what I had learned then from my memory. After eighteen years in school libraries, however, I was feeling a bit jaded and thought it was time for a change: time to brush off some cobwebs, learn new things, refresh my energy. The decision was a good one.

At first, when any of the staff asked about my background, I was a little embarrassed to admit it was in school libraries. (I avoided telling them that I also write children's fiction). I worried that they might see me as an intellectual lightweight, not capable of helping with their more challenging and serious information needs. I was wrong. If they were thinking such things, they didn't show it, and I'm deeply grateful for the graciousness and respect I encountered all round.

Once I got settled, I was surprised to find that some of my 2010 knowledge was lurking not too far beneath the surface and was easily resurrected. From this, I was able to build my skills further. I was lucky to work with staff who were generous, friendly, supportive and professional. I did learn new things – lots of them. I did refresh my energy. The change was stimulating.

On reflection, I have come to see that my background – even the school library – was good preparation for the role. There are significant differences between the working lives of hospital librarians and those of school librarians, but there are similarities and there are transferable skills. Here are some of my observations about these.

The most obvious difference is, of course, the clientele. I had been lucky enough to have worked in a school where the kids were overwhelmingly polite and well-behaved. I loved working with teenagers and missed the entertainment they provided, but I didn't miss the daily dramas and frustrations that inevitably accompanies adolescents and stressed-out teachers. It was refreshing to work in an environment that was calm and orderly, compared with the often chaotic, noisy school library in which it was not unusual to be answering phones, lending books, handing out tissues to weeping students (and staff) and troubleshooting printer problems all at the same time. It was interesting to note, however, that clinicians and post-grad students with multiple letters after

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... I've always found membership of networks like these and communication between members to be essential supports, particularly as a professional who works alone or in a small team as part of a larger organisation ...

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their names are no better than thirteen-year-olds at reshelving the books they have been browsing!

In both positions, the library is a support service rather than the organisation's core business. The hospital library, I felt, was well used and loved by those who had discovered it, though they probably represented a smallish fraction of the community. In the school, the library felt a little more like an integral part of the organisation – a service that was known and used by most. Many of the staff and students went to the library as a first port of call for just about anything. (Need a tissue? Try the library. Lost your class? The librarians will find it for you. Need help with formatting a document? Ask a librarian. Need a screwdriver? Yep. The library even had that.) With that, though, it seemed to me that the perception of librarians as professionals with special skills was lacking in the school – most significantly, by senior administration. I felt that the hospital environment offered considerably more respect for the profession.

The day-to-day tasks are much the same in most types of libraries, though the proportion of time spent on each varies. Each day starts with checking in returns and reading and prioritising emails. In both positions there are books to lend and shelving and shelf-tidying to do (though more so in the school library), technical enquiries to troubleshoot and printers to feed with paper. Customer service is the priority in both environments, though the demands are different.

Database searching was probably the biggest change for me in the hospital library. Most secondary schools still subscribe to services like Proquest's eLibrary (though, disturbingly, we have to waste huge amounts of effort explaining to administrators why they are necessary when Google is free), but a school librarian does very few searches for clients. The vast range of databases and platforms available through CKN takes time and practice to learn but, like many of the skills required for the role, a degree of competence is achievable through building on the basic searching skills that are acquired in any professional library training.

I found that ordering books and other library supplies involved more red tape in the hospital environment – it was just an inescapable part of working for a huge employer. I found the systems and processes of ordering almost impenetrable, and never did quite understand who was who or who was responsible for what. Then when the books arrived, I bravely offered to catalogue them. I say 'bravely', because I hadn't catalogued using MARC since 2010, and had never used RDA. Most school libraries use systems that are far simpler than Alma, and cataloguing is a simple matter of form-filling. I am extremely grateful to those librarians in Queensland Health – Jeremy Van Dorselaer and Chris Parker in particular – who so patiently talked me through the basics.

