

HLA NEWS

NATIONAL NEWS BULLETIN OF **HEALTH LIBRARIES AUSTRALIA**

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

Librarians and research – THE ETHICS COMMITTEE

Bronia Renison manages the Townsville Health Library, one of the larger libraries in the Queensland Health network. In this article, Bronia shares her experience of serving on Human Research Ethics Committees (HRECs), fleshing out the role that librarians can play and examining both the benefits and risks to health libraries.

Librarians working in health libraries and within academic libraries are familiar with the research process. Cantwell and Van Kampen-Breit¹ provide background to the development of Institutional Review Boards (IRBs) in the United States of America and explore the roles in which librarians can add value to their organisation. Their article is highly relevant to Australia, where librarians are increasingly becoming involved with Human Research Ethics Committees (HRECs)².

WHAT CAN LIBRARIANS CONTRIBUTE TO HREC BUSINESS?

1. Librarians may contribute ex officio, performing literature searching or 'research liaison'.

The Health Research Authority recommends that to place a proposed trial in the context of available evidence,

the background in a research protocol 'should be supported by appropriate references to the published literature'³. However, researchers are often under pressure to manage many aspects of literature reviews or simply lack the expertise to do so. Moher, et al, (2016)⁴ discusses this in the context of increasing value and reducing waste in biomedical research.

Some librarians provide a comprehensive literature search on the topic of each application, and some supply key articles on the topic, prior to review by HREC members⁵⁻⁷. However one could take the view that such literature searches undermine the role of the researcher. Cantwell believes that during the preparation of an HREC application, researchers to their detriment underutilise librarians' skills in literature searching¹. Pity the unfortunate researcher

who has not previously sought the assistance of library staff but boldly claims in their application that there are no known publications on the topic!

When an ethics application includes a literature search strategy, it could be referred to a librarian for review. Any additional publications identified would improve the quality of the application.

Continues on p2...

Inside

- Librarians and research: The Ethics Committee – Bronia Renison 1
- Convenor's focus – Ann Ritchie 5
- Let's talk in 2018: Twitter chat series and questions about this issue of HLA News 6
- Whither resource sharing – Cheryl Hamill 7
- Applications open: HLA/MedicalDirector Digital Health Innovation 2018 Award and the Anne Harrison 2018 Award 8
- Opinion piece: Attribution and acknowledgement – Jane Orbell-Smith 9
- Holiday challenge: Take the Chief Scientist's storytime pledge 12
- Conference report: HIMAA/NCCH Conference – Kathleen Gray 13
- Member Spotlight: Taryn Hunt 16
- Professional development diary dates 17

Let's talk about this article in the new year – see page 6 for your Twitter Chat invitation.



... The librarian's
contribution to
HREC work
increases the
visibility, recognition
and value of a
health library,
thereby aiding
the survival and
perhaps stimulating
the growth of the
library service
...



An additional benefit that librarians could bring to the process is that they can set up alerts based on the searches such that the researchers can continue to see what is being published on the topic during the actual research phase.

2. Librarians may be formally appointed as an HREC member in the research experience category or as a lay (community) member.

Librarians possess many relevant skills, such as literature searching, appraisal of evidence, or checking the readability (e.g. reducing medical jargon) of patient information and consent documents. Librarians are 'keenly aware of the research process'⁶, developed through helping others and possibly through undertaking personal research or quality improvement activities.

An HREC administrator comments: 'Committee members are appointed for their knowledge, qualities and experience. As such, librarians bring a unique view point to the ethics reviews of research projects. In particular, health librarians have a wide scope of knowledge of health and medical literature and are able to carefully consider the potential benefit, contribution to knowledge and current literature of any given research project'⁸.

Research governance is a separate process from HREC business and a librarian may be tasked with this role⁹. A Research Governance Officer (RGO) reviews an application and makes recommendations to the chief executive regarding research activities proposed for the health service.

The RGO considers many matters. The researcher must provide evidence of Ethics and Public Health Acts approvals, research agreements, approved budget, arrangements with other staff such as heads of departments and in some cases with medical records to ensure the project plan is feasible. The RGO can also assist staff wishing to conduct their own research and can confirm project approval with other staff who are invited to participate.

