

HLA NEWS

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Sometimes it's my job to HOLD the FOLDER

– the clinical librarian role with an Acute Pain Service

On June 12, 2011 Daniel McDonald presented the following paper at the Acute Pain Day in Darwin, part of the Australian Pain Society's Annual Scientific Meeting called "Frontiers In Pain". His presentation described the Clinical Librarian service provided to Toowoomba Hospital's Acute Pain Service. Daniel also participated in a panel discussion around a series of hypotheticals in the final session of the day. There were approximately 95 people in the audience reflecting a broad range of professions and disciplines... anaesthetists, surgeons, general practitioners, academic professors, clinical nurses, and safety and quality clinical directors. "The feedback was uniformly excellent. I think this reflects not so much what I presented but, rather more broadly, how health libraries are at times under-recognised but their true value is genuinely appreciated when displayed."

Why the Library?

Surely now all you need is an iPhone and Google? Aren't libraries extinct, or at least anachronistic, a tomb for austere tomes? This afternoon I hope to provide some counterweight to this myth. What is uncontested, hopefully even self-evident, is that information is imperative in providing the right care to the right patient at the right time in the right place for the right cost. Indeed, some have argued that information should be considered as a therapy alongside and equivalent to more conventional biomedical interventions. Sir Muir Gray, the Chief Knowledge Officer of the NHS (UK), has stated that 'knowledge is the enemy of disease' and claimed that 'the application of what we know already will have a bigger

impact on health and disease than any drug or technology likely to be introduced in the next decade'. He goes on to draw the implication that 'a common core of quality assured knowledge must be delivered to professionals and patients; clean clear knowledge is as important as clean clear water'.

Despite the tremendous advances in the speed and capacity of information technology, despite the flourishing of point-of-care tools and other synthesized resources, despite the "cloud" increasingly dominating the healthcare environment, access to clean and clear knowledge is not a straightforward process. The literature of health is not a flat landscape. There are hierarchies of evidence and great discrepancies in the quality of research published; there are

varying levels of access and varying platforms for access; there are lots of players, lots of formats, lots of sources, and lots of it. Paul Glasziou has estimated there

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CONVENOR

EBLIP6 • HLA PD Day • Informatics column • Awards
ALIA/HLA Workforce and Education Project



Welcome to the September 2011 issue of HLA News.

When I was writing my last convenor's report I was preparing to travel overseas to the UK and Europe. The trip combined a family holiday with attending the 6th International Evidence Based Library and Information Practice conference in Manchester, UK. I thoroughly enjoyed the conference, especially meeting colleagues I had been emailing for years, and was challenged and inspired by many of the papers. I have written a full report of the conference for this issue.

No sooner had I returned from overseas than I was off to Canberra for the Health Libraries Australia Professional Development day on 28 July. It was great to catch up with so many of you and to have the opportunity to network with colleagues. The program comprised five keynote speakers in the morning sessions focusing on developments in health informatics and ehealth and identifying intersections between health informatics and health librarianship. Some fruitful discussions ensued which should lead to closer involvement between the two professional groups within the wider ehealth environment. In the afternoon sessions a further five speakers presented short papers on innovative projects using new technologies. Sharon Karasmanis, HLA executive member and one of the afternoon speakers, has written an overview

of the presentations for this issue, and many of the papers are now available on the PD day website (<http://tch.anu.edu.au/hlapdday/>). I would like to thank all the members of the HLA executive who contributed to the organisation and running of the event – Sharon Karasmanis, Jane Orbell-Smith, Laura Foley, Bronia Renison, Ann Ritchie, convenor of the event, and Kathleen Gray who organised the program, as well as our hosts Saroj Bhatia and Sandie Johnston of Canberra Hospital Library.

The HLA membership endorsed two resolutions proposed in the closing session of the Professional Development Day. These were, first, that the HLA Executive prioritises the development of a CPD structure, and second, that there be particular emphasis on the health informatics area in future CPD offerings for health librarians. Immediately after the close of the Professional Development day the HLA Executive met to formulate a number of actions arising from the day. These were:

- To follow up the possibility of HLA representation on one of the NeHTA (National e-Health Transition Authority) reference groups;
- To continue HLA representation on the AHIEC (Australian Health Informatics Education Council) working group;
- To establish a formal relationship between HLA and HISA (Health Informatics Society of Australia);
- For HLA to write to Health Workforce Australia to seek to have health librarians included in future national health workforce planning; and

- To explore the possibility of an HLA professional development event in conjunction with the HISA Health Informatics Conference in 2013, as part of a five-year HLA professional development event calendar in which an annual event is held to coincide with a major conference.

We have received very positive feedback about the professional development day, as well as some valuable suggestions for future events. Many of you who filled in your evaluation forms for the professional development day requested more such events in the future. The pattern over the last few years has been for HLA to work in with the ALIA biennial conference to plan either a health stream (as in Brisbane in 2010) or a satellite event (such as the one in Alice Springs in 2008). Then in alternate years we have run a professional development day. The next ALIA biennial is in Sydney in July 2012 and HLA are talking to the organising committee with the aim of providing some health-specific opportunities at that event – watch this space!

This issue of HLA News contains a new feature – a regular health informatics column from HLA executive member Kathleen Gray. Having facilitated the conversation between health informatics and health librarianship at the professional development day, Kathleen will continue the dialogue in her column. This issue also features a paper written by HLA/HCN Health Informatics Innovation Award winner Daniel McDonald from Toowoomba Clinical Library Service. Daniel delivered this paper at the 2011 Australian Pain Society's Annual Scientific Meeting. In it he describes the Clinical Librarian service provided by his library to the Toowoomba Hospital Acute Pain Service. Also in this issue, Ruth Mitchell, Trials Search Coordinator with the Cochrane Renal Group based at The Children's Hospital Westmead,

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Valuing KNOWLEDGE and EXPERTISE: EBLIP6

Suzanne Lewis reports on all she saw and heard at the 6th International Evidence Based Library and Information Practice Conference held at the University of Salford, England, UK, from 27-30 June 2011.

