

HLA NEWS

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Looking FORWARD, Looking BACK

HLA News interviewed four 'ex' health librarians – Ruth Sladek, Greg Fowler, Kathy Saurine and Ann Ritchie. We asked each of them how they got where they are now, what they took from their time as health librarians, what they'd do differently if they were to return to health librarianship and what they see as the biggest challenge facing our profession.

RUTH SLADEK

What was the last position you held in a health library?

Director of Library Services at the Daw Park Repatriation General Hospital, in South Australia. I was responsible for the delivery of library and information services in a medium sized health library in the public sector.

What position do you hold now?

I am currently undertaking a PhD, funded by the National Institute of Clinical Studies, and based in the Australian Centre for Evidence Based Clinical Practice, at Flinders Medical Centre. I am investigating cognitive processes in medical decision making. In a nutshell, I am looking at the broader question of why there are variations in clinical practice locally and nationally, and am considering whether individual differences in reasoning between doctors account for some of this variation. I do a few other interesting things as well, time permitting. As I have academic status as a lecturer at Flinders University, I do some

lecturing in the area of literature searching, research methodologies and evidence based practice. I have currently just finished a research study developing validated search filters for OVID Medline in the area of palliative care, and am about to embark of an extension study of this work. I do some consultancy work as it comes along – but am selective because of time constraints. As a requirement for one of my PhD studies I became an accredited Myers-Briggs Type Indicator practitioner, and am beginning to undertake workshops in this area too.

How did you make the transition from being a health librarian to your current position?

My undergraduate degree was in Library Studies, but my interest in psychology led me to complete another major academic sequence by studying this part-time over 7 years. I then became interested in evidence based practice and pursued a Masters of Public Health, which reflected my need to better understand research methodologies and epidemiology. I was fortunate

to collaborate with Professor Paddy A. Phillips, Head of Medicine on a National Institute of Clinical Studies research project – where we investigated what most librarians would term as clinical librarianship. This really marked a profound shift in my interests from being a librarian to a researcher, as 'doing' is so different from 'knowing'. Often I am asked how on earth I came up with my research topic – but it came from this first research experience. I started to wonder about what

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FROM YOUR

CONVENOR

I was pleased to attend National Library of Australia's Peak Bodies Forum on the 12th December 2006. The Forum is designed to provide an opportunity for the different sectors of the Australian library world to share information. There are many challenges and developments underway or on the horizon, some of which affect only one sector but many are relevant cross-sectorally. I found it to be a very useful and stimulating meeting.

Representatives were present from the National Library, CAUL [Council of Australian University Librarians], TAFE Libraries Australia, CASL [Council of Australian State Librarians], the Australian Law Librarians' Group, the Australian Government Libraries Information Network, the Australian School Library Association, the Association of Parliamentary Libraries of Australasia, a Library School Educator, ALIA, and me from the HLA group of ALIA. The Public Libraries Australia representative was unable to attend.

A wide range of issues were discussed, including: progress on the recommendations arising from the Senate Report on the Role of Libraries in the Online Environment; progress with national licensing work on products, costings, governance and communications; digital repositories; the CASL Information Access Strategy; Libraries Australia; the future of the catalogue; a proposal to hold a Resource Sharing Forum in mid 2006; the review of the ILRS Code [Inter-Library Resource Sharing]; CAUL's focus on the Research Quality Framework, research repositories, and on CAUL's support of the Australian Libraries Copyright Committee and the World Intellectual Property Organisation; copyright; new technologies; education for librarianship; the National Broadband Strategy; internet filtering; and the HLA proposal to the Australian Department of Health and Ageing on the potential to take a national approach to the provision of electronic clinical knowledge resources (see <http://www.alia.org.au/groups/healthnat/reports/response.html>).

There were some items that particularly took my attention. A new online best practice resource guide for Inter-Library Resource Sharing will be developed during

2006 by the National Resource Sharing Working Group. The Resource Sharing Forum that is planned for mid-2006 will be of interest to members. It was thought provoking to see the new technologies demonstrated by Mark Corbould from NLA and to try to envision how these might have application to our health libraries. Some of you are no doubt already using RSS and blogs, but the potential of others was relatively (or in some cases completely) new to me. Podcasting, wikipedia software to develop knowledge communities, Flickr to share images, and Amazon's A9 (opensearch) search engine (for instance to take RSS feeds from library catalogues or other digital repositories and thereby open up the 'hidden web' content to search engines), are all technologies we need to consider. The NLA is considering holding an innovative ideas forum. Reference was made to a paper on the future of the catalogue which is well worth a read. <http://www.nla.gov.au/nla/staffpaper/2005/pearce1.html>

Numbers provided by Dr Gillian Hallam (ALIA's president) from the ALIA Education Reference group indicates that while the number of graduate students from librarianship courses is steady, the number graduating from bachelor programs has been declining over the last ten years. There has been a 30% decline in the number of technician students over the same period. Fifty percent (50%) or all graduate students and 60% of all undergraduate students are enrolled at Charles Sturt University. There may be a workforce planning forum held during the ALIA Click06 conference in Perth in September (<http://conferences.alia.org.au/alia2006/>).

Workforce concerns were expressed by many different sectors.

Finally I'd like to conclude with a reflection on some recent news from Health Canada and on an article written in the Library Journal by Cheryl R Banick in November 2005.

