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WEB 2.0 and Australian Health Librarians

This paper, by Lisa Cotter, Suzanne Lewis and Gillian Wood, reports preliminary findings of *Australian Health Librarians and Web 2.0* – a survey conducted in October/November 2007 of Australian health librarians' attitudes towards, and use of, collaborative/social networking tools and services.

The idea for the study originated from the discussion on listservs and blogs generated by the release of the "MLA Social Networking Survey" results¹ in 2007. Much of the discussion concerned workplace networks blocking access to Web 2.0 sites and applications. However the "MLA Social Networking Survey" did not just focus on access to Web 2.0/Library 2.0 tools and technologies. The survey also elicited information about use of these applications and estimates of their importance in both professional and personal life. The authors of this paper started thinking about the current Australian situation, with questions such as "What do Australian

health librarians think of Web 2.0/Library 2.0 technologies?", "Are they actually using these tools in their professional and/or personal lives?", and "Is usage determined by need, estimates of importance or purely by access?" If your access to blogging software is blocked at work, you can't set up a library blog, no matter how important or useful you think it will be. The authors felt that answers to these questions would form a baseline of evidence on which to base further research and evaluation of Web 2.0.

The authors received permission from the Social Networking Software Taskforce of the MLA to use their survey instrument for

an Australian survey and thank the members of the Taskforce for sharing their tool. The executive of the Health Libraries Australia (HLA) group of the Australian Library and Information Association (ALIA) endorsed replication of the survey in the Australian context. The survey was made available to all Australian health librarians, not just members of ALIA's HLA group (the closest Australian equivalent to the MLA).

The wording of some of the questions was adjusted slightly for an Australian audience. For

[Continues on p9...](#)

LEFT TO RIGHT: Lisa Cotter, Suzanne Lewis and Gillian Wood.



Inside

- Web 2.0 and Australian Health Librarians – Lisa Cotter, Suzanne Lewis & Gillian Wood 1
- From your Convenor – Heather Todd 2
- Technology in small libraries – Cheryl Hamill 3
- Search engines, evidence & Australia – Terence Harrison 5
- Helping Uganda – Kathy Hibberd 6
- NT Health library & community services web design – Robyn Tranthem 7
- Conference diary 13
- EBSCO product update 13
- HLA at Dreaming08 – Why go? 14

CONVENOR

CLINICOS • neXus Project • Peak Bodies Forum • HLA at Dreaming08 • ICML2009



Best wishes for the New Year and by now some of you or your staff will be several weeks into the ALIA professional

development Folioz course – *Understanding the business of clinical care* (CLINICOS). Feedback I have had to date indicates that it is very useful for those new to health librarianship and/or librarianship.

Some of us have experienced difficulty in recruiting staff – the aging of the profession is not a myth. The graph below illustrates that at least 24% of Australian librarians will be retired in 10 years with an additional 40% retiring in 10 to 20 years time.

But what is happening in health librarianship? HLA has been approached by the neXus research team who want to include health librarians in their next survey which will be a 4 part survey that captures data about:

- Organisation and general staffing information
- Staff recruitment and retention
- Staff development and continuing professional education
- Succession planning

The neXus project, funded by the Australian Library and Information Association (ALIA) and National and State Libraries of Australasia consortium (NSLA), aims to examine the current workforce policies and practices in the LIS sector in this country. This study will build on the related research with

the neXus census that collected demographic, educational and employment data about individual members of the LIS workforce in Australia. Preliminary findings from this survey will feed into the ALIA Education Summit to be held on 28 March 2008 in Melbourne

The survey will be distributed via email so please take time to complete it.

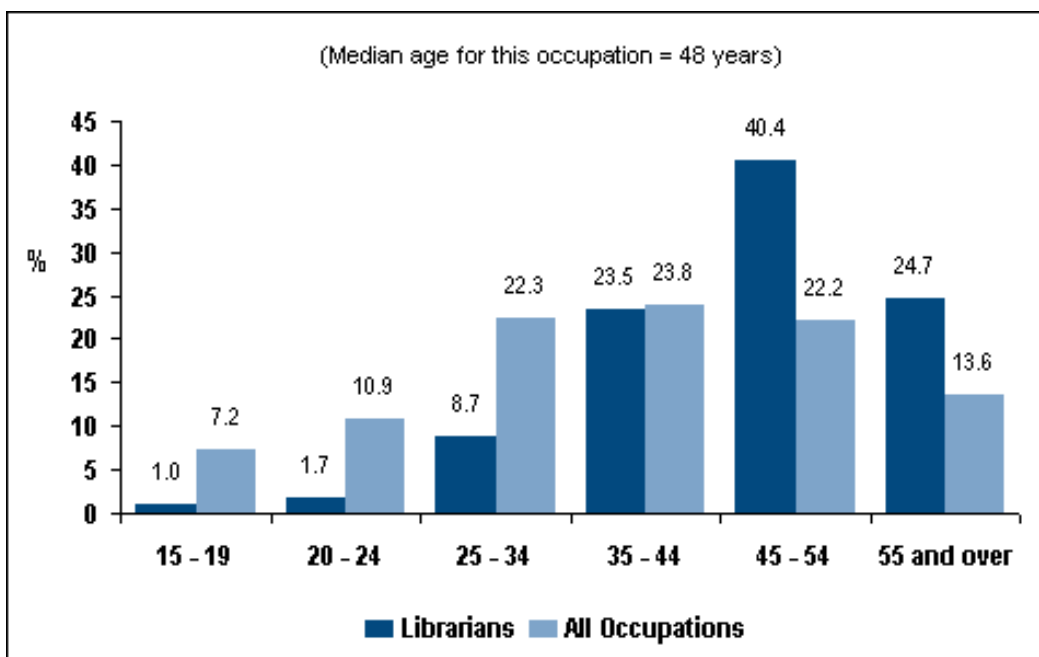
HLA has been invited to attend the annual Peak Bodies Forum in Canberra in May. The focus of the meeting will be different from previous years in that it is hoped to split the day into information sharing and strategic directions. The National Library is keen to get ideas to feed into development of the NLA's next Strategic Directions statement. The existing Directions are online at <http://www.nla.gov.au/library/directions.html>. The NLA is about to start working on the Directions 2009-2011 so if you would like me to feed anything back to the NLA please let me know.