In June of this year I was fortunate to be able to combine attendance at the 6th International Evidence Based Library and Information Practice Conference (EBLIP6) with a family holiday to Europe. The conference was co-chaired by Alison Brettle and Maria J. Grant, lecturers and information specialists at the School of Nursing and Midwifery at the University of Salford. Approximately 175 delegates attended the conference in person, and remote attendance via Elluminate software was also available.

The University of Salford is located on the outskirts of Manchester, UK, and delegates were able to appreciate the rich history of the city at the conference's welcome reception held at the Salford Museum and Art Gallery. The Greater Manchester area boasts a number of libraries of historical importance including Chetham's Library ^[1], founded in 1653, the oldest public library in the English-speaking world; and the John Rylands Library ^[2], a striking Gothic building in the heart of Manchester, built and endowed by the widow of cotton manufacturer John Rylands and opened to the public in January 1900.

Four workshops – Introduction to EBLIP, Reflective Practice, Critical Appraisal and Introduction to Meta-synthesis – preceded the conference itself, providing delegates with an opportunity to enhance their conference experience. EBLIP6 was opened by Professor Tony Warne, Head of the School of Nursing and Midwifery at the University of Salford, without whose support the conference would not have proceeded. Closing remarks and awards were delivered by Andrew



ABOVE Suzanne Lewis, Denise Koufogiannakis (Collections and Acquisitions Coordinator, University of Alberta Libraries and Editor-in-Chief, EBLIP journal) and Andrew Booth (Reader in Evidence Based Information Practice, School of Health and Related Research, University of Sheffield) at the welcome reception, Salford Museum and Art Gallery .

Booth, Reader in Evidence Based Information Practice, School of Health and Related Research at the University of Sheffield, and well known to the EBLIP community.

Four keynote speakers featured over the three days of the conference. The first keynote address, entitled 'Marvin Fell Out of the Top Floor Window Last Week: Why Narrative-Based Practice Matters', was delivered by Professor Peter Brophy, formerly of Manchester Metropolitan University and now an independent consultant. Professor Brophy argued that narrative can enhance evidence based practice because it can convey complexity, because customer experience is often a story, because it allows understanding of context (Marvin the teddy bear survived his fall from the window), because it can encapsulate tacit knowledge, and because it is a way of marketing our services.

The second keynote speaker, Professor Martin Hall, Vice-

Chancellor of Salford University and an archaeologist (who has, intriguingly, conducted archaeology in Las Vegas), spoke about openness as 'The Essential Quality of Knowledge'. He posed the question 'What would a fully open access university, structured around an open access repository for publications, resources and data sets, look like?' Its essential quality would be openness, which drives the knowledge economy, and it would resist closure in the form of misuse of copyright and patent legislation, rent-seeking, and proprietary controls, all of which restrict knowledge and innovation. Professor Hall described the current system in which academics create content which is peer-reviewed for free by other academics and then published in highly priced journals for which universities and colleges pay a premium, as a massive, voluntary, unpaid contribution by publicly funded institutions to ensure

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iPOD iINNOVATE

Presentation of the HLA/HCN Health Informatics Innovation Award

The ALIA Health Libraries Australia group, in partnership with the Health Communication Network (HCN), offers an annual award, the HLA/HCN Health Informatics Innovation Award. The Award, launched in 2009, aims to encourage Australian health librarians to showcase innovative projects which use health informatics or web technologies to support best practice in the health information field.

The 2011 winner was The Toowoomba Clinical Library Service, whose members include Roger Hawcroft, Daniel McDonald, Patrick O'Connor, Jane Ehrlich and Samara Rowling for their project, titled 'Dissemination of Clinical Information using iPods' (see HLA News 2011 June, pg . Daniel McDonald accepted the Award on behalf of the library service team during the Health Libraries Australia Professional Development Day, held at Canberra Hospital on 28 July 2011.

Allison Hart, HCN's Manager, Knowledge Solutions, presented the Award on behalf of the Award committee, the other two members being HLA Executive Committee members Suzanne Lewis and Kathleen Gray. Allison emphasised HCN's ongoing commitment to the Health Informatics Innovation Award into a fourth year for 2012 as a means of supporting innovative practice in health librarianship. She described Toowoomba's iPod service as "a way of using innovative mobile technologies to provide an increased level of evidence based services to clinicians".

In accepting a certificate and \$3,000 on behalf of the Toowoomba Clinical Library Service, Daniel said,

"...thank you very much to HCN and to Health Libraries Australia and the award committee for your generosity – it is quite humbling. This project began essentially with one doctor wanting to redeem the 90 minute journey between Toowoomba and Brisbane (with the floods now a 3 hour journey – another story) by listening to education material in his palliative care specialty. There was not much appropriate in established collections so we basically started building our own. From there we expanded hospital-wide, and through the odd moment of inspiration and whole heap of perspiration we have now built up a sizeable collection, provided multiple access points, heavily promoted the service to our professional clients, had fantastic uptake, and have had other health libraries incorporate the collection into their service. That's all pretty exciting, but the best part about the project, though, is the further evidence it provides (if any was needed) that the death of the library has been egregiously exaggerated. Much of what we have made accessible is available somewhere in the cloud but through the largely



ABOVE Allison Hart of HCN with Daniel McDonald.

traditional skills of searching, sifting, selecting, sorting, storing, describing, promoting we have leveraged that content for time-poor docs in what is a very information-intensive environment. Not just this one but I'm sure all of the projects submitted show we can be very bullish about the future of Health Libraries in a demanding and competitive sector. Thanks."



