

HLA NEWS

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Having the CONVERSATION

Daniel McDonald this year attended a “Business Skills for Health Professionals” training course provided to staff of the Darling Downs Hospital and Health Service, where he works as Librarian. Here he shares the learnings that have helped him grapple with that big, ever-present question faced at all stages of one’s career: how best can you demonstrate and articulate the value of your library service.



Some months ago I attended a “Business Skills For Health Professionals” training course provided to

staff of the Darling Downs Hospital and Health Service (DDHHS). To a novice library manager instruction on budget variance and fraud awareness and the like was very welcome, but what has stayed with me most was a one line answer to a very big question. The Chief Financial Officer of the DDHHS was the sponsor of the two day workshop and spoke in its first half hour, giving an overview of the financial context of the health service together with some of the immediate challenges and longer-term opportunities likely to be faced. He generously took questions and I asked him how it was the library could show itself to decision-makers as more than simply a line-item cost in a 500 million dollar business, given the library does not generate revenue

through patient care yet does contribute to virtually all of the services that do treat patients. The CFO understood the essence of the question having faced similar difficulties while previously working for a mining education company, and suggested that while it was not easy the library had to “have the conversation”.

This challenge of “having the conversation” about a library’s value to a hospital is confronting and one we are all grappling with. We intuitively know the work we do is worthwhile and are frequently told as much by our clients, and the conversation around these themes amongst ourselves as information professionals is robust and engaging. However, explaining what a library does and why that is important in the terms and metrics of health is much more daunting. The recent “Worth Every Cent” report finding health libraries return \$9 for every \$1 invested is an excellent entry point to mapping health libraries to their wider setting in Australia, and in many ways is also an excellent exclamation point to the questions of a health library’s

value. However the conversation itself is more nuanced and more comprehensive. It requires a focus on our local varied contexts and, crucially, an articulation between those structures and processes (the hospital and its staff and patients) and their intersection with library activity (the information services we provide).

The library serving the DDHHS is making an uncertain attempt at this articulation, overhauling its record-keeping in order to better align the narrative of its activity

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Join the discussion about this article or other issues relating to health librarianship by emailing the Editor at HLA_News@hotmail.com

CONVENOR'S FOCUS

A dollar spent, NINE returned! • ALIA Future of the Profession Summit and the Library and Information Roundtable • Health stream at ALIA 2014 Conference



“

I was pleased to be able to contribute to the discussions in ways that highlighted HLA's achievements and strategic thinking, and show that HLA is one of the most organised, active, forward-looking and innovative ALIA groups.

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To say that the past three months have been eventful would be an understatement – in this column I will highlight a few of the most notable achievements, and leave others in the rest of the issue to fill in the details about what HLA has accomplished in the past quarter.

Undoubtedly the most significant event was the launch of the ground-breaking research about the value of health libraries, conducted by independent evaluators SGS Economics and Planning. The results of this research are astounding, showing that for every dollar spent on health libraries, the return-on-investment for their organisations is nine dollars! The research provides the evidence base for our advocacy and marketing campaign – it's now up to all of us to frame our key messages and target our communications in strategic activities. Check out the ALIA website¹ for supporting materials including an infographic, poster, and email signature. (The full SGS report² contains the details of the research methodology, the questions that were asked, and how the results were derived.)

In the same week as the results of the research were announced I also represented HLA at the ALIA Future of the Profession Summit and the Library and Information Roundtable, both held at the State Library of New South Wales. The context for the Futures Summit was set by the ALIA discussion paper 'The Future of the Profession: Themes and Scenarios 2025'.³ This was structured around three alternative scenarios – convergence, connection, and the golden age of information – and how these would affect different types of libraries. You can find notes from the Summit as well as other submissions including a link to Mark Pesce's blog and keynote address on the [ALIA Futures wiki](#).

Mark Pesce, the opening presenter, began his talk by posing the question (in essence): 'you have won – we now live in a knowledge sharing world; the challenge for you is to figure out: what next?' David Alexander, a political strategist for the Barton Deakin Institute, gave some clues into the thinking and language of the new federal government. Three new gen librarians presented their perspectives on the future, and a panel of representatives from all sectors was available for a Q and A session. The afternoon took more of a workshop format, with brainstorming and presentations from small groups who had explored a set of questions from various perspectives. The following day a Roundtable comprising representatives of the different sectors and larger library institutions was convened by ALIA's Board of Directors. Facilitated by Board Chair, Julie Rae, and ALIA's Executive Director, Sue McKerracher, we were led through a process to synthesise the previous day's brainstorming and the outcomes have now been handed over to the ALIA Board to design the strategies which will take the profession forward into the next decade.

I was pleased to be able to contribute to the discussions in ways that highlighted HLA's achievements and strategic thinking, and show that HLA is one of the most organised, active, forward-looking and innovative ALIA groups.

Also in the last few weeks our Health Stream committee for the ALIA 2014 Conference has designed a program for the final day of the conference (Thursday 18th September). In line with the general theme

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Daily library challenges – REAL LIFE RESPONSES

In the June issue of HLA News, Townsville Health Library staff Lynette Grevsmuhl, Bronia Renison and Mayah Cvetic described a number of challenges encountered during the course of normal business in their library. Here they reveal the responses individual staff members made to the challenges, along with posing a further scenario for you to imagine yourself resolving. This is an opportunity to think not just about how you would react, but also to explore the values and professional ethics that would inform your reaction.

SCENARIO ONE

It was busy at the desk. A doctor requested a sign chart showing basic health concepts and instructions, labelled in a Chinese dialect so that he could communicate with a non-English speaking patient.

Our response

We were not able to provide books on communicating with people who speak that particular Chinese dialect. After doing some internet research, we were able to provide a chart (in that dialect) which would normally be used for deaf people. The chart included a wide range of pictures and labels describing everyday activities, such as eating, sleeping, watching television, showering etc. The doctor was then able to show the chart to the patient who could indicate whether he was hungry, tired, in pain etc.

SCENARIO TWO

A library staff member was shelving journals in a quiet part of the library. The quiet hum of apparent conversation was heard. Moving to where the “conversation” was emanating from, the library member saw two medical students kneeling on the floor and praying, using a journal as a mat.