Last year the HLA executive committee communicated via teleconferences and we plan to do this again this year. One of the topics we talked about last year was the role of HLA and how best to provide professional

development for HLA members. We have had feedback that the 'Law, Health, Specials' conferences were missed and it would be great to provide a forum for health librarians to come together on a regular basis. Since the demise of the conferences there have been a number of successful regional events and last year HLA hosted a satellite session in Sydney after Online07. This year HLA are planning to host a satellite session at the upcoming Dreaming 08 as well as having a specialised health stream in the conference. Next year the HLA will be involved in supporting ICML2009 that will be held in Brisbane in August/September 2009. We look forward to your support for these events.

There is always work done behind the scenes and it was great that HLA be asked to review the content of CLINICOS and ensure it was relevant to the Australian environment. Another way HLA provides information for its members is via the Newsletter and thanks must go to Melanie Kammermann for her tireless dedication to producing such informative issues.

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Sourced from
 ABS Labour Force Survey,
 Australia

THE CHAINS THAT BIND US

– reflections on competencies and keeping pace with technology changes in smaller library settings

Is it a broader reality that many librarians experience a digital skills divide with the new technologies that wash through in mini tsunami-like waves? Is this especially noticeable in smaller settings where access to colleagues with diverse skills is limited? What happens when there is little capacity or encouragement from the organisation to experiment with and implement technical innovations? Cheryl Hamill ponders these questions..



Cheryl Hamill
Library & Web Services Manager
South Metropolitan Area Health Service
(at Fremantle Hospital & Health Service)

I think the majority of us have become pretty expert at using some sort of technology to develop and improve services. We'd mostly claim to be a pretty dab hand at expert searching using most available online resources. We've embraced the internet (if not yet 2.0 or 3.0) and we use it for many aspects of our work. We can see the potential for much of the new functionality.

But...

I see a major digital divide developing with the back-end library systems that underpin the capacity of librarians in smaller settings to deliver services on a par with those delivered by university library colleagues. I guess there has always been a digital divide between large and smaller libraries but the impact of this in the internet age is more pronounced. Recent publications such as Houghton-Jan's *Technology Competencies and Training for Libraries*¹ and WebJunction's *Public Access Computing Technology Competencies*² and others they cite, point to this being an increasingly hot topic.

The lesson of Leavitt's diamond (structure, task, technology, people) is that "every element of organizational life affects every other"³. Technology changes inevitably impact on every aspect of our work whether we take up the challenge or not. If we're not in the forefront, how relevant will our services be over time?

How many of us are setting up and using tools such as OpenURL resolvers, authentication systems, proxy servers, federated search engines, virtual reference, RSS feeds, custom search engines

(Google, Rollyo, etc), link-out tools embedded in open access engines such as PubMed, Scirus and GoogleScholar? How many of us are managing our own websites to deliver content in the best possible way to our clients? Are the Web 2.0 social collaboration and mash-up tools just a dream?

The questions assume a deficit. In them is the worry that librarians in smaller settings are lagging behind with the competencies needed for a 21st century library service. How realistic is it for librarians in smaller settings who have always been 'jills of all trades' to pick up a whole new skill set, one that in larger library systems is at least partly the domain of the Library information technology specialists? Do we need to get better at outsourcing skills or should we be building up our own technology competencies?

There's no one answer of course. There are different drivers, expectations, environments, and system capacities.

If we do want to build up skills, where does one start? In speaking with a librarian colleague who was formerly an occupational therapist, I learned of the concept of backward chaining. This seems to be an ideal approach to learn complex information. It is also a valid approach to technology project planning. The endpoints desired by system users can usually be articulated more clearly than the best means to reach that endpoint. Keeping endpoints clearly in view and working backwards from there allows for responsive flexible development.

[Continues on p4...](#)



Impact, relevance and value should be the criteria by which we judge the addition of any technology to our services.



In short, you begin at the end point you want to reach and work back from there to identify the steps to reach the endpoint and the skills and resources needed at each stage in order to get there^{4,5}.

