

HLA NEWS

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THE GREEN & GOLD Not an Olympics story – rather OPEN ACCESS IN STM PUBLISHING

Seismic shifts are underway with Scientific Technical Medical (STM) publishing. Cheryl Hamill has prepared this briefing on some of the trends.

Impetus for change

Scholarly publishing has faced few serious challenges to the underlying model despite decades of hand-wringing, beating of breasts and wailing of those forced to fund cost increases that obey no known laws of economics. It is a market characterised by inelastic demand, market-insensitive price increases, perverse incentives throughout the publishing chain, considerable increases in publishing volume and consolidation of supply into fewer, bigger, highly profitable corporations.

It is a circular system in which publicly funded (in the main) researchers and clinicians write, review and edit articles whose copyright they then sign away to commercial or society publishers (sometimes with article publication fees added) and their libraries that then buy back the final product.

Access is firmly hidden behind pay-walls (subscriptions), knowledge translation is hindered, access is inequitable and pricing pressures force increasingly unappealing decision choices.

Whilst the digital age has been a boon for those with access, publishers have delivered the double-edged sword that is the 'big deal' purchasing model¹

– great value so long as budgets hold out but with many unsustainable wrinkles in the model.

Funders of research are increasingly demanding that researchers deposit the results of their research in open repositories as a condition of the grant²⁻⁵ and thus we come to the green and/or the gold and indeed the blue, yellow and white.⁶ Commentary over the last couple of months has been intense prior to and following on from the release of the Finch Report in the UK and Government responses to it,^{7,8} European Research Council policy⁹ and the US Public Access Policy⁴.

What's green, what's gold, and what does open access really mean?

Arguments abound on definitions and benefits of one form or another of open access (OA) on email lists such as liblicense-l¹⁰ and blog sites. Of course nothing's for nothing and the argument is over which model of funding delivers the best national bang for the buck spent.

In green open access, 'someone' 'somewhere' sets up a repository for articles / research reports to be deposited and accessed freely. There are of course costs and it is not clear how these would be managed

in a large scale switch of STM publishing to green OA.

Gold OA costs are levied up-front with article publication fees paid by authors and/or their organisations whilst access is free to all, thus moving costs from subscriptions to up-front author/organisational publication fees. The chief advantage of this model is that publishers are already set up to manage the peer review and delivery of content and many

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FROM YOUR

CONVENOR

Professional development opportunities for Health Librarians
Award announcements • HLA Executive Committee updates



Welcome to the September 2012 issue of HLA News.

What a fantastic day we had at the HLA Professional Development day in Sydney on 10 July. The theme of the day, *Speaking Systematics – Primer on Systematic Reviews for Health Librarians*, was relevant to many who attended from a range of sectors including hospital and academic librarians, as well as those working for professional and not-for-profit organisations. Much of the success of the day was due to the speakers whose presentations worked so well together, approaching the topic of systematic reviews from a range of perspectives. The presentations from the Professional Development day are available from the event website (<http://hla2012.blogspot.com.au/p/program.html>) and from the HLA pages of the ALIA website (<http://www.alia.org.au/groups/healthnat/2012.PD.Day.html>). Thank you to all our speakers for sharing their knowledge, expertise and experience. This issue contains a full report on the Professional Development day by Janet Iffinger from the Health Sciences Library at Rockhampton Hospital, Queensland Health.

We also enjoyed time for networking, and the opportunity to speak to a range of sponsors who supported and attended the day. I would like to thank all our sponsors: our Gold sponsors MIMS and Wolters Kluwer Ovid; our delegate sponsor RMIT; and our Bronze sponsors HCN,

University Cooperative Bookshop, M&L Medical Books, Elsevier, Emerald, and EBSCO. Without their ongoing support we would not be able to run these kinds of events at such a reasonable cost. Some of us were also able to enjoy EBSCO's hospitality at dinner the night before the Professional Development day, and also attend the launch of Elsevier's ClinicalKey at the end of the day in the fantastic venue of Sydney Tower. Thank you to both EBSCO and Elsevier for providing these opportunities.

Two important awards were presented at the Professional Development day. The first was the annual HLA/HCN Health Informatics Innovation Award which this year was won by Sarah Hayman for the CareSearch project, part of the Australian Knowledge Network based at Flinders University. This award is now in its fourth year and provides recognition of excellence in the use of health informatics or Web technologies to contribute to improved patient outcomes. Allison Hart, Manager, Knowledge Solutions, HCN presented Sarah with a gift and \$3,000 to be used to further professional development. On behalf of Health



ABOVE – The HLA/HCN Health Informatics Innovation Award was presented to Sarah Hayman by Allison Hart, Manager, Knowledge Solutions, HCN.

Libraries Australia I would like to thank Allison, and HCN, for their ongoing commitment to the Innovation award. A full report on the CareSearch project was published in the June 2012 issue of HLA News.

The other award was the biennial Anne Harrison Award, supporting research and education in health librarianship, this year valued at \$5,000. The Anne Harrison Award for 2012 was won by Melanie Kammermann and her team for a project to conduct a census of Australian health librarians. As many of you will know, Melanie is a former HLA News editor and member of the HLA executive. As Melanie was unable to be at the Professional Development day to accept the award in person, Associate Professor Gill Hallam, who will be working with Melanie on the project, accepted the award on her behalf, and Melanie Skyped from Hong Kong to share the moment. Melanie's report on the proposed project is contained in this issue.

After the Professional Development day some of you stayed on in Sydney to attend the ALIA Biennial conference. I split a registration with two of my colleagues and attended on the Friday to deliver a paper on the first Australian Evidence Based Practice Librarians' Institute residential workshop which was held in Brisbane at the end of last year. It was great to be able to incorporate two videos into my presentation featuring my two co-authors, Lisa Kruesi from the University of Queensland and Connie Schardt from Duke University, North Carolina. Lisa and Connie are the founders of, and driving force behind, the Institute and their contributions highlighted the international nature of the collaboration which made the Institute possible. I have the privilege of being a tutor again at the second residential workshop which will be held in Darwin early in September. I am looking forward to reprising the workshop, working with the team of wonderful tutors,

continues on p6...

MUSICAL FUSION

Bronia Renison explains how music has bettered the bond between Townsville Health Library and the relatively new Palliative Care Unit.



In Australia, Library and Information Week and Palliative Care Week run concurrently

in May. Last year, the staff of the Townsville Health Library, located at The Townsville Hospital, supported the newly established Palliative Care Unit (PCU) with training, research and the development of a professional library, which was officially opened during Palliative Care Week.

This year, staff of both the Townsville Health Library and the PCU participated in a concert together at the PCU. In their ongoing association, palliative care specialist Dr Ofra Fried and library director Bronia Renison discovered a shared love of Eastern European and Klezmer music.

Dr Fried believes that music and other arts are an important element for the well-being of palliative care patients, and there is some evidence to support this view.

Bronia is a member of the 'Lettuce Dance Band' which



ABOVE – Meet the Lettuce Dance Band. Dr Ofra Fried is wearing the hat and Bronia Renison is on the far right.

performed at the PCU during Library and Information Week 2012. The concert attracted an audience of ambulant and bed-ridden patients, PCU staff, and members from various other hospital units. Patients too ill to be moved could hear the music from their rooms. Some audience members assisted with the percussion instruments, and several patients shared stories about the importance of music in their life.

Everyone agreed that the concert made a valuable

contribution to the well-being of all. The event also created further cohesion between the library and the PCU, and was so well received and enjoyable that an encore has been requested for 2013!

Bronia Renison

To comment on this article or other issues relating to health librarianship, please email the Editor at HLA_News@hotmail.com

INTRODUCING PMC – OLD FRIEND, NEW NAME

"PMC (formerly known as PubMed Central) has shortened its name in order to avoid confusion with PubMed. What's also new is PMC's look and feel, which has been updated to conform to NCBI's new standards for page design. This redesign allows for a cleaner and more uniform presentation across PMC's site as well as its article, issue and journal archive pages."

NLM Technical Bulletin - 3 August 2012,
http://www.nlm.nih.gov/pubs/techbull/ja12/ja12_pmc_redesign.html

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Editor's NOTE

an article for HLA News, just contact me via our email address: hla_news@hotmail.com.



