HLANEWS

HEALTHY PRACITUMS –

CSU and work placements for librarianship students

How can you shape the next generation of health librarians? Why not consider taking a library student for the practical component of their course? In part one of this issue's feature, Dr Bob Pymm from the School of Information Studies at Charles Sturt University, explains both the theory and practice behind the School's work placement program.

The concept of combining some level of practical experience with academic learning is widely accepted within a broad range of professional disciplines. From the traditional professions, medicine and law, through to virtually all other vocational degrees, a practicum or internship is incorporated into the learning process. This may range from a period of a year or more spent in the work place honing skills learnt in the classroom, to much shorter periods, providing a more modest introduction to the working environment. Often, such hands-on, practical experience is an essential component in becoming qualified to practice a certain skill or profession.

The recognition that this practical component to study provides a valuable context for students from a wide range of disciplines has long been accepted at Charles Sturt University (CSU) where internships and practicums of varying lengths and intensity are commonplace requirements across a wide range of courses. For students undertaking the undergraduate degree and postgraduate awards in library and information science, there is a requirement to undertake a three week placement in a library or similar organisation in order to complete the course. This is despite the fact that a large number of our undergraduate students have the library technician's qualification and/or significant work experience within the sector (a recent survey of both undergraduate and postgraduate students indicated around 75% already had some form of experience working in libraries before they commenced the course). The rationale behind this is to provide an opportunity for all students, even those who do have substantial and relevant work experience, to try something new and broaden their knowledge of the profession as a whole. Credit is more regularly granted to Master's students with extensive experience in a range of work situations but only occasionally granted to undergraduate or Graduate Diploma students, and only to those who can demonstrate a range of experience, at the professional level, over a number of years. This is not CSU being difficult but a genuine belief that this is a real opportunity to

try something new, get exposure to a different library environment to the one with which the student may be familiar and broaden their understanding of the nature and range of the profession. For students with little or no experience, this placement period is an essential part of their learning process, providing the context to help consolidate their academic learning.

THE ACADEMIC THEORY BEHIND WORK-BASED LEARNING

There is a considerable amount of literature on the rationale for combining work-based learning with a course of academic study. Harris

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CONVENOR

Health Libraries Australia 2007 Symposium and call for Executive Committee nominations

ALIA Health Libraries Australia (HLA) is planning to hold a health libraries symposium in Sydney on 2nd and 3rd February as a satellite event to the Sydney Online Conference (http://www.information-online.com.au/). The aim is to bring together Australian health librarians to a national meeting for the first time since the 2003 Adelaide Conference (http://conferences.alia.org.au/shllc2003/) and to provide a fresh sense of direction to HLA for the following two years up to the 2009 ICML in Brisbane (http://www.icml2009.com/). The two day seminar will have a mix of emphasis on national health information issues as well as skills development, lots of opportunities for networking, and for meetings of common interest (GratisNet, Chasing the Sun). More details will be released on the Symposium in the coming weeks but please pencil the dates into your diaries.

As part of this process of renewal HLA is now calling for nominations to the Executive Committee with a view to a new Executive assuming office at the Symposium. During the transition process nominees will be able to participate in the deliberations of the Executive until the 2007 Symposium. At this stage the Executive comprises a Convenor, myself, a Secretary, Mary Peterson, a Treasurer, Veronica Delafosse, HLA Newsletter editor, Melanie Kammermann, and three general members, Lindsay Harrris, Greg Fowler and Janice Michel. One of the purposes of the HLA roundtable will be to review the structure of the Executive to decide if a new structure and/or altered composition of the Committee is advisable. I have indicated that though willing to remain on the Executive I wish to stand down as Convenor and some other existing Committee members will also be standing down at the Symposium. One of the tasks of the Executive will be to select an interim Convenor until the general meeting at the Symposium formally elects a new 2007-09 Executive.

Members are asked to seriously consider nominating for the HLA Executive and to participate in the planning for the 2007 Symposium. Some members have already volunteered for this task. A considerable amount of 'behind the scenes' work has been undertaken by HLA since 2004 but it is recognised that in the future more effort has to be invested in publicising HLA's work and to staying in touch with the membership. This is the opportunity for health librarians to become involved in the leading body for their sector and to have a direct influence on formulating national policy for health libraries. National level issues are assuming a growing importance for health libraries and the professional and career benefits of being on the HLA Executive should not be underestimated.

Nominees must be current financial members of HLA and the closing date for nominations is 25 September 2006. Send your nomination to Cheryl Hamill e-mail address Cheryl.Hamill@health.wa.gov.au

If you have any questions or wish to discuss the implications of joining the Executive you can either ring myself on 08 9431 2780 or Lindsay Harris on 08 8222 6161.

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Your 2006 HLA Executive

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Clinical Librarian project
RYDE HOSPITAL

Earlier this year Jackie Devenish published a report (http://129.78.180.18/icuweb/htdocs/Final%20CL%20Report.pdf) on a clinical librarian project undertaken at Sydney's Ryde Hospital. Below is an extended abstract of that report. An accompanying commentary by Julie Walters of the University of Queensland Library appears on page 9.

OBJECTIVES

The objectives of this project were to identify the barriers that nurses, doctors and allied health staff face in answering their clinical questions with evidence-based information; to develop a Clinical Librarian service for a multi-disciplinary team in an acute care ward that addresses the identified barriers to evidence-based clinical practice; and to determine whether the clinical team will use the Clinical Librarian service to locate evidence-based information in support of patient care.

METHODS

A Clinical Librarian project was undertaken over 12 months in the Intensive and Critical Care (ICU CC) ward at Ryde Hospital, a local public hospital in NSW, Australia. The project commenced with a survey to identify the barriers that nursing, medical and allied health staff face in answering their clinical questions with evidence-based information. This was followed by the implementation of a Clinical Librarian Service that comprised 26 visits to the ward, literature searches and training sessions. A final survey was conducted to evaluate the outcomes of this service and impact on clinical practice.