For information about the HLA/HCN Health Informatics Innovation Award visit <http://www.alia.org.au/awards/>



Calling for expressions of interest

CONVENOR, REBLs

"REBLs...with a cause" is the inaugural Special Interest Group of Health Libraries Australia. Launched February 2007, REBLs is a pseudo acronym for Rehabilitation Evidence Based Librarians of which there are approximately 25 members. REBLs is seeking a Convenor from 2012.

Enquiries can be directed to the current REBLs convenor, Veronica Delafosse, at v.delafosse@cgmc.org.au.

More information about this position and the nomination form can be downloaded from: <http://www.alia.org.au/groups/healthnat/>.

A REPORT FROM ALIA HLA'S PD DAY

INTERSECTIONS

– health librarianship & informatics in an e-Health world

Health libraries have a long and well-recognised history in hospitals, healthcare agencies and universities as centres of expertise in information search and retrieval, and other skills central to the implementation of a national e-health system. To further explore and understand the intersections between health informatics and health librarianship, ALIA Health Libraries Australia held a highly successful professional development day held on 28th July 2011 at the Canberra Hospital. Sharon Karasmanis reports.



The aim of ALIA Health Libraries Australia (HLA) Professional Day held at Canberra Hospital on

28th July 2011 was to stimulate conversations between health librarians and the health informatics / ehealth community, with a view to finding improved ways of working together. Suzanne Lewis, HLA Convenor, started the day by welcoming attendees and introducing the ALIA HLA Committee. She also extended warm thanks to the co convenors from the ACT Health Library at the Canberra Hospital, Dr Saroj Bhatia and Sandie Johnston, for their preparation and assistance with the conference. Suzanne then went on to set the scene by providing an overview of the National e-Health Strategy, the National e-Health Reform and national workforce planning development.

The remainder of the day was split into two sessions. Session One was given over to 5 keynote speakers while Session Two, in the afternoon, featured case studies of library innovations in health informatics.

Session One **Exploring intersections: health librarianship, health informatics and e-Health.**

The first keynote speaker for the day was Dr Louise Schaper with her presentation, Health

informatics at the intersection of our healthcare future. With a background as an occupational therapist and a PhD on technology acceptance amongst healthcare professionals, Louise is a world leader in allied health informatics. She is CEO of Health Informatics Society of Australia (HISA), a leading Australian professional association that provides a focus for e-Health and the health informatics community who share a common passion for the role of technology and information in improving Australian healthcare. Louise is also part of the National E-Health Transition Authority's (NEHTA's) Clinical Leads team and chairs the e-Health International Advisory Group of the World Federation of Occupational Therapists.

HISA represents a diverse group of people, is very much an advocacy group, and was established to address the challenges facing healthcare. Currently there is a relentless growth in demand, increase in costs and disparate access to healthcare across the community. There is also fragmented and limited ability to share information across the health sectors. In Australia there are approximately 14,000 preventable deaths in hospitals per annum. An effective e-health system would reduce these fatalities, as patient safety is one of the major motivations driving an effective e-health system. Healthcare is an information intensive industry with all transactions requiring accurate documentation and the ability to

manage and transfer information efficiently within the healthcare industry.

The momentum has increased with progress toward the 'health book' for management of personal health information for all Australians. The National Health and Hospital Reform Commission is working towards the electronic health record for person-centred care to improve quality and safety in the Australian healthcare environment. The National Health and Hospitals Network e-Health initiative is one of the key pillars, using healthcare identifiers such as the Medicare number for health care organisation, provider numbers for clinicians, and patient records. There are currently twelve LEAD implementation sites throughout Australia. The electronic health record is expected to be implemented in July 2012, participation will be an opt in system for the community and access will be under consumer control with the option to share health information with providers of their choice. With the increase in complexity in the health information environment all health professionals will need to understand the new disciplines required to make the transitions to high quality connected data. However, current information systems are more suited to acute episodes than chronic disease, which is of concern as one of the major community health issues is the increasing rate of chronic disease within the

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community. Further information about these initiatives is available at: www.hisa.org.au and www.healthbeyond.org.au

Mr Michael Gill is the Australia and New Zealand Internet Business Solutions Group Lead for CISCO Systems Inc. Michael is deeply involved in health matters from two unique perspectives: how connectivity can improve health outcomes, and using internet technologies for health care innovation. In recent years Michael has been heavily engaged with innovations in health planning and delivery in Australia, New Zealand and India, in particular. In health he has developed extensive relationships with a variety of senior health decision makers and provided strategy advice linking architecture and ICT innovation with improved health outcomes at a systemic level. Michael maintains a strong interest in the use of internet technologies in the areas of general nursing, maternity, aged care and mental health.

In his presentation; The Internet, health care, and the answer to ..., Michael outlined the four major trends which impact on developments in e-health. The first trend is global socio-economic growth, and how life expectancy is governed by income throughout the developed and developing world, and as life expectancy improves, there is an increase in expectation of health care. The second trend involves the technology avalanche, the evolution of the large scale internet topology, and the changing nature of internet connection from the intelligent ageing network appliance, to access via mobile devices, and the implications for developments in e-health. Advanced telemedicine will be able to virtualise health care delivery via connected medical devices; advances in biotechnology could rationalise drug design to eradicate the major chronic diseases; and the possibility of the



ABOVE Ann Ritchie addresses the audience.

genetic profile being stored in a personal health record, and more.

The third trend examines the general demands on information: from the directional demands of the 1924-1945 generation through to the millennial or generation X onwards social interaction community, and the impact and direction this will have on developments and uptake of e-health initiatives. The fourth trend examines the fundamentals of connecting care: the need to connect, communicate and collaborate with hospitals, health authorities, patients, clinicians, research teams, and funders or payers, with a high degree of reliability to ensure safety and security. For example, the high level of obesity and consequential diseases show how this may work, using computer supported behaviour change. Clients could make use of a mobile device to receive interactive advice and feedback via text, sound and image, at any time. The inevitable realities for the future will focus on affordability, sustainability and 'borderless' health care, with a move to health care in the home where possible.

