

# HLA NEWS

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## LEST WE FORGET – An opinion piece



Sue Myburgh, author of the recent publication *The New Information Professional – How to thrive in the information age doing what you love* (Chandos Publishing; ISBN 1843340879) is a senior lecturer of information and knowledge management at the University of South Australia. In this opinion piece, Sue argues that the changing roles of the library and information science profession and the impact of information technologies, in particular, have contributed to our confusion about the true role of the information professional.

Who are they, anyway, those people who manage documents and information?

Today's information professionals are known by a variety of names: librarians, information managers, knowledge managers, learning resource managers, research analysts, and even taxonomy specialists. There are sub-species too: librarians (or information managers, etc.) who work in public, academic, corporate, or 'special' information centres or libraries, and elsewhere. Add on to this the sub-sub-species of tasks performed: cataloguing, indexing, reference, environmental scanning, information repackaging, collection managing, information retrieval and teaching people how to locate and use information meaningfully, even shelving books – and it is little wonder that there is some confusion about what librarians do.

It has long been the case that the general public have had no clear image of librarians apart from the wildly inaccurate one of the bun-

and-spectacles spinster, an image which is so out of date it is hard to imagine that it means anything to today's generation. The tasks performed by this mythical beast comprised maintaining silence and order, shushing visitors to the library and shelving books.

Perhaps more critical, however, is there is no one universal image of the information professional (this term is used inclusively, signifying librarians of all stripes, as well as records managers and archivists) that is universally agreed upon by those involved in the profession itself, the profession I refer to as Library and Information Science (LIS) which, once again, is all-encompassing for the purposes of this piece. Too often, and probably quite naturally, individual practitioners understand the profession from their particular corner of the playing field, but a holistic overview is lacking.

There are many and various reasons for these misunderstandings, including LIS

practitioners' experience in the field and users' experiences of libraries and librarians. However, I believe that the two most important reasons for these misunderstandings are the changing roles of the LIS profession over the centuries, and the one factor in particular that has acted as a change agent: Information and Communication Technologies (ICTs).

With regard to the former issue, a brief history of libraries reveals that the first 'libraries' – the cuneiform tablets of the Sumerian civilisation – were effectively records centres.

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FROM YOUR

# CONVENOR

Online 2007 (<http://www.information-online.com.au/>) will be held at the end of January/ beginning of February in Sydney, and the HLA Executive has been investigating the potential of holding a satellite event in conjunction to Online for health librarians. Once details are firmed up, an announcement will be made direct to members and via aliaHEALTH. Keep this in mind when planning your professional development activities.

Occasionally I hear of librarians working in what our allied health colleagues call Extended Practice roles. I manage intranet and internet services for the South Metropolitan Area Health Service here in WA as well as the library services for Fremantle Hospital and have found the roles very compatible, not just from a management perspective but from the nature of the skills librarians bring to the content roles for web services. I have had two librarians in the role of Content Web Manager and have just employed another. The analytical skills, the understanding of client search behaviour, the focus on information needs rather than whiz bang technology, the capacity to liaise effectively with all levels of staff, and the professionalism of practice are all skills and attributes that generalise particularly well to the web world.

I know of at least three other health librarians just in WA with significant roles in web management and I'm sure there are many others around the country. Librarians in other sectors have also found this extended scope of practice a rewarding and fruitful way to develop and expand their skills.

When I look back at my career in librarianship over the last 10 to 15 years, I'm always struck both by how radically it has changed (the impact of technology) but also by how little it has changed (the basic focus of the role, clients and their information needs).

The challenges we face in the workplace are ones that need to be worked through in a face-to-face symposium; one that gives us the chance to look to the horizon, to do some inward reflection, and some practical professional development. I look forward to meeting up with you in Sydney in 2007.

Cheryl Hamill  
[Cheryl.Hamill@health.wa.gov.au](mailto:Cheryl.Hamill@health.wa.gov.au)



## Your 2006 HLA Executive

### CONVENOR

**Cheryl Hamill**

Fremantle Hospital and Health Service  
PO Box 480  
Fremantle WA 6959  
[Cheryl.Hamill@health.wa.gov.au](mailto:Cheryl.Hamill@health.wa.gov.au)  
Ph 08 9431 2780  
Fax 08 9431 2522

### SECRETARY

**Mary Peterson**

Library and Educational Information Services  
Royal Adelaide Hospital / Institute of Medical and Veterinary Science  
PO Box 14, Rundle Mall  
Adelaide SA 5000  
[mary.peterson@imvs.sa.gov.au](mailto:mary.peterson@imvs.sa.gov.au)  
Ph 08 8222 5443  
Fax 08 8222 3152