It's much easier to scan broadly to see which technologies libraries are picking up and using and then to consider which might have most relevance and impact in our own settings than to start musing abstractly on endless technical options. Impact, relevance and value should be the criteria by which we judge the addition of any technology to our services.

Backward chaining is problem or issue based and has much in common with process reengineering. I'll work through an example of how this worked in practice at Fremantle Hospital & Health Service.

We wanted to be able to provide seamless OpenURL linked access to all online content. Some content is bought in a state-wide consortium purchase, some is freely available and some is bought from local funds. We wanted the access to be seamlessly integrated; accessible onsite without generating an authentication demand; and accessible offsite and remotely using existing organizational authentication systems. We wanted OpenURL / CrossRef inter-linking so links to the citation level could be deployed in source databases such as Ebsco, Ovid, PubMed (using the Outside Tool) and Google Scholar's (using Library Links).

Having started at the end point, we researched the technologies needed to support the outcomes, reviewed different options for implementation, their costs and relative advantages and disadvantages, the technical scope to implement each option and considered the skills and other capacity we had to reach the end point. This included much negotiation with IT and some calls for advice from helpful university librarians and their IT specialists.

It sounds simple but it took two years and the whole project was a step by step process with some steps more like a do si do than a progressive waltz.

We began with implementing Ezproxy to handle the authentication onsite. The IP ranges for the organisation were added to Ezproxy and a configuration file was built for all resources. This allows unauthenticated access from onsite but later had to be upgraded and a way found to deploy an Ezproxy instance on a server in the DMZ (demilitarised zone) that was linked to existing LDAP / Active Directory login authentication systems. Ezproxy generates a specific IP address that must then be registered with all publisher sites.

At the same time, we built a Library website working on the principle that we wanted people to get to the most critical / popular resources from the first screen. We also tried to avoid library jargon and use a simple, uncluttered interface.

We needed an A to Z journals catalogue as it had become unworkable to maintain a webpage listing. The listing needed to be able to track changing URLs and content for both open-source content as well as for paid resources. Several options are available including the Ebsco A-Z, Serials Solutions A-Z and ExLibris' A-Z Journal Finder. The choice of A-Z is to some extent influenced by which OpenURL resolver is selected.

We then registered with Cross-Ref and selected and implemented an OpenURL resolver. At this point we had achieved our objective – happy clients able to help themselves (mostly) to get seamlessly to all available online resources.

There are several factors that determine success with such a project. Some critical mass is necessary to have colleagues (not necessarily in the one library) to bounce around ideas and share skills and knowledge. It helped to have the Web Services administratively reporting in the same department as there was

easy access to technical support within the department. It helps to be willing to ask stupid questions and to be open to learn new skills. There is a tendency to concentrate skills and competencies in a couple of individuals and if time allows, it is preferable to share around the research and tasks. If this is not feasible, it is important to develop the skills and competencies across all staff once implementation is bedded down.

Is the modern technically savvy librarian just made up of a jumble of skills and competencies then? No, it is professional judgement that asks the questions and makes the judgements about endpoints. The knowledge, skills and competencies that develop are a by-product of research and action taken to achieve objectives. The range of knowledge skills and competencies that need to be developed for any technical challenge are huge and easiest to enumerate and articulate after-the-fact. I guess we'll all get accustomed to working backwards to the future.

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SEARCH ENGINES, EVIDENCE and AUSTRALIA

Terry Harrison explains how he came to develop Evidence Australia, a single search engine for searching evidence and related sites across Australia.



Searching for health evidence that is Australian based is not easy. But I'm trying to correct that...

Let's begin by taking an overseas example – the UK (I quote this because I know the health informatics scene there well). In the UK there is an array of health informatics resources that assist in evidence searching. Perhaps the most well known is the National Library for Health site (www.library.nhs.uk) which doubles as a portal and search facility. The search engine on the site searches not just evidence (sub-divided into guidelines and books) but evaluated patient information resources. With regard to guidelines, these are all publicly available UK guidelines (e.g. from NICE, SIGN, etc) as well as overseas ones (e.g. from the US Guidelines Clearinghouse).

To have a facility like this for Australia would be fantastic. The first problem, however, is that there is not one source that purports to be a national guidelines centre. Though, of course, the NHMRC does have guidelines, they are small in number and are not in a searchable database. There are numerous other sites – royal colleges, professional bodies, specialist health organisations, etc – that have their own guidelines; similarly, hospitals. Another problem is that not all guidelines are publicly available (this certainly applies to hospitals). A third problem relates to the efficacy of these guidelines. Some follow international regulations (as with Agree); some do not. Guidelines need to be evidence-based, rigorous, transparent and up-to-date.

In the meantime, even though these problems persist, we still have a need to conduct searches.

Searching site after site is obviously far too time-consuming. I therefore decided that an interim solution needed to be found. And it was when I was pondering what this solution could be that I came upon Google's Custom Search (<http://www.google.com/coop/cse/>) facility.