Welcome back. I don't know about you, but I had a great time at the July HLA Professional Development

Day in Sydney. It was wonderful to meet so many of the people with whom I correspond and we had such interesting speakers and presentations.

Mainly as a result of the PD Day and the connections I made, we have a bumper issue with some content held over to the December issue as I had to instigate a cut-off point (I have not had that most welcome of problems with my earlier issues!).

It is disappointing to see that the scheduled ALIA Folioz Break Out course was cancelled due to lack of interest. This course

promised to be a good grounding for new and current LIS staff in the health sector. Hopefully future specialist course offerings will get the support they need to proceed.

I have the pleasure of heading to New Zealand to present a workshop on grey literature for the LIANZA Conference in Palmerston North at the end of this month. I look forward to meeting up with our New Zealand health libraries colleagues whilst there. I will certainly be encouraging them to head to Brisbane in February and join our next PD event. I look forward to reporting back on my presentation and new linkages.

We are delighted to announce that Informit have agreed to sponsor publishing of HLA News for another three years. We value this support and look forward to working with the RMIT team into the future.

As always, there is an open invitation if you would like to write

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MOSBY'S
NURSING CONSULT

SPEAKING SYSTEMATICS

Janet Iffinger, Central Queensland Health Sciences Library Manager, shares what she learnt at the HLA Professional Development Day in July which focused on systematic searching.



I must start this article with an explanation to those of you who are involved in searching for

Systematic Reviews. Despite being a hospital librarian for over 17 years, I have not been knowingly involved in such a complex matter. My searching, even though carried out with the tenets of evidence based practice in mind, is usually for clinical student assignments, patient care and hospital policy. These disciplines range across medical, nursing and allied health.

To sit and listen to the presentations from expert searchers was ego deflating when I realised that I would feel inadequate if invited to become part of a systematic review team. So with that confession out of the way and my apologies to those of you who are tested systematic review searchers, I will give a brief review of what interested me.

Edoardo Aromataris gave two lengthy and entertaining presentations which covered what a systematic reviewer presenting to a librarian would know – where they are coming from, where they will go and where the librarian's role fits within the process. His topics included the researcher/librarian interaction, the research question, searching, managing search results, study selection, critical appraisal, data extraction and synthesis, and evidence based databases and information. I was interested to note the differences he clarified in a review of effects and economics versus a review of qualitative and textual data, or, phenomena of intervention compared with phenomena of interest or experience. His types or breed of

researchers drew some chuckles. The second presentation discussed what happens once the librarian becomes involved. This was an hour long presentation and I recommend that readers go online – <http://www.alia.org.au/groups/healthnat/2012.PD.Day.html>

There is a wealth of information and links contained in all the written presentations and the audio upload is an excellent addition.

I found Ruth Mitchell and Catherine King's co-presented session "Understanding and using published standards for high quality systematic review searches" and "The health librarian as a systematic review team member : practical considerations" highly relevant. Ruth outlined the main points contained in the Cochrane and Institute of Medicine's standards for conducting and reporting searches. The standards she outlined are designed to assist rather than hinder and also reinforce the role of the information specialist or librarian. Catherine gave practical pointers on being involved in the process emphasizing the importance of documentation and keeping a personal copy of discussions, scoping search, and, the final search strategy. Catherine said a sense of humour was an asset plus she added a tip to double check the final product before it is published if you are offered acknowledgment.

In her presentation "Expert searching: what are we missing?" Sarah Hayman emphasized that the ideal is for the librarian to be a member of the review team or at least, the need to establish good communication with the members of the review team. She also cautioned against firm reliance on the "PICO" search strategy as using "Comparison" may make the search too narrow and searching "Outcomes" may result in missing

relevant studies that do not state outcomes. Edoardo had also noted this point in his earlier talk.

Keeping records of your search strategy and sources used is vital for transparency and reducibility. Knowing the quirks of each database is mandatory, as it is for any online searching. One tip I will use in my more tricky literature searches is asking the clinician which journals he or she might expect to be listed in the results. Sarah outlined the use of textual analysis tools such as the free Writewords and an evaluation instrument such as PRESS (Peer review of electronic search strategies). The Cochrane handbook should be considered the Systematic Reviewer's bible.

Julie Williams' presentation "When systematic reviews become unsystematic" questioned not only Academia's assigning systematic reviews to individuals when the majority are completed by teams but also whether these researchers or students have enough knowledge and understanding of the process of conducting a systematic review. She also stated that a systematic review must adhere to a protocol. Her online presentation lists Yoshi's seven recommended elements of the search strategy description and compares two systematic reviews. There is a colourful representation of a systematic (impartial) versus an un-systematic (traditional) review.

I have attended both HLA PD days and I found that again I learnt many new things and also experienced the satisfaction of knowing that in some areas I do have the necessary skills. In the areas that I feel wanting, I know there are experts on whom I can call.

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ClinicalKey

NIGHT OF ALL NIGHTS

ClinicalKey launched in spectacular style in Sydney in July, with Australian Library and Information Association members ready to party.

Held at Sydney Tower, Sydney's tallest structure overlooking the most beautiful harbour in the world, the 100 guests – librarians, doctors and academics – were entertained by a cellist, pampered with canapés and bubbly and could test drive ClinicalKey to their hearts content.

Inspiring speeches from Professor Gary Wittert, head of the Discipline of Medicine, University of Adelaide, South Australia; Cheryl Hamill, Chief Librarian, Fremantle Hospital, and Rob Kolkman, managing director, Elsevier

Australia, highlighted how far the information age had come. It was a night of all nights!



RIGHT – Carol Moran and Penny Comans, Australian Dental Association



ABOVE – Trish Bennett, Children's Hospital, Westmead

BELOW – Laura Foley, Australia New Zealand College of Anaesthetists (& HLA Treasurer) with Allison Hart, Health Communication Network



Convenor's report continues from p2...

and meeting a new group of participants.

Many of you will recognise Cheryl Hamill's name on posts to the ALIA Health e-list as she disseminates information on current issues in health and health information. In this issue Cheryl (HLA secretary and Librarian in Charge, Fremantle Hospital and Health Service, WA) provides an overview of open access (OA) in scientific, technical and medical publishing – 'The Green and Gold [no it's not an Olympics Story]'. She examines current trends in OA publishing, and implications for the publishing industry and library budgets.

We have two book reviews examining current and future roles for health librarians. Ann Ritchie reviews *Changing Roles and Contexts for Health Library and Information Professionals*, edited by Alison Brett and Christine Urquhart and published by Facet Publishing this year. (Facet Publishing kindly donated several copies of this book as lucky door prizes at the Professional Development day). This timely

publication examines roles and contexts of health library and information professionals. Cheryl Hamill reviews a new DockKit (available as a ebook and in print) from the Medical Library Association, *Position Descriptions in Health Sciences Libraries: Traditional and Emerging Roles*.

Position descriptions, work value, emerging roles, diverse contexts – sound familiar? Its all highly relevant to the work that HLA and ALIA are doing to identify current and future roles for health librarians and to develop educational pathways to equip current and future practitioners for these new roles. It is also timely as a number of health libraries and librarians across the country are being impacted by closures, redundancies and regradings.

To be in a strong position for the future we need, as a profession, to be able to demonstrate the value of the work we do and attract new graduates to health librarianship (or whatever it will be called in the future) with clear postgraduate education pathways and strong commitment to continuing professional

development (CPD). ALIA has recently recruited Cecily Gilbert as a project officer to examine whether a compulsory CPD model within the existing ALIA CPD scheme could be piloted with HLA members, and to also implement the recommendations of the HLA/ALIA research project completed last year. Updates on progress will be available in HLA News and on the ALIA Health elist ... watch this space.

Finally, many of you will know by now that ALIA has a new Executive Director, Sue McKerracher. Several years ago I attended one of Sue's workshops on advocacy and lobbying for libraries and found it both practical and inspiring. On behalf of HLA I welcome Sue to her new role.

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Putting the sense in CENSUS

The 2012 Anne Harrison Award – supporting research and education in health librarianship and this year valued at \$5,000 – was won by Melanie Kammermann and her team for a project to conduct a census of Australian health librarians. The award was presented at the HLA Professional Development Day, with Melanie beamed in via Skype and Gill Hallam (who will be working with Melanie on the project), accepting the award on her behalf. Here Melanie provides an overview of the project.