### TREASURER

**Veronica Delafosse**

Caulfield General Medical Centre  
Health Sciences Library  
260 Kooyong Road  
Caulfield VIC 3162  
[v.delafosse@cgmcc.org.au](mailto:v.delafosse@cgmcc.org.au)  
Ph 03 9276 6832  
Fax 03 9276 6135

### PROJECTS / WORKING GROUP COORDINATOR

Role shared at present between

**Janice Michel**

Teaching and Learning Services  
Bond University  
[jmichel@staff.bond.edu.au](mailto:jmichel@staff.bond.edu.au)  
Ph 07 5595 1562 and

**Greg Fowler**

School of Population Health  
University of Queensland  
[g.fowler@sph.uq.edu.au](mailto:g.fowler@sph.uq.edu.au)  
Ph 07 3346 4617  
Fax 07 3365 5509

### NEWSLETTER / WEBSITE COORDINATOR

**Melanie Kammermann**

[melanie.kammermann@alianetalia.org.au](mailto:melanie.kammermann@alianetalia.org.au)



## DETAILS

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### Editor

Melanie Kammermann • Email: [melanie.kammermann@alianetalia.org.au](mailto:melanie.kammermann@alianetalia.org.au)

### Contributions

Contributions to this newsletter are welcome. Please send by email to the editor (details as above). See the newsletter online at <http://www.alia.org.au/groups/healthnat/hla>

# Managing in times of FLUX

## and keeping your HEAD above WATER



Roxanne Missingham has enjoyed a diverse and impressive career with positions in special, government and parliamentary libraries. At the end of 2005 she left the National Library of Australia to take up the position of Parliamentary Librarian at the Australian Parliament. Given her wealth of experience as a successful, senior library manager, HLA News invited Roxanne to share her approach to managing that veritable workplace constant, change. Roxanne provides a range of useful tips and suggestions on organisational survival as well as insight into general organisational politics.

Health libraries are a very impressive group of service providers. Health library staff have seen many changes, and times, it seems, were always good just before we each arrived on the scene!

Having worked in libraries, mostly in a management role, for a long time, it was very exciting to be asked to reflect on managing, particularly in times of change. In this article I will try to highlight some of the approaches which I think help libraries to survive and even grow!

Pressures for change in organisations can come from inside, particularly in relation to financial issues, and externally from changing management philosophies, funding, reviews or other initiatives. Whatever situation you find yourself in, it is useful to understand the impetus for the change and the degree of flexibility available. Sometimes projects can be funded while recurrent services are cut, and the projects can offer a way to refocus services, perhaps integrate a number of collections into one so that the service can be provided more cost effectively in the future. Not all situations are so positive however.

When change is coming there are a couple of key points that I find useful to bear in mind:

- **YOU ARE NOT ALONE**

When the budget cuts come around, or whatever challenge happens to be on the horizon, libraries generally speaking have not been specially chosen for the front line. If you look at your colleagues – IT, administration, service

delivery, policy area or indeed any other areas – they will be facing the same pressures. IT in particular have faced huge pressures for downsizing over the past five years and the sort of questions that are thrown at us – “Surely it’s all on the Internet?”, “Why don’t you just put the books on the shelf?” – can be posed to them as well.

- **OUTCOMES**

As Austin Powers might say, “Yeah, Baby! It’s the outcomes”. Sometimes it’s easy to be more concerned about what resources we have to do a service than to think about what sort of service it is that we should be offering. When we talk to managers they are more concerned with outcomes, such as researchers having quick and easy access to information, rather than how many people it takes to deliver the existing service. When we think about the move to electronic journals and online access, we know that we now don’t have to catalogue resources in these collections title by title ourselves as we can acquire sets of records, that we don’t have to accession each issue and that we can deliver ubiquitous access 24 hours a day – so promote this. Report on our efficiencies and deliver a positive case about using resources to deliver the service outcomes to meet our organisation needs.

- **PEOPLE DON’T ALWAYS PERFORM WELL UNDER PRESSURE**

Remember that this applies to your boss and other managers in your organisation as well as you. Sometimes when we are asked to reduce our expenditure or introduce new systems or merge with other organisations, the people who are leading these changes are under great stress. They may not be using their best people skills to assist in talking through the issues and potential impacts on staff and services – that puts double the pressure on you. Take a minute or two each time you are in this sort of situation and try to be understanding of the pressures that others face.