David Bunker is Head of Architecture (Standards and Security) at the National e-Health Transition Authority (NEHTA). The Commonwealth, State and Territory Governments of Australia have tasked NEHTA to identify and foster the design and development of technology to deliver a high quality e-health system for Australia. In David's role at NEHTA, he is responsible

for the National e-Health Architecture and National e-Health Standards and Interoperability Strategy. In his presentation; NEHTA: Update on activities and opportunities for health libraries, David outlined the purpose of NEHTA; to lead the uptake of the national e-health initiative by coordinating the progression and acceleration of e-health adoption, and to deliver urgently needed integration infrastructure and standards for health information. The National e-Health Strategy describes a set of priority e-health solutions: ePathology, eDischarge, eReferral and eMedications; all requirements for e-health foundation services. As part of the 2010-11 Federal Budget, the Government announced a \$466.7 million investment over two years for a Personally Controlled Electronic Health Record (PCEHR) which will incorporate hospitals, GP clinics, pharmacies, specialists, diagnostic imaging laboratories, pathology laboratories, allied health practices, and individuals and representatives. The PCEHR System will be a secure system with a customer portal which enables individuals to store and share clinical documents that are important to their ongoing health care. Participation is voluntary; individuals must have an Individual Health Identifier (IHI) to register and access the system, and registration should be available from July 2012. Lead sites are testing the national e-health infrastructure and

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standards to demonstrate tangible outcomes and benefits, to build stakeholder support, and provide a meaningful foundation for further enhancement and roll-out of the national PCEHR system. E-health is one of the eight main elements of the national health reform agenda. Further information is available at www.yourhealth.gov.au. Other ways to keep abreast of developments are at the following sites: National e-Health Strategy www.health.gov.au ; Public Domain Resources www.youtube.com/user/DeptHealthAgeing ; Email alerts ehhealthsystems@health.gov.au ; and NEHTA www.nehta.gov.au

Associate Professor Heather Grain is the Honorary Secretary, Australian Health Informatics Education Council. Heather is a senior health informatician with more than 30 years experience, having designed and implemented systems for national health information system infrastructure internationally across a broad range of healthcare environments. Heather has leadership roles in health informatics education through her work with the Steering Committee and Working Group of the Australian Health Informatics Education Council.

In her presentation, AHIEC: National competencies for health informatics – where do health librarians fit?, Heather outlined the role of AHIEC, which analyses and forecasts education and training requirements for the sector; develops policy proposals; provides leadership and advocacy; and liaises with key agencies such as Health Workforce Australia, the Department of Health

and Ageing, the Department of Education, Employment and Workplace Relations and other training providers. AHIEC is an open community of professional, educational and e-health organisations, and is currently undertaking an international review to examine the development of roles and competencies in health informatics.

Heather described the role of the health informatician as the intersection between the technical, clinical and administrative domains throughout all levels and settings of healthcare. The role and competencies are required to outline the body of knowledge of health informatics; support detailed competency definition; assist employers and employees to identify and assess necessary skills; provide a base for workforce planning; provide input to the higher education strategy for Australia; inform and encourage educational program development; and support certification of competencies through existing education infrastructure. Further definition of the critical competencies include a knowledge of relevant tools; characteristics of systems and information; structure, design and analysis principles of health records; ethical and security requirements in health care; health care systems and policies; clinical decision making; accreditation and standards; health information representation and modelling; and identity management in health care. The challenge to health librarians interested in identifying with health informatics is to determine the levels of health informatics competencies required in

their field; identify additional competencies specific to their specialisation or needs, and the relationship to health informatics and national e-health activities.

Cheryl Hamill manages the Library and Web Services for Fremantle Hospital and Health Service; is Secretary of the HLA, a member of the HLA Workforce and Education Research Project, and the WA Hospitals representative on the national Chief Health Librarians Forum. Cheryl examined the Intersections: librarians + health informaticians = disruptive innovations, and discussed the scenarios that lead to successful intersectional ideas; ideas that leap in new directions when multiple fields intersect, and the challenges underpinning successful implementation of these ideas. Technology has created a seismic shift in society; people are now better informed via the media and internet, and often rely on other allied health professionals for medical advice; the dilemma of clinicians: how to keep up with the ever increasing amount of knowledge, and how to provide correct, cost effective and timely care to the right patient using the principles of evidence based practice.

Challenges for clinicians in implementing improved health care outcomes, particularly seeking and using the evidence include the plethora of products of varying quality and relevance, pay walls, time, information seeking skills, lack of integration to clinical systems, and the lack of focus on knowledge translation. Furthermore, scope of practice, competencies, professional development and continuing

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LEFT TO RIGHT Cheryl Hamill; Saroj Bhatia; Suzanne Lewis with Kathleen Gray and David Bunker

education are all integral to the operation and performance of today's clinicians. For librarians, some of the current challenges in today's health care environment include: education in EBP and information literacy, e-learning support, electronic services and access, systems support, expert search support, and legal support for electronic resources licensing and contracts. For health informaticians, this scope of practice includes support for clinical health information systems, information technology or biomedical informaticians, clinical terminologists and health information managers.