Health Canada's decision to make substantial cuts to its library services has been protested by the Canadian Health Libraries Association. (<http://www.chla-absc.ca/news/20060117HealthCanadaCuts.html>)

Banick's article charts the demise of "dozens of libraries closed or outsourced, five go to reduced hours, four combined,

over a dozen librarian positions eliminated" and she suggests that "in 2015 there will be large libraries with fantastic techno-goodies, e-resources, and lovely space" while the little libraries are at risk. (<http://www.libraryjournal.com/article/CA6282616.html>)

While no social institution is a protected species, we do eliminate species at some risk. Cuts and downsizing based on poor reasoning may lead to budget savings but the costs also need to be recognised. The Canadian Health Libraries Association notes that: "Health care is a knowledge-based business. It is critical that scientists, policy makers, and clinicians have easy and facilitated access to high quality information resources and services in order to do their jobs effectively. Canadian health libraries have a long history of working collaboratively and cost-effectively to share expertise and resources to improve and enhance this access."

A question to be considered in Australia is whether departments of health, that fund very expensive purchases of online resources, may come to consider that contribution as all that is needed to deliver the 'library services' required. How are we positioned as we go into 2006? Do we have the arguments ready and the capacity to respond flexibly and to counter-propose sensible alternatives? What ground should we defend, what should we abandon?

I propose that we adopt as a model the focus on the patient journey that is being used to drive health system redesign. Our client's journey to the discovery and finding of the information they need must drive our services and resource acquisition. This may require redesign but as with health system redesign which can only be done effectively by clinicians and patients, so health library redesign is the business of us and our clients. Increasingly we may need to partner with other health informaticians to integrate health library type resources with other locally produced guidelines or pieces of clinical knowledge and this is a great opportunity to apply our skills in new ways.

En'guard for 2006 –let's build those collegial bonds and grow our Health Libraries Australia group.

Cheryl Hamill, HLA Convenor
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What neXt?

With a little help from her friends Trish Taylor, Library Technician at the Gold Coast Health Service, writes about her experience as a first timer at 'neXt 2005', the ALIA National Library and Information Technicians Conference held in Sydney last September.



ABOVE: Library Technician Trish Taylor receives her educational grant from Beth Darmoudy of the Gold Coast Hospital Foundation.

HOW I GOT THERE

I was very excited when my application for an educational grant to attend the neXt 2005: ALIA National Library and Information Technicians Conference at Darling Harbour in Sydney from 6th - 9th September 2005 was approved by the Gold Coast Hospital Foundation. The Foundation grants the annual awards on the basis of the relevance of the application to health outcomes for the Gold Coast Health Service District. Prompted, encouraged and supported by my library manager my application outlined the program topics and discussed the benefits to our library service and hence our clients through my attendance.

I was one of over 600 people participating in the four day event. The networking opportunities were endless as we moved between sessions, chatting over morning teas, lunches and dinners, making new friends and finding out how colleagues in other library sectors from other States worked.

WHAT I FOUND THERE

The program itself was well diversified to cater for delegates of different library backgrounds and there was something for everybody in the addresses by the keynote speakers who, unfortunately, have only made the abstracts and not their full papers available. Some of the abstracts you may want to follow up include those by Dr Alex Byrne, 'IFLA and it's three pillars making a difference globally'; Lothar Retzlaff, Dunn & Wilson Presentation, 'E-Commerce for library promotion and sustainability'; Roxanne Missingham, National Library of Australia, 'Exploring new dimensions: revisioning library services in the post web environment'; and Robert Knight, 'Libraries and the big picture: paradise lost or opportunity knocking?' All are available at <http://conferences.alia.org.au/libtec2005/>

There was a smorgasbord of papers and presentations to interest

technicians from all types of libraries, public libraries, university libraries and special libraries including health libraries.

Sessions that were targeted as most relevant to the Gold Coast Health Services Library, together with the available tours and exhibitions, covered e-commerce for library promotion, bibliographic linking, customising information delivery, improving library website usability, on-line learning for library technicians, the Royal Australian College of Physicians tour, an EBSCO tour and a variety of health library exhibits.

Much of the program content was weighted towards technology in libraries where discussions were diverse and covered such topics as: PDA's in libraries; library design to cater for changing learning and study needs; and training requirements for staff and clients in order to keep abreast of technology.

The 'Communities of interest' sessions allowed networking with colleagues of similar professional interest and were well received. There were a few scheduled workshops with limited places which were popular and filled quickly. More of these would have been good.

The presentations were informative and innovative and confirmed that the focus in libraries is moving from physical to electronic and library professionals are at the forefront of initiating development in methods of resource delivery that are efficient, timely and remain user friendly for clients. Anna Drew and Ann Gray (University of Queensland's Cybrary) demonstrated this with an informative presentation titled 'Digitization at the Cybrary'. This paper outlined the proposal to create the online course materials service for UQ staff and students and the project implementation plan.

Libby Brackenwork (Deakin University Library) reported on the evolution of her role as library technician from 1973 to today,

conjuring up an image of the pre-computerised library and creating an awareness of the continual change in the library environment.