RESULTS

The number of clinical questions received during the project was low (four only, received from nursing and allied health staff) and other ways of encouraging clinical staff to use a Clinical Librarian service need to be investigated. The demonstration of a direct link between the answered clinical question and patient clinical outcomes was not possible from the data. The best link the project could demonstrate was from the Literature Search Evaluation survey in which staff indicated that they had used or planned to use the information in some aspect of clinical decision making and that the training sessions provided a good platform for ongoing interaction with the Clinical Librarian.

CONCLUSIONS

The literature search results confirmed what the clinical staff expected, suspected or already knew, thus reinforcing, but not necessarily extending, their clinical knowledge. Overall, this project supports other research findings that "a lack of time" is one of the biggest barriers to clinicians implementing evidence-based practice[1,2]. The key recommendation of this project is that librarians need to investigate new service delivery modes rather than continue as "keepers of a collection". These new service delivery modes would aim to make the librarian more accessible, visible and responsive to clinical staff and an equal partner in evidence-based practice.

RECOMMENDATIONS FOR A CLINICAL LIBRARIAN SERVICE

- Commence a Clinical Librarian Service with medical staff only if they show a strong commitment to the project and if a Senior Consultant is willing to champion EBP with his/her team and invite you to ward rounds.
- Commence a Clinical Librarian Service with Nursing staff when there is a Clinical Educator who is willing to champion EBP with his/her team, invite you to patient hand overs, training sessions or connect you with staff that he/she has identified as having a clinical question.
- The organisation needs to have a culture of EBP. The Clinical Librarian Service needs to be linked to the organisation's ongoing activities to promote EBP (such as found in the Instilling Rigor into Clinical Practice report20)

- Consider using the Oxford Centre evidence-based medicine (EBM) levels of evidence rather than the NHMRC levels of evidence
- Expand the number of training sessions to include more EBP resources. Yet, continue to present EBP resources such as the Cochrane Library and ClinicalEvidence before Medline or CINAHL. (Survey 1 indicated that 33-58% of the staff had never used Cochrane and 30% of the Allied Health staff and 67% of the Nursing staff had never used Clinical Evidence). Repeat the training sessions twice on different days. This seems to allow more staff to attend the sessions.
- Discuss with staff the literature search process and find out how much valued added services (ie critical appraisal of literature) would suit their needs rather than specifying what staff will get.
- Rather than continue as "keepers of a collection", Librarians need to explorer new service delivery options. Especially initiatives that make the Librarian more accessible, visible and responsive to clinical staff and an equal partner in EBP.
- Consider not using the title "Clinical Librarian". Some medical staff knew what the term meant but Allied Health & Nursing staff didn't seem to be familiar with the term. Their confusion was expressed as: 'How does a Clinical Librarian differ from a Librarian?' and 'Why is the Librarian now a Clinical Librarian?'

Jackie Devenish is currently on maternity leave but can be contacted at jdevenis@nsccahs.health.nsw.gov.au

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1. Ely, J. and J. Osheroff (2002). Obstacles to answering doctors' questions about patient care with evidence: qualitative study. BMJ 324(7339): 1-7.
2. Sitzia, John. Barriers to research utilisation: the clinical setting and nurses themselves. Intensive & Critical Care Nursing 18:230-243.

and Bone (1999) have talked about the "reclaiming of workplaces as legitimate learning environments". In the field of librarianship, a recent Australian publication by two experienced LIS educators, Belle Alderman and Trish Milne from the University of Canberra, provides a comprehensive overview of the theory and practice behind the program with which they were involved for their undergraduate librarianship and records management students. In describing the background to their program, they provide a good introduction to the theory and associated strategies aimed at enhancing student learning. Drawing on the work of psychologist David Kolb, they quote him as concluding that "learning is the process whereby knowledge is created through the transformation of experience" (p12). Kolb supports this statement through a number of propositions that he suggests underpin the whole rationale for what he calls experiential learning. These include:

- Learning is continually modified by experience
- Learning is about testing and examining, then building the results into what is already known
- Learning is continuous
- Learning is about resolving conflicts between the practice and theory; concepts and experience (Alderman and Milne, p11).

Given this emphasis on the link between learning and experience a number of researchers have looked further to better understand the way in which the two interact. One of the major conclusions is the importance of reflection – students or practitioners thinking about what has happened, how it fits in to their experience and how they respond to this knowledge (e.g.. by changing behaviours, broadening understanding, etc) (Alderman and Milne, p16).

Thus an important part of any practicum is this process of reflecting on what has been seen and experienced. How does it fit with existing knowledge? Why is it different/the same as was taught through the text and classroom discourse? As a student, do I need to revisit some of this learning? Is it likely to be the same elsewhere or is there something unique about this particular workplace? Questions

such as these are encouraged in students and any practicum will have a methodology in place (oral presentation, written assessment, joint assessment with their work place mentor, etc), that will require students to undertake such reflection and consideration of their workplace experience.

Strongly related to the success of any practicum is the role of the workplace mentor, described by Harris and Bone as "the single most important factor in the quality of workplace learning". The role of the mentor is to provide a program of work that offers a range of activities that sometimes challenge the student while at the

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The student needs to be encouraged to reflect on the work they have done, prompted to think about practices and procedures and how they relate to their prior learning and given opportunities to debrief in a caring and supportive environment.

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same time providing a positive and supportive environment. Within this environment, the student should feel comfortable in taking on more demanding tasks, asking questions and making suggestions. The mentor needs, importantly, to be available. Sometimes this can be difficult for a busy supervisor coping with their day-to-day work but it is essential for the success of any practicum. The student needs to be encouraged to reflect on the work they have done, prompted to think about practices and procedures and how they relate to their prior learning and given opportunities to debrief in a caring and supportive environment. For both mentor and student, the relationship, if successful, can be a valuable learning experience.