In response to a request from the National e-Health Transition Authority, Health Workforce Australia developed the National Health Informatics Workforce Plan to address the current and future demand, and identify the mix of knowledge and skills required to meet service needs. Where do librarians fit in the informatics jigsaw? Cheryl referred to a feature article in the Australian Health Review this year, Clinical informatics: a workforce priority for 21st century healthcare¹. This paper identified requirements for the health and clinical informatics industry to support healthcare in the 21st century, and the recognition that significant expansion of the health informatics workforce will be required to support the national e-health work agenda. The ALIA HLA research project Health Librarianship Workforce and Education: Research to Plan the Future, in analysing the research findings, proposed that knowledge and skills required by health library professionals, inform the development of a framework of competency based standards which delineate the scope of professional practice. The resulting framework of competency based standards would be used as the basis for the curriculum of a formal program of study, for example a postgraduate

certificate in health librarianship.

In summary, Cheryl outlined the intersections, synergies and opportunities for redesign and collaboration in librarianship and informatics in health. These include a shared education in common competencies, role expansion and diversification, skills transfers to new environments, shared pursuit of input into workforce planning, and the ability to form strategic alliances on issues of common concern.

Session two Showcasing Library Innovations in Health Informatics

The HLA/HCN Innovation and Excellence Award for 2011 was presented by Suzanne Lewis, Chair of the ALIA HLA group, and Alison Hart from HCN. The winner for 2011 was Daniel McDonald, clinical liaison librarian from the Toowoomba Clinical Library Service, for his role in a project which provides access to current, quality health information for clinicians using iPods.

The title of Daniel's presentation was Sound selection: podcasts prove positive. Daniel has been working with a team from the library to revolutionise the way health professionals access vital information using audio and mp3 technology to connect Toowoomba health workers with quality global information. The project collects audio information including podcasts, conference recordings, interviews and articles, and packages them by medical field for easier access to current information. The two-year-old project is possibly the first of its kind, with a specially designed database of catalogued audio available for local health practitioners. Using iPods as well as other audio and online technologies, including RSS feeds, compact discs and mp3 files, the library has been able to offer packaged resources relevant to areas including anaesthetics, surgery, oncology and palliative care. Daniel acknowledged the other members of the team

including: Roger Hawcroft, Patrick O'Connor, Jane Smith, Jane Ehrlich and Samara Rowling.

Dr Saroj Bhatia, director of the ACT Health Library conducted a presentation on Trialling iPads for medical students and clinicians. In 2010, the library purchased five iPads and WiFi for ANU medical school student use to improve the student learning experience in accessing medical information. Students were able to borrow the iPads on short term loan to access the Library's electronic resources and clinical applications. Following on from this successful initiative, the Health Directorate initiated a project in 2011 to trial iPads for clinicians and other health staff. Feedback from the trial indicated that the most popular applications included electronic medical text books, Pocket body, iPad anatomy, surgical radiology, iAnatomy, Medscape and 3D teeth.

Phase two will commence in 2012, and will integrate email, contacts and the calendar, whilst phase three will integrate with the Intranet and Citrix to access patient EMR. It is envisaged that in the long term clinicians and nurses will use the iPads in the wards as a point-of-care device for patient care. Future applications under investigation include the use of blood pressure machines, iCloud to store medical images, ability to order medication, access patient records, x-rays and more.

Sharon Karasmanis is the Faculty Librarian for health at La Trobe University Library. Sharon conducted a live presentation showing the use of LibGuides software to deliver information literacy instruction. Sharon outlined the IL strategy developed at La Trobe University when the Faculty instituted a restructure in 2009, resulting in a common first year for all health sciences disciplines. To support this implementation, faculty health librarians developed the Health Sciences Information Literacy Modules, which are embedded in a first year subject at the tutorial

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level. Students are required to complete these in preparation for an online assessable IL quiz (worth 10% of their total mark for the subject). The modules are available at: http://latrobe.libguides.com/health_sci

Sharon developed a suite of guides in consultation with teaching staff to support various undergraduate and postgraduate nursing and midwifery subjects. The main guide is available at: http://latrobe.libguides.com/nursing_midwifery Sharon used a new approach within the subject specific guides by highlighting the latest texts, online resources, and making available literature searches by theme, to support student access to the most relevant peer-reviewed literature.

Graham Spooner from the Katie Zepps Nursing Library conducted the next presentation CNnecting with Moodle. The College of Nursing in Burwood NSW, adopted Moodle as the Learning Management System in 2009. The Katie Zepps Nursing Library has had a long experience of supporting postgraduate distance education nursing students using a range of online resources, document delivery services, interlibrary loan, journal articles and mediated searching.

From 2010, librarians, in consultation with educators, have been involved in using the Moodle books functionality to create specialised access points labelled Info CNnect with the subtitle tag Shortcuts from your Librarian, to group, and draw together library resources relevant to student coursework. Sources include licensed ejournals, Nursing Consult, Nursing Reference



LEFT Jill Buckley Smith, Cheryl Hamill, Kathryn Allard & Stephanie Tow

Center, and the NSW Health Information Portal, CIAP. Other customised linked resources include current awareness services, recent books and dvds, web sites of interest, help

with referencing and academic writing, and links to tutorials and help options. Current evaluation techniques include website visitor statistics and positive anecdotal feedback. Whilst the project is still at a reasonably early stage of development, Library staff are looking forward to implementing refinements promoting further usage of the resources, and developing effective evaluation strategies.

The final presentation was conducted by Rolf Schafer, the Manager of Library Services at the Walter McGrath Library, St Vincent's Hospital Sydney. Rolf provided an excellent overview of the Health Informatics and eHealth highlights from the MLA 11th Annual Meeting in Minneapolis, held 11-18th May 2011. One of the key themes was the use of social media and Web 2.0 and 3.0 technologies, and the implementation and application in libraries to promote library services and programs. Rolf gave an excellent interpretation of Web 3.0 technologies, which have the same functionality as Web 2.0 but are more connective with natural language processing, or connective intelligence, machine learning or reasoning, in effect, the applications connect data, concepts, applications and people.