Our response

The staff member felt uncomfortable interrupting such a personal matter and waited for 30 minutes before going back to the area to shelf journals. After a few similar encounters it was discovered that the prayers occur at the same time every day, so the staff member made an effort not to go into the area at that particular time. The inconvenience was temporary. If another library client had complained, further action would have been considered.

SCENARIO THREE

A staff member left her daughter who was under 12 years of age unattended in the library. The young girl was quietly occupied with a laptop computer and when questioned why she was in the library, she said that her mother was working. On checking with the mother later that morning, she said that even though her husband was at home the child preferred to wait in the library.

Our response

A hospital policy governs children in the workplace while a parent is rostered on duty. It stipulates the conditions under which a child may be present, ‘providing the employee is able to be responsible for supervising the child at all times while they are in the workplace’. We called the mother and explained her obligation, but she said she was unable to be with her child at present because she was working in a clinic. When the mother arrived, the Director explained the situation at length, noting that even if prior permission had been sought, we would have still been

A NEW SCENARIO

It is late in the afternoon, and the librarian is delivering a personalised training session on literature searching and reference management. The doctor is keen to acquire research skills, and is totally engaged. His phone rings. The librarian pauses, expecting him to take the call, if only briefly. Instead, he glances at his phone, and then says, ‘It’s my girlfriend. She can wait.’ The librarian has a dilemma: should she be gratified with the high value placed on her instruction, or gently reprimand him for treating his girlfriend in such a cavalier manner?

What would YOU do?

Join the discussion about this article or other issues relating to health librarianship by emailing the Editor at HLA_News@hotmail.com

ABOUT THE AUTHORS

The authors are part of the Townsville Health Library staff. Principal author, **Lynette Grevsmuhl**, is a Library Technician, **Bronia Renison** is the Library’s Director and and **Mayah Cvetic** is a Library Assistant.

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'Together we are stronger', we will be jointly convening two sessions focusing on different aspects of health librarianship:

- In partnership with public libraries, we will hold a panel discussion on health literacy and consumer health information.
- With academic and research libraries we will hold a session on the topic: 'Emerging roles for health librarians and changing models of library service delivery in health and medical research'. The call for papers will have been announced by the time this goes to press, with deadline for submissions in late December.

On the topic of conferences, we have recently signed a 'supporting organisations' agreement with HISA (Health Informatics Society of Australia). This will mean that we support each others' 2014 conferences through reciprocal promotions, discounted and extended 'early bird' registrations. Next year the Big Data Conference will be held 3-4 April and the Health Informatics Conference will be in 11-15 August, both in Melbourne.

Behind the scenes in our WIP (Work in Progress) file, there's much being achieved by our hard working executive.

Sarah Hayman has come onto the executive taking on responsibility for our website content. Sarah is well known for her expertise as the librarian behind the search filters developed for CareSearch, the online information site for the Palliative Care Knowledge Network. We look forward to seeing our HLA website evolve.

We have formed a new HLA News/National Bulletin Editorial Board with Terms of Reference which endorse the function and goals of the journal and make provision for three members to be drawn from the HLA membership at large. In addition to our executive representatives we are pleased to welcome Rob Penfold, Suzanne Lewis and Cheryl Hamill to the Board.

Cecily Gilbert has been engaged to work on HLA's Competency Mapping Project to support health librarians to meet the requirements of the ALIA Health Specialisation CPD scheme. There are two main aims of the Project:

1. To map the HLA's eight competency areas to currently available courses/programs of study/professional development events;
2. To identify any gaps which exist (where there are currently no courses/programs/events available) so that new courses/programs/events can be created.

With the assistance of Gill Hallam, we are developing an intensive residential course 'Essentials of Health Librarianship' to be offered in June 2014 in Brisbane. This course will be competency based and aim to provide a post-graduate level course for new or aspiring health librarians, or those who wish to update their knowledge and skills. Experienced health librarians will be engaged to support the development of the course. So health library managers – please mark this one in your staff development calendar.

The HLA Executive meets monthly by teleconference so if there are any items you would like to suggest for our agenda please let us know.

Ann Ritchie
Convenor HLA
ann.ritchie@alia.org.au

REFERENCES

- 1 <http://www.alia.org.au/news/2124/australian-health-libraries-return-investment>
- 2 The community returns generated by Australian health libraries. Final report, September 2013. SGS Economics and Planning. <http://www.alia.org.au/sites/default/files/SGS%20Health%20Report%20September%202013%20launch%201%20November.pdf>
- 3 <http://www.alia.org.au/sites/default/files/documents/advocacy/The%20Future%20of%20the%20Profession.pdf>

YOUR 2013 HEALTH LIBRARIES AUSTRALIA Executive Committee

Convenor

Ann Ritchie
Editor, Australian Library Journal
PO Box 4257, Geelong, Vic, 3220
Ph +61 (0) 401 110 388
ann.ritchie@alia.org.au

Treasurer

Sharon Karasmanis
Faculty Librarian and Team Leader
(Health Sciences), Learning and
Research Services Library,
La Trobe University, VIC 3086
Tel +61 3 9479 3493
s.karasmanis@latrobe.edu.au

Secretary

Gemma Siemensma
Librarian, Ballarat Health Services
PO Box 577 Drummond Street North,
Ballarat, VIC 3354
Tel +61 3 5320 4455
Fax +61 3 5320 4833
GemmaS@bhs.org.au

Newsletter Editor

Jane Orbell-Smith
hla_news@hotmail.com

General Committee Members

Laura Foley
Librarian, Australian and New Zealand
College of Anaesthetists
630 St Kilda Rd, Melbourne, VIC 3004
Tel +61 3 8517 5305
Fax +61 3 8517 5381
LFoley@anzca.edu.au

Dr Kathleen Gray

Senior Research Fellow, Health and
Biomedical Informatics Research Unit,
Melbourne Medical School and
Dept of Information Systems,
The University of Melbourne, VIC 3010
Tel +61 3 8344 8936
Fax +61 3 9035 8873
kgray@unimelb.edu.au

Sarah Hayman

Research Fellow (Evidence), Caresearch
L2, Flinders Health Sciences Building
Repatiation General Hospital
Daws Road, Daw Park SA 5041
Tel +61 8 7221 8218
Fax +61 8 7221 8238
sarah.hayman@flinders.edu.au

Jane Orbell-Smith

Librarian & WEHO, Assoc Lect UQ
Subacute & Ambulatory Services
9 Endeavour Blvd, North Lakes Qld
Ph +61 7 3049 1509
Fax +61 7 3049 1566
jane_orbell-smith@health.qld.gov.au

Bronia Renison

Director, Townsville Health Library,
Townsville Health Service District
PO Box 670, Townsville Qld 4810
Tel. +61 7 4796 1760
Fax +61 7 4796 1761
Bronia_Renison@health.qld.gov.au

Caroline Yeh

Librarian, Walter McGrath Library
St. Vincent's Hospital,
Victoria Street, Darlinghurst NSW 2010
Tel. +61 2 8382 2260
Fax +61 2 8382 2744
CYeh@stvincents.com.au

GO 'GLOCAL'

with the International Librarians Network

Kate Byrne introduces the International Librarians Network – an independent, facilitated, peer mentoring program – enabling librarians to build international relationships without leaving home.