3. Lastly, librarians can alert researchers and HREC members to predatory publishers and vanity presses¹⁰.

WHAT ARE THE RISKS TO A LIBRARY OF HREC WORK?

Volunteering to assist with HREC business comes with the risk of unpredictable or excessive workload.

Librarians appointed to an HREC must read and assess the applications prior to each monthly meeting. When several librarians are available, one suggestion for managing the load is to appoint more than one to the committee, to attend meetings on alternate months. Applications for low risk projects may be assessed by committee members between meetings, perhaps on a roster.

During an on-roster period, a librarian may receive a large number of applications requiring prompt review and this could place other library services at risk.

Another possible task for HREC members between meetings is the consideration of applications requesting a waiver of consent. This applies to certain types of applications, for example where retrospective de-identified data is extracted from patient records. Such requests for a waiver may require a prompt response.

Librarians undertaking routine literature searches for HREC applications would need to carefully assess their resource capacity to provide the service, perhaps considering the inclusion of a librarian's expertise in the applicant's research budget.

Perhaps over time, HREC work will become a standard service provided by libraries in institutions which host HRECs. With recognition of the value of the librarian's role, an appropriate level of staffing may follow.

Continues on p3...

WHAT ARE THE BENEFITS TO A LIBRARY OF HREC WORK?

The librarian's contribution to HREC work increases the visibility, recognition and value of a health library, thereby aiding the survival and perhaps stimulating the growth of the library service¹¹⁻¹³.

As members of the HREC, librarians have the opportunity to promote their research skills to other committee members, who represent a broad range of disciplines within and external to the organisation.

Librarians can develop strong relationships with staff in the ethics and research governance units, for mutual benefit. Awareness of colleagues' roles facilitates referral of queries to the appropriate person and an opportunity exists to jointly promote research in the organisation with both formal presentations and informal conversations.

Taking a visible role in research can extend to mentoring novice researchers or organising research showcases^{9, 7}.

All ethics business is confidential. However, a librarian's knowledge of the organisation's research activities is invaluable.

Are you up to an interesting challenge where you can benefit both the library and the organisation? Don't wait for an invitation – offer your services!

Bronia Renison

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ABOUT THE AUTHOR

Bronia has worked in health and other special libraries in Melbourne and Townsville. Since 1997 she has managed the Townsville Health Library. Bronia has served on HRECs and has participated in clinical research projects.

The author acknowledges the kind assistance of Louisa D'Arrietta, Wendy Smyth, Sara Potts, Gemma Siemensma, Sarah Keating, Daniel McDonald, Chris Parker and Rob Penfold.

HRECS EXPLAINED

Human Research Ethics Committees (HRECs) play a central role in the Australian system of ethical oversight of research involving humans. HRECs review research proposals involving human participants to ensure that they are ethically acceptable and in accordance with relevant standards and guidelines.

There are more than 200 HRECs in institutions and organisations across Australia. Many other countries have similar systems.

In undertaking this role, HRECs are guided by relevant standards. Standards include those in the [National Statement on Ethical Conduct in Human Research](#) (the National Statement) issued by NHMRC.

The National Statement sets out the requirements for the composition of an HREC and the relevant ethical principles and values by which research should be designed and conducted and to which HRECs should refer when reviewing research proposals. It also identifies requirements and responsibilities for:

- institutions/organisations in establishing HRECs
- researchers in submitting research proposals to HRECs
- HRECs in considering and reaching decisions regarding these proposals and in monitoring the conduct of approved research.

In some circumstances HRECs charge fees for considering research applications.

Source: <https://www.nhmrc.gov.au/health-ethics/human-research-ethics-committees-hrecs>

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CONVENOR'S FOCUS

The year in review • Plans for 2018 • New HLA News Editor announced



“

... I do hope it's
been a good
year for all in our
readership and
I look forward to
seeing you all
in 2018

...

”

As always the end of the year comes too quickly as we attempt to wrap up the bits and pieces that still linger on our 'to do' lists, relegating some of the less urgent ones to next year's resolutions. The end of the year is also a time for celebrating, reflecting on how it all went, and anticipating new adventures. We on the HLA Exec are finishing off for the year with our last ANDS workshop in Sydney, and this year's series of Carol Lefebvre's Advanced Searching workshops, and to get a jump start on next year, we are in the throes of planning for 2018's PD events. You'll be pleased to know that Julie Glanville will be back – so we're giving you the heads up that Julie's workshops will be in Melbourne and Sydney in April 2018. These will develop our competency area of advanced searching skills with a focus on complex search topics and text mining.