I have had the very good fortune to receive the Anne Harrison Award (AHA) for 2012.

The objective of the project is to conduct a census of Australian health libraries and self-described health librarians working in settings other than libraries. [We know there are self-identified health librarians out there not working in traditional 'libraries' and recognise the importance of capturing data from these individuals.]

The last census of Australian health libraries was undertaken in 2002¹. Since then the sector has benefited from the demographic and employment information to come out of the Health Librarianship Workforce and Education survey², also known as neXus3. However, there is no comprehensive and ongoing data collection process for the Australian health library sector.

The peak body representing health libraries within Australia, Health Libraries Australia (HLA), has long recognised the need to collect consistent demographic and workforce data on a long term basis from all health library and information services across Australia in the form of a census.

Census data will allow for the better understanding and tracking of the sector. In particular,

- It will greatly assist HLA and the Australian Library and Information Association (ALIA) with planning, programme delivery and decision-making to further promote and develop the Australian health library and information service sector
- It will allow for the accurate

description of the sector and sub-groups within the sector. Typically demographic data is required whenever HLA or ALIA make any sort of submission to government, policy makers, funding bodies, etc. I personally believe that if we, as a small, self-directed group, can show we have systems in place to supply accurate data about our sector, it will help foster and develop confidence in the sector, about our professionalism and self-regard.

- It will feed into the work of Health Workforce Australia (HWA). HWA has been established by the Council of Australian Governments (COAG) to "address the challenges of providing a skilled, flexible and innovative health workforce that meets the needs of the Australian community"³. Currently HWA is collating datasets about the Australian health workforce and if the Australian health libraries sector is to be considered a part of the health workforce then we must contribute to the work of HWA⁴.
- In addition, HWA is specifically investigating the health informatics workforce, with, among other things, the aim to understanding and quantifying that workforce. Again, we need to be able to contribute data⁵.
- It will help identify possible areas for further research as well as assist researchers to frame results. By way of example, Kay Lasserre, previous AHA recipient, needed to know the number of health librarians in Australia so she could calculate the

response rate to her expert searching questionnaire. The best we can do is estimate that number.

- The census data could reveal changes in the demographics and make-up of the Australian health library population, i.e. distributions and trends. For example,
 - Changes in health library numbers
 - Changes in the size of the health library workforce
 - Ageing workforce considerations
 - Changing or evolving job characteristics
 - Movement in and out of the traditional library setting

While the real work is only just starting, examples of data being considered for collection include:

- the number of health library and information services and self-described health librarians working in non-library settings
- their locations
- the sectors within health they serve or work in
- staff numbers and make-up
- basic job characteristics

The project will involve developing an online Web based data collection and reporting system which should allow us to collect demographic data about the sector in a systematic and ongoing fashion. Our ambition is to set up the census so that it can be run periodically, for example, every other year, so we have both current and historical demographic data available for ongoing use and analysis.

Once the database is up and running we will then be inviting all Australian health libraries and,

Continues on p8..

again, those health librarians working outside the traditional library setting, to login and contribute their data.

Unlike a survey, a census aims for 100% response rate. The ultimate success of this project really relies on participation from the sector.

A secondary outcome of the project will be the development of an online directory of Australian health library and information services.

There is a very talented group of people working with me on this project. They include:

- Associate Professor Gillian Hallam, principal researcher and author of the neXus 1,2, and 3 surveys;
- Scott Hamilton, IT consultant, who brings considerable experience having worked on all the neXus projects with A/Prof Hallam; and
- Lindsay Harris, library manager at The Queen Elizabeth Hospital in Adelaide. Lindsay and a member of his team conducted the 2002 census¹ so brings significant experience and insight to this project.

Never before has the need to track change within the sector seemed so significant, as evidenced by this excerpt from the neXus3 report⁶:

Traditional library work is diminishing, professional boundaries are blurring and emerging areas of work are being claimed by other professional groups (Barreau, Rathbun-Grubb & Marshall, 2009; Booth, 2007; Bosanquet, 2010; Broady-Preston, 2010; Canadian Association of Law Libraries, 2009; Hill, 2008). The health information industry is a rapidly changing environment in which the evolution of technologies and explosion of information available in digital format have created expectations for easy and immediate access to information (Barreau et al., 2009). Consumers of health information, including clinicians,

patients and families/carers, have increased expectations and knowledge, and many have high level skills in information management themselves (Canadian Association of Law Libraries, 2009; Hill, 2008). Within the health workforce there is increased emphasis on multidisciplinary team work, partnerships and customer needs (Hill, 2008), with greater concerns about quality assurance, value for money and legal indemnity (Weightman & Williamson, 2005). Education of the health workforce is changing (Hill, 2008), as is the continuing education of health librarians with the development of trends towards competency based education and continuing professional development programs (Booth, 2007; Chartered Institute of Library and Information Professionals (CILIP), 2010a & 2010b; Houghton-Jan, 2007; Medical Library Association, 2007; Tooey, 2009). These are transitioning from voluntary to mandatory (Chartered Institute of Library and Information Professionals, 2010a; Library and Information Association of New Zealand Aotearoa (LIANZA), 2010a & 2010b). Specialist roles are emerging for health librarians, for example in clinical librarianship, consumer information, research support and "information specialists in context" (Booth, 2007; Hill, 2008), while teaching roles remain dominant (Chartered Institute of Library and Information Professionals, 2010b; Hill, 2008; Scherrer, 2004).

I look forward to posting regular reports about the project's progress and sincerely hope for your engagement.

Melanie Kammermann
melkam88@yahoo.com.au

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RIGHT
Gill Hallam with the Award accepted on behalf of Melannie Kammermann, who watched via Skype
(ABOVE)



ABOUT THE AUTHOR

Melanie Kammermann holds a Bachelor of Science, Graduate Diploma in Information Management (Librarianship) and a Master of Business (Information Management). She worked in a number of health libraries between 1991 and 2004, most notably as Chief Librarian at Royal North Shore Hospital in Sydney. Melanie relocated to Hong Kong in 2004 but has retained her links to the Australian health library community through membership on the HLA executive committee (2001 - 2012) and as editor of the group's quarterly publication, HLA News (<http://www.alia.org.au/groups/healthnat/hla/>) from 2005 to 2011. Melanie stepped down from the HLA Executive Committee to pursue an application to the 2012 Anne Harrison Award, for which she was successful.

FROM YOUR SPONSOR

RMIT sponsored delegate COMPETITION WINNER

Informit were delighted to be part of the HLA Professional Development Day as the Delegate Sponsor.

It was wonderful to be able to support Elizabeth Deans' attendance at the Day. Elizabeth is Senior Librarian at The Royal Melbourne Hospital Health Sciences Library her entry described a range of electronic services implemented in her library, not least of which is the "seamless" client service provision that is actually three separate services.

Elizabeth won an airfare, two nights' accommodation and registration to the HLA PD Day. As you can see from the photo of Elizabeth, she was very happy to receive the prize and shared with everyone how much she had enjoyed the day.

It was lovely to be able to catch up with so many of our health libraries at the PD Day, we enjoyed chatting with you all at our stall and during the breakouts.

We look forward to our continued affiliation with Health Libraries Australia through our new sponsorship agreement to publish HLA News for the next three years.

BELOW – Elizabeth Deans accepts her RMIT Award



RMIT Publishing specialises in providing leading online research from Australia, New Zealand and the Asia Pacific. The Informit Health Collection provides full text access to authoritative health research including peer reviewed journals, books, conference papers and reports from some of Australia's leading health and science organisations including CSIRO. With more than 47,000 records, the Informit Health Collection covers a range of topics including nursing, counselling, children's health, public health policies, audiology, biotechnology, Indigenous health, aged care and traditional and alternative medicines.

Developed in 2009 in response to growing demand for a single access point to Australasian health information, the Informit Health Collection is now a valued health information resource subscribed to by more than 100 health associations, government departments, research institutes, universities, TAFEs and state and public libraries around Australia.

The Informit Health Collection allows Australian health professionals to explore relevant research to further develop their areas of expertise. For more information please visit <http://www.informit.com.au/health.html> or contact our Sales Team: sales@rmitpublishing.com.au or +61 3 9925 8210.