The benefits of networking are well known; interactions with fellow librarians and information professionals can be immensely rewarding, both professionally and personally. International connections add another dimension to professional networking by creating opportunities to invite new perspectives and challenge our own assumptions. When we look at our profession, at our libraries, and at ourselves from a new perspective, we are better able to think critically and identify new strategies to support our own libraries. By learning about resources and methodologies used in other countries, librarians are able to discover both what we have in common and what we do differently to help make each of us better at what we do. By being 'glocal', thinking globally and acting locally, librarians can capitalise on the experiences of our colleagues around the world to make improvements in our libraries.

With the rapid rate of change in both medicine and librarianship, health librarians and library technicians have much to gain from international networking. The human body forms a common thread, linking healthcare professionals all over the world and our shared profession of librarianship is renowned for its openness and collegiality.

But if you can't afford to attend international conferences it can be hard to know how to start to build your own international network and become a 'glocal' professional.

The International Librarians Network (ILN) is an independent, facilitated, peer-mentoring program aimed at helping librarians do exactly that. We believe that innovation and inspiration can cross borders, and that spreading our networks beyond our home countries can make us better at what we do. The ILN seeks to support this aim by offering participants the opportunity to be matched as peer-mentors with a colleague from around the world. Participants in the program are matched with others outside their country, based on the information they provide to the program coordinators. Partnerships are made for a fixed term, and during this period are supported by regular contact and discussion points led by the program coordinators. Supported partnerships have an end date, with opportunities to sign up with for a new partner in the next round. It is our vision that repeat participants would develop a widening network of ongoing, independent professional relationships.

In a recent study, participants from our pilot program stated that they had gained an expanded view of the world and librarianship, gained new ideas, felt more connected and had increased professional confidence, demonstrating a transfer of the concept into reality. The round of our program currently running incorporates 392 participants from 40 countries and includes many health librarians from around the world. Already the participant feedback is demonstrating once again the ability of international networking to transform our professional lives.

Applications for the next round of the ILN will open in early 2014. You can register to be notified of the call for applications by submitting an expression of interest on our website, www.ilnetwork.wordpress.com where you will also find more information about our program.

ABOUT THE AUTHOR

Kate Byrne is the Outreach Team Leader for Science, Engineering and Medicine at the University of New South Wales Library and a Program Coordinator for the International Librarians Network. Her research interests include professional development, communication and conceptualisations of professional identity.

Kate Byrne
kate.byrne@unsw.edu.au

Editor's NOTE



Welcome back to another issue of HLA News. I am excited to say that from the beginning of 2014, we are branching out to provide HLA members with a monthly enews. Rob Penfold (Library Manager, Sunshine Coast Hospital & Health Service) has kindly offered to help me with this new venture and we will be looking for names for our new publication so get your thinking caps on.

Scanning my RSS messages brought me some very interesting reading this month on fake research and publishing, something I had not previously thought too much about but will do so from now on. You can read a bit more on the topic in this issue's "Web Wanderings".

I'm excited to announce that I have been appointed as part-time State Manager of ALIA. This gives me the opportunity to get a better understanding of our Association and also promote the health libraries perspective. I especially look forward to representing our Queensland members.

As this is the final issue for 2013, I would like to wish all our readers a very merry Christmas and all the best for the coming year.

Jane Orbell-Smith
HLA News Editor
hla_news@hotmail.com

TIPS & TRICKS

NHS App... Couch to 5K

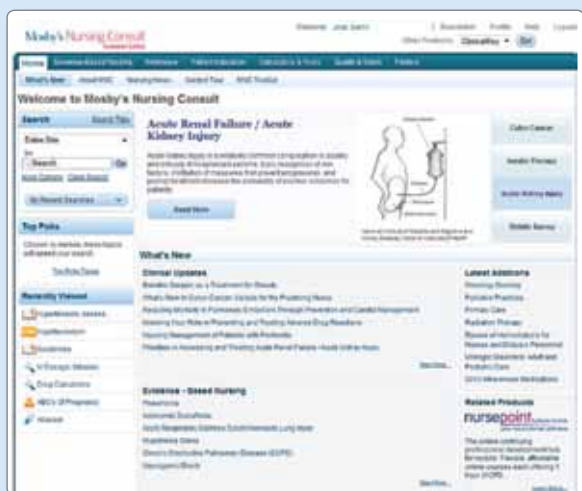
The NHS has produced an app to help get people moving. The Couch to 5K app developed with Change4Life offers to get participants running 5 kilometers in just nine weeks. This is just one of a multitude of apps available as free downloads aiming to improve individual health – timely with New Year resolutions fast approaching.

<http://www.nhs.uk/Change4Life/Pages/couch-to-5k.aspx>



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UNDER THE BRIDGE

Suzanne Lewis reports on the third Australian Evidence Based Practice Librarians' Institute, held in Sydney last month.

Following the success of the first and second Australian Evidence Based Practice Librarians' Institutes held in Brisbane in 2011 and Darwin in 2012, the third Institute was held in Sydney between 19 and 22 November 2013. The venue was Mary Mackillop Place at North Sydney, within close walking distance of the Sydney Harbour Bridge. This wonderful conference venue provides comfortable accommodation, full catering and conference/breakout rooms with wireless Internet access throughout. The beautiful gardens are perfect for meal breaks and also offer lots of spots for people to work in pairs on learning activities or just do some quiet reading.