This facility allows for the creation of a search engine to search certain selected sites. It also allows the creator to customise the look of the search engine. Further, it allows the creator to create a web page for the search engine, which can go on any site and be copied by anyone else. What was more, it is advertisement free! And it provides complete control over how it looks – you can even add your own logo.

Naturally, I decided this was the ideal opportunity to create a search engine that could search all available health sites in Australia where evidence-based, or evaluated resources or guidelines could be found.

Setting it up, I found, was not that difficult. It took only 10 minutes! Adding the main sites was easy. To be on the safe side (this was probably not necessary) I then added to it all the pages in those sites that were publicly available and included guidelines or other evidence-based material. I should add here that I have not made any attempt myself to evaluate the particular material on those sites. In other words, if the site was widely recognised then I included it. And that was it. I also invited medical librarians around Australia to provide URLs of guidelines for inclusion where possible. Very few have done this to date. It is possible – if not probable – that the reason for this is that few institutions want their guidelines to be publicly searchable or are worried that they do not conform to the international standards. Hopefully, as that situation changes, more URLs will be added. I should add, though,

that HealthInsite (<http://www.healthinsite.gov.au/index.cfm>) was extremely helpful and provided a substantial number of URLs to add to the search engine.

Google Custom Search provides a number of options for further customisation – for example: whether to allow others to contribute to the search engine, or not; whether to make it available to a limited audience, or not; whether to include targeted sub-sections for the search results, or not. Statistics of usage are also provided (since going live Evidence Australia has received nearly 2000 queries).

So, after setting up the search engine, I decided it needed a name: Evidence Australia was the obvious one. It also needed to be easily accessed. Initially it was only available from the Evidence Direct site – now accessed from www.evidence-direct.net I decided to purchase a domain name – they only cost around \$10 per annum to rent – and arranged URL forwarding (free) too. The result: Evidence Australia can now be found at www.evidenceaustralia.net

Since Evidence Australia went live, I have been contacted by Andrew Booth (Scharr; <http://www.shef.ac.uk/scharr/>), who said he will be writing a paper on the use of such customised search engines, quoting his own – Netting the Evidence (<http://www.google.com/coop/cse?cx=004326897958477606950%3Adjcbstrxkatm>) – and Evidence Australia as examples.

Of course, Evidence Australia should only be considered an interim solution. In the longer term – hopefully, not too long – we need to have a far more sophisticated search engine made available – as well as a national portal for all evidence-based resources.

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Australian libraries MAKE A DIFFERENCE to the University of Uganda



In June this year Graham Carter from Brisbane's Mater Health Services

co-ordinated a container of donated medical equipment which was sent to Uganda. Graham, who with his wife spent a year doing humanitarian work in Uganda, is working with Dr Ian Clarke who according to Graham is "single handedly trying to drag Ugandan health care into the modern age". Dr Clarke built a new hospital in Kampala in 2005 and a container of equipment was sent then. This year, Dr Clark began work on a University of Health Sciences, located on the top floor of the hospital and sought recently published books to equip the University.

Graham asked for the UQ Mater McAuley Library's assistance in educational material to be donated to the project. Australian health librarians were very generous and many responded to a request on the aliaHEALTH discussion list for material. Thank you to all who gave so willingly. Many thanks also to the UQ Union University of Queensland Herston Medical Bookshop who was outstanding in their generosity. Graham took his utility to the bookshop and loaded a huge number of books which were unable to be sold but were still quite recent.

Graham also approached Griffith University School of Nursing and Midwifery for assistance with Nursing/Midwifery education books and equipment. Staff were able to provide a large number of recent

texts and equipment and willingly packed these into boxes and into Graham's utility.

It was a feel-good experience made richer by the photos Graham sent on to staff some time later when the materials had reached their destination in Uganda. The photographs here show the difference that Australian libraries (and the bookshop) made.

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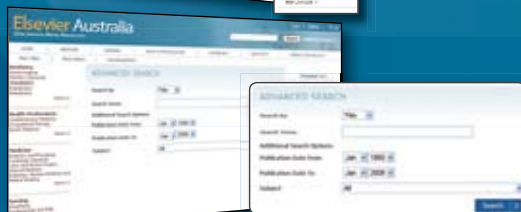
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New eLIBRARY brings new eSKILLS

Redesigning the Northern Territory Health and Community Services Library's web site has turned staff information technology training and skills development on its head.

Robyn Tranthem, Health Services Librarian, details the transformation.



The Library's notice to all Northern Territory Health and Community Services staff declared:

Croc is Dead! Long live eLibrary!

From COB Friday 30th November CROC will morph into eLibrary. The Library is changing its website, where our online resources will be available 24/7. Information about our services will also be available. The CROC signon will change and you will be required to use your ePass username and password. There will be more changes in 2008 and the library will keep you informed as they happen, please contact us for any help you require.

If this sounds like fairly routine library business in the new millennium, we knew that the task ahead would be anything but – for us anyway! During the past few years the library had not been at a stage in its development where staff were required to have in depth knowledge about information technology (IT) problem solving skills, full web editing rights, database administration rights and access to training from skilled IT personnel. We were used to passing anything IT related onto our online portal provider's centralised support personnel. This meant that we were not growing our relationship with the Department of Health and Community Services' (DHCS) IT personnel or our own colleagues within our profession. This gulf had the potential to weaken our skills, knowledge and services.