Also from the HLA Professional Development Day album...



ABOVE – The avid audience awaits...



LEFT – Suzanne Lewis with Dr Edoardo Armataris from the Joanna Briggs Institute.

TOPICAL BYTES:

Health Knowledge

Topical Bytes is a series linking you with quality health information sources. The topic this issue is health knowledge.

Health Knowledge

The Department of Health and Public Health Action Support Team (PHAST) in Buckinghamshire UK produce the website Health Knowledge. Aimed at supporting public health education, it incorporates Public Health Textbook, an online text covering skills and competencies, e-learning in areas of epidemiology, health information and statistical methods, interactive learning modules with topics including evidence searching and appraisal, screening, and sustainable healthcare.
www.healthknowledge.org.uk/

ANPHA Knowledge Hub

The Australian National Preventive Health Agency (ANPHA) have a Knowledge Hub on their website sharing the initial findings of their ongoing project. The goals of ANPHA's online knowledge brokering work are to:

- Improve access to a wide range of health promotion information and evidence for people working with, or for, populations

- Improve access to relevant tools for anyone undertaking health promotion efforts for people working with, or for, populations
- Improve approaches to, and use of, evaluation in health promotion activities
- Increase workforce capabilities with regard to health promotion
- Improve collaboration among the health promotion policy and practice communities
- Facilitate or assist in the development and dissemination of new thinking and new approaches in health promotion. www.anpha.gov.au/internet/anpha/publishing.nsf/Content/knowledgehub-lp

Australian Indigenous HealthInfoNet

The Australian Indigenous HealthInfoNet is a web resource that informs practice and policy in Indigenous health by making research and other knowledge readily accessible and working towards 'closing the gap' in health between Indigenous and other Australians. <http://www.healthinfonet.ecu.edu.au/>

Cochrane Search Functionality

The next few months will see the introduction of a new search interface for The Cochrane Library. The new search features have been developed in consultation with members of the Cochrane Collaboration. Changes include layout of search pages and new search features including:

- Auto-suggest features within both basic and MeSH search functions
- Updated display of search results and filtering options
- Ability to view search terms and results on the same page
- Ability to insert lines and add one search to one another
- Improved MeSH look-up feature.

Further information and an online demonstration are available at: <http://www.thecochranelibrary.com/view/0/ccochnewsearch.html>

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/groups/healthnat/pubs/docs/HLA.News.Author.Guidelines.pdf>

HLA News is indexed in CINAHL.

WHERE IN THE WORLD...

Waikato District Health Board Libraries

Sharon Cornwall takes us on a tour of the services and facilities of one of the largest district health board libraries in New Zealand.

The Waikato District Health Board Library in New Zealand is funded by the Waikato District Health Board (Waikato DHB) which:

- employs more than 6,000 people
- plans, funds and provides hospital and health services to more than 372,865 people who live within Waikato DHB boundaries
- provides tertiary services (such as neurosurgery and other highly complex surgery, specialised medical procedures and specialist trauma services) to the regional population of more than 851,768
- covers a widespread geographical area, almost 8% of New Zealand.¹

We are one of the larger District Health Board libraries in New Zealand. The Waikato DHB Library has a stock of about 10,000 books, 963 books in the historical collection, 613 print journals (of which 345 are currently subscribed to), and 12,128 electronic resources. Our stock covers medicine, nursing, psychiatry, allied health and management. We also have a small collection of donated fiction books which are quite popular.

The Medical Library was established in the 1950s with donations of books from doctors. The Nurses Library was established in the 1960s with the establishment of the nursing school. They were kept physically separate until a purpose-built library was opened in 2002 and the collections were moved from their very cramped conditions and from storage into a spacious building² (Waikato District Health Board, 2012). Before the move we could only keep a maximum of eight years of journals on the

TOP TO BOTTOM

Entrance to the Waikato District Health Board Library, plus views inside the library and the journals area.



shelves (the rest were in storage), the reference collection was behind the reference desk, and there was only one photocopier and three computers for library users to use. In the new library there are 20 computers for staff use, and printing for work is free. There is also a meeting room which is available for booking. Two photocopiers serve as printers. There is a spacious workroom for library staff, and a multifunction device is available for scanning, copying and faxing. The historical collection was moved from glass cabinets (which couldn't be locked). It is now housed in purpose built lockable cabinets constructed of native timber. The historical collection in the Library was strongly supported by the late Dr Rex Wright St. Clair (KStJ), who was also Chair of the Library Committee from 1972 to 1987. Dr Peter Rothwell, of

the Waikato Health Memorabilia Society, is a strong supporter of the Library, and was instrumental in organising for extra cabinetry to be built when we found that there wasn't enough room for the existing historical collection.

The Waikato DHB Library currently provides services to all staff employed by the Waikato DHB, of which 3,845 are currently registered. Waikato DHB staff are based at five hospitals and two continuing care facilities. The Library provides services through email, fax and post. We are frequently asked to assist clientele to locate articles both inhouse and through interlibrary loan. Over 12 months up to April 2012 library staff provided 4,120 articles using interlibrary loan and from our own resources, and over the past 12 months 14,270 loans of books and journals have been made.

Medical, occupational therapy, physiotherapy and dietetic students from outside the Waikato DHB area who are on placement at the DHB are also eligible to use from the Library. Health professionals working within the Waikato DHB region also receive free membership as approved borrowers, as do staff from the University of Waikato and the Waikato Institute of Technology.

The Library is open from 8 am to 6 pm Monday to Friday and on Saturday from 12 noon to 4 pm. Lynda Pryor is the Knowledge Services Manager (also managing the Corporate Records team and the IS trainers), and there are two team leaders (both with a MLIS), four part-time qualified librarians and two part-time library clerks. This equates to about six FTEs.

Some of the databases subscribed to are Medline, Cinahl, Dynamed, UpToDate, MD

Continues on p12...

Consult, Mosby's Nursing Consult, Nursing Reference Centre, Psychiatry Online, PscyINFO and the Rehabilitation Reference Centre. We use Ebsco A to Z to provide a listing of online journals and we have uploaded our print journals into this also. For staff the Library's Intranet page is our main point of access, and for off-campus use Athens provides access to many databases and journals. We use Liberty5 as our Library management system. Our Internet page is <http://www.waikatodhb.govt.nz/Library> and a copy of our catalogue is available there also. A monthly newsletter is produced.

The Library provides document delivery, inter-library loan services and literature searches for users. We pride ourselves on our customer service and are always open to receive feedback and suggestions.

Sharon Cornwall

Sharon.cornwall@waikatodhb.health.nz

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ABOUT THE AUTHOR

Sharon Cornwall is Team Leader Systems & Serials at Waikato District Health Board Library in New Zealand. She qualified as a librarian in 1987 and upgraded from the Diploma of Librarianship to the Masters of Library and Information Studies (Victoria University of Wellington) in 2005. Sharon has worked for the Waikato DHB Library for almost 14 years. Prior to this she worked at the University of Waikato Library, in a variety of libraries in England and spent a short time working in a medical library in Saudi Arabia. She is also Convenor of Health-SIG, the health special libraries group of Lianza (Library and Information Association of New Zealand).



Health Technology Assessment international
An International Society for the Promotion of Health Technology Assessment

UPDATE – HTAi Conference

Health Technology Assessment international (HTAi) advise as a follow up to the article in the March edition of HLA News, the next HTAi Conference for 2013 will be held mid-June in Seoul, South Korea. Further information is provided on the website: www.htai.org.

Catherine Voutier

Chair, HTAi Information Resources Group

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What happens when PROFITS RULE a health service...

The Opening Ceremony of the London Olympics lauded the NHS, but everyone thought this a joke as it is being dismantled and privatised. Witness these examples of what happens when health services are dominated by a need to make profits.

SERCO is a leading private contractor of public services (and security services and much more) and is reported to be failing to meet legal requirements to provide enough staff, train them properly or monitor their performance in the pilot out-of-hours GP services it runs for the NHS in Cornwall. Whistleblowers alleged that the service was repeatedly short-staffed and so compromised patient safety. Note: the coalition government requires all 52 newly-formed Primary Care Trust clusters in England to identify at least three of their community services to put out to competitive tender.