I'd like to highlight a few more developments to whet your appetites for 'things HLA'.

We welcome Taryn Hunt as our new Editor of HLA News. I think you'll find with Taryn in this role, together with Natasha Bradley who will be leading the Social Media portfolio, that HLA publications are in for a refreshing and reinvigorating make-over. We've posed a few questions on page 6 as a start to exploring some of the issues raised in our lead article. These will seed the discussions in our first Twitter chat in 2018. Just a start... We would of course also welcome your ideas on topics or trends you would like to explore with colleagues in the new year.

We've just launched the next round of awards – the Anne Harrison and the HLA/Medical Director Awards, so give yourself a little time to let your ideas incubate over the holiday break, ready to develop an application in the new year. Our administrators for the two awards, Bronia Renison and Jeanette Bunting respectively, are always happy to discuss your ideas for a submission.

We've had a little break this year from the Health Librarianship Essentials course due to the fact that our previous partner, QUT, is withdrawing from offering librarianship courses. We are exploring options for a new host partner, and intending to run the course early in 2018. And the Australian Evidence Based Librarianship Institute will again be offered at the end of the year.

As usual, our PD Day will be held mid-year, most likely in Sydney, so look out for the announcement in the new year.

I do hope it's been a good year for all in our readership and I look forward to seeing you all in 2018.

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



and happy holidays...

**May 2018 bring you exciting opportunities, joy and good health!
This message of hope comes with best wishes from your**

...HLA Executive

Let's talk! HLA Twitter chat

HRECs in February

HLA will host a series of Twitter chats in 2018. No matter where you are you will be able to join discussions with colleagues on emerging issues and articles of interest. Our first chat on 13 February will focus on the topic of HRECs, based on this issue's lead article. You can get a head start by pondering these questions as you read this issue.

Pre-chat thought provokers:

1. What committees are you on and how do you contribute/what is your role?
2. Do you think that librarians need knowledge of research methodology to be active/valuable members of an HREC or Research Governance committee?
3. If you are participating in an HREC, how do you manage workload?
4. Should the library promote awareness of predatory publishers? If so, should others in the organisation assist?

**Join us on 13 February – we'll be using the hashtag
#HealthLibsAust**

• HEALTH LIBRARIES AUSTRALIA •



@HealthLibsAust

WHITHER RESOURCE SHARING

There's a global and local focus on resources sharing in 2017 through to 2018.

ALIA is revising the Australian Interlibrary Resource Sharing (ILRS) Code¹ and IFLA is revising the International Resource Sharing and Document Delivery: Principles and Guidelines for Procedure² following on from the recent International Interlending and Document Supply Conference in Paris in October 2017³. The National Library of Australia is working towards a Share It - Resource Sharing Futures Conference in Canberra in May 2018⁴.

There hasn't been this much focus on resource sharing since the National Library of Australia's Interlibrary Loan and Document Delivery Benchmarking Study in 2001⁵.

Two Australian committees are working in collaboration. The ALIA Interlibrary Lending Advisory Committee⁶ to revise the Code and provide advice to the Board, and the National Library of Australia's Libraries Australia Document Delivery (LADD) Futures Group⁷.

The IFLA Conference call for papers⁸ noted many of the issues that impact on resource sharing, including:

- Open access impact on document supply
- New models of purchase on demand/patron driven acquisition
- Opportunities and threats for ILL staff in a period of dramatic changes
- Copyright and contract / licensing agreement - an uneasy relationship
- Article usage/journal usage - focusing on low use material
- The state of ILL today
- Search engines and ILL
- Resource sharing concerns, such as; delivery methods, payment options, interoperability of systems, computer standards
- Challenges and solutions to sharing electronic resources such as e-books and e-journals
- Open source systems and their role in resource sharing
- New frontiers for library consortia or collaboration between individual libraries

Both the ALIA committee and the LADD group will be working through many of these issues in the lead up to the May 2018 Conference in Canberra.

Get involved and have your say via one of these groups or prepare to participate next May.