The Bibliographic Linking (Electronic Resources) paper presented by Sue Doyle and Kath McCulloch (Barr Smith Library, University of Adelaide) was an informative look into bibliographic linking in the Voyager (Endeavour) system, in particular, dataset linking and earlier/later titles linking of electronic resources. This was of particular interest to Queensland Health (QH) delegates, like myself, as all our 19 QH Libraries are now using Voyager.

WHAT I TOOK BACK

Attendance at the Conference gave me the opportunity to explore the latest in innovative ideas, products and services for possible implementation as part of our Library's quality cycle and to benchmark our services as a quality improvement exercise. Ideas for service improvement were stimulated by networking and liaising with colleagues. Overall, it was a wonderful opportunity for me to continue my professional development in my chosen career and I would like to encourage every library technician to seek a similar experience.

Congratulations to the organising committee for this very enlightening conference and I would like to thank the Gold Coast Hospital Foundation and the Gold Coast Health Services Library for their financial support.

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Copies of all papers can be accessed at <http://e-prints.alia.org.au/>

Check out the Conference program at <http://conferences.alia.org.au/libtec2005/program.html>

doctors are practising, or preferring to rely upon, when they don't either endorse or adopt an evidence based approach. All sorts of interesting questions come to my mind – but you can read my thesis down the track for that!

Are there any skills you acquired as a health librarian that have held you in good stead in your current position?

The obvious are my searching skills and knowledge of sources. Being a PhD student and undertaking research is giving me a first hand appreciation of how messy comprehensive searching can be and how good it is to have an excellent library service to support my work. The other less obvious advantage is that I am 'networked' already in the health sector. I know a great number of academics, doctors, nurses, and researchers from my 12 years in the Medical Library. This is really useful when you just need to 'chat' about an idea or issue.

What do you see are the ups and downs of a career in health librarianship?

On the upside – health librarians have a tremendously important role in the pursuit of public health goals. There are no simple solutions for improving healthcare, but linking decision makers (whether they be clinical, political or educational) to the collective international knowledge is critical. I think a career in health librarianship means being involved with something quite meaningful. The other upside is that the environment at the moment (evidence based practice) is conducive to our applied involvement. More than ever health librarians can collaborate with others, and explore ways to redefine their roles in terms of what their organisations goals are.

On the downside – lack of appropriate financial reward and recognition for work levels, dealing with the fluctuating value of the Australian dollar every year when journals need renewing, rapidly changing technologies, and small library workforce numbers - these are the things that challenged me. My role as a library manager

was complex and I am not sure that those outside the profession understand exactly what library managers do.

With the benefit of hindsight, new experiences and perhaps a different perspective, if you were to move back into a health library what might you do differently, in terms of changes in approach, attitude, work practices, etc, compared to when you last worked in the sector?

This is a most difficult question, because libraries exist under the influence of so many environmental factors that changing an approach can be near impossible. But as a general comment, I think I have learned first hand the value of collaborating with others outside of the profession, and undertaking research. There are so many opportunities for this now, and I would pursue these. Ultimately these activities may cement a library's future in an organisation.



There are no simple solutions to improving healthcare, but linking decision makers (whether they be clinical, political or educational) to the collective international knowledge is critical.



Based on your experiences, working outside of health libraries, what do you see as the single biggest challenge facing health librarians in the next 5 years and how, broadly speaking, should health librarians respond to that challenge?

As a professional group I think we need to do a stocktake of where we are, and become far savvier about managing ourselves. This

means being visionary and strategic. It means collaborating with other emerging groups committed to improving health care outcomes, in other professional fields, e.g. health informatics. It means abandoning traditional professional lines and not being defensive. It means being proactive. It is a rapidly changing environment and we have so much to contribute. It is our responsibility to find the ways in which we can do this.

GREG FOWLER

What was the last position you held in a health library?

The last health library position I held was a job share with Ruth Foxlee in the University of Queensland (UQ) Library at Herston in 2003/04. This Library services three large hospitals, the UQ Schools of Medicine and Population Health, and a range of specialist research centres. Ruth had taken a halftime appointment as Trials Search Co-ordinator with the Cochrane Acute Respiratory Infection Review Group and I was in a lull between research projects in the alcohol and drug field. The position was working for Lisa Kruesi as a Liaison Librarian with a range of hospital departments and with the School of Population Health, where I spent the other half of my week writing research papers and grant applications whilst supervising distance graduate students. I gave some database training to clinicians and students, had a healthy acquisitions budget and enjoyed an entertaining mix of reference queries. It was a great library team environment with the benefits of a large institution but a real sense of professional autonomy.

What position do you hold now?

My current position, which I have held now these past five years, is as Senior Research Officer with the Queensland Alcohol and Drug Educational and Research Centre (QADREC) at UQ. This is an academic research position with some undergraduate and postgraduate teaching responsibilities. I have the opportunity to work with some fascinating people and participate in research in hospital, community and law enforcement settings. I have

just finished a lengthy report on the ecstasy market, the result of a two year study funded by the Australian Police Commissioners. This has now led to a PhD proposal for modelling illegal drug markets in Australia, an interesting mix of data analysis and field work.

How did you make the transition from being a health librarian to your current position?