On that note, I was deeply impressed with the helpfulness of the health librarians in Queensland and other networks. The friendly support I received was truly wonderful. Support from professional networks was not new to me. As a school librarian, I was part of QSLA (QLD School Libraries Association), and as an archivist, I was a member of the Australian Society of Archivists, in the schools' special interest group. I've always found membership of networks like these and communication between members to be essential supports, particularly as a professional who works alone or in a small team as part of a larger organisation. But I was blown away by the help I received from the generous health librarians whom I'd never even met face to face.

The systems of interlibrary loans and document delivery between health libraries are great examples of professional resource sharing that I would love to see transferred to school libraries, particularly since so many schools are constantly dealing with dwindling budgets. I worked

Continues on p9...



in a school with three campuses, and we shared resources across them from time to time. Occasionally we even arranged resource sharing with different schools, but this was only on rare and exceptional occasions. Perhaps we'd all benefit from setting up a system like Gratis that would serve schools, even if it operated only within a local area.

It's important to note that my observations are of a particular school library and a particular hospital library, and it may be wrong to generalise. I am aware, however, that in both environments (as in public libraries) the worrying tendency to reduce numbers of professional staff (and staff overall) is not getting any better. (My own previous school has cut two full-time professional positions out of three across three campuses this year). In such a climate, it is heartening to see dedicated librarians working co-operatively and creatively to try to maintain as high a standard of service as possible. I'm pleased to say that I have seen ample evidence of this in both school and hospital environments.

Jane Smith

# We're reading ...



## ABSTRACT

There are calls for policymakers to make greater use of research when formulating policies. Therefore, it is important that policy organisations have a range of tools and systems to support their staff in using research in their work. The aim of the present study was to measure the extent to which a range of tools and systems to support research use were available within six Australian agencies with a role in health policy, and examine whether this was related to the extent of engagement with, and use of research in policymaking by their staff.

The presence of relevant systems and tools was assessed via a structured interview called ORACLE which is conducted with a senior executive from the agency. To measure research use, four policymakers from each agency undertook a structured interview called SAGE, which assesses and scores the extent to which policymakers engaged with (i.e., searched for, appraised, and generated) research, and used research in the development of a specific policy document.

The results showed that all agencies had at least a moderate range of tools and systems in place, in particular policy development processes; resources to access and use research (such as journals, databases, libraries, and access to research experts); processes to generate new research; and mechanisms to establish relationships with researchers. Agencies were less likely, however, to provide research training for staff and leaders, or to have evidence-based processes for evaluating existing policies.

For the majority of agencies, the availability of tools and systems was related to the extent to which policymakers engaged with, and used research when developing policy documents. However, some agencies did not display this relationship, suggesting that other factors, namely the organisation's culture towards research use, must also be considered.

## PUBLICATION DETAILS

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THE UNIVERSITY OF  
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Informatics Centre

HEALTH

# Digital Health Information Services

## Online Professional Development Course

### NEW 2019 DATES

Semester 2, 2019 (31 Jul-30 Oct)

#### About the course

Prepare yourself for the digital health future! This 12-week course provides knowledge and skills needed to support the work of information service practitioners, managers and researchers in many health settings. It introduces good practice in health library and information services in the era of digital health e.g. e-health literacy, trends in biomedical publishing, health informatics, and the wide array of health information resources and specialty databases. You will learn about:

- The Australian healthcare environment and clients' information needs
- Health information and data sources
- Evidence-based practice and continuous quality improvement in healthcare and the health information professions
- Health data management and knowledge management technologies

These themes provide a strong foundation for a career in contemporary health libraries and information work.

#### Who should participate?

The course will be valuable for:

- Librarians interested to move into health information work
- Early career health librarians
- Experienced librarians interested in a refresher course
- Students seeking an elective, in related health or health information courses
- Anyone wishing to gain an insight into health information services.

#### Course format

Live online classes will run each Wednesday, 6pm – 8pm AEST, from 31 July – 30 October 2019. Can't make a class? Catch up with a recording. You will also benefit from a range of facilitated self-paced learning activities.

#### Requirements

- reliable internet connection
- computer or tablet to access classes
- headset

#### Recognition

- Complete optional assessment to receive academic credit towards a range of health and information qualifications.
- Earn CPD points for professional accreditation e.g. ALIA CPD scheme - 1 point per hour of learning.