Cheryl Hamill

(Cheryl is a member of the ALIA Interlibrary Lending Advisory Committee)

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APPLICATIONS OPEN

Health Libraries Australia is please to announce that applications are now open for the HLA/Medical Director Digital Health Innovation Award for 2018.



Have you initiated an innovative project which, through the use of digital technologies, contributes to improved health outcomes? Are you planning to initiate an innovative project which, through the use of digital technologies, contributes to improved health outcomes?

You could win

- \$3000 to spend on your project or on continuing education supporting the project
- Travel to the Award Presentation
- One night's accommodation
- Free registration to the HLA Professional Development Day in Sydney in June 2018.

This award is funded by MedicalDirector with the assistance of ALIA Health Libraries Australia.

Applications close 16 February 2018.

Further information

Visit <https://www.alia.org.au/about-alia/awards-and-grants/357/hlamedicaldirector-digital-health-innovation-award> or contact Jeanette Bunting (BuntingJ@ramsayhealth.com.au).



ANNE HARRISON AWARD

APPLICATIONS OPEN

The Anne Harrison Award for 2018 is valued at \$5,000 and is now open. The Award was established as a perpetual tribute to a person whose foresight, skill and courage helped found health librarianship in Australia. With the assistance of the Award, others may be encouraged to make their own contribution.

Awards are intended to supplement the activities of the Australian Library and Information Association in supporting specific projects and providing study grants.

Applications for the biennial Award are invited from all Australian health library and information professionals. Applicants are not limited to ALIA members or to librarians, provided proposals meet the objectives of the Fund.

Funding is available for research projects, study or a publication. For full information on the Award, past recipients and application guidelines please visit <https://www.alia.org.au/about-alia/awards-and-grants/352/anne-harrison-award>

Applications close 16 February 2018.

Please direct applications and inquiries to the Secretary
anneharrisonaward@gmail.com



ATTRIBUTION and ACKNOWLEDGEMENT

Jane Orbell-Smith champions promoting the true worth of the role of the health librarian in research and encourages her colleagues to be 'essential and visible' by actively seeking attribution and acknowledgement for their valued contribution.



ABOVE – Author Jane Orbell-Smith is the health librarian for Redcliffe and Caboolture Hospital Libraries also servicing Kilcoy Hospital and the Woodford Correctional Centre. The Hospitals are part of the Metro North Hospital and Health Service, Queensland (the largest HHS in Australia).

BACKGROUND

Discussion at the July 2017 HLA PD Days regarding attribution and acknowledgement of professional work by health librarians requires further investigation. As a participant with a vested interest in this area, it seems only fair that the skills, time and expertise that health librarians put into reviews and other published research is acknowledged.

How attribution or acknowledgement is made, is a decision for the author and individual librarian to decide upon be it as co-authorship or as an acknowledgement statement in the final work.

Recognition will only become practice if health librarians pursue it. One cannot imagine clinicians not expecting (or demanding) their name on work they have undertaken so why should the situation for health librarians be any different?



As health librarians our role is to help others find information and improve their own skills but how often do we receive formal acknowledgement for our work? Is not formal recognition a legitimate expectation for health librarians and evidence of our worth and contribution to our employing organisation?

I have come to the realisation that it is time health librarians demand formal recognition for our professional output. Why do I believe this? The main reasons relate to acknowledgement of our professional value.

THE “LIGHT BULB MOMENT”

Now, I am well into my professional career, why did I decide to do something about it at this point? To be honest I had never even considered it an issue up to this time, I did what I saw was my role. I had never been taught that I could be part of the published team (an oversight on the part of our teaching institutions although it is a long time since I did my librarianship qualification). I never had a problem with it previously but now I question why my work should not receive the same recognition as that of my clinical colleagues?

I decided to look into this issue when it came to me as an “aha” moment at our last HLA PD Days. I listened to several presentations on systematic reviews and the contribution of health librarians; presenters talked of their role but few mentioned that their names were published as contributing authors. This made me think: “Why aren’t we getting this recognition? Isn’t it important that our employing organisations see that health librarians are participating in research at the highest levels?”

I suddenly realised that I, and many others, are undertaking high level searching, review and delivery of references plus other contribution

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... a lesson
for us all ...
if we stay silent
and are “the very
helpful librarian”
without promoting
our true worth, we
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colleagues receive
and to which we are
also entitled

...