My library career was quite focussed in the specialist area of alcohol and drugs in Canberra (ADCA) and in Adelaide (DASC) over ten years. I hit the health library career ceiling quite early but decided to stay with the profession picking up a depth of subject knowledge rather than hopping between jobs. During this time I concentrated on studying for a masters degree in public policy (alcohol control and healthy public policy) and raising a family. I was very fortunate to make good friends through the ALIA Health Libraries Section in Adelaide and make an early contribution to their Consortium. Project work for the Consortium and at the National Centre for Education and Training on Addiction (NCETA) at Flinders University provided an opportunity to pick up a new set of skills, and the confidence, to make the transition to an academic career.

Are there any skills you acquired as a health librarian that have held you in good stead in your current position?

I entered librarianship with a social sciences degree and diverse life experiences but little real understanding about how knowledge, information and data systems interact in people's professional lives. As a health librarian the most important things I learnt were people skills. Not just the 'reference interview' but about building relationships with people who I supervised, who supervised me, with professional peers, for this is how I saw most of my customers, and with the MoPs (the public). On the technical side, I did two years of straight ABN cataloguing to start, before learning to search Medline using a dumb terminal with acoustic coupling. Health librarians, and librarians generally, have been on the leading edge of information

technology for the last twenty years. Diving into the Internet before it had a GUI (graphical user interface), configuring a modem the size of a small suitcase, this early exposure has provided me with a grounding in IT that has served me well in my new career and in my personal life. The most dramatic impact on my professional life was getting on the EBM bandwagon early through the Cochrane Collaboration. When the late Chris Silagy encouraged me, at a family BBQ, to become more involved, a doorway of understanding about how research is created and translated in knowledge systems opened up to me. Though my faith in systematic reviews has waned somewhat, I still remember the epiphany of evidence based decision support systems.



The main change I would make in my approach would be to shift priorities away from collection building and control systems, to greater involvement in the business of my organisation.



What do you see are the ups and downs of a career in health librarianship?

Ups and downs, swings and roundabouts. I have never regretted falling into the profession. Though sometimes I feel I should have stuck with the technology and not got so caught up in the subject matter. The only downside I felt sometimes was the patronising attitude of some fellow health professional about the role, and skills, of librarians in the health industry. There were plenty of upsides; mentoring new librarians in their first job (Hi there!), playing information detective to amaze the customers, building a national standard specialist collection (twice),

and most of all the camaraderie I experienced through the SA Consortium and through our ALIA group.

With the benefit of hindsight, new experiences and perhaps a different perspective, if you were to move back into a health library what might you do differently, in terms of changes in approach, attitude, work practices, etc, compared to when you last worked in the sector?

The main change I would make in my approach would be a shift in priorities away from collection building and control systems, to greater involvement in the business of my organisation. I now believe there is more benefit for the profession in being a part of the team that does research, that plans and delivers workforce development programs, being the team member who consistently brings the evidence to policy makers. Health agencies are increasingly proficient in building information systems that count their bed days and their unit procedural costs, that measure waiting lists and occupancy rates. What they are still not so good at is using data, information and knowledge that is external to their organisation. Expertise in this domain is contested and health librarians need to step up and demonstrate their professional strengths and their ability to innovate.

Based on your experiences, working outside of health libraries, what do you see as the single biggest challenge facing health librarians in the next five years and how, broadly speaking, should health librarians respond to that challenge?

The health system faces many challenges and it is these that health librarians need to become involved with to demonstrate their relevance to the industry. The shortage of clinicians will worsen and this will mean a greater emphasis on education, training and support systems, particularly for rural and remote practitioners. Have you thought of being a PBL tutor or lecturing first year undergraduates in 'finding the evidence'? What about just running short training sessions in a clinical setting for some of the

newer full text 'decision support' resources, or getting involved in online reference services with other libraries in your field? Many of the problems of organisational change, especially introducing new technologies, experienced by a health agency in one state are also faced in other states and on the other side of the world. Building and maintaining library services that bring the documented experience of other agencies and other professionals in responding to these common problems, is a service that will always be valued. The challenge is to stay focussed on your organisation's needs and not over-supplying irrelevant material. Hey, that's two biggest challenges!

KATHY SAURINE

What was the last position you held in a health library?

As a health librarian the last position I held was the Manager of the Ramsay and Buttfield Libraries with the Department of Health and Human Services, Tasmania. The libraries were located in the Launceston General Hospital and the North West Regional Hospital, Burnie, respectively. The libraries also provided services to Departmental staff outside of the hospitals and my responsibilities included managing and providing a full range of "hands on" library services.

What position do you hold now?

My current role is Manager, Communications and Marketing Services for the Department of Health and Human Services, Tasmania. The role is varied and includes responsibilities such as managing the Agency Intranet and Internet, producing a range of publications (including the Annual Report and Agency newsletters), recruitment marketing and providing a marketing and communications consultancy service to management and staff. When I commenced in this role we were a branch of 2 staff and within the past eighteen months the branch has expanded to 6 staff. Plans are also underway for another position within the branch – this role

will be responsible for marketing salary packaging and arranging staff incentives, such as discount cards for staff. In addition to these roles much of the work within the branch is project based. Recent examples of successful projects undertaken include the development of a Service Directory for the Agency and the work around this project has been recognised by the Australian Marketing Institute with a Marketing Award for Excellence. Another project involved working with an external agency to develop a recruitment marketing DVD for the Agency.