As in 2011 and 2012, the Institute was fully subscribed with 24 participants mainly from NSW, Victoria and ACT, plus one Western Australian. There was a range of academic and hospital librarians, plus several working in special libraries such as colleges, government departments and not-for-profit organisations. Following the format of previous Institutes the participants were divided into three groups of eight, with each group led by two tutors. This year we were fortunate to have Connie Schardt return as a tutor and convenor of the Institute. Connie is a Past President of the Medical Library Association and recently retired as Associate

Director for Research & Education at the Medical Center Library at Duke University, North Carolina, USA. Connie is involved in a wide range of EBP activities including a residential workshop and online course for health librarians in the United States. Connie's airfare and expenses were generously sponsored by MIMS.

This year I was a tutor and co-convenor of the Australian Institute together with Lisa Kruesi, the Associate Director, Scholarly Publishing and Digitisation Service, University of Queensland and the Executive Advisor to the Editor-in-Chief of the journal, *International Surgery*. Lisa and Connie were the driving force in establishing the Australian EBP Librarians' Institute in 2011. Other members of the faculty included: Janene Batten, Nursing Librarian at the Cushing/Whitney Medical Library, Yale University, USA; Catherine Clark, Assistant Director for Medicine, Dentistry and Health Sciences at the University of Western Australia Library; Fiona Russell, Medical Librarian at Deakin University in Geelong, Victoria; and Kaye Lasserre, Subject Librarian for the Faculty of Medicine, Nursing and Health Sciences at Monash University, also in Victoria.

The program for the Institute consisted of a mix of large group interactive lectures delivered by each of the faculty, introducing key concepts and core material. These

were followed by small group, activity based sessions in which new content was revised and reinforced. Both large and small group sessions are informal, with questions encouraged in a relaxed and supportive environment. The learning objectives of the Institute were to: identify and explain the steps in the practice of evidence based clinical practice (EBCP); recognise the basic study designs in clinical medicine and their strengths and weaknesses; formulate a concise clinical question and identify appropriate resources to answer the question; identify and explain the basic criteria for judging the validity of studies on therapy, diagnostic testing and systematic review; identify and understand the basic terminology used to describe the results of studies on therapy, diagnostic testing and systematic review; and identify roles for librarians in supporting evidence based clinical practice.

Apart from the structured large and small groups, learning also took place via informal discussion during breaks and a lively game of EBP Jeopardy on the last day. There were plenty of opportunities for networking including welcome drinks on arrival, a welcome dinner organised and sponsored by Wolters Kluwer Ovid, guided walks across the Harbour Bridge (the pedestrian walkway, not the arch!)

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and to Lavender Bay on Sydney Harbour, and early morning yoga sessions thanks to the generosity of one of our participants, Leigh-Anne Claase from the Therapeutic Guidelines Ltd.

The Institute is eligible for points in the ALIA health specialist certification Professional Development Scheme and meets the requirements of the Competency Area: 'Understand scientific research methods and have the ability to critically examine and filter research literature from many related disciplines.' For more information about the ALIA CPD scheme and the health specialist certification see the ALIA website (<http://www.alia.org.au/professional-development>). Plans are underway for a fourth Institute to be held in 2014. If you are interested in attending this wonderful professional development event look out for the call for expressions of interest on the ALIA health e-list. Places are limited and fill very fast.

More information about the 2013 Institute can be found on



ABOVE – The tutors, and BELOW – The whole group.

the website (<http://ebp.institute.libguides.com/EBP>). I would like to thank our sponsors for their generous support of the Institute. These included our premium sponsors MIMS, represented by Mark Fahey; Wolters Kluwer Ovid, represented by Jon Ward; the Health Libraries Australia group of ALIA; and the University of Queensland Library. The faculty were supported to attend by their home institutions which included the Cushing/Whitney Medical Library at Yale University, Central Coast Local Health District in NSW, the University of Western Australia, Deakin University, the University of Queensland and Monash University. The seven tutors generously donated their time and

expertise, not just during the three days of the Institute but throughout the year, preparing teaching materials and participating in Skype teleconferences across a number of international time zones. And finally, I would like to thank all those who attended the Institute for their enthusiastic and thoughtful participation. One of the great strengths of the Institute is the knowledge sharing that takes place within the whole group.

Suzanne Lewis
Manager, Library Services,
Central Coast Local Health District
slewis@nscchhs.health.nsw.gov.au



Write for HLA News

If you are thinking about writing as a professional development exercise or to report on research you have undertaken, consider writing an article for HLA News.

Review our Guidelines at http://www.alia.org.au/sites/default/files/documents/our-communities/HLA.News_.Author.Guidelines_1.pdf

HLA News is indexed by RMIT Publishing and appears in CINAHL and The Online Librarian.

Why counting COUNTS

A report from Melanie Kammermann, recipient of the Anne Harrison Award in 2012, updating members on the Census of Australian health libraries and information services and the wider interest this project has generated, plus the progress towards a directory of Australian Health Libraries.



Melanie Kammermann
melkam88@yahoo.com.au

CENSUS INSTRUMENTS, PILOTING AND ROLLOUT

The surveys for both (1) library and information services and (2) individuals working outside the traditional setting have been completed. The instruments are ready to be piloted and have been passed to Scott Hamilton who will make them available online. The initial timeframe had been to pilot the surveys in mid-November 2013 and then roll out the surveys in February 2014. Due to unexpected circumstances, piloting will now most likely take place in February 2014. Preferably the survey will be rolled out and completed before Easter 2014 or early May at the latest.

It is anticipated that members of the HLA Executive and an additional select group will be approached to take part in the pilot. The pilot group will be representative of a cross section of the different types of health libraries plus two to three health librarians who work outside the traditional library setting.

DIRECTORY OF AUSTRALIAN HEALTH LIBRARIES

This has been quite a revealing activity and, to no one's surprise, a moving target! By mid 2013 a list of health libraries and contact information had been generated from the ALG and ALED9. Much of the work done since has been to cross-check this information against library websites and/or by making personal contact with libraries to ascertain the veracity of the information. It is not yet complete but close. As well as being the basis for a directory, contact details will be used for communication purposes and the list as a whole will go some way to helping ascertain response rates once the census is released.

ENGAGEMENT WITH HEALTH WORKFORCE AUSTRALIA

In July 2013 Ann Ritchie, Lindsay Harris and Melanie Kammermann met (by phone) with two representatives of HWA. HWA is very interested to track the results of the Census and also offered their expertise by being involved in the piloting of the survey instruments.