We started to realise that we were doing our own library profession a disservice and that our growing frustration was directly linked to not placing enough emphasis on our knowledge and skills in the area of information technology and the fast pace at which change was occurring.

Therefore, our objective was to both adopt and adapt to web-based resources, with improved authentication links for seamless access and interactive web 2.0 technologies.

We knew we had a lot of catching up to do and didn't want to be perceived as ineffective at performing what are now considered essential IT-related skills. Fortunately, planning for change, while change is happening constantly, developing new business plans, policies and initiating new projects, while remaining grounded in operational tasks, and managing our own IT skills insecurities only made us more focused on the task ahead. Contracting out to an experienced library IT expert interstate was something we did to overcome the short-term skills deficit and to help build our own IT knowledge.

Our tasks, mixed with a heavy dose of reality, transformed on almost a daily basis. Instantaneous communication with DHCS IT personnel, vendors, stakeholders and DHCS staff was required in order to set goals and achieve deadlines.

Added to the mix, but with a longer time frame, the DHCS announced it was intending to implement a new web content management system within the Northern Territory Government framework, with the intention of changing the internet site to better reflect the Department's business services. What to do – should we wait? The answer was 'no'. We were conscious that that the library's immediate need for change could be seen as unnecessary and that we would have to convince our IT department. We were also aware that changing our website would set off a chain reaction that would have long term implications,

including ongoing development, and that once

we started we had to follow our plan through – after all we had a service to run. However, we were determined that moving forward was the right decision.

Firstly, we wanted our library business plan and policies to dictate how our services and resources were delivered rather than technical issues dictating timeframes and outcomes. One of the commitments in our business plan is to "increase access to online health information resources to meet the priority needs of DHCS staff".

We also wanted to change the name Clinical Resources on Call (CROC) to better reflect our suite of online resources. Feedback from our clients reminded us that they didn't all work in clinical environments.

In addition, there was the issue of finding a better solution to secure our online resources, especially in a work environment where DHCS staff turnover is regular. For that, IP validated access was needed sooner rather than later.

We wanted to establish closer relationships with our vendors. Financially, the library invests in a large suite of online resources. We needed to be able to negotiate more effectively on pricing structures, licence agreements, database design functionality, database web 2.0 features, database training, marketing and promotional materials, and so on. We did not want to be in the position of being passive receivers of information but proactive professionals who could offer advice back to vendors about products and services.

[continues on p8.](#)

We knew our internal focus had to rotate around our budget and quickly realised the potential savings for direct vendor contact. Justifying our choice of online resources in terms of value for money required budgetary skills and a clear focus on our collection development policy, something we were changing and revising. Analysing and comparing our online collections, what to keep and what to change, along with pending subscription renewals required staff to act quickly.

Realising what we were trying to achieve, keeping the communication flowing, learning new skills and staying motivated have proven that our key objectives for the future direction of our library are a real possibility.

We have now moved to the new website but before the cobwebs settle or we further develop the site, we have started planning for our new website. Staff have begun training as content editors, content

authors and content approvers for the Department's new web content management system, Objectify. These changes will reposition the look and feel of our website once more and improve the web architecture required to provide a website style that promotes the key elements our users are seeking. The new content will be developed in accordance with a writing style guide to maintain concise and targeted information.

During the last 12 months the library has undergone many internal changes. Although driven by the requirement to provide 'best value for money', and lowering costs has certainly been a major motivating factor, development of our new eLibrary has enabled us to achieve 3 key objectives, these being:

1. Ongoing development of our library staff's IT skills,
2. Dealing directly with vendors and developing these relationships for mutual benefit, and
3. More effective use of the

IT expertise within our own department and government agencies.

Staff have experienced a chain reaction of changing responsibilities that will continue through 2008. Staff have become much more aware of their professional competencies, continuing education possibilities and professional growth. How we continue to evolve as a profession and invest in our services and ourselves remain both our challenge and opportunity for 2008.

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example, where the MLA survey asked “What is your opinion of the importance of the following technologies for sections, chapters, and SIGs [Special Interest Groups] of MLA?”, the Australian survey asked “What is your opinion of the importance of the following collaborative/social networking tools or services for health library staff?” The categories of technologies to consider were also adjusted slightly by adding examples of some technologies, and adding an extra category. These changes are outlined in Table 1.

SurveyMonkey was chosen as the platform to administer the survey because of its ease of use and low cost (basic membership is free and professional membership, which allows the user to download survey responses in a spreadsheet or database, costs US\$19.95 per month).

The survey was open from 29 October to 25 November 2007, and invitations to respond were issued via a number of email lists Australia-wide. The survey was also promoted in each state by “champions” from the ALIA HLA executive (present and former members) who were able to use local knowledge to encourage responses. The authors thank Heather Todd, Lisa Kruesi and Bronia Renison in Queensland, Sheelagh Noonan in NSW, Veronica Delafosse in Victoria, Mary Peterson in South Australia, Cheryl Hamill in Western Australia, Ann Ritchie in the Northern Territory, as well as Melanie Kammermann, HLA newsletter and blog editor, for their championing of the survey.