HOW IT IS ORGANISED AT CSU?

At CSU, the School of Information Studies employs a full time Professional Experience Officer (PEO) administering the placements. Each year, this position deals with around 200 students undertaking their practicum subject, and involves organising the placements, following up with prospective sites, checking availability, developing timetables with students, chasing up assessment pieces, etc. Students are encouraged to think about the type of library or information centre within which they would like to do their placement. This must be of a reasonable size, employing a professional librarian and open 30 hours or more per week. Students can identify a particular organisation and either approach them directly or ask CSU to do this. If a student has no specific site in mind, they can give a broad idea of the sort of institution they are interested in and the PEO will follow up on their behalf. One major criterion for selecting a site is to provide an opportunity for the student to experience a different environment to the one with which they may be familiar. Thus if they are already working in a public library, it would be expected they should be placed in, say, an academic or special library in order to broaden their understanding of the range and scope of library and information work and, of course, to try something new.

The placement is for three weeks (or equivalent – minimum 90 hours) and can be undertaken on a part-time basis. They are normally undertaken towards the end of the student's studies by which time, even for those with no relevant experience, a student should have sufficient knowledge to be able to contribute positively to the work place and be in a position to reflect upon the activities with which they are involved.

Obviously there can be difficulties for students living in rural or remote areas or those who have very specific requests. Not all libraries feel they are able to effectively manage a student placement, and timing, particularly for school libraries (placements should be undertaken during term time), can be difficult to coordinate. In the end, students may have to take on a placement that was not their initial choice – in the vast majority of cases this works out fine.

It is in the student's best interests to contact the PEO as early as they can in order to provide as much time as possible to organise things and to give the host libraries plenty of notice. Some students have undertaken placements at overseas institutions. The University is fine with this as long as the student initiates the organising, keeps CSU informed of what approvals are needed, and it is clear that the institution chosen is appropriate.

During the placement, students and their mentors are contacted by a member of CSU academic staff. Usually this is by telephone but can also involve a personal visit. The purpose of this contact is to ensure that things are going well for both the organisation and the student and to iron out any difficulties that may have arisen. Over the years, problems have been extremely rare and for the vast majority of placements, both student and host organisation provide very positive feedback on their experience.

Students are expected to keep notes and maintain a daily diary during the placement and, once completed, are then required to write a detailed report covering specific aspects of their experience. It is intended students not only describe the activities undertaken but also reflect on what they have observed and experienced in the work place. Thus, students are expected to analyse their experience, compare and contrast it with what they have learnt on their course or in other library positions they have held, draw conclusions and consider the implications arising from their analysis. It is expected that a copy of this report will also be made available to the host organisation should they wish it. Students sometimes find this a challenging assignment with the need to balance descriptive material with their analysis; understand that the 'real' world may differ from the theory for many very good reasons; maintain a level of confidentiality and formality in their presentation, and; get to grips with areas, such as IT, where they may have had little previous understanding or experience.

Overall assessment of the placement is based on a report from the host library supervisor/mentor, the CSU supervisor, and the student's written placement report.

STUDENT AND PRACTITIONER'S VIEWS

Overwhelmingly, in both cases, the placement is a positive experience. Most organisations go to a significant level of trouble to develop programs that cover a range of activities, involving the student in day-to-day activities as well as having them undertake specific projects. This wide exposure to the breadth of work carried out in most libraries provides a valuable grounding to students in building their knowledge and expertise. For practitioners, students often undertake a useful project that would not otherwise have been done and their feedback (coming from a fresh perspective) can be useful and thought provoking. The contacts made by students during the placement have often proved to be a route for future employment, particularly for those with no prior library experience.

The major concerns students voice over placements relate essentially to their hectic lifestyles! How do I fit this in with everything else? I am already working – do I have to take three weeks leave to do this? I live in a rural area and organising a trip away is not easy. And, I've worked in a library for ten years – why do I need to do this? These are reasonable concerns and CSU works with the student to try to ensure the placement dates meet the student's needs and that the logic behind doing the placement – and the benefits that can accrue – are clearly explained. As Sanders points out, such placements provide an opportunity for library management to gain a good understanding of the abilities and potential of the student with the possibility that the placement site may become a prospective employer (1996, p14) – an important point for some students.

IN CONCLUSION

From the experience of many years, the criteria for a 'successful' placement can be summarised as:

- The student sets aside the three weeks and is fully committed to the placement, seeing it as a subject that has to be successfully completed like any other.
- The student shows initiative and is prepared to take on a range of tasks.
- The student sees this as an opportunity to broaden their knowledge and expertise and is willing to ask questions and think about the 'why' of their

work, not just the 'how'.
- The host organisation is prepared with a varied program that exposes the student to the widest possible range of tasks and activities and also involves the student in normal day-to-day administrative functions such as meetings, etc.
- Establishing a small, finite project that the student should be able to complete during their placement provides a sense of a positive contribution to the work of the organisation.
- A mentor is appointed by the host organisation who is the central contact point for the student.
- The mentor is available (i.e. usually there) and happy to be taking on this role.
- The mentor has a positive view of the library and its functions and is willing to put in some time and effort to ensure the student's exposure to a range of activities.

The major issue for hosting organisations is time. Preparing a program, introducing the student to the work place, providing appropriate training and resources and being available for questions and discussion all takes time out of a busy working day. The rewards are not always immediately apparent. However, the commitment shown by the vast majority of hosts and mentors indicates a strong and flourishing interest in our profession and its development through a new generation of library graduates. It is also, of course, very much appreciated by CSU as a crucial way to provide our students with relevant contacts and maintain links with a wide range of organisations across the profession.

Further information regarding placements and being a placement library can be obtained from Judy O'Connor, the Professional Experience Officer at CSU, tel 02 69332460, email joconnor@csu.edu.au.