#### MEET THE TEAM:

Course leader: Dr Gillian Hallam, an experienced educator and trainer.  
Curriculum development: A/Prof Kathleen Gray. Facilitators and advisory group: Health Libraries Australia. Mentors: experienced health information service managers.

#### Registration

*Details will be advised in early 2019.*

Let us know if you want to be notified when applications open.

#### Enquiries:

<http://go.unimelb.edu.au/3qd6>  
or email [health-informatics@unimelb.edu.au](mailto:health-informatics@unimelb.edu.au)

#### Costs

*Details will be advised in early 2019.*

Health Libraries Australia members are eligible for a 5% discount, on completion of the course.

This course is offered by the **University of Melbourne's Health and Biomedical Informatics Centre**, in partnership with the Australian Library and Information Association's **Health Libraries Australia group**.

# AEBPLI goes to NZ

This year the 8th Australian Evidence Based Practice Librarians' Institute (AEBPLI) will be held for the first time in New Zealand! What an exciting opportunity to collaborate with our international colleagues. You may be thinking about attending, or perhaps sending a staff member along and wondering what to expect. Bryan Chan is a Reference Librarian from Murdoch University in Perth and attended the 2018 intensive course in Sydney...



**ABOVE** – Bryan Chan, Reference Librarian at Murdoch University in Perth, responsible for the Chiropractic, Counselling, Exercise Science and Psychology subjects.

## ABOUT THE INSTITUTE

The AEBPLI is an ongoing, educational project coordinating an international team of library educators to provide a residential training program for librarians working in healthcare settings located throughout Australia and surrounding countries. The Institute has successfully conducted workshops in Brisbane, Darwin, Sydney, Perth, Melbourne and Adelaide. The Institute is an intensive four-day course designed and taught by health sciences librarians. Through discussion and hands-on learning, participants acquire skills needed to support evidence-based practice and systematic reviews. A hallmark of this Institute is the low student to faculty ratio and individual attention each participant receives. In 2014, the Institute received the HLA/HCN Health Informatics Innovation Award for its impact on health information professionals.

## REFLECTIONS ON THE 2018 INSTITUTE

Set in the picturesque Mary McKillop Place in North Sydney, the Australian Evidence-Based Practice Librarians' Institute (AEBPLI) drew 24 participants and 7 instructors from across the university and health sectors in Australia and three other nations. There were many opportunities for networking, as all attendees lived on-site and shared meals together. Social activities included the welcome dinner, a walk in Wendy's Secret Garden, and Jeopardy Night. The idyll was only disrupted by bad weather that cancelled the Harbour Bridge walk, and construction work (which also broke the Wi-Fi—don't blame that on Ralph).

But make no mistake, this was no conference. Also known as "Boot Camp for Health Librarians", AEBPLI is a gruelling four-day crash course in evidence-based health practice – the same material delivered to medical students, but adapted for librarians. Topics included study design, PICO questions, randomised controlled trials, qualitative research, grey literature, and the systematic review with all its cousins. And let's not forget database searching, text mining and visualisations – no decent librarians' workshop can exist without that!

As a new health librarian, I was anxiously awaiting this opportunity – in the sense that I was looking forward to it, and also because I didn't know what to expect. Despite having a detailed course schedule and description, I erroneously expected a strong emphasis on systematic reviews (the horror!) – and was pleasantly surprised to find it the focus of 'only' one day. Perhaps it is symptomatic of being an academic librarian who supports research more than practice. I expect hospital librarians get a whole different set of queries. That in itself was an eye-opening experience.

But there were plenty of other things to learn. The format was a mix of large group 'lectures' and small group workshops, providing ample opportunity to get our hands dirty analysing PubMed query translations, parsing MeSH headings, and debating the effectiveness of acetazolamide versus budesonide for acute mountain sickness. When many of us started losing the forest plot, a diagnosis (remember: 'sensitivity' and 'specificity') of qualitative data saturation was made, and we were prescribed umbrella reviews, which are believed to have a relative risk reduction of 50%. This still left me pondering the meaning of life and the meaninglessness of "double blind", but a healthy diet of FRISBE and Bourke Street Bakery case studies pushed me across the line of no effect.