- **FOCUS ON VALUE ADD SERVICES**

While this may sound trite, it can be useful to articulate what makes your library special. Whether it’s packaging special training for your clients, support for students/interns, a reference service with terrific alerts or supporting continuing professional education in your organisation, make sure that you know what is valuable and promote it. What makes you unique gives you a strong position – processing type activities that could be outsourced may not ring the bells that make your managers believe you require the same level of funding or support that you may have had in the past.

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- **COLLABORATE**

Health libraries are excellent at collaboration and this provides very visible cost efficiencies to others. Use your network to understand if the same pressures are being applied and consider good case studies of how to meet pressures. Also, keep promoting how your unique skills and professional network means that your library can purchase collaboratively at best price or obtain resources freely on ILL.

- **TAKE RESPONSIBILITY**

This is a slightly more complex area. When I started in my current job, a friend advised that all I would have to do to ensure continued funding was to tell people what we did. My reaction was that it wasn't enough that our clients liked what the Library currently did, but that we needed to ensure that what we did was appropriate – that we were delivering the right services. Libraries often find it difficult to give up any service. For example, despite the international trend to reduce reference enquiries we say, "but all the questions are more complex", or "but we must offer this core service". If things have changed I suggest we admit this and either look at how we can reuse resources better (such as providing more training/information literacy and delivering better online services that let the users help themselves) or make savings.

Change is hard and downsizing seems like it will never end. So how can we make the best of it? One of the most important things to do is to keep your enthusiasm. Find a friend to talk to – whether in your organisation or elsewhere. It's often our passion for good quality service that attracts us to libraries and we need to keep it alive. Keep going to ALIA, health library and other professional meetings. This will give you a professional boost and also help provide opportunities to brainstorm approaches or issues.

In these times it's very easy to look only at what we can cut or reduce and to work longer hours. I think we have all done that. The best approaches I can recommend involve making sure that we respond to situations, but keeping a stream of initiatives or new ideas coming which will offer better or new services, and might enable us to reduce funding elsewhere. It's easy to hunker down and just look and maintain what we are doing now but to keep the flame alive for us and our customers we need to keep looking over the parapet,



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even if it seems flaming arrows are approaching all day. Even a simple approach such as finding out who in your organisation have personal subscriptions that could be shared can demonstrate your commitment and reduce some of the pressure.

Perhaps a simple step when you face change is to look at the area of focus (such as finance) and figure out if you need to brush up your skills. The finance manager may be thrilled if you ask for a meeting and their help in working through your cost codes and how charges might be attributed. Valuing the collection may result in some additional depreciation money and, even if it doesn't, taking an approach which demonstrates you are thinking

about financial issues within the organisation's framework may be beneficial. Remember these people are there to help your organisation perform and that means helping you too.

A big challenge with change for all of us, not just librarians, is that often it seems the review/change doesn't really finish before we move on to the next squeeze. An important role for library managers is, as far as humanly possible, to clarify the effect of the change on library services to library staff and clients, and to be prepared for the next one. Being prepared doesn't mean being wary or in a state of agitation. It is important to keep abreast of what is happening in the broader environment, such as the state hospital system or public sector, and to have your radar tuned to opportunities and threats.

To finish off I'd like to highlight a couple of points. Libraries succeed by offering a wide range of services on a shoestring, as we have always done (even in the biggest libraries). This is unlikely to change. What distinguishes the survivors is keeping a weather eye on the efficiency of our usual services and taking initiatives which deliver new services. These may not be new to other libraries, but may offer better services for our clients and should be celebrated.

Don't hesitate to ask for assistance or clarification. Organisations are there to make things happen and your finance and audit staff are there to help the organisation work. That means you too! Learn to talk their language and you are one step towards prospering.

Finally, and I should say here that I am occasionally referred to as Pollyanna, keep your optimism and be creative about seeking opportunities, whether for projects, transitional arrangements or for events which promote your initiatives or for networking. And keep telling everyone about the efficiencies you have achieved! But if times are really hard think about yourself as well and don't hesitate to look around for opportunities that will not just challenge but also reward you.

Roxanne Missingham  
Roxanne.Missingham@aph.gov.au

# Evidence-based medicine:

## Can you have too much of a good thing?



Aimed at providing food for thought, Left Field is a new column in which invited authors, from outside the field of library and information science, deliver their views on a range of topics of potential interest to HLA News readers.



**MICHAEL ASHBY** is Director of the Centre for Palliative Care, Melbourne University, based at St Vincent's Hospital Melbourne.

He has special interests in the pharmacological management of pain and symptoms, ethics and the use of the humanities as they apply to care and decision-making at the end of life, undergraduate medical education, specialist palliative medicine training and supervision.