Initial results were announced on the Libraries Using Evidence blog² reported in a format which mirrors the MLA Social Networking Survey report format¹. Results were also reported at the Beyond the Hype: Web 2.0 Symposium in Brisbane, February 2008³.

The Australian Health Librarians and Web 2.0 survey received 203 responses from library staff across

MLA Survey	Australian Survey
Blogs	Blogs
Wikis	Wikis
Media Sharing	Media Sharing (eg. Flickr, Slideshare)
RSS News Feeds	RSS News Feeds
Instant Messaging	Instant Messaging
Web-based office tools	Web-based office tools (eg. Google Docs)
Social Networking Service	Social Networking Services (eg. Facebook)
	Social tagging tools (eg. del.icio.us)

Table 1: Survey category modifications

147 libraries. This is an impressive response, especially compared with the MLA’s 495 (from a much larger base population). Of the respondents, 55% worked in the public or private hospital system, 27% in a specialist health library and 10% in libraries classified as “other” (for example, “online health information service” and “not-for-profit disability service”). Only 8% of responses were from the academic sector (see Figure 1 below). This contrasts strongly with the MLA survey, where 30% of respondents were from hospitals, and 49% from an academic library. This result also accounts for the disparity in the size of libraries in each survey. In Australia, 50% of respondents worked in a small library of 2 to 5 staff, and 29% worked in a one-person library. In the US, there was a fairly even range of responses between all sizes of libraries, with 19% working in a library of 2 to 5 staff and 19% in a one-person library.

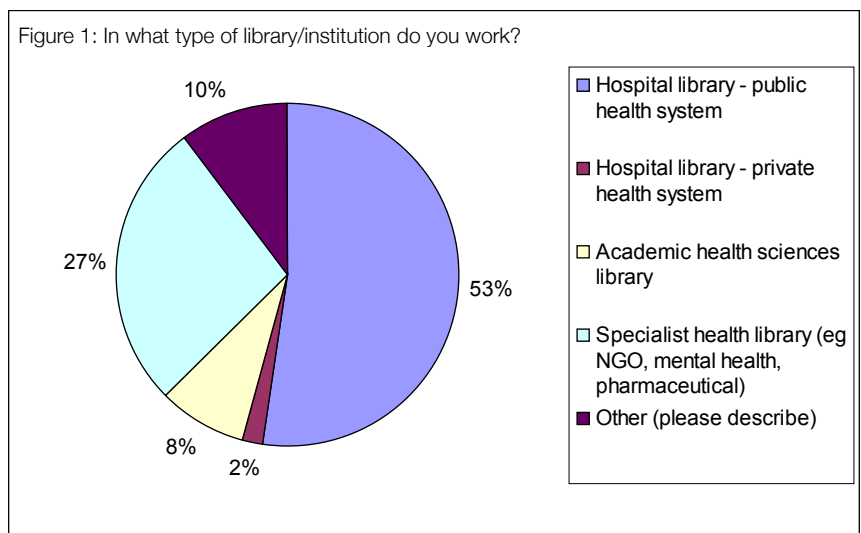
A good spread of responses was received across all states and territories, with the largest response

from NSW (39%), followed by Victoria (22%). This result is comparable to the national health expenditure, where NSW receives 34% of expenditure and Victoria 25%⁴.

The length of library service of the Australian respondents was considerably shorter than that of the US respondents. In Australian, 27% of respondents had worked 4 to 10 years in health, 36% 11 to 20 years, and only 22% more than 21 years. In the US, 39% of respondents had worked in the health field for 21 years or more.

Over 70% of respondents rated RSS news feeds as either “very” or “somewhat” important, followed by blogs at 63% and wikis at 60%. Tools which rated low were instant messaging, social tagging and social networking tools, with sharing tools such as Flickr and Google Docs rating in the middle (43% and 46% respectively). To some degree this follows usage, with blogs and RSS feeds having high usage at least weekly (38.07% and 35.8% respectively) and instant

[continues on p10...](#)



messaging, social tagging and social networking having low usage at least weekly.

Generally usage rates were well below estimates of importance for all tools and services. For example, although over 70% of respondents rated RSS news feeds as very or somewhat important, only 35.8% of respondents use them at least weekly in their professional life. Use of all tools was lower in respondents' personal life than in their professional life except for media sharing, instant messaging and social networking where personal use was higher than professional use. Forty-eight respondents (23.6%) did not answer the question about rates of use of collaborative/social networking tools or services in personal life and twenty-six respondents (12.8%) did not answer this question in relation to their professional life.

In response to the question "Does your place of work block network access to any of the following websites or applications?", 43.5% of respondents indicated that no websites or applications were blocked at work. One or two of these noted that they were filling in the survey from home and could not check their work site, but this still leaves a substantial number

of Australian health librarians with unrestricted access to Web 2.0/Library 2.0 sites.

The most commonly reported blocked sites or applications were YouTube (37.3%), and Facebook and MySpace (28.6% each). Chat/IM services and podcasts were reported blocked by 24.2% and 19.3% of respondents respectively, followed by web conferencing (13.7%), Bloglines (12.4%), Wordpress (11.2%), LinkedIn (11.2%), Blogger (10.6%), del.icio.us (9.3%) and Wikipedia (3.1%). Forty-two respondents (20.7%) did not answer the question.