Here are three examples of things going badly wrong:

- Over the four-day Jubilee weekend, the GP Service in Cornwall, run by SERCO, was so understaffed that large delays built up in dealing with patients. In one case, a professional carer calling in for a repeat prescription on behalf of a terminally ill patient waited six hours for a clinician to call them back. By the time the doctor on duty returned the call, the patient had died. In a separate incident, a call classified as needing an emergency home visit, which must be made in less than one hour to meet standards, was recorded in the logs as receiving a visit nine minutes after the deadline.
- Staff and patients of the Cornwall out-of-hours GP service run by SERCO alleged that only one GP was on duty from midnight to 8am for the whole county on the night of 29 May. Whistleblowers alleged it was not the first time this had happened.
- Whistleblowers also revealed that a switch to a new automated system to deal with patients' calls, in which call-handlers following a computer-generated script that replaced medically trained nurses, led to queues of 40 plus. For Newlyn-based Jessica Tooze, mother of one-year-old Ruby, the experience of this Pathways call system was alarming. She rang the out-of-hours service when her baby, who had been unwell over several weeks with a chest infection, seemed in pain. "The baby was screaming, and I wanted someone to listen to her chest and see if she needed antibiotics, but the telephone operator didn't seem to want to listen to what I was saying." The operator, according to Tooze, told her she was not medically trained and had to first work through a prescribed series of questions and scripts before she could decide whether the call merited a doctor. "The questions were ridiculous – is she choking? No, she was screaming near me. Had she inhaled poisonous gases? No she'd had a chest

infection – I was getting quite panicky, I realised I had to get past this gatekeeper," Ms. Tooze was eventually given a doctor's appointment at a clinic at the West Cornwall hospital for later that evening and has no complaint about the treatment she received there but remains unhappy with initial assessments being made by people without medical training.

Meanwhile, Virgin Care has been named as preferred bidder for a £130m contract to run core NHS and social care services for children and young people in Devon. The company will take over all integrated children's services in the south-west of England in March 2013. The deal will see Virgin take over about 1,100 staff employed by NHS Devon and Devon County Council, which currently oversees about 2,400 children with disabilities, children's mental health services and school nurses and health visitors. There is concern about whether private companies would be able to deal with safeguarding cases in which health visitors liaise with GPs and teachers to ensure children are protected from maltreatment and there is adequate care in the home. Virgin Care now runs 120 NHS services, most notably GP practices.

Read HLA News online!

Members have access to the latest and back issues of HLA News at
www.alia.org.au/groups/healthnat/hla/.

WEB WANDERINGS

A regular column linking you with current health information related issues and discussion from the web. This issue examines some online accessible broadcasts that help health librarians to stay up to date with information technology developments.

ABC (Australia)

The ABC host two useful websites aimed at educating ICT users through Technology Explained (www.abc.net.au/technology/techexplained/), and, keeping users informed via Technology + Games (www.abc.net.au/technology/).

Digital Life (Sydney Morning Herald)

An Australian take on new technologies – tends to review consumer products rather than the technology per se, view at: www.smh.com.au/digital-life/.

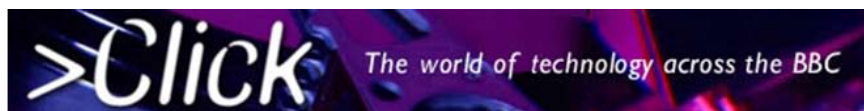
Tech This Out (ABC, USA)

Provides an overview of new technologies – available online and as RSS, view at: abcnews.go.com/Technology/

Click (BBC, UK)

Click is the BBC's flagship technology programme, broadcast on both radio and television available to Australian audiences via the BBC World Service or online after broadcast. In many ways, accessing the programme via the Internet is preferable as you can select the stories you want instead of having to watch the whole programme.

Access at: http://news.bbc.co.uk/2/hi/programmes/click_online/default.stm



The BBC also hosts two websites of use, WebWise, a great website for new Internet users (www.bbc.co.uk/webwise/), and, News Technology, deliverable via your favourite RSS (www.bbc.com/news/technology/).

Get Connected (Blink Media, Canada)

GetConnected is a Canadian programme delivering the latest in technology products, services, and innovations since 2000.

A trusted technology show amongst industry experts, GetConnected has a reputation as one of Canada's leading radio, television, and web sources in technology. GetConnected is dedicated to helping audiences use and understand technology to simplify their lives. The programme includes product reviews, tips and tricks, and how-to demonstrations. The programme, RSS, and additional content are available at: www.getconnectedmedia.com/gctv.

Apptv (Blink Media, Canada)

Exploring the ever evolving world of apps and helping their audience make the most of their smart phones, tablets, cars, and social networks. The programmes mission is to test the numerous

apps produced each day and inform audiences on which ones are fun and useful and which ones not to waste time or money on. With 30 million apps downloaded each day world-wide, the list for testing is a long one. Sample their programme on Health and Fitness Apps (AppTV 113) at: www.apptvonline.com/episode/health-and-fitness-apps.

The programme and additional content are available at: www.apptvonline.com/.



Shift – Living in the Digital Age

(Deutsche Welle, DW, Germany)
An excellent weekly DW magazine television programme showcasing the latest Internet news. Shift examines Internet issues and their impact, also illustrating the creative spirit forging the digital world. Shift profiles a whole spectrum of characters and issues introducing the makers and all the top topics.

The programme and additional resources are available for streaming at: <http://www.dw.de/dw/9798/0,,30417,00.html>.



TOP TIPS FOR BREAKING DOWN THE BARRIERS OF

Professional ISOLATION

You don't have to be dropped into a remote location or even to be physically alone to feel professionally isolated. Jane Orbell-Smith shares her collection of tips for tackling professional isolation head-on.

During my career as a librarian, I have witnessed really good people lose interest and de-skill in their profession. Professional isolation can occur just as easily for a sole library professional working for a large urban based organisation as it can for a colleague working in a rural or remote location. Our profession is not alone in this regard, a simple Google search of "professional isolation" produced a hit rate of a staggering 31,800,000! Refining the search by adding the term "librar*" reduced the results to 2,130,000; one can draw from this that librarianship is only one of many professions encountering this issue.

We have now acknowledged the problem; the real question is how do we address professional isolation? I believe the key is to think laterally, brainstorm ideas, look beyond the email that pops into your inbox or the quarterly staffing bulletin. Be proactive!

The Barrier Breaking Activities' box at right will help you stay in touch no matter where you are based or your work place type or size. I have shared this information with many colleagues over the years and built the list from my own research and experience. I do not claim originality for the list but neither can I attribute the listing to any particular author or authors.

To get started in addressing your own professional isolation, take small steps and tackle one issue or idea each week.

Considering a new job?

Before you consider a new job, may I suggest that you review your own position? Consider if you are working beyond the position descriptions requirements? Is it time you had the position formerly reviewed for level? Does the position description truly reflect what is required to be effective in the position and organisation? Discuss these issues with your supervisor; there may be a formal process to have the level reviewed.

BARRIER BREAKING ACTIVITIES

- Network.
- Attend staff gatherings.
- Organise a morning or afternoon tea for your colleagues/clients.
- Attend staff meetings, participate in discussions and submit reports.
- Email/visit colleagues.
- Utilise SDI to provide useful information to staff in areas you know they have interest.
- Join and participate in professional associations.
- Join non-library professional networks (e.g. Zonta, LinkedIn)
- Liaise with library professionals from other organisations.
- Attend short courses.
- Join list serves and RSS news alerts.
- Undertake professional reading.
- Tap into any in-house training – it may not be directly related to librarianship but may well be relevant to your wider working requirements.
- Utilise the Internet.
- Ask clients and colleagues "what are you working on at the moment – can I help?"
- Stretch yourself on projects – try something different or build on skills you already hold.
- Design and mount a web page, use social media.
- Design and teach information literacy skills course.
- Lift your profile in your employing organisation.
- Write and publish articles, letters to the editor, etc.
- Attend conferences and workshops.
- Mentor – find one and be one for someone else.
- Participate in peer and professional supervision.
- Work with nearby library staff and develop your own in-house training group.
- Start a journal club.
- Undertake a job swap or short contract in another position.

If a review of your current position will not fix your desire for change or you are looking for a career change and you are unsure where to start looking for a new position, the following sources will help you get started.