”

through reading, reviewing and editing without receiving formal recognition. Yes, I receive a “thank you” and the occasional box of chocolates - don’t get me wrong, that is certainly appreciated. What irks me is that I do not get my name included in the credits once the article goes to press or the report is presented to the organisation.

Our health colleagues have their names on articles (often there is a string of names) but where are the health librarians? Few actually obtain this right. Is it innocent professional oversight, undervaluing health librarians’ skills and input to research, or, is the failing ours because we do not speak up and negotiate recognition of our professional contribution?

In my own case, the cause is the latter. This is easily demonstrated because as soon as I raise attribution and/or co-authorship with my clinical peers, they are most apologetic and say that my work is as important a part of the process as any of the other named authors have contributed; they just had not considered formally including my contribution.

IN THE LITERATURE

The more I deliberated on this, the more I wondered what the experience of other health librarians had been. A quick literature search within LISTA, Medline and CINAHL returned few results.

Search strategy: ((attribution OR recogni* OR acknowledg*) AND ((health OR medic* OR STEM OR Scien*) AND Librar*)).

Only one paper by Robin Desmeules et al (2016) directly discussed this issue. Although a uniquely Canadian exposé and specifically related to participation of health librarians in producing systematic reviews, Desmeules et al captures the issues relating to credit including: supervisor’s role in ensuring support for librarians participating in systematic reviews and promotion of skills to research and clinical staff undertaking systematic reviews (including beyond just search strategy development and literature searching), to authorship and review of the paper. They quote Gore and Jones acknowledging that the level of contribution to the work should be the guide to level of recognition of the librarian’s contribution i.e. authorship or acknowledgement (Gore and Jones 2015), (Desmeules, Dorgan et al. 2016).

WHY IT MATTERS

It matters because we as health librarians are selling ourselves short by not having our professional skills recognised. In effect, others are taking credit for our expertise and our work.

It also matters because we expect our employing organisations to continue to fund library services and/or health librarian positions. If health librarians do not demonstrate their worth in the same way as our published researchers, how can we expect the funding providers to justify continuing to allocate resources? This may form performance indicators, i.e. a demonstration of work output and level of expertise provided to the employing organisation.

CHANGE

The “final straw” for me was having over 25 hours working on one clinician’s research project (a systematic review) and not receiving at least an acknowledgement in the paper. I had discussed with the clinician my requirement for attribution for my work very early in the process. Yes the clinician thanked me (and gave me an unexpected box of chocolates), however no formal acknowledgement of my work was made in the published paper.

Since that time, I have implemented a new policy for my library services consisting of three components to address this issue:

Continues on p11...

1. I negotiate with the literature search requester to ensure recognition of my work,
2. I teach the importance of the role of the health librarian in research and why recognition of the input is vital for ongoing organisational support of library services when giving presentations or training sessions, and,
3. I include a highlighted sentence as part of my signature block plus when supplying literature search results to a client
"Acknowledgement of expert health information services undertaken by the Librarian supporting your work is appreciated."

I admit to feeling very uncomfortable, initially, implementing these strategies; it has become easier as time has gone on. I am especially thankful that discussing the issue with senior organisational researchers and clinicians has resulted in nothing but support and understanding. Many expressed their apology explaining that "they just never thought to do it". This adds weight to Dudden and Protzko, and, Desmeules, Dorgan, et al hypotheses relating to non-understanding of the role of the librarian's contribution to reviews (Dudden and Protzko 2011), (Desmeules, Dorgan et al. 2016).

I must say, I felt my position was somewhat justified, when well into writing this piece I came across the article by Patti Brennan, Director of the National Libraries of Medicine entitled, Essential and invisible: on the importance of being recognized, (Brennan 2017). Brennan discusses the importance of profile and the need for recognition of health librarians' input to patient care and research, (Brennan 2017). The premise of her article is that "essential and invisible" sums up the state of modern libraries and contemporary Librarians...', (Brennan 2017).

Here I find a lesson for us all...if we stay silent and are "the very helpful librarian" without promoting our true worth, we will not receive the recognition that our clinical colleagues receive and to which we are also entitled.

SUCCESS?