Whilst library applications can be argued for all the most commonly blocked sites (YouTube, Facebook, Myspace, IM / Chat and Podcasts), their popularity as the highest profile social networking tools could account for the blocks. It is more difficult to understand why five people (3%) had access to Wikipedia blocked. Blogs of various types were blocked for up to 15% of respondents, although some reported that they were able to get individual blogs un-blocked on a case-by-case basis by application to their IT departments.

From the comments throughout the survey, it's clear that there is a wide range of opinion about "2.0" tools. There is immense frustration with the lack of support and/or active blocking by various layers of IT and management, and with lack

of time to investigate these new tools and technologies. Overall, Australian health librarians are aware of collaborative/social networking tools and services and rate some of them as important for health library staff, but are cautious adopters, as the following representative comments indicate:

- "I 'get' Web 2.0 technologies when I see a use for them. So I 'get' del.icio.us and bloglines but I don't 'get' Facebook or MySpace. Maybe I'm missing the point or maybe I don't want that much information about myself out there. But I actually use Web 2.0 much more at work for professional development than I do at home for recreation."
- "Sometimes I wonder if we're just looking for ways to use these tools instead of having a need and then looking for the right tool."
- "Over-rated and not time saving. Appealing to a very small minority of students who will go to Library related content in Web 2.0. They may use these tools for personal use but I think we are kidding ourselves if we think that the medium makes the content 'trendy'."
- "I think the big challenge is to identify the ones that will have maximum positive impact

[continues on p11...](#)

Importance and Use of Tools

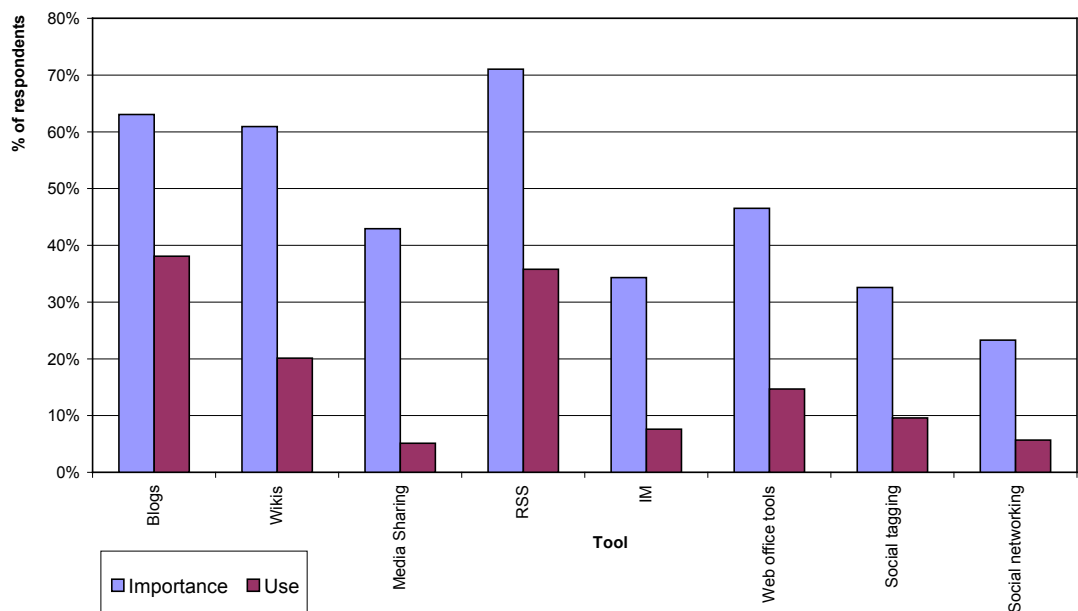


Figure 2. Importance and Use of Tools

Does your place of work block access to any of the following tools?

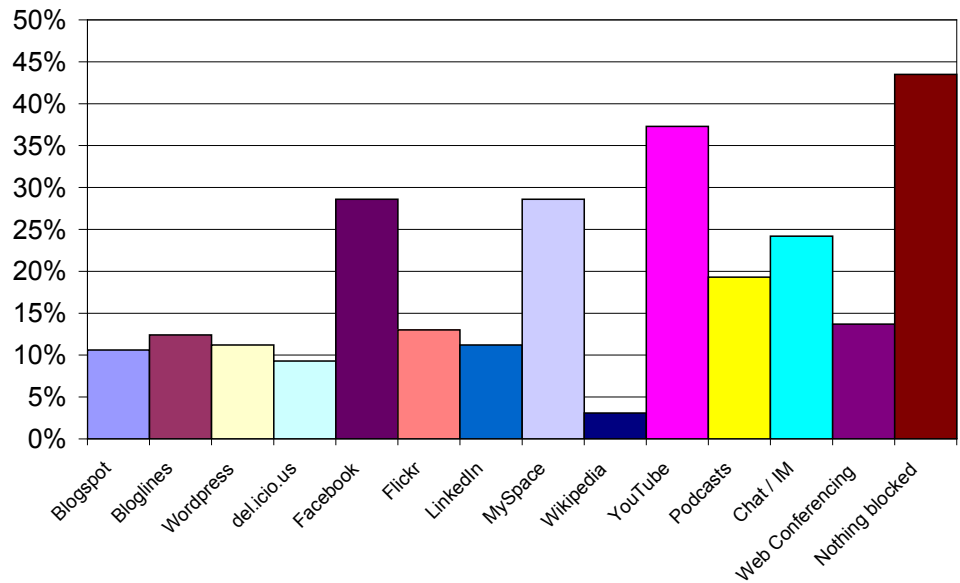


Figure 3. Does your place of work block access to any of the following tools?