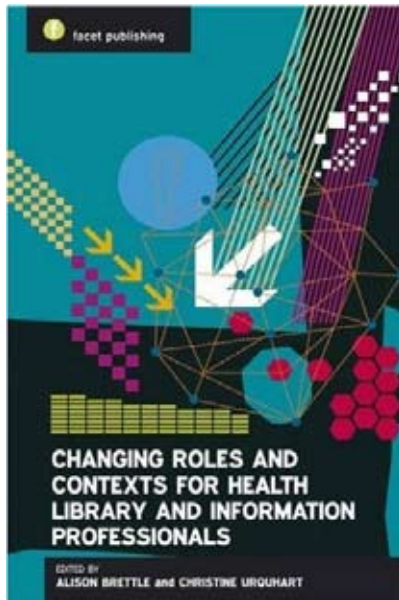
Where to look for employment opportunities

- ALIA and other professional body job websites,
- Local, State and Federal Government jobs websites,
- University websites,
- Specialist employment agencies (e.g. One Umbrella)
- Aggregated job websites (e.g. Simplyhired, Seek, Careerone, Mycareer)
- Employment sections of major weekend newspapers,
- Network and use your professional contacts.

ABOUT THE AUTHOR

Jane Orbell-Smith has had a varied professional career within special libraries initially training as a library technician and then qualifying as a librarian. She is currently the Librarian for HCare, Queensland Health and sits on the Health Libraries Australia Executive, National ALIA Careers Advisory Committee, is the Editor of the HLA News and is the Co-Chair of the MLA Nursing and Allied Health Research Section.

BOOK REVIEWS



Changing Roles and Contexts for Health Library and Information Professionals,

Edited by Alison Brettelle and Christine Urquhart, Facet Publishing, 2012.

As the title suggests, this is a book about change, structured in two parts, one focusing on roles and one on contexts of health library and information professionals. Each part is divided into chapters contributed by a number of authors who are mostly from the UK, with some from Europe and North America. Given the commonality of issues in health care around the world and the global implications of these trends for all health information professionals one would expect the audience for this book to be international in reach.

The editors clearly state their aim in their introduction: to examine the “different contextual factors that may affect how library and information professionals might work”; they aim to do this by showcasing a range of roles, and examining the skills needed to perform them. Making some initial statements about the context of health care in the NHS and the implications of “fiscal constraints” for health libraries in the UK, they also reveal an underlying tone

and purpose when they state: “it is necessary to step back and look at the situation ‘with a glass half full’ rather than empty attitude (or perhaps with ‘rose tinted glasses’!), and find potential opportunities.” (p. xiv, *italics are mine*) This is the “inner beauty” of the book – the editors are optimistic, seeking to glean lessons from the past in order to help health library and information professionals be proactive and see the opportunities for developing new roles. And what I found most exciting about the book are the examples of new roles they unearthed in the case studies!

The question for this reviewer is thus: do the editors succeed in achieving their stated aims?

In the first chapter, Christine Urquhart poses the thorny question of relevance of health information professionals in a changing world when predicting the future is obviously fraught with difficulties – in order to be relevant into the future, we must first, understand our context and how this is changing, and secondly be able to adapt to fit in with the new world. Three main contextual factors are discussed briefly: empowering patients and the public, “the data deluge”, and integrating health and social care for better quality care. Suzanne Bakker provides a European perspective, reviewing how health librarians have managed to adapt and develop new roles by having a user-oriented approach and support from colleagues in the European Association of Health Information and Libraries (EAHIL). The illustrative examples in this section of how user needs have stimulated new roles for librarians provide a neat way of linking to ensuing chapters. The chapter concludes: “It is no longer the physical space of the library, nor the digital equivalent, but the value added by the librarians that make the difference.”

The next chapters look at changes in three information contexts – information generation and use; technology to meet

clinicians’ information needs; and governance, consumers and evidence-based practice. Some of the opportunities and threats inherent in these environments, and the way that these have affected the roles played by health library and information professionals are described. Although sections within the chapters are contributed by different authors, the interwoven threads of the argument and continuity are maintained by skillful structuring with an introductory overview and a synthesizing conclusion generally written by one of the editors.

Part 2 is devoted to an exploration of roles, and Christine Urquhart opens with a useful discussion about skills, competencies and knowledge. One point of interest for me was the distinction between “competencies”, which focus on the person, behaviour and performance, “competences” which focus on the job (describing minimum standards, or demonstration of performance and outputs), and frameworks of competences (where levels are designated according to degree of responsibility). The UK Knowledge and Skills Framework which applies to most NHS healthcare staff for the purposes of pay and career progression, outlines levels of the core and specific “dimensions” (the equivalent of standards or competences), including the set on Information and Knowledge Processing (applicable to health information professionals). The Medical Library Association (USA) has developed a set of seven professional competencies for health information professionals, two of which could be applied to a broader range of healthcare professionals.

The chapter ends with a list of focus questions designed to help the reader reflect on the case studies in Part 2 Roles, and take advantage of the opportunities that changing circumstances present

Continues on p17...

for developing new roles. There are four main subdivisions – the librarian as information provider and educator; the librarian who analyses information and manages knowledge; the librarian within research and evidence-based practice; and the librarian as decision maker. Each of these has a number of specific case studies.

And this is where the exciting discoveries begin – there are too many case studies to describe them all, but I can't resist naming a few. In her chapter on the NHS, Debra Thornton states (p. 95):

Library managers are being recognized as valuable assets in other parts of the organization and many are being given specific projects quite apart from their role as library professionals.

Thornton cites various examples of these diverse roles:

e-learning lead [...]; reader in residence coordinator [...]; web services manager; records management champion; and projects around patient safety, lessons learned, workforce development and staff appraisal, well being and self-help, patient and public information, equality and diversity.

These types of initiatives have the potential to raise the profile not only of the health library manager who takes on the new roles, but also open up new opportunities for marketing the health library and its services as a core part of the organization it serves.

Roles described in the case studies in this section also include: clinical information specialist, e-learning librarian, specialist collections and institutional repository managers, clinical pathways coordinator, reader in evidence-based information practice, senior lecturer, clinical researcher, advanced informationists, knowledge services leads. Enough to whet your appetite?

Alison Brettle's chapter on the librarian within research and evidence-based practice, I believe takes us to the heart of the issue.

Identified in Chapter 4 as one of the contextual factors affecting the delivery of quality healthcare services generally, evidence-based practice has provided many opportunities for library and information professionals to demonstrate the information skills which are at its core. Brettle's unpublished thesis (2009) is the basis of the research underpinning the discussion of roles within EBP, and this is encapsulated in a succinct figure (p137) which represents roles undertaken by the health information professional in the stages of finding, appraising, implementing and evaluating information for EBP. This chapter contains five case studies which explore some of these roles in more detail.

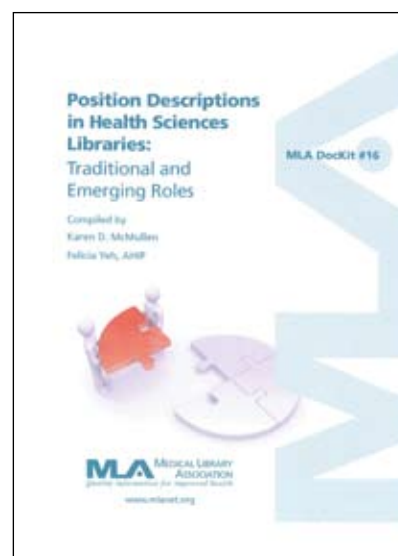
To go back to my original question: have the editors succeeded in achieving their aims? I believe they have done this admirably. They have examined the contextual factors affecting how library and information professionals work, showcased a range of roles, and examined the skills needed to perform them.

By focusing on the person (health library and information professionals) rather than the place (the library, whether it is physical or digital), and the opportunities for new and developing roles generated by the contextual drivers for change that are common in all health environments, the editors have achieved a valuable outcome – a book that is optimistic about the future, and provides some ideas about how to get there if health library and information professionals are willing to take up the challenge. And now a challenge for the readers – I am eagerly awaiting the logical next book in this series – about education for specialist health library and information professionals to prepare them to move into and maintain competence to practise in these exciting new roles.