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THE OTHER SIDE OF THE EQUATION –
Practical placements: A student's experience

In part two of our feature on practical placements, Liz Kempton describes her experience as a library student on placement at Royal North Shore Hospital, Sydney. At the time Liz was near completion of her Masters of Applied Science (Information Management) and the experience eventually led to a job offer!

My decision to enrol in a postgraduate course of information management and library science was the end of a long period of decision making about 're-skilling' to enable me to get back into the workforce after a long period of home duties, child rearing and being an expatriate. This decision was really based on a fairly subjective look at my likes and dislikes and a quick summation of my strengths and weaknesses. I had a science degree which I had only very briefly used in the vocational sense and quite a few years in management in a large multinational company. Charles Sturt University (CSU) offered the distance learning option I needed to enable me to combine study, casual work and parenting duties.

CSU was very helpful in setting up the placement for me. I had several long chats with the person assigned to organise the placements and she advised me that special libraries attached to science-based institutes would be appropriate given my background. Several libraries, mainly those in the earth sciences, chemistry and biological sciences, were approached. In the end it was the Douglas Piper Library (DPL) at Royal North Shore Hospital in Sydney that was prepared to take me for a three week, full-time placement at a mutually agreeable time.

I was apprehensive about the practical placement for several reasons, not the least of which was having vivid memories of managing Year 10 work experience students for a week at a time. I had found it quite difficult keeping students busy for a whole week given their non existent experience and limited skill sets for the business we conducted. I was also concerned that my complete lack of experience in special libraries would equate to me being a huge burden on an already under-resourced library that was in the business of providing information as fast as possible to front line clinicians at a major tertiary hospital.

I had a brief meeting with the DPL management approximately two weeks before I started. This enabled us to make a very rough outline of the tasks management thought I should be exposed to and the aspects of the library that I wanted to make sure I covered. Management was quite open about the fact that the library had not participated in a program such as this before and that we would all be learning on the job! One of the guidelines that CSU gave was that a mini project of some description could be attempted and DPL management were keen to organise this for me too.

The library's size meant that I was able to observe, if not actually take part in, most aspects of the daily routines. Several of the staff were on leave or attending education at the time and this, combined with several part-time positions, enabled me to learn quite a lot about each position. The DPL also had a well developed system of written procedures which made it much easier for the staff to show me what to do using the library management system (LMS). They would print out the appropriate procedure and then let me loose to catalogue, accession or track down journal issues. The Chief Librarian and all the other staff were extremely encouraging and non-judgemental, and allowed me to attempt many of the routine jobs and answered my innumerable questions while putting up with my many mistakes!

Three days were spent working on inter library loans (ILLs). This enabled me to gain grounding in Kinetica, GratisNet and Infotrieve. It also illustrated the volume of ILLs the library processed each week and the high demand by some sectors of the hospital, particularly those conducting research.

Three days were spent learning and doing some original cataloguing. The library used the National Library of Medicine Classification scheme and AACR2 as well as Medical Subject Headings for cataloguing. This was an excellent experience and I thoroughly enjoyed being able to apply what I had learnt in theory during the cataloguing unit, which is part of the Masters program.

Time was spent learning the circulation system including extending loans to users, returns, borrowing and overdue letter processing.

A day was spent processing serials. This included updating the LMS and shelving the previous copies of each journal and displaying the new ones.

The Chief Librarian invited me to attend a Department of Health librarians meeting for a day. This included a meeting with many of the health department hospital librarians from around NSW, an education and training session run by Ovid, a feedback session from two University of NSW academics on CIAP evaluation, and a meeting with the CIAP project manager from the Department of Health IT division. This was an excellent opportunity to understand many of the issues facing small special medical libraries.

A special project was written and conducted in the form of a web usability test. The library's web site had only been available a few months in its current form and the Chief Librarian was very keen to have some sort of feedback on its effectiveness. Subsequently, usability testing was researched, a test designed, some users tested and the results evaluated. This

Transformations A–Z

Lisa Kruesi is the Manager of the Health Sciences Library Service at the University of Queensland and also Convenor of the ICML 2009 Australian Committee. Earlier this year, Lisa had the opportunity to attend the 2006 MLA conference.

Continuing Education

We arrived Thursday 18th May 2006 in Phoenix, Arizona, with 1000 koalas and plenty of other Australiana packed in our luggage ready to attend the Medical Library Association (MLA) Meeting, Transformations A-Z (http://www.mlanet.org/am/am2006/index.html). The main purpose of our attendance at the Meeting was to promote the International Congress on Medical Librarianship (ICML) (http://www.icml2009.com/) that will be held in Brisbane in 2009.

As the exhibit didn't open until the Saturday evening, I attended two of the continuing education courses on offer. There was a wide range of interesting courses to select from, all of which were précised in the preliminary program. The course fees ranged from US$210-$300 for members and more for non-members.

On the Friday 19th May I attended the course *Measuring your impact: using evaluation to demonstrate value.* The course commenced with an overview on showing the impact of the library on the larger organisation's mission and goals. Encouragement to get out of the library and be visible was also part of the session; something Janine Schmidt (University

Queensland Librarian, 1994-2005) had introduced at the UQ Library ten years ago. We were encouraged to work with non-users to identify competition. The logic model, a tool for developing a framework for planning and evaluating programs was presented at the session. The model breaks down resources, activities, outputs and outcomes. The evaluation plan, which builds on the logic model, was discussed. We worked in groups to draft a logic model and an evaluation plan. A bibliography on measuring your impact was included in the course handouts, in addition to the booklet *Measuring the difference: guide to planning and evaluating health information outreach.*

On Saturday I attended the course *Supporting Systematic Reviews.* The course covered a review of evidence based health care; why systematic reviews are important; epidemiologic terms and concepts; identifying, retrieving and appraising systematic reviews; appropriate topics for reviews; planning and documenting the review process; the protocol; searching; evaluating retrieved documents; providing general assistance to the review team; and opportunities to enhance and use your skills.