in a work setting and get the IT support to get those ones in place. Needs to be addressed as part of a total information management issue for any organisation. There is huge potential for some collaborative tools to cut down on email overload by creating communities of interest."

This survey provides the first evidence of Australian health librarians' attitudes towards, and use of, collaborative/social networking tools and technology. Results indicate that some librarians, but perhaps not as many as expected, are experiencing problems accessing Web 2.0 sites due to restrictive workplace network practices. Hopefully these survey results will provide these librarians with evidence to assist them in influencing policy and practice at their workplace. The results also indicate that Australian health librarians as a group are proceeding slowly with implementation of collaborative/social networking tools and technology in their workplaces. Whether this is due to reflection before implementation or to other factors such as blocked access or lack of time is not yet clear. The respondents' comments also indicate caution, stressing the importance of meeting identified needs rather than just looking

for ways to use new tools, and prioritising the tools or services that will have the most impact.

A more detailed discussion and analysis of the survey results will be published in Evidence Based Library and Information Practice in 2008.

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NEW DATABASES

The National Library of Medicine has recently announced the release of the NLM Drug Information Portal – <http://druginfo.nlm.nih.gov>. It provides a gateway to current, accurate and understandable drug information from the National Library of Medicine and other key government agencies.

More than 12,000 drug records are available for searching. The search interface is straightforward, requiring only a drug name as a search term, and successful searching is enhanced by the assistance of a spellchecker. Information buttons and balloon pop-ups guide the user by providing helpful hints or a description of the resource and links to the source website. Links to the following resources contribute to the search results: MedlinePlus®, AIDSinfo®, Medline/PubMed®, LactMed, HSDM®, Dietary Supplements Labels Database, TOXLINE®, DailyMed®, ClinicalTrials.gov, PubChem, NIAID Anti-HIV/OI Database, ChemIDplus®, Drugs@FDA, DEA, and USA.gov.

The Drug Information Portal offers a varied selection of resources and focused topics in medicine and drug-related information, with links to individual resources with potential drug information and summaries tailored to various audiences. General drug categories from MeSH are also included in the Drug Portal records.

More recently released services

The Dietary Supplements Labels Database <http://dietarysupplements.nlm.nih.gov> includes information from the labels of over 2,000 brands of dietary supplements in the marketplace, including vitamins, minerals, herbs or other botanicals, amino acids, and other specialty supplements.

The database is designed to help both the general public and health care providers find information about ingredients in brand-name products, including name, form, active and inactive ingredients, amount of active ingredient/unit, manufacturer/distributor information, suggested dose, label claims, warnings,

percentage of daily value, and further label information.

Links to other NLM resources, such as MedlinePlus® and PubMed®, are provided for additional health information. In addition, links to related Fact Sheets from the U.S. Food and Drug Administration (FDA), Office of Dietary Supplements (ODS), National Center for Complementary and Alternative Medicine (NCCAM), and the National Cancer Institute (NCI) are also available.

Citing Medicine: the NLM Style Guide for Authors, Editors, and Publishers is available from <http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=citmed.TOC&depth=2>. It updates and supersedes two previous NLM publications, National Library of Medicine Recommended Formats for Bibliographic Citation published in 1991 and its Internet Supplement published in 2001. This new edition covers more types of publications, including a variety of Internet publications; contains more introductory material for each type of publication, and includes more example citations which users consistently requested.

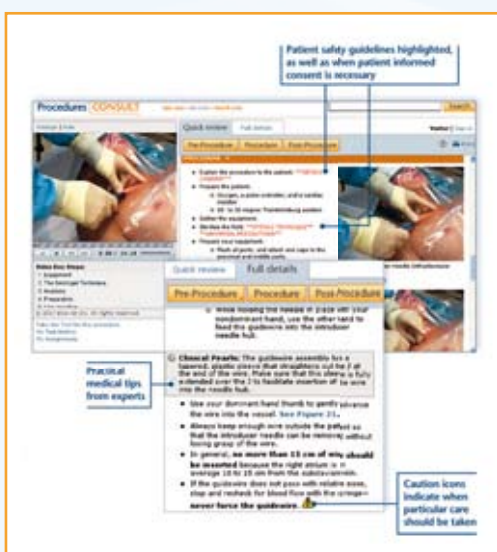
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2 **Prominent health library keynote speaker**
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– the basics of evidence-based medicine', BMJ
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5

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10

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