Ann Ritchie

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NOTE: This article was originally published as: Ann Ritchie, (2012) "Changing Roles and Contexts for Health Library and Information Professionals", Library Management, Vol. 33 Iss: 4/5, pp.334 - 335. We thank Ann and Emerald for their permission to republish the article in this edition of HLA News.



Position descriptions in Health Sciences Libraries: Traditional and emerging roles

Compiled by Karen D. McMullen and Felicia Yea. MLA DocKit #16, Medical Library Association, 2012 ISBN: 978-0-912176-86-4, 313p. Prices in US \$: Member: \$55.00; Non-member: \$70.00 [plus shipping] PDF version \$63
https://service.mlanet.org/mlassa/ecssashop.show_product_detail?p_product_serno=437&p_mode=detail

What it lacks in plot and narrative structure, this docket more than makes up for in setting the context and developing the characters. That's as far as a traditional book review language will take us, for this book is, of course, 'functional food' for the profession. It's an important piece of work and most of the 313 pages are indeed reproductions of position description forms that follow the briefer but illuminating survey results. Dry stuff in some ways but exciting also to see the results of McMullen and Yeh's work in surveying health sciences librarians from the Association of Academic Health Sciences Libraries (43.6% of respondents) and the Hospital Libraries Section of MLA (54.5% of respondents) and in harvesting the job description forms.

The authors map significant professional changes in both job titles and the content of job descriptions. The focus of

Continues on p18...

UPDATE FROM THE CHIEF HEALTH LIBRARIANS' FORUM

Ann Ritchie reports on the second meeting of the national Chief Health Librarians' Forum for the year, held on 10th July in Sydney.

The main item of business was a discussion about the NHMRC revised policy on dissemination of research findings. CHLF will contact NHMRC seeking clarification about the implications regarding repositories for research outcomes reports, especially where researchers are not affiliated with a university and therefore eligible to lodge reports in their organisation's repository.

Business arising related to the two ongoing items – updating the 2010 survey of all jurisdictions' electronic resources subscriptions which underpinned the business case for national licensing of electronic clinical knowledge resources; and a working group to look at tenders and contracts for resources with a view to drafting an Australia-wide, library-friendly licence.

There was a general discussion about integration of clinical knowledge resources. Some examples in various stages of development exist, including

Dynmed at St Vincents Hospital, Sydney; MIMS in Canberra Hospital; SA are looking at a tool such as Therapeutic Guidelines. Jurisdictions' tabled reports were noted.

The link from the HLA website to information about CHLF has been set up and more information about the group can be located here: <http://www.alia.org.au/groups/healthnat/links.html>

The meeting thanked the outgoing chair, Trudi Maly (Director, NT Department of Health Library) and welcomed joint co-chairs, Saroj Bhatia, Director of ACT Health Library, and Karen Carson, Manager Library Services, Sir John Ramsey Memorial Library, Launceston, Tasmania.

Ann Ritchie
HLA representative on CHLF
ann.ritchie@alia.org.au

BOOK REVIEWS
continues from p17...

questions asked in the survey was on the impact of technology though the responses also reflect changes to the nature of health care itself and the more 'embedded' roles many librarians now have within clinical, educational and research teams. The authors note that "only 27.8% of respondents stated that they require a library science degree for technical positions". It would have been interesting to have asked questions of any additional educational requirements needed to support other emerging roles, though these can be found directly from the job descriptions provided.

Job titles and descriptions matter, industrially but in other ways too:

- in informing educators of changes to knowledge and skills needed in the employment market
- in the workplace when describing to employers the increasing specialisation and diversity in scope of practice that health librarians can deliver
- they are evidence of changes in role being recognised and rewarded in different workplaces
- to librarians themselves in reflecting on career opportunities and trends.

This book maps and describes the evidence of change in our profession. It is an important foundation document that supports planning for educational programs and workforce planning. It could even help you get a reclassification of your position – beware scope-creep in your role. As McMullen and Yea observe: "It is interesting to note that many institutions still have 'traditional'-sounding position titles even though the actual duties of these positions are far from 'traditional'. As budgets and staff diminish, librarians are being asked to take on more job duties, while their position descriptions and job titles are not being updated to reflect those changes." Sound familiar? Here's the evidence you need.

Cheryl Hamill
Chief Librarian, Fremantle Hospital

Totally VIRTUAL

The Library 2.012 Worldwide Virtual Conference will be held October 3-5, 2012. It will be an entirely online conference spanning multiple time zones. Conference presentations will cover six subject strands

- Libraries – Physical and virtual learning spaces
- Librarians & Information Professionals – Evolving professional roles in today's world
- Content & Creation – Organizing and creating information
- Changing delivery methods
- User-centered access
- Mobile and geo-social information environments

The Library 2.012 Worldwide Virtual Conference is free to attend – register at www.library20.com to participate, and receive news and updates.





MEMBER SPOTLIGHT

CHERYL HAMILL FAST FACTS

HLA member since:

Inception – I was part of the group who formed HLA! ... but in precursor versions back to the early 1980s.

First professional position:

Librarian, Mental Health Services

Current Position:

Chief Librarian / Web Manager, Fremantle Hospital

Education:

BAppSci (Library Studies),
MA (Public Policy)

Favourite Website or Blog:

The Krafty Librarian

What do you find most interesting about your current position?

The rate of change and the consequent need / opportunity to have life-long learning as a constant in my working life.

What has been your biggest professional challenge?

The rate of change and the difficulties in navigating through to best practice solutions in an environment of limited time and resources (and sometimes limited knowledge and understanding).

How did you join Health Librarianship?

Fell into it really – first job I was able to get after qualifying.

What was your previous employment background?

Years of casual work in pubs, one short time on reception at the State Library, a horrid clerical job at Medibank (before it became Medicare), peering at microfiche based records.

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

Suspect I'd be some other sort of librarian or a policy / information analyst.

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

The need to work differently. The days of running small libraries in the ways we always have with small staff numbers are limited I suspect. Some aspects of the work need to aggregate up whilst the more individual areas of practice are likely to be embedded more in the work environment of clients.

What is your greatest achievement?

Surrounding myself with people who have talents I lack or who have the willingness to take on new duties so we can achieve more – particularly in transitioning to e-services but also in allocation of work across the team.

What is your favourite non-work activity?

Cliché though it is, reading, travel and chasing the delusion that I have gardening and home handy type skills (against most evidence).

What advice would you give to a new member of Health Libraries Australia or a new graduate information professional?

As the Scouts and Brownies would say: be prepared – you are entering territory that requires flexibility, adaptability, creative thinking. It can be incredibly rewarding if you keep in mind that you are a member of the health team and more than just your profession.

Anything else you would like to share about yourself?

Tricky question – some many ways to answer. I'm a dedicated foundation member of the Fremantle Dockers – rusted on you might say and an inveterate joiner generally of community organisations from Friends of the ABC to profession, union and politics (Committee member of HLA, President of the Health Services Union in WA – no governance issues here I'm proud to report – and Secretary of the Perth Labor Women's branch of the ALP). My ambition is to learn to say no more frequently. I find though that joiners are joiners and it's obviously a perversity of my personality type that sometimes overruns capacity to meet the demands. On the personal side, I've discovered late (in middle age) the enjoyment of the close observation of childhood though my nephews Matthew (8) and Jamie (5). Missed the development of my other nephew (22) and niece (18) due to tyranny of distance.

have moved pre-emptively to set up open access titles or a mix of embargoed, pay-walled current content with open access older content. Discoverability pathways are already established.

From a publishers perspective it keeps them in the publishing chain albeit with a new economic model that may be fairly uncomfortable through times of transition and may in fact prove unsustainable if the green OA model matures faster.

The UK Finch Report has been characterised as moving to gold OA whilst the European Research Council has moved to a green OA model.¹¹

Freely available STM articles already appear on repository sites such as PubMed Central, UK PubMed Central (which will become Europe PubMed Central on 1 November 2012), and PubMed Central Canada.¹¹⁻¹⁴ Australia has no such repository.

Matters of copyright and peer review are compatible with any model if set up to address them transparently. US Public Access requirements for instance advise:

“Authors own the original copyrights to materials they write. Consistent with individual arrangements with authors’ employing institutions, authors often transfer some or all of these rights to the publisher when the journal agrees to publish their paper. Some publishers may ask authors to transfer these rights when the paper is first submitted to the journal.