If anyone would like the references from the seminars just send me an email.

The Exhibition

Other members of the ICML 2009 International Committee worked with me at the ICML stand, including William Kruesi my husband (!) and Program Manager, Accompanying Persons Program and Tony McSean, Director for Library Relations, Elsevier, UK. The exhibition opened on Saturday evening, 20th May, and continued until Tuesday 23rd May. Around three hundred contacts that seemed genuinely interested in the forthcoming ICML were established and included major USA university and hospital librarians, managers and vendors. The booth was well attended, the small koalas proving

ABOVE: Lisa at the ICML booth.

very popular. A larger koala was the 'prize' in return for a business card. It was a bit of a shock to come across so many health librarians and vendors that had never heard of the ICML.

It turns out the MLA Meeting in 2009 will be held in Hawaii. High travel costs as a result of the Hawaii Meeting and the ICML in Brisbane during the same year may impact upon the number of American delegates that attend the Brisbane Congress.

Connie Schardt, Education Coordinator at Duke University Medical Centre, was at the Meeting. She is responsible for the North Carolina Evidence Based Medicine for Librarians online course that many Australian health librarians have undertaken. Connie expressed interest in presenting a continuing education course at the ICML 2009.

Discussions were held with Bruce Madge, Chair of the IFLA Medical and Biosciences Section, and Carol Lefebvre from the Cochrane Centre in the UK, both members of the ICML 2009 International Committee.

Members of the American Veterinary Medical Association, Vicki Croft, Health Sciences Library, Washington State University, C. Trenton Boyd, Veterinary Medical Librarian and Diane A. Fagen indicated they want their Association's conference to coincide with the ICML in 2009.

The program

At the opening of the Meeting a new video *Join the Health Care Team: Become a Medical Librarian*

experience in web usability, virtually a new subject for me, and required lots of research and discussion with staff of the library on how best to conduct it.

It was very satisfying to use some of the knowledge gained during the course, this particularly applied to the cataloguing and reference queries. The placement was also very valuable in that it clearly highlighted where the gaps in my knowledge and experience were. Prime example was my lack of experience in conducting complex searches, emphasised when the reference librarian gave me several literature requests to try. It was remarkable to compare the results obtained by an experienced medical reference librarian with those obtained by somebody with no experience in either the field, or libraries in general. I found this particularly sobering and it reiterated that I had a huge amount to learn whichever sort of library I ended up employed by.

I learnt an enormous amount during the placement and felt very satisfied that my choice of 're-skilling' course had been totally vindicated. Spending a full three weeks in the DPL not only clarified my thoughts on pursuing a career in librarianship but the domain. I knew almost immediately that I would love the medical/science basis of the library which was really returning me to my roots in any case. I am quite sure the whole experience gave me a much more grounded and realistic view of the sort of work I would be doing in an entry level position and it certainly left me with no illusions about my levels of competence!

I should also add that I believe, given my lack of actual library experience, I gained considerably more from the placement experience as a result of having virtually finished the Masters. I am not convinced the experience would have been quite so positive had I only been a short way into the program and only completed a limited number of subjects.

I left the DPL at the end of three weeks with a fairly realistic viewpoint about my prospects for employment in the medical library field having had many discussions with both library management and the rest of the staff. This helped me to conclude that I should offer my services a day a week as a volunteer in the library. The Chief Librarian agreed to this proposal and I did this for about 8 months by which time I had completed my Masters and was keeping a very close eye on the employment market. As is often the case, a foot in the door certainly helps and when a position came up at the DPL and I was offered it, I accepted with enthusiasm. This led to more than two and half years at the library on a part-time contractual basis.

These days I work in a large, modern school library which I enjoy a lot. I do, however, miss the complex reference queries, the degree of urgency that often accompanies a request and dealing with the many different professions that a tertiary hospital supports. I am quite sure that once I have 'rounded out' my library experience a bit more I will pursue a job back in a health sciences library and enjoy it as much as I did my introduction to librarianship at the DPL.

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produced by the MLA was released (http://www.mlanet.org/career/career_vid.html)

A major theme at the conference was integrating reference information into hospital electronic records, such as links between clinical information systems and context-appropriate information resources. Two approaches in place were discussed – clinical portals and "info buttons".

One of the keynote speakers that stood out at the Meeting was Julie J. McGowan, Associate Dean, Professor of Knowledge Informatics and Professor of Paediatrics at Indiana University School of Medicine.

The conference proceedings (which include audio files and PowerPoint Presentations of plenary sessions, section programming and MLA business meetings) will be available for sale in the near future from: http://www.mlanet.org/order/index.html

I spent most of my time at the Meeting working at the ICML booth, though on Monday afternoon I presented the paper:

> Kruesi, L., Todd, H., Heath, A. & Baker, P. With all the 'E' they still want the 'P': Integrating the right balance of information resources to support medical students throughout Queensland (presentation). MLA '06: Transformations A-Z, May 19-24 2006, Medical Library Association, Phoenix, Arizona, USA. Abstract available at: http://www.mlanet.org/am/am2006/pdf/2006abstracts.pdf

Social functions

I attended a Tuesday evening MLA reception but didn't think it was good value for the cost (A$100).

The President's Recognition Reception was held at the Desert Botanical Garden and was a wonderful event. The venue was interesting and supper was provided in a courtyard that had a view of the saguaros. The MLA President, M. J. Tooey, spoke for a few minutes to welcome the group of approximately 100 invited guests.

There were also special functions held for first time delegates.

In terms of the dress code, delegates were informed to "leave your business suits, ties, and hosiery at home; dress for comfort and enjoyment in casual clothing."