COMMUNICATION/MARKETING

On 17th July 2013 Cheryl Hamill made a seven minute presentation as part of a 'learning exchange' at the HIC 2013 conference in Adelaide. The title of her presentation was: *"What gets counted counts. The 2013 Australian census of health librarians. Mapping the demographics of a player in the health informatics landscape."* <http://c.ymcdn.com/sites/www.hisa.org.au/resource/resmgr/hic2013/HIC2013Program.pdf>.

Kathleen Gray has flagged that HLA might want to consider presenting a full paper on the census findings at the national Health Informatics Conference to be held in Melbourne 11-14 August 2014, to expand on the HIC2013 short presentation. The theme of the conference is: "Investing in ehealth: can we afford to / not to?" <http://www.hisa.org.au/page/hic2014>. The call for submissions closes on 17 March 2014.

Ann Ritchie reported that the Census was given a huge endorsement at a library & information roundtable in October 2013. To capitalise on this, the intention is to present the Census results as part of the health stream at the ALIA National 2014 Conference on Thurs 18th September. <http://nationalconference2014.alia.org.au/>. Abstract submissions call closes 31 December.

unable to agree to her request. Unfortunately, the mother showed little acceptance of the policy and seemed unaware of the risk to which she had exposed her child. The library policy regarding children was updated and approved by the Library Committee.

SCENARIO FOUR

While in the hospital café which is situated close to the library, a patient noticed on his iPad that there was library WiFi access. On entering library, he asked if he could use the WiFi. On being told that the WiFi access was only for the use of staff and students, he left. Several minutes later, a library staff member observed him standing outside the library door using the WiFi on his iPad. The library has signs displaying the login details, so the patient could have remembered the details when he was previously in the library.

Our response

The staff member did not speak to the patient as she felt that he was rather frustrated when told that WiFi was only for staff and students. There are local contractual reasons for this policy. Confrontation with the patient was avoided. The WiFi signs were subsequently moved to places which were not visible from the front desk, where a visitor could see them.

SCENARIO FIVE

A member of the public entered the Library and requested WiFi access. She was politely informed that the library was only for the use of Queensland Health staff and students. As the person exited, she was heard to loudly swear at the staff member.

Our response

The staff member felt embarrassed and shocked, especially due to other library patrons witnessing the incident. She felt that the patient was of an argumentative nature and that requesting an apology would make matters escalate. She only spoke to library staff about what occurred. The Library Director supported and counselled the staff member, and offered to speak with the person should she return.

SCENARIO SIX

A hospital staff member brought to the Library two international medical students who were on placement at the hospital. They had arrived to find that the accommodation arranged by the host organisation was unavailable. It was hoped the students could find accommodation using the internet.

Our response

A temporary network login was provided for both students to locate accommodation in Townsville. As English was not their first language, the staff member felt that they might face some challenges finding appropriate housing, or might not be aware of what is available in terms of accommodation.

The staff member sat down with the students and gathered information regarding their preferences and financial situation. Accommodation proved difficult to find, as the hotels/motels were too expensive and the houses/units were on a minimum contract of six months or more. After a while the staff member found temporary accommodation which is provided from two weeks to six months, and is mostly utilised by FIFO workers, or people who have newly moved to Townsville and need somewhere to stay for the 'relocating' period. The search proved successful as the students were satisfied with the look of the units, as well as the price requested.

Lynette Grevsmuhl, Bronia Renison, Mayah Cvetic
Townsville Health Library



Anne Harrison Award

The Anne Harrison Award is a biennial Award for Australian health library and information professionals. Applications will soon open for the 2014 award.

Funding supports:

1. Research projects that will:
 - increase the understanding of health librarianship in Australia, or
 - explore the potential for the further development of health librarianship in Australia
- or
2. Projects to enrich the knowledge and skills of Australian health librarians, to help support:
 - an approved course of study or study tour, or
 - a publication in the field of Australian health librarianship, or
 - continuing education courses, including meeting the expenses of overseas speakers.

For further information on the Award and application guidelines please visit <http://www.alia.org.au/about-alia/awards-and-grants/352/anne-harrison-award>

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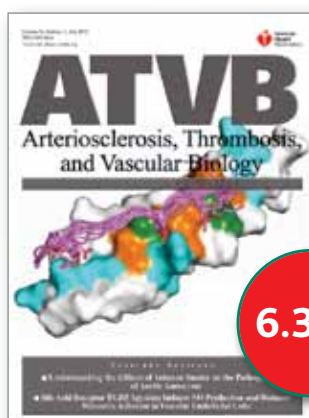
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with the hospital service it is a part of. Like libraries of all hues we have kept a plethora of statistics on our interventions and products – the number of documents and books we have provided from all sources, the number of searches we have conducted, the training we provide. However these numbers are mostly significant internally and are limited in isolation to any wider application. An honest appraisal would conclude we have been more diligent at keeping the statistics than interrogating them to see what kind of picture they draw of how the library's information is used by the hospital. Therefore, we have tried to start not with the library but the hospital, finding fixed reference points that are meaningful to health, and then determining ways in which these reference points might be coded against library data sets. In essence we have sought to find one of the common denominators necessary for any conversation, a shared language.

The most obvious place to start in looking for health-specific reference points is the patient. To the hospital the patient is clearly a person requiring intervention in the course of their injury or illness. In my limited understanding of casemix funding and health economics such interventions are the activity upon which hospital funding is based, coded according to Diagnostic-Related Groups and reimbursed according to prices set by the Independent Hospital Pricing Authority. In its most simplistic form, Px = DRG = \$\$\$. Hospital libraries frequently argue that what we do should be considered directly relevant to patient care, perhaps most acutely for literature searching. Therefore, while not claiming an exhaustively proven thesis, it is possible to correlate literature searches to a patient (and dollar) schema – the DRG. At its most simplistic: Search = DRG = \$\$. Clearly many searches conducted by health librarians are not closely aligned with specific interventions, but most are and those that are not can still be incorporated into the DRG schema.

The DDHHS library has retrospectively assigned a DRG code to each of its 1400 literature searches conducted since July 2010. This data can then be used a number of ways. One is to group the searches against broad DRG delineations (Nervous System, Eye, Respiratory, Circulatory etc) and then present this graphically. Such a graph showing where searches fall diagnostically is considerably more meaningful to library staff and clinicians and hospital administrators than simply search totals on their own. Also, DRGs are coded against reimbursement prices, which allows for speculation as to the value of literature search provision. Hypothetically, if the DDHHS library's searches contributed 2% to the income earned from each DRG, only for the number of searches performed against each DRG, it would have earned \$54,753 a year through its searching alone. This is roughly equivalent to 1 FTE librarian position. Allowing for the fuzzy methodology at the edges of this approach, this seems significant.