If I were to move back into the health library world, I would actively seek to employ young staff members ... spend more time outside the library walls ... be more proactive in seeking opportunities to participate in projects/work outside the library.



Some staff within the Agency may see us as the "fun" branch, running around with film crews, and attending award ceremonies may seem fun activities, but I can assure you everyone within the branch works extremely hard and puts in many long hours, including weekend work.

How did you make the transition from being a health librarian to your current position?

A. Moving out of libraries was not a planned career move as I found that to be able to move to Hobart I had to make a change. I did apply for a senior library position and was told that I didn't suit that

particular environment! Following this unsuccessful attempt to move to Hobart in a library related role I accepted a temporary transfer within the Department in the Strategic Services area. I was then asked to consider taking on this current role in a temporary capacity when the manager was seconded to another department. Three years latter I'm still here and enjoying the role.

Are there any skills you acquired as a health librarian that have held you in good stead in your current position?

When I first moved to Strategic Services I was undertaking some work for the Manager and in conversation this person said to me, "your research skills are very good". This person knew I had been a librarian yet they did not equate being a librarian with a person who does research! Another role I undertook was to develop a website and produced the first website for the Agency supported by a content management system. This system was a simple MySQL database and once again the skills acquired as a librarian proved invaluable. Librarians do understand databases and at that time they were a mystery to many colleagues.

What do you see are the ups and downs of a career in health librarianship?

I enjoyed my career in health librarianship and I do miss the daily interaction with the library users and I do miss the fun times had at many of the Special Conferences!

On the down side many librarians tend to stay in the same role for some time and the work can become routine, and yes I acknowledge that there may not be opportunities to move but why not consider taking on a new role outside libraries? Another down side is that many people do not appreciate, nor recognise, the work that is undertaken in libraries nor the skills of a librarian. It would also be fair to say that in many libraries the workforce is "mature" and one of the things I love about my new role is working with a young and enthusiastic team (the average age of the team excluding myself would be under 30).

With the benefit of hindsight, new experiences and perhaps a different perspective, if you were to move back into a health library what might you do differently, in terms of changes in approach, attitude, work practices, etc, compared to when you last worked in the sector?

If I were to move back into the health library world I would:

- actively seek to employ young staff members;
- spend more time outside the library walls;
- change the name of the area in which I worked and the position title from library and librarian to something else; and
- be more proactive in seeking opportunities to participate in projects/work outside of the library – even if it meant putting in those extra hours or if the work may seem totally irrelevant to the library – it's one way to have your organisational skills recognised.

Based on your experiences, working outside of health libraries, what do you see as the single biggest challenge facing health librarians in the next 5 years and how, broadly speaking, should health librarians respond to that challenge?

I don't really feel qualified to answer this question as I haven't kept abreast of what is happening in the broader health library arena. However, that said, all areas, not just libraries, need to constantly align their business with the business goals of the organisation in which they work if they are to survive, and budget constraints are a challenge facing everyone working within the health sector so for those librarians out there with budget woes – you are not alone!

ANN RITCHIE

What was the last position you held in a health library?

It's going on for six years since I last worked in a health library when I was the Manager of the Hollywood Private Hospital Library in Perth (1994 to 1999). Before that I had been the librarian at the Family Planning Association in WA for five years, where the library was part

of the education unit; and I also worked for a short stint at Fremantle Hospital Library and almost a year at a private medical centre.

What position do you hold now?

Since 2002 I've lived in Darwin and for the past couple of years, have been the Manager of the Northern Territory Library. (This is the Territory's equivalent of a state reference library, and provides general reference, Heritage and Parliamentary Library Services.)



Librarians, as the point of contact with the 'information universe' for their clients, are the 'specialist generalists' of the information environment. We have a central, unique, role which rests on the twin professional capabilities of information organisation and access.



How did you make the transition from being a health librarian to your current position?

During my time outside libraries I was never far removed from either the information or health sectors, and worked as a trainer/consultant for AIMA (the Australian Information Management Association) and EBSCO Publishing. In Darwin I combined some contract work for various health-related organisations, including the Menzies School for Health Research and the Cooperative Research Centre for Aboriginal Health, with part-time reference shifts at Charles Darwin

University, before becoming a project officer for the Education Committee of the Royal Australian College of General Practitioners.

Are there any skills you acquired as a health librarian that have held you in good stead in your current position?

The threads of health, education and information work have been interwoven through my career. So back to my earliest experiences in health libraries...why have these been seminal to my professional and career development...

I have always found the health area more intrinsically interesting than any other subject discipline, and it was probably my baby-boomer, values-driven weltanschauung which suited the health services area, and more particularly, the library service ethic.

I must admit that on graduation, I didn't have a grand plan, or the sole ambition of becoming a health librarian, and I stumbled into my first job following on from my volunteer work at WIRE (Women's Information and Referral Exchange). That was in the days when there was a lot of navel gazing about whether librarianship was really a profession and we still struggled with having a 'professional identity'. It was also when the 'I' word was emerging as a perceived threat to our professional turf, and many libraries morphed into 'information centres' and 'information' was incorporated into titles (including the adoption of the 'I' in ALIA).