He is current Chairman of the Chapter of Palliative Medicine at the Royal Australasian College of Physicians.

In this article, Professor Ashby contends that in this age of evidence-based medicine with its push for high level evidence, medicine cannot afford to ignore clinician experience. The author also provides some insight into the way in which instant global communication contributes to the advancement of therapeutic interventions.

It would nowadays seem odd for a physician with an academic appointment in an Australian teaching hospital to do anything but pay automatic homage to the evidence-based medicine (EBM) movement. It is after all a 'no-brainer' that medical treatments be subjected to rigorous testing and used only when the 'evidence base' is established.

However, in my field, palliative care, much of the body of medical practice is underpinned not by research findings, but by international experience accrued over several decades. Practice changes more as a result of case experience, both personal and from case series, than by evidence from trials. Increasingly, innovations (good and not so good) are transmitted by internet groups rather than by journal articles and trials. New approaches to patient management are often rapidly tested out in practice by individual clinicians and transmitted around the world. The expensive and time-consuming nature of clinical trials means that many therapeutic interventions, new or established, are never tested in this rigorous way.

The modern evidence-based medicine 'movement' has tried to imbue the whole of medicine with a scientific evaluative approach to practice based on good quality studies and this is clearly correct. The pinnacle in the 'hierarchy' of evidence for medical treatment is the randomised controlled trial (RCT), with appropriate blinding to remove bias. Manifestly all new drugs require rigorous testing, including RCTs. However, all good ideas have the potential to overshoot and become oppressive. Many questions and therapies will never be subjected to clinical trials, but will rise or fall on personal or

local experience, and others are not amenable to study by RCT. In fact if we relied solely on RCT and other suitably elevated levels of evidence, then very little would change, and we would be faced with therapeutic paralysis. Whilst it seems without question that good quality trials should be designed, wherever possible and practicable, for important therapeutic questions, it is disastrous if clinical experience is trivialised or downgraded.

It has become customary, for instance, when conducting reviews of the literature, and meta-analyses (by definition), to completely exclude, and indeed to dismiss, un-blinded data, we contend that this breaks what must surely be the first rule of scientific enquiry, namely to describe what you see. Whilst all attempts to generate the best possible evidence should be supported, surely the first rule of science is to describe what you see, acknowledging any potential limitations and bias. To dismiss and/or ignore data completely that do not come from RCTs we run the risk of missing both benefits (and harms).

In our field, the palliative care patient population does not readily lend itself to the blinded RCT. It is diverse in age, diagnosis and prognosis, and co-morbidities, often with multiple concurrent medications, with unstable, deteriorating clinical states. Prospective open label studies, in which only one intervention is undertaken at any one time, constitute a more realistic methodology for many efficacy studies. Furthermore, given the heterogeneity of the patient population, pooled response data are often meaningless. Instead each individual patient acts as their own

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The concept of a library expanded in Greece from the 5th century BC and after, to places where papyrus and parchment scrolls were kept and consulted. The epitome of this model was the Library of Alexandria. Here, the librarian Callimachus, himself a scholar, collected and made scholarly works available to others seeking to increase their knowledge and wisdom.

This tradition of the 'gentleman scholar' and of libraries being places for an intellectual elite continued through the monastic libraries of the middle ages and only really changed after books became cheap and plentiful, after the invention of printing. After this various types of library developed – academic, national, and more recently, public, school and special.

The point here is that as a profession, LIS responds to social and organisational needs and, as these change, so the objectives of LIS changes. The emphasis has shifted from storage and preservation, to organisation and arrangement, to access and supply and most recently, interpretation (such as the development of information literacy).

The diversity of objectives and roles of LIS, changing as they do over time, is one reason for the misunderstanding – or even lack of understanding – of LIS professionals. The other is closely related: the development and convergence of ICTs. As a force for change, ICTs have been cited more frequently, and credited with having the most impact, than perhaps any other on the practice and profession of LIS. Sadly, the result has been a polarisation of views on whether these changes have been for the better or otherwise.

There is the view, for example, that ICTs can, to all intents and purposes, replace information professionals. The general public obey Zipf's Law of Least Effort, and find more information than they could ever imagine on the Internet, and no longer feel the need (if they even did in the first place) to visit their local library. In spite of the fact that the quality of this information may be suspect – incorrect or incomplete – and that they are able to retrieve much more than can ever

be made useful, most Internet users seem to be satisfied most of the time.

While information professionals are threatened by this disintermediation, they console themselves by debating (usually amongst themselves) that if only 'they' knew how information professionals could help in organising and retrieving information on the Internet, how much better things would be. For the most part, such arguments are not heard by those developing web pages or search engines, nor by those using them.