Along with patients, hospitals have a highly skilled workforce assigned to specific areas in order to treat the patients that come through their doors. Again, these assignments are part of controlled schema that are easily available and independent of any library determination. For staff in Queensland Health, professional divisions are made at a broad level (Medical; Nursing; Health Professional; Operational etc) and within those at a specific positional level (eg nursing – AIN; EN; RN; CN; CNC; NP etc). For service areas, the DDHHS has a one page document outlining the structure of services and functions for 2013. These are likewise divided into broad areas (eg Toowoomba Hospital – medical; surgical; women & children; ambulatory & support) and within those more specific descriptions (eg Medical Services – general medical; regional cancer; admission discharge & transfer; renal; geriatrics & rehab & stroke). DDHHS staff in these position types and service areas use the library to request books and articles and searches. Therefore by coding the staff who make these requests against their broad and specific professional and service divisions it should be possible to map the library-sourced information use of the DDHHS.

The DDHHS library has records associated to client names for: articles provided from all sources; books loaned from all sources (excluding e-books); searches conducted. The library has retrospectively pooled all of this "library-sourced information use" since July 2010 against a unique record for each individual library client (resulting in 1022 client records), and then assigned each of those library clients a broad and specific "position type" and a broad and specific "service area". As with searching and DRGs, there is undoubtedly some fuzziness at the edges of this approach to data collection and coding, but the library is confident errors and omissions and confounders are well under 5%. With these entwined data sets the library is able to interrogate its activity with respect to the health service in all sorts of ways that give all sorts of finely-detailed pictures and tell all sorts of richly-enhanced stories. These can be generated by the library but, just as importantly, can come from engagement with clinicians and administrators as to what is meaningful to them. Some examples:

The following table compares the percentage of position type by FTE in the DDHHS, and the percentage of position type by library client:

Position Type	% DDHHS	% Library
Medical	9	27
Nursing	46	35
HP / Profession	10	33
Operational	22	1
Administrative	12	3
Trade	1	1

The following table compares the number of library clients from each specific profession from the Health Practitioner Position Type:

Specific Position Type	# Library Clients
Dental Therapist	3
Medical Education	2
Nutrition / Dietetics	23
Occupational Therapy	57
Pharmacy	14
Physiotherapy	36
Podiatry	3
Psychology	75
Radiation Therapy	1
Radiography	12
Social Work	40
Speech Pathology	25

The following table compares information use of library clients from two specific position types:

Position Type	Loans	Articles	Searches
Occupational Therapy	55	872	94
Physiotherapy	29	478	64

The following table compares information use of all staff from two specific service areas:

Service Area	Loans	Articles	Searches
Emergency	126	885	29
Critical Care	253	1060	102

The library is only beginning to explore the potential of this hospital and patient centric approach to its data collection and presentation. It would be great to get to a stage where the entire DDHHS is mapped according to its information use by service areas and by position types, and that this map was sustainable and dynamic going forwards. It is also anticipated using this data along side other sources of library evaluation, such as research literature and qualitative surveys and anecdotal evidence of the value of health information, will further describe the impact of a health library. Even at this nascent stage, though, it is clear evidence can be generated which articulates library activity with patient care carried out by the hospital workforce in its service areas. This evidence may be used for cost-benefit analysis, role justification, performance evaluation, or simply to start a conversation.

Daniel McDonald
Librarian, Darling Downs Hospital and Health Service
Daniel_McDonald@health.qld.gov.au

MOOCS?

MOOCs or Massive Open Online Content, are free online courses offered by Universities and Organisations. Further information on MOOCs is available on You Tube including an article from the New York Times (2013) "Welcome to the brave new world of MOOCs" at www.youtube.com/watch?v=KqQNvmQH_YM.

The Wall Street Journal reported in November on a study by the University of Pennsylvania finding that the main users of MOOCs were "young men looking for new skills to advance their careers". It further reports reported that 90% of participants signing up for MOOC courses do not complete the required study although the reasons for this dropout rate are yet to be examined.

(Source: blogs.wsj.com/digits/2013/11/20/survey-mooc-students-are-elite-young-and-male-2/.)

There are MOOCs available on any number of topics.

To see what is available, access the following sites:

- MOOC List www.mooc-list.com/
- Coursera www.coursera.org/
- CourseSites MOOC Catalog www.coursesites.com/webapps/Bb-sites-course-creation-BBLEARN/pages/mooccatalog.html
- EdX www.edx.org

The library community has offerings through all of the above aggregators. Herman, S. and Ketchum, M. (2013). "MOOCs and the health science librarian"¹ is also well worth reviewing. Dean Giustini on his blog entry "Massive open online course (MOOCs)"² provides a comprehensive description of MOOCs and how they impact on the role of the health librarian both as a MOOC user and as a MOOC provider.

REFERENCES

- 1 Herman, S. and Ketchum, M. (2013). "MOOCs and the health science librarian" Medical Library Association Meeting. mlgsc.mlanet.org/jtmtg2013/Papers/Herman_Presenter1_Session4.pdf
- 2 Giustini, D. (2013). "Massive open online courses (MOOCs)". HLWIKI International. [hlwiki.slais.ubc.ca/index.php/Massive_open_online_courses_\(MOOCs\)](http://hlwiki.slais.ubc.ca/index.php/Massive_open_online_courses_(MOOCs))

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Health Libraries Australia wishes all our members a safe and happy holiday season. May the new year deliver lots of good times shared with families and friends and buckets of bright ideas.



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HINARI Programme set up by WHO together with major publishers, enables low- and middle- income countries to gain access to one of the world's largest collections of biomedical and health literature. Approximately 12,700 journals (in 30 different languages), 24,900 e-books, and nearly 70 other information resources are available to health institutions in more than 100 countries, areas and territories benefiting many thousands of health workers and researchers, and in turn, contributing to improve world health.