The second theme was discovery tools, which provide a single point of access to a broad range of library resources incorporating



ABOVE Larnich Harije, Sheelagh Noonan, Mary Grimmond & Julie Farrell

a single search interface to include the library catalogue, electronic subscription journal articles and research repository content. eMR and Point-of-Care system integration was another theme of discussion at the meeting, including the Point-of-Care resources, and the opportunities for librarians to be involved in implementation and integration of these products. The emerging eBook market and the transition from print to an online collection was another topic of interest, librarians rethinking how they manage an electronic book collection with associated collection development issues. The final topic of discussion was the use of iPads in libraries, and the studies by three academic medical centres on iPad usage. The use of the iPad as a tool for improving education and clinical care by medical staff and students is currently under evaluation. Further information from the conference is available at: <http://www.mlanet.org/am/am2011/>

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- 1 Smith, S., et al. (2011). Clinical informatics: a workforce priority for 21st century healthcare. Australian health review, 35(2), p. 130-35.

Health informatics HIGHLIGHT the IMPORTANCE of health librarianship

The evolution of technologies, according to research coordinator Chris Kiess at the Regenstrief Institute of Indiana University, has not changed the role of medical and health sciences librarians as much as it may seem^[1]. Books, scrolls and online databases are all repositories of information, and the need for someone to manage and retrieve that information remains, regardless of the medium. As we move further into the digital sphere it is perhaps more important than ever that trained professionals are available to perform this task. The amount of unfiltered information available on the internet can be overwhelming, and a librarian's expertise on contemporary issues, such as quality control, online peer-review preservation and open access, is invaluable when it comes to guiding users in the right direction.

Health librarians should be positioned by both training and professional mission to be an integral part of the health informatics environment. To fulfil this mission they should be well versed in the theoretical foundations and



practical applications of health informatics. This does not necessarily mean librarians need to be technologically proficient but they should know basic web development and systems, and they must, in the current workplace environment, be experts on online information retrieval.

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August 2011 – Top Articles

A Hospital Wide Nursing Documentation Project	<i>Australian Nursing Journal: ANJ, The</i>	Health Collection
Is This Normal?: Assessing Mental Health in Young People	<i>Australian Family Physician</i>	Health Collection
Patient centred care: cultural safety in indigenous health.	<i>Australian Family Physician</i>	Health Collection
Family Self-reliance and the Delivery of Appropriate Family Services	<i>Journal of Family Studies</i>	Health Collection
Factors influencing nurses' decisions to use non-pharmacological therapies to manage patients' pain.	<i>Australian Journal of Advanced Nursing, The</i>	Health Collection
Post-separation Parenting Arrangements: Patterns and Developmental Outcomes – Studies of Two Risk Groups	<i>Family Matters</i>	Families & Society Collection
Summary of Indigenous Women's Health Status	<i>Aboriginal and Islander Health Worker Journal</i>	Families & Society Collection
Inside Out an Organisational Map for Primary Violence Prevention	<i>Women Against Violence: An Australian Feminist Journal</i>	Families & Society Collection

Enhancements to the COCHRANE LIBRARY

Ruth Mitchell, Trials Search Co-ordinator for the Cochrane Renal Group, walks the reader through some recent developments to The Cochrane Library and demonstrates a number of value-added features.

Regular users of The Cochrane Library www.thecochranelibrary.com will have noticed some changes to its home page over the last couple of years. These changes have been introduced to improve the accessibility and usefulness of systematic reviews to the wide range of users of the Library. Cochrane systematic reviews have become an essential resource for clinicians, researchers, policy makers, guidelines writers and consumers who need evidence-based health information. Cochrane reviews can, however, be complex in structure, with many sections, tables, graphs and appendices to negotiate if you need more information than found in the abstracts. In this article I will introduce some of the main enhancements, and I hope, encourage you to explore them in more detail for yourselves.

I'm sure many of you have been approached by clinicians



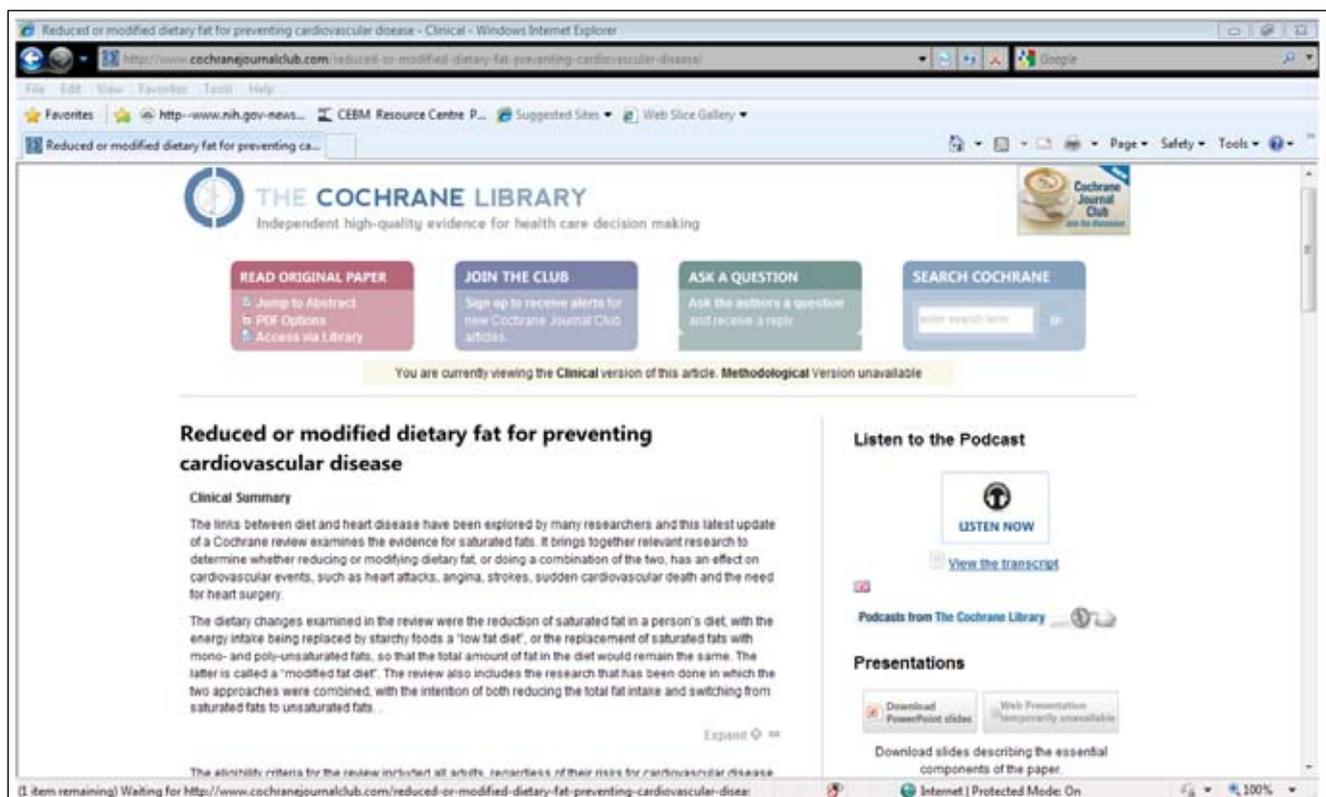
for last-minute assistance in finding an article suitable for presenting at their next journal club. Cochrane Journal Club is a free, ready-made resource that presents selected systematic reviews as downloadable PowerPoint presentations. These are accompanied by supporting information via podcast and clinical summaries, plus discussion questions to help journal club presenters and their audience explore review findings in more depth. In addition, the full text of each review is freely accessible through Australia's national licence for The Cochrane Library. There are currently over 23 reviews available in this format,