My personal thoughts on the issue of professional identity have been shaped somewhat by my work in the general practitioner world, and seeing how GPs have had to make explicit the centrality of their role as healthcare providers in a complex system. As 'specialist generalists', GPs are the point of contact with the healthcare system for most people, but they have had difficulty maintaining their ground in an increasingly specialist-oriented world. Librarians, as the point of contact with the 'information universe' for their clients, are the 'specialist generalists' of the information environment. We have a central, unique, role which rests on the twin professional capabilities of information organisation and access. Working in the hospital

library demonstrated to me that our libraries, collections and services, bring together trans-disciplinary information resources, and we have a huge opportunity to synthesise this in useful ways. There are many related, specialist 'competitors', but none with the clients' interests at heart to the same extent (whether our clients are health consumers or professionals or other information providers). Health librarianship reinforced for me that our professional role is carved out most effectively in the area of being the 'specialist generalists' of the client-centred, information world, and in this way we can provide unbiased evaluations of information resources. As I'm writing this piece, an example has just popped up in the ALIA Health list – the evaluation of Google Scholar, Scopus and Web of Science blog project led by a Swedish medical library. Who else would be leading this type of research?

The second major effect of my work in a health library was that it stimulated my interest in research and publishing, and influenced the direction I took in my study (Graduate Diploma in Health Promotion and a Master of Science). The most valuable learning came from epidemiology, biostatistics, research methods, social marketing and program evaluation, and these formed the basic methodology for my Masters research. This was also a time when I did some training in group facilitation and became interested in mentoring and helped to create the group mentoring program.

Finally, the EBM movement hooked me in, and has continued to provide a framework of analysis which appeals to my pragmatism as a manager as well as my research bent. I attended an EAHIL conference in Coimbra, Portugal in the mid-90s, and was inspired by Judy Palmer and others from the UK. In 1999 I received an ALIA study grant and went to the first CASP international conference (Ruth Sladek from the SA Repatriation Hospital also attended). As part of the study tour I visited other libraries in the UK, including Judy Palmer and Anne Brice in Oxford (where I met Dave Sackett and did one of

his training sessions), Jennie Kelson in Aylesbury, and Andrew Booth (from SHaRR in Sheffield). This was the impetus for a couple of projects which Ruth and I undertook, starting with CASP training with other librarians in Australia and continuing to the 'traineeships' which we developed for 8 health librarians in 2002, when I was the CPD Portfolio leader for HLA.

In retrospect, as well as the critical appraisal skills which have provided a framework for evidence-based decision-making and practice, there's a whole group of 'managing people' skills which fall under the umbrella of facilitation/training/consulting/research skills which I picked up along the way and are what I enjoy doing most in my work, whether it's in health or other areas of librarianship. Such skills were relevant then and still are today.

What do you see are the ups and downs of a career in health librarianship?

As far as the ups and downs of a career in health librarianship go, I think the ups are that the content is engaging, the issues are vital, the literature is organised and the information tools are sophisticated, and there are strong, international professional networks. The down side is that the profession is small and the career path is truncated, and there is a risk of deprofessionalisation as technology is seen to be more important than content.

With the benefit of hindsight, new experiences and perhaps a different perspective, if you were to move back into a health library what might you do differently, in terms of changes in approach, attitude, work practices, etc, compared to when you last worked in the sector?

Looking back, I can now see more clearly how the management role can be in tension with the professional role, and while we don't need to compromise our standards and values, we do need to be able to reconcile differences, and we have a responsibility to get the job done and make the best of what we've got. I think I'm probably a bit better at being able to see things from a bigger perspective (as you need to in management and leadership

roles), a bit more philosophical and able to accept that projects can take a while and timing is everything and if you keep your eye on the goal, eventually something works! I've never been much good at risk management, but I do think I've learnt to become better at building relationships and putting some time into the ground work of getting people onside, and giving people a concrete vision they can understand and work towards incrementally.

Based on your experiences, working outside of health libraries, what do you see as the single biggest challenge facing health librarians in the next 5 years and how, broadly speaking, should health librarians respond to that challenge?

There are a few that I can see. On a national level – firstly the establishment of a national library for health, and developing a national health information policy for the provision of information for providers and consumers which is evidence-based. (This could be a strategy for dealing with the 'containment' of professional values and particularly the service ethic by purely 'economic' models of management.) National site licensing for electronic resources is a challenge worth pursuing. In the area of workforce planning, the limited career progression opportunities and subsequent movement of librarians out of the profession creates a 'brain-drain'. Related to this in the areas of education and continuing professional development there is a need for recognized qualifications for health librarianship (MLIS) and specialized skills training as this would be one way of becoming more qualified to take on higher level roles and positions. At a library level, I believe it is a challenge to create content management systems which are useful and meaningful to our clients (I think librarians in general still struggle with speaking our clients' language, and dropping our overly verbose, technical style of expression). This is one aspect of the 'specialist-generalist' role I referred to earlier, and one in which health librarians could be leading the way.

Charting the information future

Health and One Person Australian Libraries throughout NSW collaborated in 2005 to bring together some 96 delegates from across the State for two days of information, innovation and networking.

The forum, held at the Education and Conference Centre at Westmead Hospital, was opened by the Chief Executive Officer of Sydney West Area Health Service, Professor Steven Boyages, who spoke of the need for knowledge management in health and the role libraries can play.