Attendance at the conference was very beneficial for promoting Brisbane as the venue for the next ICML and The University of Queensland Library as well as making invaluable contacts that will help make ICML 2009 successful. I was very appreciative of the opportunity to attend the MLA 2006 Meeting and the support provided by the UQ Library.

If anyone is planning to attend the MLA Meeting in Philadelphia next year please let me know; it would be great to assemble an Australian delegation to this Meeting. I strongly recommended getting involved with the MLA. It is a great opportunity to extend your professional network and attendance at any of their events is so very inspiring and enriching.

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Commentary by Julie Walters

Julie Walters is a Liaison Librarian at the UQ/Mater McAuley Library, a branch of the University of Queensland Library within the Mater Hospitals. Julie has an interest in evidence-based medicine and clinical librarianship. Julie is also a pharmacist and has worked extensively in drug information, including writing evidence-based literature reviews.

It is encouraging to see further research on expanding roles for Librarians in health care in Australia. The majority of published information concerning Clinical Librarians or informationist models of practice emanates from either the US or UK[1, 2]. In the US this concept developed over 30 years ago pre-dating many changes such as evidence-based medicine, widespread clinician database searching, Google, PDAs, email and e-journals[1-3]. In the UK, the introduction of clinical governance in the NHS has prompted the development of new roles for librarians[3-5]. Therefore, it is important to have research into the viability of Clinical Librarian programs in the Australian environment.

The Clinical Librarian (CL) project at Ryde Hospital took a more multi-disciplinary approach compared to many published studies which have offered services mainly to doctors[2]. In this case, the Intensive and Critical Care ward (ICU CC) was chosen as the ward in which to pilot the project as it had a mix of multi-disciplinary staff. Choice of the ward or service on which to trial a CL service seems to be crucial. Health professionals' support of the service could make or break it. Recommendations of this project included commencing services in an organisation with a culture of EBP with nursing and medical staff who are willing to champion the project.

Similar to other studies[1, 6, 7], a survey conducted at Ryde Hospital, prior to initiation of the CL service, found lack of time was the greatest barrier to health professionals answering clinical questions.

The CL service at Ryde Hospital was similar to other CL services including providing training sessions in the ward, answering clinical questions and conducting literature searches and attending patient handovers[2-5]. It is often difficult to distinguish between a "traditional" library service and a "clinical librarian" service. An interesting recommendation from this pilot study is to consider not using the title "Clinical Librarian". A recent UK survey[5] found clinical librarians had a wide range of job duties including user education, clinical guideline development, attendance at ward rounds, case conferences and other clinical meetings, information searching and information evaluation and service promotion. Not all CLs participated in all these activities and the majority of time was spent in literature searching and teaching. This list of duties would sound familiar to many health librarians. Definitions of clinical librarian vary with common themes being provision of focused, often evidence-based information to health professionals to support patient care; presence of the librarian in a clinical setting at the point of need; and the librarian as member of the healthcare team.

The time frame for the CL service at Ryde Hospital was quite short, only 14 weeks, and included the Christmas/January period. This may have impacted on the small number of literature searches requested and the low response to educational surveys. Although not part of the study, it would be interesting to see if the CL service increased clinical questions relating to patients in other wards (these were excluded in the study) or increased use of "traditional" library services during the CL service and afterwards.

Overall, 80% of respondents at Ryde Hospital felt the CL service was needed and should continue. This figure is similar to other published studies[2]. As with many other similar studies, impact on patient care and cost-effectiveness of the service could not be determined from the results[2].

I feel the penultimate recommendation of this study relating to exploration of new service delivery options that increase the accessibility, visibility and responsiveness of the librarian to be an equal partner in EBP is very important. It is essential for librarians to connect with clients who aren't "traditional" library users and show what services can be provided without neglecting those who have always seen the worth of a librarian. The value a librarian can bring to patient care must be demonstrated to doctors, nurses, allied health professionals, patients and funders.

Further research, hopefully in Australia, is needed to find a cost-effective and time-effective way to provide a clinical librarian service or an expanded "traditional" library service and to determine what impact librarians can have on patient care.

Discovering which meetings or ward rounds are likely to generate the highest level of participation, which health professionals within an organisation are committed and supportive, and using technology such as PDAs, laptops and email to best advantage, may be the next challenge.

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LETTERS to the Editor

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EBSCO product updates

New medical subject classification scheme enhances search precision for EBSCO A-to-Z® users

EBSCO Information Services is pleased to announce the addition of a medical subject classification scheme to its online title listing service, EBSCO A-to-Z® (A-to-Z).

The new medical classification scheme further broadens the scope of A-to-Z classification options, enabling hospital and other medical libraries to offer their users a more precise search for medical and health-related materials. These subject headings are based on a blend of subject terms from both the National Library of Medicine's List of Journal's Indexed for MEDLINE and general subject terms.

In addition to this medical classification scheme, other classification schemes available on EBSCO's A-to-Z include General and Library of Congress subject headings.

EBSCOhost® Electronic Journals Service Enhanced expands biomed content

The American Diabetes Association, The Endocrine Society and IEEE have recently added their content – collectively representing 13 biomedical titles – to EBSCOhost® Electronic Journals Service Enhanced.

With the addition of this metadata, participating publisher content will be easily accessible at the article level in addition to the journal level, enhancing the visibility and usage of these journals.

Enhanced DynaMed interface now available

In order to best meet the needs of primary care clinicians, EBSCO Publishing is pleased to make available an enhanced search experience for DynaMed. The innovative DynaMed resource is now even more efficient and easy-to-use. Users will find that the relevant research information that they require is even more accessible than before.

DynaMed is a clinical reference tool created by a physician for physicians and other health care professionals for use primarily at the 'point-of-care'. With clinically-organised summaries for nearly 2,000 topics, DynaMed is the only evidence-based reference shown to answer most clinical questions during practice. Based on the results of a study published in Annals of Family Medicine (November/December 2005), not only did primary care clinicians answer more clinical questions with access to DynaMed than without DynaMed, but these clinicians also found more answers in DynaMed that changed clinical decisions.