Has it made a difference? Well I have recently been included on several groups for publication and one is on its way to the publisher; yes, my name is listed as a contributing author. I am satisfied so far that my changed policy has made a difference and I will continue to promote the need for formal recognition of my skills and professional output.

I am also about to do a presentation on the topic to my Queensland Health librarian colleagues. It will be interesting to see how the topic is received and to hear their views on attribution. Perhaps a future paper on the topic or a conference presentation may be the outcome. I'll keep everyone informed.

Jane Orbell-Smith

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Your guide to HLA Social Media

Did you know that you can keep up with and contribute to HLA news, announcements and other information relevant to health libraries, in Australia and internationally via social media? There's a way for you to keep current and connect with other information professionals, and it's via the Health Libraries Australia Twitter channel.

We invite you to connect with HLA via this channel and warmly encourage you to be an active participant. Rather than being simply a broadcast channel, we hope to develop this into a living online space where great communication abounds. Why not dip your toe in the water and post something you have seen that is useful or mention something you are doing in your service that may be of interest to others? We can't create an online community without you!



<https://twitter.com/healthlibsaust>

Your holiday challenge – Take the Chief Scientist's Storytime Pledge

ALIA is supporting the Chief Scientist's Storytime Pledge, launched on 14 December, asking people to read a book to a child this holiday season. ALIA has produced a poster for libraries and graphics for website and social media posts, available to download from the [website](#).

ALIA CEO Sue McKerracher said, "This is a wonderful initiative by our Chief Scientist and makes the point that you can't have a successful STEM agenda without having children who can read and write. Basic literacy is the essential building block.

"We encourage libraries and library professionals across Australia to get behind this campaign; to take the pledge both personally and professionally; and to add @alianational to their pledge posts so we can show the level of library support for this campaign."

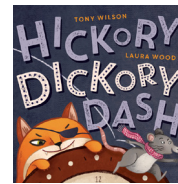
The Chief Scientist has pledged to read Margaret Wise Brown's Goodnight Moon to his three year old grandnephew (because lulling rhythms and captivating rhymes will put the crankiest toddler to sleep).

All storytime pledges will be posted on the [Chief Scientist's website](#). Add your pledge using the Twitter hashtag **#StorytimePledge**

Make a dash for NSS

Sign up for National Simultaneous Storytime (NSS) on Wednesday 23 May 2018 at 11am (AEST).

Everyone can join NSS, it doesn't matter whether you are a home, a school, a public library or a health library! Register now to a join the fun sharing Hickory Dickory Dash, written by Tony Wilson and illustrated by Laura Wood. Registration is free and ensures you will get a link to a variety of resources to support your NSS event delivered to your inbox on Monday 21 May.



As [Alan Finkel](#) says, "pick up a book and share it with a child: it's the key to success in an uncertain future" ...



Take the Chief Scientist's
Storytime Pledge

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Dr Alan Finkel, Australia's Chief Scientist



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CONFERENCE REPORT

What happened at the HIMAA/NCCH Conference?

The 2017 annual conference of the Health Information Management Association of Australia and National Centre for Classification in Health was held from the 1st to the 3rd of November, in Cairns. This report was prepared by HLA Executive Committee Member Dr Kathleen Gray, whose attendance was made possible through a Memorandum of Understanding between HLA and HIMAA.



ABOVE – Author Dr Kathleen Gray is Senior Research Fellow, Health and Biomedical Informatics Research Unit, Melbourne Medical School & Dept of Info Systems, at the University of Melbourne. She is also a member of the HLA Executive Committee.

The conference theme was “Challenging a changing landscape”. Approximately 400 people attended.

Below are some highlights of the plenary and ‘big picture’ streams (alternative streams for clinical coders and HIMAA special interest groups ran alongside these).

A health services management session, with a focus on Sydney Children’s Hospital Network, featured presentations about:

- a ‘lean transformation’ initiative; that is a change from working to improve separate departments to optimising the flow of services across technologies, assets, and departments to deliver value to clients;
- conceptual models of values, change, acceptance, integrity and learning being used by HIM and related managers to ‘rethink, reframe, reimagine’, under the auspices of an organisational performance unit.

‘How sustainable will the profession be in 2025, given the digital transformation occurring in healthcare?’ was the question addressed by a keynote and panel session.