Elizabeth Swan from Information Edge captured the room with her session on "Demonstrating Value" and the need to fine-tune our management skills in demonstrating the value of the services we provide within our organisations.

Dave Clemens gave us an insight into participating in a Trans-Tasman cross-sector exchange. Jenny Ellis from Momentum Coaching showed us how we might accomplish more, more easily by using 10 stepping stones to provide a life base and had the room practicing their "neck massage techniques" on each other! The new Knowledge Management Standard was discussed by David Rymer (Deputy Chairman of the Standards Australia Knowledge Management Committee) which will bring new opportunities for libraries. Laura Molino from the State Library of NSW gave us a run down of the consumer health service of the State Library and how it has evolved in the ever-changing consumer health



ABOVE: Members of the Planning Committee ready for registrations (from left) Nicky Hayward-Wright, Rolf Schafer, Barbara Gifford, Jacqueline Smith and Kathleen McMillan

environment.

Day Two focussed on marketing and partnerships. Teresa Savage, a Librarian from the NSW Road Transport Association helped us all to see the importance of having "fun" in the workplace to improve performance and to motivate individuals and teams. Nicky Hayward-Wright spoke on partnerships between health and special libraries and the role the librarian plays in producing and distributing consumer health information. Tabitha Merrell from rural NSW followed on by discussing partnerships with other institutions, such as universities, in the support of rural health such as the Centre for Rural and Remote Mental Health Centre in Orange NSW. In the afternoon Anita Guiterrez from the Cancer Institute of NSW gave us some good practical tools to help get through the clutter and promote library services.

The last session was a panel made up of Angela Smith (Gardiner Library Service), Nicky Hayward-Wright (Alzheimer's Australia NSW) and Jacqueline Smith (Macarthur Clinical Library, Campbelltown) who offered some practical tips on marketing library services, marketing plans and raising the profile of a library service within an organisation.

A trade fair on both days allowed delegates to network with vendors and colleagues. Delegates came from as far away as Broken Hill and from a great variety of one-person libraries such as the NSW Heritage Office and CHETRE (Centre for Health Economics Research & Evaluation), enjoying the variety of speakers, trade information and each others company.

The Gala Dinner saw 82 delegates and vendors attend an evening of good food, wine, company and prizes!

Congratulations to Ava Banergee from the Royal Prince Alfred Hospital Library and Kerry Cuskelly of the Hunter-New England Health Service Libraries on winning the big prize at the end of each day. I know they will enjoy their MP3 players.

Thank you to all the sponsors whose support assisted in this two day forum being available to delegates at a 'bargain' rate and the presenters who generously gave their time for free. The forum would not have existed without the commitment of the eight hard-working Planning Committee members who gave so much of

BELOW: Delegates helping each other to relax during a session!



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Great collaboration in Melbourne

Dominique Collins, with contributions from Anne McLean and Laura Foley, reports on the Cochrane Colloquium held late last year in Melbourne. The three librarians, from Austin Health in Melbourne, were fortunate enough to share a registration to the conference.

The Cochrane Colloquium is an international conference held annually to promote and develop the work of the Cochrane Collaboration, and to help shape its future direction. It also reflects upon the achievements of the Collaboration as well as a 'coming together' of contributors and like-minded people. Due to the nature of the Colloquium it was quite a 'hands-on' conference with many workshops to attend, as well as lunchtime and breakfast meetings for various review and interest groups.

This year a main theme was whether the Collaboration should expand its mission to acknowledge its widening sphere of influence. And there was some discussion on involving consumers. The expansion of Cochrane reviews to cover diagnostic tests (expanding from the existing reviews on the effectiveness of treatments) was also a major focus. This is a huge step for the Collaboration, and one not without difficulties, which were discussed in several sessions.

During the plenary session 'Developing a valid product people want: how do we improve the format and content of reviews?' Mike Clarke (UK Cochrane Centre) spoke about Evidence Aid, an initiative prompted by the Boxing Day tsunami. The Cochrane database was made freely available to affected countries for 6 months after the tsunami. However, the Collaboration felt morally obligated to do more. Hence, 'Evidence Aid' was created: evidence summaries for interventions relevant to health care in natural disasters. The direct link on the Cochrane homepage: <http://www.cochrane.org/> ensures it is freely accessible. Tsunami-affected people completed a list of 200 evidence needs, ensuring that the information provided was relevant to need. Interestingly, the current 'top 10' evidence 'wants' are all mental health based, showing how the focus of recovery has changed. However, on reviewing these 200 priorities, only one quarter had an up-to-date review.

The plenary 'Growing partnerships: how do we enable wide participation and access?' also dealt with international collaboration. Metin Gulmezoglu from Turkey spoke about the WHO 'Reproductive Health Library' (RHL). The RHL network (<http://www.rhlibrary.com>) was established in 1997 and includes relevant Cochrane reviews as well as videos, training and other useful resources in the reproductive health field. It is available free for developing countries and also has 14,000 subscribers worldwide. RHL would also like more relevant Cochrane reviews and sharing of resources.