and a new one is released each month. Click on the Cochrane Journal Club logo on The Cochrane Library home page to see the full list. You can subscribe via RSS feed to receive alerts of new presentations as they are posted.

One of the most recent Journal Club articles is "Reduced or modified dietary fat for preventing cardiovascular disease". If we click on Clinical version we reach page reproduced below, where we are given several options.

Links to the PowerPoint presentation and podcast are on the right of the page, and the clinical summary is presented in full on the left. Links to the discussion questions are provided on the last slide of the presentation, and also towards the bottom of the right hand menu. Across the top of the page there are tabs enabling you to access the original review, join the Club to receive alerts for new

Continues on p12...



The screenshot shows a web browser window displaying the Cochrane Library website. The page title is "Reduced or modified dietary fat for preventing cardiovascular disease - Clinical - Windows Internet Explorer". The URL is <http://www.cochranejournalclub.com/reduced-or-modified-dietary-fat-preventing-cardiovascular-disease>. The page features the Cochrane Library logo and navigation buttons: "READ ORIGINAL PAPER", "JOIN THE CLUB", "ASK A QUESTION", and "SEARCH COCHRANE". A message states: "You are currently viewing the Clinical version of this article. Methodological Version unavailable". The main content area is titled "Reduced or modified dietary fat for preventing cardiovascular disease" and includes a "Clinical Summary" section. On the right side, there are sections for "Listen to the Podcast" with a "LISTEN NOW" button and "View the transcript" link, and "Presentations" with "Download PowerPoint slides" and "Web Presentation" options.

presentations, and ask the authors questions about their review. Questions and their answers may be posted on the Journal Club page for each review.

The PowerPoint presentation consists of 14 slides. First to be presented are the questions the review aims to answer, then the context is outlined, followed by the review methods, and a PICO table. The eligible studies are described – how many, when they were published, and where the trials were carried out. The main results are presented, including a summary of findings table for the main outcomes such as total mortality, cardiovascular mortality, and cardiovascular events if following a reduced fat diet or a modified fat diet. The presentation concludes with a statement of the main findings of the review. The final slide has links to the discussion questions and the full text of the review.

The podcast is available as a sound file, downloadable to an mp3 player, and there is also a transcript in pdf so you can read it on screen, or print it out. It takes the form of an interview with the first author, and covers similar ground to the presentation, but providing more context.

Going back to the list of Cochrane Journal Club articles, next to Clinical Version, under each review title is Methodological Version. For most reviews this is greyed-out as unavailable, however, where it is available it means that the review presented a particular methodological challenge for the authors, and that a separate presentation has been developed addressing this challenge. So far three reviews have methodological versions.

Cochrane Journal Club is a great way to familiarise yourself with systematic reviews, regardless of journal club obligations.

SPECIAL COLLECTIONS draws together Cochrane resources with a common theme. It was first established as the Cochrane Evidence Aid Project following the December 2004 tsunami disaster, with the recognition that there was evidence in Cochrane reviews and other systematic reviews about interventions that were likely to work, or not work, or actually be harmful, in the context of natural disasters. Subsequent earthquakes in Haiti and Japan, severe flooding in Pakistan and the latest earthquakes in New Zealand and Japan mean that Evidence Aid continues to be expanded and updated. You can read more about Evidence-Aid at <http://www.cochrane.org/cochrane-reviews/evidence-aid-project>.

The impetus for a Special Collection might be a forthcoming “World Kidney Day” or “World No Tobacco Day”, or the need to draw together reviews relevant to a specific clinical population. There are now over 23 special collections

Care homes for older people, for example, features reviews by several Cochrane review groups covering various aspects of caring for older people in nursing homes, such as rehabilitation, falls prevention, infection control, wound care, palliative care and staffing models.