DynaMed is updated daily and monitors the content of over 500 medical journals and systematic evidence review databases directly and indirectly by using many journal review services. Each publication is reviewed cover-to-cover, and each article is evaluated for clinical relevance and scientific validity. The new evidence is then integrated with existing content, and overall conclusions are changed as appropriate representing a synthesis of the best available evidence. Through this process of systematic literature surveillance, the best available evidence determines the content of DynaMed. For more information on DynaMed, visit: http://www.dynamicmedical.com.

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Do we support
NURSES to practice EBP?

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

LYN DEAN rn, bn, grad dip nursing education, mn research is the Director of Clinical Operations and Nursing at The Children's Hospital at Westmead and has a passion for improving patient care and outcomes by creating a learning and inquiry culture that leads to the delivery of care that is based on evidence. Lyn is recognised as a clinical expert in Intensive Care and has held leadership positions in education, research and executive management.

Drawing on the findings of a recent US study, Lyn examines possible strategies for promoting evidence based practice by nurses including technology at the bedside and librarians working as part of the clinical team.

In September 2005 Pravikoff, Tanner and Pierce published a study of USA nurses preparedness and use of evidence-based practice (EBP)[1]. This study exposed a myriad of barriers to the effective practicing of EBP by nurses most notably lack of value for research in practice, a lack of understanding of electronic databases, difficulty accessing research material, lack of skills to critique literature and difficulty understanding research articles. Other barriers included time, access to tools (databases), access to computers, library access, and skills in EBP. The results of this study are concerning for patient care and the credibility of the nursing profession.

In this paper I want to briefly examine possible strategies for overcoming some of the impediments to practicing EBP as experienced in my own organisation. Certainly the questions I ask myself, in my role as Director of Clinical Operations and Nursing at a metropolitan tertiary care hospital, are, how do we assist nurses to value research in practice, have we established the structures for clinicians to easily access information to apply to their clinical practice, and do we support clinicians with the resources to practice EBP?

Notionally the concept of EBP in healthcare has been well established for many years. Throughout the last 20 years nursing graduates have completed academic subjects on research and EBP at either an undergraduate or postgraduate level. However, traditional practices and rituals are the norms in hospital settings. We have not established a culture of learning and improvement that enables the clinician to ask the questions, and this is a fundamental principle required if clinicians are to seek the research and evidence to support practice. In effect we have set clinicians up for failure by not addressing the culture.

Issues of structure and support are possibly easier to tackle. Within New South Wales the Health Department has sponsored the Clinical Information Access Program (CIAP), which provides access to a range of online knowledge based resources, such as Medline, CINAHL and MIMS. Each hospital has a password and all staff, whether medical, nursing, allied health or administrators, can access the resource via the CIAP website. CIAP is a fantastic system and notionally it does support clinicians, by virtue of the tools it makes available, to practice EBP. However, the reality for nurses is that access to computer terminals in a clinical or ward setting is limited to one or two computers per ward. On each shift there may be several nurses and several medical teams continually accessing two computers for clinical information like pathology results, or to order diets, write discharge summaries, etc. Additionally, the computers are typically in central locations removed from direct patient care. If hospital executives are committed to engaging staff to practice EBP then one of the first things needed is the placement of the technology at the actual point of care. The availability of portable, wireless technologies, which allow nurses to move from patient to patient with a powerhouse of knowledge-based resources at their fingertips, accessing databases, drug information and clinical guidelines, has the potential to greatly promote improved decision making while access to online patient information sheets would assist in educating patients and their families. Both have been linked to improved

patient outcomes and reduction in overall healthcare costs.

In reviewing the Pravikoff et al. 2005 study, point of care technology could prove to be an effective mechanism to overcoming some of the barriers to EBP. Nevertheless, it would not solve those issues related to the skill of clinicians in searching and understanding research articles. My experience has been that tertiary hospitals are well supported by their libraries but libraries tend to be located significant distances from clinical areas. The nature of nurses' work in providing clinical care requires them to spend most of their shift in the ward and not in the library. While medical staff tend to have greater opportunity than nurses to access the physical library it certainly isn't standard practice that a doctor collates the evidence, as set out in the literature, and takes it back to the clinical team members for discussion, or presents this information to the patient for inclusion in the decision-making process.

Libraries, as a place, certainly allow easy access to review the literature without competing for a computer terminal. More importantly, they allow access to actual (and potential, should they be prepared to rise to the challenge) 'experts' in EBP and knowledge management - librarians. Unfortunately, going to the library does not necessarily constitute the most effective use of time for busy clinicians (if they can actually get there) nor is it an effective use of time for librarians as they are supporting only a small number of clinicians among many who are expected to practice EBP. One solution that has been trialed in some hospitals is having the expert knowledge manager (librarian) on the round with the clinical team, assisting to find the answers to clinical questions in real time for application to clinical practice. This is an exciting initiative and conceivably decision-making would be more efficient and patient safety improved due to timely, accurate information. Additional benefits for nursing would include being

surrounded by these experts who could support and enhance nurses' knowledge and understanding of databases, critical appraisal, and possibly research in general.

To deliver the highest quality care to patients and their families that is supported by evidence and has measurable outcomes is the responsibility of all health professionals. If nurses are to become competent in integrating EBP then, as Pravikoff et al, point out a multifaceted approach is required. Hospital executives need to be committed to challenging the status quo and creating culture change. This can not be achieved without resources such as more accessible technology and librarians working alongside clinical teams.

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Consider making a
donation to the
Anne Harrison
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Anne Harrison (1923-1992) was librarian-in-charge of the Brownless Medical Library at the University of Melbourne (1949-1983), and founder of the Central Medical Library Organisation (1953). She helped pioneer the introduction of Medline into Australia, and was a founder of the Australian Medical Librarians' Group in the early 1970s, and later of the LAA Medical Librarians' section (now ALIA Health Libraries section). She was made an ALIA Fellow in 1989.