- There were predictions that health information managers will find new roles leading electronic health record projects, in information governance, and as data scientists, and that their work will shift from operational to strategic. A detailed 2017 report is available on request from the Australian Institute of Health Service Management.
- There were reflections on how entry-level education should be remodelled – that it needed to be more accessible online, to underscore the importance of research into practice, to inculcate how to emphasise the value of the specialised work, to encourage commitment to digital transformation.
- Tips from general discussion were: know and advocate for your core competencies; remain relevant, trusted, effective and proactive; uphold expectations of your practice on par with other health professions; collaborate with other professions; don’t allow yourself to be forgotten.

A digital health session highlighted:

- Particular pain points (information quality, governance, architecture and sharing) of the Cairns and Hinterland Hospital and Health Service, and their drive to make the electronic health record the ‘single source of truth’ about each patient.

Continues on p14...



- EMRs can stand for 'electronic medical records' but also for 'expect to manage reductions in staffing', based on the experiences of the Royal Children's Hospital's health information manager.
- The counter-argument to outsourcing health IT was made by a forensic health service that chose to build its own EMR because it didn't have enough funding to buy a commercial solution, and it is reaping the benefits of retaining knowledge, agility and full IP ownership.
- Relocating EMR data analysis roles from the Victorian Department of Health and Human Services to the Western Hospital's own performance unit, enabled the speeding up, from monthly to weekly, the identification of chronically ill patients at risk of hospital readmission and their enrolment in a preventive program.

Information governance was the topic of another session headlined by a major conference sponsor, Hyland OnBase.

- A key point was made about the HIMSS EMRAM (the Health Information and Management Systems Society's Electronic Medical Record Adoption Model) framework. Levels 6 and 7 of this framework are the current goals for the handful of Australian hospitals that are progressing beyond basic implementation of electronic health records. This framework doesn't explicitly require IT governance or change management functions, but HIMSS accreditors will look for evidence of these.
- Information governance and data governance were used interchangeably by various speakers, but always differentiated from IT governance. A review of the Victorian DHHS information governance early in 2017 has been a stimulus to some hospitals working to establish this function.

'Researching our future' was a theme addressed by researchers from LaTrobe University, Macquarie University and the University of Tasmania.

- Two presentations were related to HIMAA's work to establish a Research Advisory Committee, including a mentoring and funding program. A project arising from this initiative has investigated barriers and facilitators to doing research that are reported by practising HIMs. Suggestions to increase practitioner researcher activity were: add yourself to interdisciplinary research teams and join local research ethics committees.
- Health Libraries Australia was clearly acknowledged as a research partner in Australia's Health Information Workforce alliance and the project to establish a regular census of this workforce. The HIW Census paper was voted best scientific paper of the conference. (It was recognised this way too at the national Health Informatics Conference earlier this year.)

A session on **health analytics** was a means of demonstrating the value of the work done by HIMs in terms of supporting data quality assurance and epidemiological research in areas of need, such as women's health. Two cases that illustrated this were:

- A speaker from Marie Stopes International pointed out underlying gender biases in healthcare, and the role that well-coded data has played in building the evidence base to lobby for improvements in women's access to medical ('abortion pill') versus surgical abortions. This paper won the "people's choice" award for best paper.
- Sophisticated work has been done to address the health data collection gaps and non-standard reporting practices that have hindered understanding domestic violence as a contributory factor to the burden of disease. An associated Australian Institute for Health and Welfare report on domestic violence will be published in 2018.

Clinical documentation improvement was the topic of the final plenary session of the conference. Despite the fact that coding tips are built into

Continues on p15...

electronic patient record systems, there is a growing need for specialists who can work in between doctors and nurses, who are not primarily concerned about accurate documentation, and clinical coders (mostly not experienced in patient care) who convert their clinical documentation into organisational data. CDI has major ramifications for reimbursement of healthcare costs, and for the secondary use of clinical data for quality assurance and research, as elaborated by speakers from hospitals in NSW and Victoria.

The conference included **international presentations**.

- One was a systematic review of the literature on Chinese hospitals' use of Diagnosis Related Groupings for healthcare prospective payment systems (versus a fee for service model of payment), suggesting its relative effectiveness.
- Two more were mobile health evaluations from Vietnam: a trial of SMS for diarrhoea and influenza bidirectional structured reporting in community health; and another trial of SMS to improve perinatal information and education among ethnic minority communities.
- Another was on work to have health information management recognised as a health profession in Saudi Arabia.