Authors should work with the publisher before any rights are transferred to ensure that all conditions of the NIH Public Access Policy can be met. Authors should avoid signing any agreements with publishers that do not allow the author to comply with the NIH Public Access Policy.”⁴

Version of record

Journal articles are no longer single unitary items, they have versions, supplementary material, links to the supporting research data, factors that make it critical that repositories are explicit in

describing the version of record being discussed.¹⁵

“The NIH Public Access Policy is based on a law that requires investigators to submit “their final, peer-reviewed manuscripts” to PubMed Central. NIH will accept the final published article in lieu of the final peer-reviewed manuscript, provided that the author has the right to submit this version.”⁴

Keeping the ...honest

How will we know if those funded comply? There is obviously an overhead involved in monitoring compliance with OA policies. Meta-tagging of records in MEDLINE is one obvious check.

What will it all look like in practice?

It is hard to predict at this stage what open access SMT publishing will look like in practice. The transition is likely to be difficult – for publishers, authors, funding institutions, database managers and librarians trying to maintain access for clients. As costs move from subscriptions to up-front charges, or to costs to support green OA repositories, it is unlikely to be a straight transfer. There will be years of overlap in costs where subscriptions will be required as well as up-front charges or perhaps diversion of research funds to build and maintain repositories.

In Australia there is no PubMed Australia repository and research funders have not mandated a green or a gold response to OA.

What will this mean here for the local publishing industry and for library budgets?

If NHMRC and other research funders in Australia direct researchers to gold OA, will local publishers gear up to levy article publishing fees and if they do (as overseas publisher certain will), who will fund the fees and how?

How will librarians keep links to even more repositories working and accessible? Will these repositories have the economic incentives publishers have to meet standards and make their content available for harvesting for databases?

In short there are likely to be many more questions than

answers over the next few years, but the green and the gold will be battling it out long past the 2012 Olympics.

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WORDFINDER

A health-centric brain teaser – how many words can you locate in this matrix?

n	n	h	s	t	c	d	d	r	m	e	t	a	d	a	t	a	t	d	a	l
g	o	d	e	i	n	i	c	h	i	c	k	e	n	p	o	x	h	o	e	r
c	e	t	t	h	s	a	o	n	v	a	r	c	n	m	e	d	i	n	e	
a	n	o	i	t	a	s	i	n	u	m	m	i	e	e	a	h	g	c	d	d
o	e	e	n	l	y	i	u	r	a	l	u	c	o	a	r	t	n	i	e	n
e	b	l	u	a	g	o	b	t	a	e	t	r	y	s	g	d	i	g	i	e
o	n	e	a	e	o	a	o	o	r	v	h	h	d	l	c	s	l	n	e	g
n	o	c	s	h	l	l	t	x	h	e	y	y	e	e	a	m	l	i	l	c
z	i	a	a	e	o	l	e	t	b	p	p	p	m	s	t	e	e	s	h	u
d	t	l	a	g	t	d	n	a	e	z	o	e	e	i	a	i	p	r	m	c
i	a	t	y	i	n	e	m	r	d	o	t	r	n	a	l	u	s	u	e	e
s	n	a	g	i	o	d	t	e	s	o	h	g	t	h	o	t	r	n	a	a
e	i	f	x	d	r	h	a	e	o	n	a	l	i	s	g	l	i	u	u	o
a	c	h	o	l	e	s	t	e	r	o	l	y	a	t	u	c	v	a	s	n
s	c	r	u	r	g	n	t	e	e	s	a	c	r	t	i	a	r	m	c	i
e	a	s	m	l	m	i	t	h	s	e	m	a	a	d	n	e	l	o	t	o
l	v	i	v	i	t	a	m	i	n	s	u	e	e	g	g	e	n	c	e	e
c	a	p	o	n	g	v	t	r	s	m	s	m	g	i	e	t	m	u	i	o
s	c	a	i	p	a	e	d	i	a	t	r	i	c	a	r	d	i	a	c	s
u	n	o	m	o	a	l	e	c	i	r	a	v	o	o	n	e	l	o	r	d
m	j	r	h	o	r	m	o	n	e	s	s	y	l	r	c	e	h	g	d	d

AACR
Acid
ADHD
Aged
Arm
Bedsores
Cardiac
Cataloguing
Chickenpox
Children
Cholesterol
Claustrophobia
Control

DDC
Dementia
Dentistry
Dermatology
Disease
DVT

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Gerontology
Glaucoma

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- Hormones
- Hyperglycaemia
- Hyperthermia
- Hypothalamus

Immunisation
Index
Informatics
Intraocular
IT

Joint
Leg

Measles
Medicine
Medline
Mental
MESH
Metadata
Muscle

Nursing

Obese
OPAC

Paediatric Pertussis

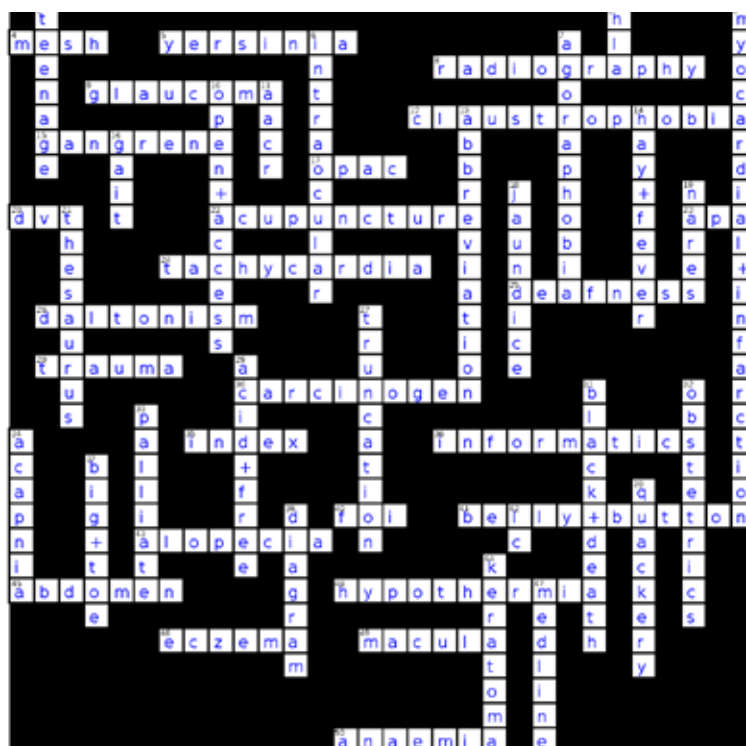
Spelling

Thesaurus
Trama

Vaccination
Variant
Varicella
Vitamins

Zoonoses

JUNE CROSSWORD SOLUTION



EVENTS TO SUPPORT YOUR PROFESSIONAL DEVELOPMENT

Full events listing is available on our website: <http://www.alia.org.au/groups/healthnat/educ.html>

2012

★ ALIA FOLIOz Break Out: Extending the health LIS professional role – skills and strategies NOTE: CANCELLED DUE TO LACK OF INTEREST...	Online	3 September – 28 October
Lib 2.012	Online	3-5 October
Health Libraries Inc. Conference	Melbourne	19 October

2013

★ ALIA Information Online	Brisbane	12-14 February
★ HLA Professional Development Day (satellite session to ALIA Information Online)	Brisbane	February (date TBA)
25th Medical and Health Librarians Association of the Philippines Conference	Philippines	26 February to 2 March
11th International Congress of Medical Librarianship (ICML12) with MLA Annual Conference & Clinical Librarian Conference	Boston	3-8 May
Canadian Health Libraries Association	Saskatoon, Canada	22-25 May
European Association for Health Information and Libraries (EAHIL) 25th Conference	Stockholm	12-14 June
Health Technology Assessment international (HTAi) Conference	Seoul, South Korea	June
Evidence Based Library and Information Practice Conference (EBLIP7)	Saskatoon, Canada	15-18 July 2013
HISA: Health Informatics Conference	Adelaide	August
IFLA Health and Biosciences Libraries Section	Singapore	17-23 August
Health Libraries Inc. Conference	Melbourne	October



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