Local, not-for-profit institutions in two groups of countries, areas, or territories may register for access to the publications through the Core Offer of HINARI; Group A – free access, Group B – low cost access. The country lists are based on four factors: Total GNI (World Bank figures), GNI per capita (World Bank figures), United Nations Least Developed Country (LDCs) List and Human Development Index (HDI).

(Source: HINARI (2013). <http://www.who.int/hinari/en/>, retrieved 19/11/2013.)

Online Rehabilitation Sources

A recent scout around on the web information resources supporting rehabilitation. Free access sources are noted.

- Allied Health Evidence www.alliedhealthevidence.com (free) – produced by the University of Queensland, enables simultaneously searching of Pedro, OTSeeker, SpeechBite and PsychBite.
- Ebsco Rehabilitation Centre
- National Rehabilitation Information Center <http://www.naric.com/> (free) – produced by the US National Rehabilitation Information Center.
- The Open Rehab Journal <http://www.benthamscience.com/open/torehj/openaccess2.htm> (free)
- OTSeeker <http://www.otseeker.com/> (free) - contains abstracts of systematic reviews, randomised controlled trials and other resources relevant to occupational therapy interventions.
- Pedro
- PsychBite
- Rehab+ <http://plus.mcmaster.ca/Rehab/Default.aspx> – produced by McMaster University's Health Information Research Unit.
- SpeechBite

Standards of Evidence

Nesta is an innovation charity with a mission to help people and organisations bring great ideas to life. The organisation recently published a paper providing an overview of their standards of evidence called *Standards of Evidence: an approach that balances the need for evidence with innovation*. The Standards aim to “find alignment with academically recognised levels of rigour, whilst managing to ensure impact measurement is appropriate to the stage of development of a variety of different products, services and programmes.”

(Source: Nesta (2013). www.nesta.org.uk/library/documents/Standards_of_Evidence_Summary_Oct13.pdf)



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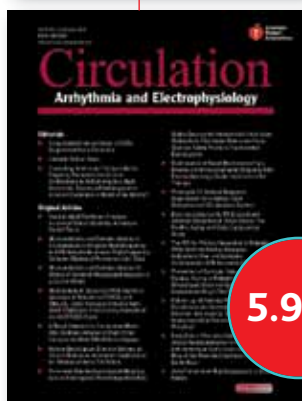
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Impact Factors as reported in the 2012 *Journal Citation Reports®* (Thomson Reuters, 2013)

WEB WANDERINGS

Web Wanderings is a series of links on current health information related issues and discussion.

Medical Publishing

Joseph Esposito writes an interesting article on medical publishing in his contribution to the Scholarly Kitchen. Esposito refers to Simba Information's Global Medical Publishing 2013-2014, available for a fee on their website. The report provides an "overview and financial outlook for the global medical publishing market based on specific research and analysis of the leading competitors' performance through 2012 with projections through 2016" (Simba, 2013). Esposito makes special note of the US\$10 billion spent on medical publishing compared with the US\$16.62 trillion the US spend on health care. This differential is considerable to say the least. US\$10 billion in Australian publishing is a very large amount of money – it would be interesting to do the same comparison in the Australian healthcare sector and our own medical publishing.

scholarlykitchen.sspnet.org/2013/09/10/the-m-in-stm-publishing/
www.simbainformation.com/Global-Medical-Publishing-7681197/

Source Verification

Apple are reported to be asking medical app developers to provide the source of medical information in apps to ensure each medical

app is appropriately validated. Tom Lewis reports some developers have had requests to release or update medical apps rejected on the basis of incomplete metadata.

(Source: Lewis, T. (2013). "Exclusive: Apple now asking app developers to provide sources of medical information", iMedicalApps. www.imedicalapps.com/2013/09/apple-app-developers-sources-medical-information/)

New service to replace NHS Choices

NHS Choices is the online 'front door' to the NHS. It is the UK's biggest health website and gives all the information you need to make choices about your health. A new multi-channel digital platform will subsume the current service and develop patient/ NHS interactions within the digital environment. Supplier briefing sessions with parties interested in being involved in the next generation have recently taken place in the UK. The project is due to go live in March 2014. For the current version of Choices visit: www.nhs.uk/Pages/HomePage.aspx

(Source: NHS (2013). www.hscic.gov.uk/article/3411/New-service-to-replace-NHS-Choices-website-from-March-2014)

Genetics Home Reference

The National Library of Medicine have developed a range of genetics based information resources including:

- Genetics Home Reference: complete LCAT deficiency
ghr.nlm.nih.gov/condition/complete-lcat-deficiency
- Genetics Home Reference: familial isolated pituitary adenoma
ghr.nlm.nih.gov/condition/familial-isolated-pituitary-adenoma
- Genetics Home Reference: fish-eye disease
ghr.nlm.nih.gov/condition/fish-eye-disease
- Genetics Home Reference: isolated Pierre Robin sequence
ghr.nlm.nih.gov/condition/isolated-pierre-robin-sequence
- Genetics Home Reference: late-infantile neuronal ceroid lipofuscinosis
ghr.nlm.nih.gov/condition/late-infantile-neuronal-ceroid-lipofuscinosis
- Genetics Home Reference: RAPADILINO syndrome
<http://ghr.nlm.nih.gov/condition/rapadilino-syndrome>

(Source: NLM e-list, August 19 2013)

HEALTH LIBRARIES

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engine!



The Archi logo features a stylized green and orange flower-like icon above the word "archi" in a lowercase, sans-serif font. To the right of the logo, the text "Australian Resource Centre for Healthcare Innovations" is written in a smaller, green, sans-serif font. Below the logo, a photograph shows three healthcare professionals in a clinical setting. A woman in a white lab coat is interacting with a man in a blue lab coat, who is looking at a computer monitor. Another woman is visible in the background. A green speech bubble with white text is overlaid on the right side of the photograph.