I am of the view that there has been something of a loss of focus within the profession, which has compounded the broader misunderstanding of LIS ... information professionals have lost sight of their primary *raison d'être*: linking people and information



However, assuming that ICTs can replace information professionals is erroneous, from a number of points of view. Let us not forget that technology comprises tools. Such tools were first developed, during the early stages of the Enlightenment period, to assist the conduct of scientific research. Even though Technology has now assumed the proportions of a discipline and profession in its own right, it still largely serves other ends: it can perform tasks more quickly and accurately; it can perform tasks that are impossible for humans because of time, space or danger; it can even allow things to be performed in completely novel ways. But it cannot change what needs to be done, except superficially.

Since Callimachus, librarians have constructed databases, constituted by bibliographic metadata. Over time, these became more sophisticated and complex. In order to overcome the prevailing technologies of the time (specifically, catalogue cards), librarians developed various mechanisms to allow functionalities that are not dissimilar to relational databases. Here, the task and its execution were well articulated before a suitable technology could be developed. Computerising the library catalogue was, conceptually at least, an easy task.

Paul Otlet and Jean de la Fontaine, during the late 1800s, realised the micro-analysis and micro-retrieval of articles contained in the increasingly prolific journal format was necessary, and they laid the foundation for the indexes and abstracts which were first printed, and later (again, conceptually a very easy task) computerised, and held in databases that could be accessed by systems such as Dialog.

There are many examples: interlibrary loans and resource sharing, which reinforce the idea of the library without walls, were greatly facilitated through faxes; circulation was speeded up beyond all recognition when barcodes could be used; and this is before mentioning more mundane technologies such as telephones and word processing, shared cataloguing and union catalogues.

Would we have thought at any time that any of these technologies would replace information professionals? No. They simply made the performance of these otherwise manual tasks faster, arguably more accurate, and more easily able to overcome spatio-temporal constraints. So why do we think that the most recent crop of ICTs might achieve this?

I am of the view that there has been something of a loss of focus within the profession, which has compounded the broader misunderstanding of LIS mentioned above. For too long, perhaps, information professionals had to spend too much time on performing those tasks which can now be better performed by ICTs, and as a result, have lost sight of their primary *raison d'être*: linking people and information.

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Much research in LIS for the last couple of decades has, perforce, focused on the technologies, their implementation and integration into information centres. This has ranged from learning Dialog online retrieval skills, to the development of MARC, the use of the OPAC to access to the Web and how search engines work. There has only recently been a revitalised interest in human information behaviour, information seeking in context, sense-making and making meaning of information, and more sophisticated and appropriate ways of matching the right reader with the right information at the right time (yes, Ranganathan did say it all).

Those who have held library purse-strings have used the introduction of ICTs as an excuse for rationalisation and cutting costs, by reducing subscriptions of journals and reducing staffing complements, by employing library technicians instead of professionals. This is to miss the point altogether, and is a false economy which will cost dearly in the long run.

Instead of recognising that information professionals are now, at last, able to focus on their professional obligations and duties by being released from menial chores, the image of information professionals as clerks and technicians still prevails and, I venture to suggest, this has been reinforced by LIS education models which have emphasised such tasks at the expense of the social role with which the LIS profession has been charged.

There is no other profession that has, as its theoretical base, the study and management of information. Information technologists are able to construct, install, maintain and run computerised systems, but their thinking is framed around data – discrete factual elements – and not information. Information professionals comprise the only group which understand the creation and production of knowledge, and the research methodologies which are used to test and evaluate such knowledge. Information professionals understand the role that knowledge

and information play in societies and organisations, for survival and development.

They understand how some knowledge can be communicated: this is information. They appreciate the role that the communication medium can have on the accessibility and interpretation of information. They comprehend how information content can be analysed and described. They possess a profound understanding of the translation that is required in matching a potential information user's request with the body of information that exists, and where and how it is likely to be found. Information professionals can prevent users being drowned in information. They can also ensure that the information that is located is evaluated, and so can provide a useful basis for decision-making and action.

Let us not forget the true role of information professionals. While the librarian of old might have died, long live the new information professional!

Sue Myburgh  
sue.myburgh@unisa.edu.au

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control, with data compared before and after the intervention, and each patient being categorized, by strict criteria, as either a responder or a non-responder.

Informed and self-critical clinical experience is the cornerstone of all that we do, and should be harnessed. This is particularly important when looking at new ways of using old established drugs, or for modifications of existing therapeutic regimens. There are good arguments for the use of audits, post-marketing surveillance and other methodologies, whatever is best suited to the research question, setting, resources and nature of the study population.