If any of the above made sense to you, you've probably been through the Institute. But if not, AEBPLI 2019 is just around the corner!



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# MEMBER SPOTLIGHT

## GINA VELLI FAST FACTS

<b>HLA member since:</b>
2018
<b>First professional position:</b>
Librarian, heritage collections, State Library of Queensland
<b>Current Position:</b>
Library Manager, PAH Library, Metro South Health
<b>Education:</b>
Bachelor Communication Design, Masters Information Management, Cert IV TAE, Cert III Records Management.
<b>Favourite Website or Blog:</b>
ABC News

### What do you find most interesting about your current position?

Working in a small special medical library provides a broad variety of tasks, so that keeps things interesting. The position includes all areas of librarianship from complex research, to policy development, to book repairs.

### What has been your biggest professional challenge?

I would say my biggest challenge has been roles where I've had to negotiate multiple managers with differing opinions.

### How did you join Health Librarianship?

I was hoping to move into records management, health informatics or medical admin, so I did a medical administration and terminology course. Then a health librarian job became available, so I stepped into that role.

### What was your previous employment background?

I actually started working as library assistant out of my design degree, because I learnt there weren't many career progression opportunities for women in web-design/ICT due to work-place culture, so I figured I'd try a more inviting occupation.

### What would you do if you weren't a health librarian?

It would be pleasant to do further study such as a law degree, or something really emerging like mechatronics, but changing careers mid-stream isn't a good idea so I'd probably step sideways into something in admin.

### What do you consider the main issues affecting health librarianship today?

I think university libraries will always be reasonably safe from variations in funding.

Government libraries are often viewed as out of touch with the modern agenda, and as they are not mandated by legislation and not essential to attaining organisational recognition for many accreditation measures, they will always be at risk of funding and staffing cuts.

### What is your greatest achievement?

I think just aiming to leave the world slightly better, and no worse, for your having existed, is really all anyone can hope to achieve. How you achieve that is probably not something you get a large amount of choice over, as no one chooses the time, place and circumstances they are born into.

### What is your favourite non-work activity?

I like many things: watching classic films, reading, cooking, catching-up with friends, sewing, writing, gardening and spending time with my pets.

### What advice would you give to a new member of HLA or a new graduate information professional?

Try not to get overly specialised, keep working on your soft-skills and transferable skills. You will probably change organisations, careers and professions several times. Health Libraries may be an ongoing role, or a stepping stone to something else.

### Anything else you would like to share about yourself?

In the long term, I think if government libraries are going to survive, they need to look at getting some recognition in the State Libraries Acts similarly to public libraries.

## EVENTS TO SUPPORT YOUR PROFESSIONAL DEVELOPMENT

EVENT	LOCATION	DATE
<b>Have you mapped your professional development calendar for 2019 – get these dates in your diary ...</b>		
Library Association of Ireland/CILIP Joint Annual Conference (including Health Libraries SIG)	Dublin, Ireland	March
 HLA sponsored Julie Glanville Workshops	Melbourne Sydney	10 April 16 April
Medical Library Association, 119th Annual Meeting and Exhibition	Chicago, USA	3-8 May
Asia-Pacific Library and Information Conference	Hong Kong	30 May – 1 June
Health Libraries Group (CILIP UK)	UK	June
Canadian Health Librarian Association (CHLA)	Ottawa, Canada	4-7 June
EAHIL 2019 (European Association for Health Information and Libraries)	Basel, Switzerland	17-20 June
 HLA PD Day (keep a watch for further information)	Melbourne	18-19 July
IFLA World Library and Information Conference (Including Health and Biosciences Libraries Section)	Athens, Greece	24-30 August
16th Health Libraries Inc. Conference	Melbourne	TBA Oct

**TRAVELLERS TIP:** If you are looking for conferences that you can link in with your travels, keep an eye on the site “[International Library Related Conferences](#)” maintained by James Thull, Associate Professor, Special Collections Librarian, Montana State University Library and Marian Dworaczek, Librarian Emeritus University of Saskatchewan Library and original list creator.



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