The Anne Harrison Award was established to commemorate her work, and to encourage others to make their own contribution to the development of health librarianship.

The Anne Harrison Trust Fund is a living fund that welcomes donations and bequests. The Trust exists to further understanding of health librarianship and the professional practice of individual health librarians. Personal and corporate donations can be acknowledged or remain anonymous. You may consider including a bequest to the Trust when next updating your will. For more information contact AHA administrator Veronica Delafosse (v.delafosse@cgmc.org.au). For further information on the award visit http://www.alia.org.au/awards/merit/anne.harrison/.

HEALTH LIBRARIAN receives INAUGURAL
SA Library Achiever of the Year Award

Dr Jennie Hanisch, Library Manager of the Children, Youth and Women's Health Service (CYWHS) in Adelaide, is the inaugural recipient of the ALIA/RAECO South Australian Library Achiever of the Year Award. This newly created award, which is jointly sponsored by the SA group of ALIA and library supplier Raeco International, aims to recognise a person working in any sector of the library profession in South Australia. The award is given to an individual who has demonstrated professional excellence in any one of five criteria:

- Innovative practice
- Implementing new services or technologies
- Collaborative partnerships in library services
- Creative promotion of libraries
- Demonstrated dedication to the advancement of libraries

Jennie received the inaugural Award in her capacity as the Chair of the South Australian Health Services Libraries Consortium. The consortium comprises libraries within the areas of health and community services. She was nominated for successfully securing the collaboration of fourteen separate libraries operating in at least nine different organisations across two ministerial portfolios within the Consortium, as well as for her demonstrated dedication to the advancement of libraries.

In a ceremony at the State Library on the evening of July 17th attended by around seventy persons, including the ALIA President, Dagmar Schmidmaier AM, and the Board of Directors, Jennie was presented with her award by the State Librarian, Alan Smith. In his speech the State Librarian noted that what had distinguished Jennie from a field of outstanding nominations was the voluntary nature of her elected position as Consortium Chair and that she had performed this demanding role over and above her normal responsibilities as Library Manager.

In her speech of acceptance Jennie observed that she had come to truly know the meaning of collaborative ventures and partnerships which has enabled member libraries to achieve many things as a group that would have been impossible individually. By combining skills, talents and experience Consortium libraries have been able to offer a much greater range of online resources to their patrons and to do so in a very cost-effective manner. The ultimate aim is to ensure all South Australian health and community workers have easy access to an appropriate range of information resources they require to do their jobs and to know how to effectively use those resources.

Drawing upon her very recent experience of major surgery Jennie commented that it is difficult to know what is around the corner and what will happen next. In a period

ABOVE: Jennie Hanisch, inaugural South Australian Library Achiever of the Year.

of rapid change in the health and community services sectors both the Consortium and its individual libraries would need to collaborate and support each other to support their users and to progress the art and science of librarianship.

Jennie was presented with a glass plaque, certificate and cheque by Trevor McCann, the National Sales Manager of Raeco, and the presentation was followed by a reception in the Treasures Wall area of the State Library.

The official ALIA press release is available at http://www.alia.org.au/media.room/2006.07.18.html

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ABOVE: From left to right – Jennie (centre) with her boss, Phil Robinson, CYWHS's Executive Director of Clinical Governance, Education and Research, and members of her staff, Amanda Colbert, Library Technician, Caryn Butler, Reference Librarian, and Ursula Henderson, Systems Librarian.

Congratulations Alyson Dalby –
The SLA-Australia/New Zealand Chapter 2006 Info Pro of the Year

Alyson Dalby, librarian with the History of Medicine Library at the Royal Australasian College of Physicians in Sydney, is the SLA Australia-New Zealand Chapter's (SLA-ANZ) Information Professional of the Year for 2006.

Dialog, a Thomson business, announced the company-sponsored award winner at the Annual Conference of the Special Libraries Association (SLA) meeting in Baltimore, MD, USA on 12 June. Dalby will be presented with her award, which includes a cash prize of AUD$2,000, at the Information Online 2007 conference to be held January 30 – February 1 in Sydney.

"This year's selection was very keen, as there were a large number of excellent candidates, an indication of what an active professional community exists in Australia and New Zealand", said Sue Henczel, SLA-ANZ chapter past-president. "Alyson is very deserving of this honor, as she is committed to not only improving information services within her own library, but also greatly influencing the information profession overall."

A member of the Australian Library and Information Association (ALIA) since 2002, Dalby progressed to Associate Member in 2004. She founded the ALIA New South Wales Mentoring Group, and currently serves as the group's treasurer. She is also the Co-Convenor for the upcoming ALIA New Librarian's Symposium, December 2006.

The Royal Australasian College of Physicians (RACP) is one of Australia's largest medical organisations, and is responsible for training and continuing professional development of Australia and New Zealand's 10,000 specialist physicians in internal medicine. The History of Medicine Library within RACP is Australia's only actively collecting medical history library. Alyson joined the History of Medicine Library in 2002, and has made key contributions to the continued existence of the library, including a rejuvenation plan for the library that has generated wider use of the library's significant medical material collection.

"Alyson is exceptionally active in her local professional organisations, as well as serving as a mentor to others", said Liz Blankson-Hemans, director, international information professional development. "We are proud to sponsor the Information Professional of the Year Award for the Australia/New Zealand Chapter of the SLA and to provide the opportunity to highlight the achievements of information professionals like her."

The annual Dialog-sponsored award is open to information professionals, such as public, corporate and government librarians, independent information consultants, knowledge managers and others, working and living in Australia or New Zealand. A panel of SLA-ANZ board members and Dialog management determine the winner.

Many thanks to Thomson Dialog for permission to reproduce their press release.