Assisting health professionals to improve clinical practice through knowledge sharing

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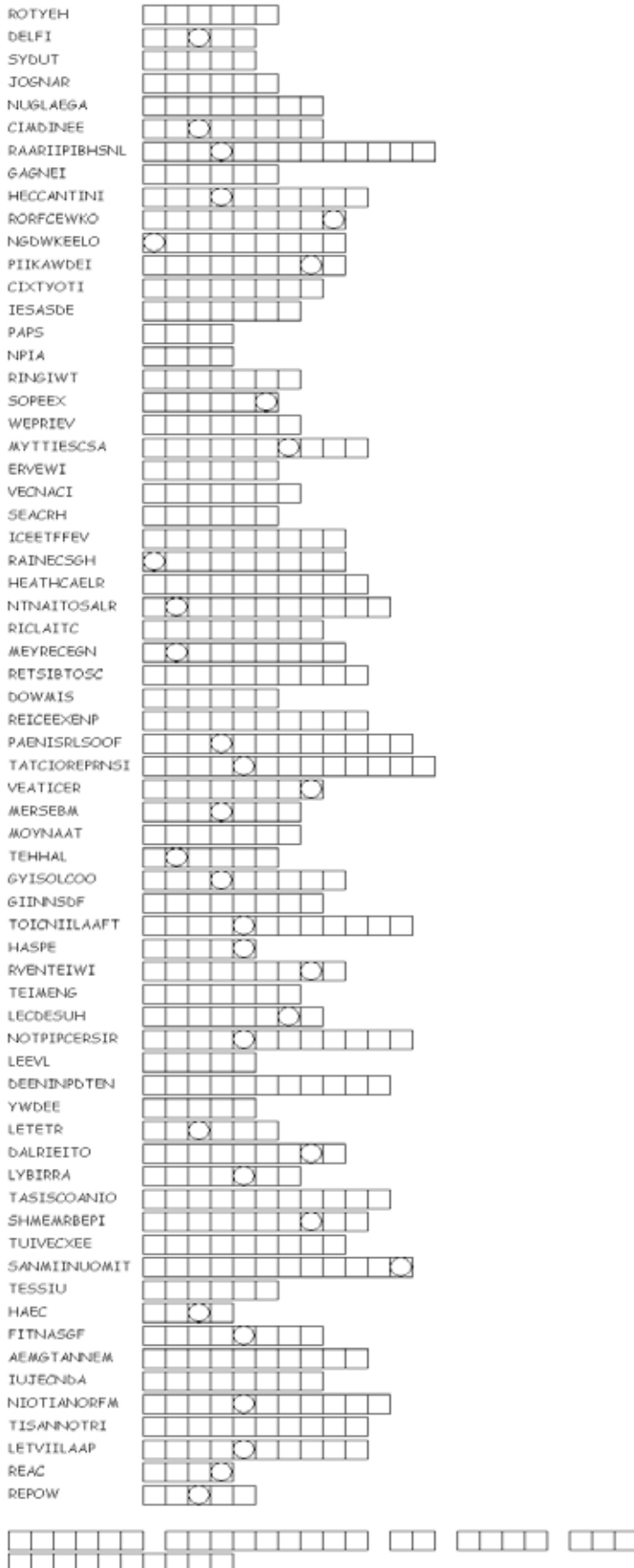
www.aci.health.nsw.gov.au/archi

Learn Share Connect

BRAINTEASER

This issue's health-centric brain teaser is a DOUBLE PUZZLE. Unscramble each of the clue words, then take the letters that appear in the highlighted boxes and unscramble them for the final message.

Solutions will be published in the next issue of HLA News. Good luck!



SOLUTION: SEPTEMBER 2013
REBUS (pictogram) PUZZLES

1. Trail Mix
2. Space Invaders
3. Inside Job
4. Fly by Night
5. A Man for All Seasons
6. Three Strikes and Out
7. On Cloud Nine
8. A Step Backwards
9. Raised Eyebrows
10. Hear, Hear

EVENTS TO SUPPORT YOUR PROFESSIONAL DEVELOPMENT

Full events listing is available on our website at <http://alia.org.au/groups/HLA>

2014		
17th VALA Biennial Conference	Melbourne	3 – 6 February
Medical Library Association	Chicago	16 – 21 May
Canadian Health Libraries Association	Montreal	16 – 20 June
CILIP: Health Libraries SIG	Oxford, UK	24 – 25 July
HISA: Health Informatics Conference	Melbourne	11–14 August
★ ALIA Biennial (including satellite HLA/HL Inc PD Day)	Melbourne	15 – 19 September

Additional Provider – <http://www.cebit.com.au/> CeBIT (2014) in May.



ALIA Health Sector PD Scheme Specialisations

Remember to join up for the first round of the ALIA Health Sector PD Scheme specialisation.

This will enable health sector LIS professionals to demonstrate their specialised knowledge by complying with an additional commitment to the ALIA PD Scheme. Simply choose the ongoing learning based on a specific set of health core competencies.

The specialisation will be distinguished with the post nominals of AALIA(CP) Health Librarian or ALIATec (CP) Health. Health are the first group to utilise the new PD Scheme specialisation category.

To learn more please contact ALIA Professional Development and Careers Manager, Judy Brooker, for more information: ph (02) 6215 8216 or pd@alia.org.au

JoinNOW

Do you have research that you would like to share with the wider LIS community?

Answer the ALIA National Conference Call for Abstracts

Now is the time to consider submitting an abstract to the ALIA National Conference Committee. Applications must be in by **31 December**.

Information on the Conference is at: <http://nationalconference2014.alia.org.au/>



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INVEST IN YOUR PROFESSION.**

NEW YEAR'S RESOLUTIONS?

**It's not too soon to start checking out
ALIA Training for 2014**

ALIA are offering some great training opportunities in 2014 – keep an eye on the website: <http://www.alia.org.au/training>, and apply early to ensure you don't miss out. A couple of highlights for 2014 are:

[Grow the Love: promote your library service](#) and [RDA for Practitioners](#).



NATIONAL 2014
conference

15 – 19 September 2014, Pullman Albert Park hotel, Melbourne, Australia

STOP PRESS

Top honour for Cheryl Hamill



Health Libraries Australia congratulates Cheryl Hamill, Head of Department, Library & Information Services at Fremantle Hospital & Health Service, who has been conferred with the honour of ALIA Fellow – announced on 11 December in ALIA Weekly.

This award is well deserved and recognises Cheryl for the many years of service she has given to our profession, to her employer, and to ALIA.

HELPGOODWORK

Health Libraries Australia welcomes bequests for our two Awards, the HLA/HCN Innovation Award and the Anne Harrison Award. For further information contact the Anne Harrison Award's secretary, Bronia Renison at awards@alia.org.au



HLANEWS
DETAILS

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Editor

Jane Orbell-Smith AFALIA (CP),
Email: hla_news@hotmail.com.
Tel: 0408 498 384

Sub-editor Helen Giltrap

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