Summing up, it was clear that health information management is facing a number of challenges – ageing workforce, technological change, invisibility, the evidence base – which are very similar to those facing health library and information service management. HLA's active involvement in national cross-professional advocacy and research, along with HIMAA, is a key way to remain relevant and recognised among the health information professions.

Kathleen Gray

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What do you find most interesting about your current position?

It's hard to narrow down at the moment as I've just started and everything is new and interesting! I am really enjoying feeling at the centre of things and beginning to understand the big picture of health libraries in Australia.

What has been your biggest professional challenge?

Getting started in the industry has not been easy, although not for the lack of goodwill and intentions of health librarians in WA. Job openings wax and wane and being patient can be trying.

Starting out in a new field has been a bit scary as well, I used to feel like I knew what I was doing as a health promotion community worker! Having said that, going on practicum in a health library here in Perth (Sir Charles Gairdner Hospital – Geraldine Stevens) reassured me that this is where I want to be and is something I can do well.

How did you join Health Librarianship?

I wasn't sure this was the direction I'd take at all when I started studying but it started to make more sense as I thought about it and how it fit with my previous career. This position came about after I sent in an article detailing my perceptions of the HLA days here in Perth. I'm so glad that I took the leap and submitted it as I'm now learning and getting 'stuck in' which is what I've been looking forward to since graduation.

What was your previous employment background?

I previously studied and worked in health promotion. I started out in a general biological sciences degree at UWA but couldn't see myself working in a lab. Health promotion promised a community setting, meeting people, changing lives and making a difference. I was probably partly inspired by Healthy Harold vans that used to visit schools to talk about dangers of drugs and other health topics.

I didn't wind up working with Healthy Harold but I did volunteer at the Royal Show fresh food pavilion one year, dressed up in a very hot and cumbersome celery suit to promote healthy eating.

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

I like the idea of being a children's librarian. I have strong memories of being a young girl and visiting the town library in Albany WA and over many years at school: they were easily one of my favourite places to be. By the time I was in high school and learning about the Dewey Decimal system, and influenced by negative stereotypes, I had decided I would rather do anything else. I've now come full circle and am back to loving my local public library and my children's school library.

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

I can only speak as a new graduate, so my insights are limited, but looking forward, I know that succession planning is important.

I'm also interested to see how health libraries can integrate further into their workplaces to ensure their continued relevance. Research support is one area I'll be following.

What is your greatest achievement?

Without a doubt, parenting three children has been my biggest challenge, and one day, achievement. They are five, nine and twelve so there's a bit more parenting to go.

What is your favourite non-work activity?

I change hobbies every few years as boredom sets in – so far I've tried card making, glass painting, candle making, knitting, crochet and sewing. I'm now trying to keep a lot of house and alfresco plants alive in the hot Perth climate.

EVENTS TO SUPPORT YOUR PROFESSIONAL DEVELOPMENT

YEAR	EVENT	LOCATION	DATE
2018	VALA	Melbourne	13-15 February
	Library Association of Ireland/CILIP Joint Annual Conference (including Health Libraries SIG)	Dublin, Ireland	9 March
	HLA sponsored Julie Glanville Workshops	Melbourne and Sydney	April (TBA)
	Medical Library Association, 118th Annual Meeting and Exhibition	Atlanta, Georgia, USA	18-23 May
	Health Libraries Group (CILIP UK)	Keel, UK	13-15 June
	EAHIL 2018 (European Association for Health Information and Libraries)	Cardiff, Wales	9-13 July
	HLA PD Day (keep a watch for further information)	Sydney	18 July
	Asia-Pacific Library and Information Conference (early bird registrations open 30 January)	Gold Coast, Qld	30 July – 2 August
	IFLA World Library and Information Conference (Including Health and Biosciences Libraries Section)	Kuala Lumpur, Malaysia	24-30 August
	14 th HLinc Conference	Melbourne, Victoria	October (TBA)

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



HLANEWS
DETAILS

Published by

Health Libraries Australia – The national health group of the Australian Library and Information Association,
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