The advantage of the rapid internet-based communication of therapeutic experience is that new ideas can be formulated and tested very quickly. Isolated clinicians can have their practices, or innovative treatments, subjected to instant global scrutiny. Sometimes it almost seems as if there is some kind of international Jungian-style collective consciousness, with similar

challenges and solutions being tried out simultaneously in far-distant places without any known links having been made.

The downside is that flawed treatments and anecdotal results can favour and propagate ineffective or dangerous practice, and the absence of peer-review scrutiny means that proper analysis of methods and results do not occur. Perhaps most importantly, the whole conversation is predicated on integrity and personal honesty. However, high-level evidence, such as well controlled RCTs also rely on honesty and a number have been found wanting in this regard too.

The study of medicine usually requires collaborative inputs from diverse disciplines and methodologies, depending on the question being asked, a fact that the most productive and successful research groups realised a long time ago. Everyone agrees that research collaborations are the way to go. However, they have to answer relevant questions, with realistic methodologies and time-lines and the resources have to be there at the service level to do the work.

Most importantly, all practitioners and services should ask whether they audit their results, read widely and record their own experiences. A culture of healthy 'self-criticism' and openness to new ideas is essential to the growth of any credible specialty. Furthering of local and global knowledge is everyone's business and not the preserve of a research elite, but also not everyone can or should do their own research. Services will join in if they have the resources to do so, and the study is seen to be relevant. This is the challenge. But this is not just a challenge for palliative medicine, it is also the case for most other areas of medicine too.

The main arbiter of the quality, and ultimately usefulness of any piece of research seems to be the Canadian historian Michael Ignatieff's covenant with his readers once described at the Adelaide Festival and paraphrased here as: "I have found this, in all integrity I present it, and now you must ask whether it is true for you?"

Michael Ashby  
ashbym@medstv.unimelb.edu.au

# EBSCO product updates

## EBSCO A-to-Z® announces new subject schemes

EBSCO A-to-Z will soon begin offering a choice of subject schemes for our customers. This new feature provides administrators with even more options to tailor A-to-Z to their institution and to their patrons' needs.

Choose from:

- General – This subject scheme draws its subject terms from those used within EBSCO's The Serials Directory (a reference guide maintained by EBSCO which contains bibliographic and pricing information on serials).
- Library of Congress – These are the original subjects on A-to-Z. Terms are drawn from the Library of Congress Classification scheme. More information can be found at <http://www.loc.gov/catdir/cpsolcco/lcco.html>.
- Medical – These subject terms are derived from the index medicus journal classifications and are highly focused towards medical and health materials.

The option to change the subject schemes will be found in A-to-Z Admin within the Display Options tab under the Reader Site Customisation feature.

## EBSCO's Medline interface now links to Cochrane full-text

Medical Libraries will welcome the news that EBSCO's Medline interface is now equipped to link out to Wiley's Cochrane content, which is available free to Australian IP addresses. This means that Medline bibliographic references may be linked to the full-text content contained in the Cochrane Library. The Cochrane Library contains high-quality, independent evidence to inform healthcare decision-making. For queries regarding this functionality, please contact Ian McLeod ([imcleod@epnet.com](mailto:imcleod@epnet.com)).

It should also be noted that Australian A-to-Z customers are already able to select the Cochrane Library in the Administrator site in order to supply access to their users.



## EBSCOhost® to be the only platform for CINAHL® and SPORTDiscus™ databases

As the result of two acquisitions occurring during the last three years, EBSCO Publishing now owns and publishes CINAHL and SPORTDiscus. Although there are only a limited number of platforms through which these databases are available, EBSCO has notified these distributors of its intent to not renew their distribution agreements for these products. In the future, these products will be made available exclusively via EBSCOhost, which is currently the most used platform for these databases worldwide. As has been policy since its inception in 1995, EBSCO will continue to make EBSCOhost available to customers with no platform fee.

EBSCO encourages customers that have been accessing these databases on another platform to begin the transition to the EBSCOhost platform. EBSCO is offering a transitional period for customers using CINAHL and/or SPORTDiscus databases on platforms other than EBSCOhost, where the EBSCOhost version will be provided at no charge for the last six months of a subscription period.

Libraries will experience considerable advantages from this transition to accessing CINAHL and/or SPORTDiscus via EBSCOhost. For example, with regard to the CINAHL database, customers will experience:

- Superior currency with the addition of PreCINAHL available at no additional charge for CINAHL subscribers
- Searchable cited references at no additional charge
- Author profiles at no additional charge
- Versions with hundreds of unique full text journals available for an additional fee
- Versions with large backfiles of indexing, abstracts, and PDFs available for an additional fee
- No platform fee will be charged for EBSCOhost

Questions regarding CINAHL or SPORTDiscus access can be directed to EBSCO at [information@epnet.com](mailto:information@epnet.com).