The quality, currency and availability of reviews were hot topics during the Colloquium. As was frequently mentioned, Cochrane reviewers are restricted by the quality of research performed. The plenary session 'Doing the right reviews: how do we ensure our reviews bring about answers to important questions?' touched on this subject. Prathap Naryan (South Asian Cochrane Network) spoke during this session about the relevance of Cochrane reviews to the third world, and their applicability in a developing world setting. As an example, of the Cochrane Schizophrenia Review Group reviews, one quarter are not relevant to the developing world. He spoke of the epidemic of industry-sponsored drug trials in the developing world and admitted they are very lucrative for medical departments. This will ring a bell with anyone who has seen or read *The Constant Gardener* by John Le Carre. Mr Naryan suggested that the Collaboration should encourage trials in the developing world in realistic settings. Pragmatic trials, asking useful questions and using real patients are cheap to run and can bring cost savings (for example, for treating x, do we need drug y and drug z or just drug z?). Iain Chalmers (UK Cochrane Centre Director 1992-2002) also spoke about the lack of useful information on many treatments and how

pharmaceutical companies fuel research not in areas people are actually interested in.

During the session 'Policy makers as evidence-based decision makers', Marie Misso addressed the topic 'Encouraging and supporting Australian policy makers to use Cochrane reviews: what have we learnt so far?', speaking about the collaborative project between the Australasian Cochrane Centre and the Department of Health and Ageing (DHA) called the Policy Liaison Initiative. The Initiative recognised that the health policy agenda tends to look at interventions that are effective or harmful, while the research agenda also investigates when there is no effect and therefore the need for more research.

The group conducted a baseline survey of DHA staff about their use of evidence-based practice and found barriers such as lack of time, research skills and information resources and the (wrong) perception that it creates an increase in workload.

To increase awareness, an Evidence-Based Policy Network (EBPN) was formed with a dedicated Policy Liaison Officer for DHA (<http://www.cochrane.org.au/ebpnetwork/>). The network has about 200 members and provides skills workshops, a helpdesk and expert advisory group support. Summaries are tailored to National Health Priority Areas (NHPA) and will be influenced by the Australian EPOC (Cochrane Effective Practice and Organisation of Care) satellite, which will be established with funding for three years.

The follow-up survey among the DHA staff after implementation showed an increased awareness of EBP for policies, increased awareness and use of Cochrane reviews and increased skills and confidence in research. Seventy one percent (71%) of staff had attended an EBPN workshop, but despite this, the overall use of summary pages was low. Among the questions and discussion at the end of the

Continues on p11 ...

session was the idea of broadening the initiative to state levels and departments, and expanding Cochrane's role further than just producing reviews.

The meeting 'Measuring the quality of literature searches – the EHTAS project' was hosted by Carol Lefebvre (UK Cochrane group), Jessie McGowan, and Margaret Sampson (both from the University of Ottawa), who also spoke at the Evidence Based Librarianship Conference in Brisbane. They discussed developing a peer reviewed process for Cochrane (and other) expert searches. They pointed out that currently the searching for reviews is rarely scrutinised compared to other areas. The presenters put forward their proposed plans and also welcomed any suggestions and recommendations from the meeting attendees, who were mostly Cochrane Collaboration Trials Search Co-ordinators (TSCs). The reviewing would compliment Section 5 of the Cochrane Handbook. The discussion included debate about the terms 'peer' and 'expert'. The idea of turnaround time was also discussed – would search reviewing delay the overall review process? Open reviewing was preferred to blind reviewing. Training in peer review was mentioned, as was matching reviewer subject expertise. Professional aspects were also discussed, such as CE credits for reviews, whether search reviewers would be listed amongst contributors and whether this activity could be included on a CV.

Personal highlights included listening to Sir Muir Gray speak – he was a very exciting and motivating speaker. In addition, the live web cast during the plenary session 'Growing partnerships: how do we enable wide participation and access?' demonstrated the inclusiveness of the Cochrane Collaboration: a contingent from Chile, including the Chilean Minister for Health and their WHO representative, were able to participate from the other side of the world.

It was certainly worthwhile attending the Cochrane Colloquium. A wide variety of people participated, including Cochrane reviewers, policy makers and some librarians. It is unusual for people with such diverse interests and backgrounds to come together over one concern; evidence-based practice. Some sessions were too technical even for those compiling Cochrane reviews (one Cochrane reviewer admitted that some discussions went completely over her head) and required a high level of ability in statistical analysis. However, there was still plenty to interest and excite a health librarian.

Additional information can be found at the conference website: <http://www.colloquium.info/>

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DETAILS

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their time and energy, juggling their full-time work load with challenges of catering, sponsorship and setting the program for this forum.

Coordinating the Health Forum over the past three years has been a challenge and a joy. The increase of attendance from 40-50 in 2003 to over 90 in 2005 has shown the enthusiasm of NSW librarians in their professional development.

I think there is a need for a Health and Special Libraries Conference at a national level to discuss the big picture issues and challenge us professionally but I think there is also a place for State level forums to bring together city and rural colleagues to exchange knowledge and have a "jolly good time".

Jacqueline Smith
Coordinator – Planning Committee
Health & OPAL Libraries of NSW Forum – 2005



ABOVE: Enjoying the Trade Fair & Drinks at the end of the forum.

EBSCO product updates

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EBSCO is pleased to announce the latest release of LinkSource®, EBSCO's full-featured, OpenURL link resolver. LinkSource has been completely re-engineered using the latest Web technologies to ensure high performance and scalability.

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