## Pregnancy & Birthing Center of Excellence now available in EBSCO's Health Library™

EBSCO Publishing's Health Library™ provides access to comprehensive coverage of health, wellness, and other medical-related topics presented in an easy-to-understand manner. Keeping this in mind, EBSCO Publishing is pleased to announce an optional resource within the Health Library database that will benefit pregnancy and birthing centres and their patients. The Pregnancy & Birthing Center of Excellence is an additional component that can be added onto existing Health Library subscriptions.

## GIDEON Informatics and EBSCO Publishing partner to offer wider access to GIDEON

Through a partnership with GIDEON Informatics, EBSCO Publishing is pleased to offer subscription access to the Global Infectious Disease & Epidemiology Network (GIDEON). GIDEON is a point-of-care clinical decision support system for the diagnosis of all infectious diseases in all countries. At a time of increased awareness regarding vulnerability to infectious diseases, including outbreaks of Avian Flu, West Nile virus and bio-terrorism concerns, the availability of this additional resource is very timely. This database further expands the breadth of resources in EBSCO's suite of medical products enabling the company to offer core medical resources as well as a myriad of niche collections.

## Want more information?

For information on anything mentioned in this column or on products generally, contact your local EBSCO Sales Representative.

### Are you in DANGER of missing out on HLA News?

ALIA membership renewals were due at the end of the financial year, but members have until the end of July to pay up – a kind of one month grace period before you are declared officially unfinancial.

If you have yet to pay your dues, you can do so online up until 31 July – and so ensure the next issue of HLA News safely arrives in your electronic inbox! Visit <http://membership.alia.org.au/renewal.aspx> to pay up :-)

# Libraries – A voyage of discovery

Ever wondered what it would be like to attend an IFLA conference? Karen Carson, Manager of the Ramsay Library at Launceston General Hospital, shares her experiences of the IFLA 71<sup>st</sup> General Conference held in Oslo from 14 to 18 August 2005. The conference programme and papers can be accessed at <http://www.ifla.org/IV/ifla71/Programme.htm>.

The Oslo conference attracted almost 3000 delegates from 133 countries, including approximately 380 from Norway and 1000 first-timers like myself. The two things I liked best were the diversity of the programme and the amazing mix of people. For those more involved in IFLA, there was a packed schedule of business meetings in the days before the opening and at the end, some of which accept observers. There was also a good choice of satellite meetings in Norway, Sweden, Denmark and the UK and this is something worth looking out for before making definite travel plans.

Sessions were held at four main venues in the city centre, with extra meetings off-site. Fortunately, the main sites were fairly close together, which was just as well, as there was little or no allowance in the timetable for transit. Starting at 8.30 a.m. most days and going through until 6 p.m., many time slots had four to six concurrent sessions. As

often happens at big events, some interesting sessions clashed and I also made pragmatic decisions day to day to avoid ricocheting between venues. Even so, I fitted in a good cross section of papers.

As my trip was self funded, I was free to take my pick of what was on offer, mixing sessions which seemed clearly relevant with topics such as Metropolitan Libraries and Mobile Libraries for variety. Interestingly, some of the strongest messages I took away from Oslo came from these supposedly 'less relevant' sessions, which I suppose is a lesson in itself about keeping an open mind at such events.

Barbara Clubb from Ottawa Public Library described large-scale change management during the amalgamation of the library services of eleven municipalities and one regional government in 2001.

Although working with 400 full time equivalents on 140 job classifications is bigger than most of us will ever experience, the issues of managing communication and the sorrow and anger felt by some of those affected seemed just as relevant to a smaller setting. One of the challenges she mentioned was dealing with the fact that "it's never really over", meaning that people always remember the state before the change and that this way of

thinking has to be managed.

Inga Lundén from Stockholm Public Library (which operates under the catchy line "Promoting knowledge and imagination with knowledge and imagination") discussed the library's approach to staffing the hybrid library and retaining staff. "Mutual mentorship" has been important for both new and old staff. Instead of the traditional old to young model, this one works both ways, which she believes encourages older staff to think about how and why they know things and encourages open dialogue and reflection among staff. She says that it is also about unlearning, about liberating yourself, and rethinking everything with the user as a starting point. Her advice on a library culture that retains staff was that results are more important than rules, to use continuous improvement to provide challenges, to provide support where needed and provide visibility as a reward. She said, "It has to be fun to go to work".

The Health and Biosciences Libraries content in the main programme was a two-hour session entitled "Health information for developing countries." There was a choice of health library visits, including a tour and



TOP and BOTTOM images taken at the Norwegian Folk Museum at Bygdøy, venue for the cultural evening during the conference.

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# HEARD THE GREAT NEWS? Cinahl to index HLA News

The Australian Library and Information Association's Health Libraries Australia group (HLA), EBSCO Publishing and CINAHL Inc. are delighted to announce that this newsletter, HLA News – the flagship publication for HLA – is to be selectively indexed in the CINAHL database.

HLA News is the national voice of Australian health librarianship and has held a widely established national readership since its launch in 2003. Generously sponsored by EBSCO Information Services, it is published four times per year and distributed electronically to HLA members before being archived on the HLA web site (<http://www.alia.org.au/groups/healthnat/hla/>).

"HLA is pleased that the work of Australian health library professionals will be more accessible to colleagues both nationally and internationally through the appearance of indexing content in CINAHL", said HLA's convenor, Cheryl Hamill.

"We have some generous members who contribute their expertise and knowledge to our publication and it is satisfying to know that as the newsletter develops to a bigger and better publication under the editorial direction of Melanie Kammermann, that this has recognition from a major indexing service."

In addition, Tim Colvey, Director of Sales for EBSCO Publishing in Australia, New Zealand & South East Asia stated, "EBSCO Publishing is pleased to be increasing its coverage of health librarianship publications with the indexing of HLA News in its CINAHL database. CINAHL is the premier nursing and allied health database available today and we are proud that it is part of our family of products and services. Since acquiring CINAHL back in October 2003, EBSCO has been committed to

helping the CINAHL editorial team at Glendale Adventist Medical Center in California enhance this resource with extended indexing, patient-care sheets, research instrument records, searchable citations, the PreCINAHL data, and, of course, the highly desired full text versions."

In a recent press release EBSCO Publishing announced that it is making available full text versions of the CINAHL database: CINAHL with Full Text and CINAHL Plus with Full Text. Both build upon the indexing and other essential content provided by the original CINAHL database, by providing immediate access to full text articles from hundreds of journals and other resources. Among a wealth of content, CINAHL with Full Text provides full text for 329 journals, plus legal cases, clinical innovations, critical paths, drug records, research instruments and clinical trials with PDF backfiles to 1982. CINAHL Plus with Full Text contains all the content of CINAHL with Full Text and provides full text for 337 journals with PDF backfiles to 1937. Both databases include access to PreCINAHL as a companion database for subscribers.

With over 400 personal and institutional members, HLA is the peak body representing library and information staff and services in the health and biotechnology industries in Australia. The inclusion of indexed material from HLA News in the CINAHL database will further promote the excellent work that is undertaken by HLA members across Australia.

IFLA report continues from p9 ...

presentations at the University Hospital (Rikshospitalet) as well as a welcoming health reception. I didn't get to the combined Health/Science Libraries satellite event on Open Access, held at the Rikshospitalet, but proceedings are available at [http://www.ub.uio.no/ifla/IFLA\\_open\\_access/programme\\_abstracts.htm](http://www.ub.uio.no/ifla/IFLA_open_access/programme_abstracts.htm).

Library design was also on my mind and, having visited the Rikshospitalet Library in Oslo and the Royal Library extension in Copenhagen (the "Black Diamond"), my head was filled with (expensive) visions of pale Scandinavian timbers and clean lines. The session on Library Buildings was a source of comment and ideas. Liv Sæteren from Oslo Public Library argued that current library design works against modernisation, or as Jens Lauridsen from Denmark commented, "We look for more, but end up with more of the same". According to Lauridsen, conservatism is the real problem and while innovative exteriors are designed, we keep on putting the same libraries inside them. General design trends include casual "living room" furniture with wireless access, RFID tagging, prominent visual marketing of digital services and flexible spaces (although there is not general agreement on what this means, whether it is small rooms, removable walls or using furniture to divide areas).

Two papers on licensing models for serials by Hildegard Schäffler (Munich) and Kari Stange (BIBSAM, Sweden) were also interesting and useful.

There will be more on business models for e-resources and library design at the next IFLA Conference in Seoul from 20-24 August 2006 with the following annual conferences in Durban (2007) and Quebec (2008). See <http://www.ifla.org/IV/index.htm> for more details.

Karen Carson  
[karen.carson@dhhs.tas.gov.au](mailto:karen.carson@dhhs.tas.gov.au)

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