The EDITORIAL feature provides an opportunity for comment on Cochrane reviews, including their use, and methodology. Recent editorials have covered a range of issues,

debating the ethics of including trials involving invasive placebo or control interventions in Cochrane reviews, looking at the use of Cochrane reviews by health policy makers, and examining the role of Cochrane review authors in exposing research and publication misconduct. Editorials may also look at how the findings of particular reviews contribute to clinical practice and health policy. For instance, a recent review assessing rapid diagnostic tests (RDTs) for malaria was found to provide important and useful information for those needing to select the right RDT for their particular setting (high versus low prevalence of malaria).



Podcasts are produced to augment a range of Cochrane activities – for Journal Club, Special Collections and Editorials, and to summarise selected newly published and updated reviews each month. You can subscribe to receive them as an RSS feed and download via your choice of podcatcher or iTunes. More detail is available at <http://www.cochrane.org/podcasts/>

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OUTCOMES



In my last Project update in December 2010 I focused on the findings from the interviews conducted

with employers to explore their perceptions of the role that health librarians play in their organisations and in the broader health environment. These were indeed elucidating – supportive and appreciative of the current work performed by health librarians and, at the same time, challenging us to be much more proactive and strategic. A full account of this stage of the research will be published in the December 2011 issue of the EBLIP Journal^[1]. The Research team also developed presentations for the EBLIP6^[2] conference held in Manchester in June (this focused on the perceptions of employers and was delivered by Suzanne Lewis and Gill Hallam), and the IFLA satellite event of the Health and Biosciences Section in Puerto Rico in August (focusing on the implications for future educational initiatives and delivered by Gill Hallam). There is international interest in our research, and opportunities to collaborate are beginning to emerge.

Health Librarianship Workforce and Education: Research to Plan the Future is the Final Report of the two-year research project and this was endorsed by the ALIA Board of Directors in their meeting earlier this year. The Report will be launched at the New Librarians' Symposium in September in Perth, chosen to give us national exposure and to help promote health librarianship as a career aspiration for new professionals. The Final Report contains seven

key recommendations, which are that:

1. A Working Party be established jointly by the ALIA Board of Directors, the ALIA Professional Services team and the Health Libraries Australia Executive to map out strategies to ensure that LIS workforce issues are included in the reform processes conducted by Health Workforce Australia and to identify appropriate education and professional development pathways. While the strategies may leverage from those being considered for the profession generally, there may also be unique solutions for health librarianship specifically.
2. ALIA, through HLA, continues to work with the Australian Health Informatics Education Council in the common endeavour to have Health Workforce Australia provide census data of the workforce in order to assist with planning.
3. The findings from the research project inform the development of a framework of competency based standards which will delineate the scope of practice for the health library and information profession.
4. The framework of competency based standards forms the basis of a program of study, which would encompass a specialist postgraduate certificate and a three-year cycle of professional development activities.
5. The proposed Working Party works with the ALIA Board to tender for relevant provider(s) of the specified units for professional development.
6. A certification and revalidation program, which aligns with best practice in the health sector, be established and

piloted with health library and information professionals, based on member enrolment in the ALIA Professional Development Scheme and a compulsory 3 year cycle for relevant professional development activities.

7. A Project Officer be employed to support the proposed Working Party in the achievement of its agreed goals.

These recommendations are quite far reaching and will provide the strategic direction and focus for the HLA Executive's activities over the next decade. The composition of the Working Party has not yet been decided, but it is likely to be drawn from the HLA membership and include representatives from stakeholder groups (professionals and practitioners, employers, providers of education and training, and professional associations, including ALIA). As with the research itself, the intention will be that the implementation strategy is consultative and encourages participation from a range of interested parties. In fact, the consultation has already begun with the Professional Development Day in Canberra in July where we received the endorsement of our members to take the recommendations forward, and a meeting with the ALIA Professional Services team.

With the launch of the Final Report the research phase has drawn to a close, and my role as the Project Leader concludes. I would like to acknowledge Gillian Hallam, the Principal Researcher, and the Research team – Cheryl Hamill, Suzanne Lewis, Melanie Kammermann (all members of the Executive of

Continues on p14..

HLA), Patrick O'Connor, Carol Newton-Smith and Catherine Clark, for their expertise and the enormous amount of work that they have all contributed to this project. The evidence base provided by the research, together with endorsement of the HLA membership, give us a solid platform for the next

stages of implementing the recommendations of the Final Report.

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Convenor's report continues from p2...

updates readers on recent developments within the Cochrane Library.

Both the HLA/HCN Health Informatics Innovation Award and the Anne Harrison Award will be offered in 2012 and I urge you to consider applying. Both awards provide valuable opportunities to undertake or showcase a special project or obtain support for professional development activities. Details are available from the HLA pages of the ALIA website (<http://www.alia.org.au/groups/healthnat/>). Kaye Lassere won the Anne Harrison Award in 2010 and recently completed her research into expert searching among Australian health librarians. You'll find a brief report in this issue with a fuller report being prepared for the December issue of HLA News.

On a related matter, HLA is seeking a volunteer to join the administrators of the Anne Harrison Award. This is not an onerous task so if you are able to support the Award in this way, please contact the Secretary of the Anne Harrison Award, Bronia Renison (Bronia_Renison@health.qld.gov.au). We are also seeking a convenor for the HLA special interest group 'REBLs ... with a cause'. This group consists of librarians with an interest in rehabilitation medicine, committed to establishing an evidence base for collection development in this specialist area. For more information, please contact the current convenor Veronica Delafosse (v.delafosse@cqmc.org.au).

Many of you have been following the progress of the ALIA/

HLA Workforce and Education Project via regular reports in HLA News. The purpose of the research was "To determine the future requirements for health librarians in the workforce in Australia and develop a structured, modular education framework (post-graduate qualification and continuing professional development structure) to meet these requirements."

The first aim was to explore the future skills requirements for the Australian health library workforce. A literature review and environmental scan documented international trends in new and emerging roles in health librarianship, and the national health environment and context. A triangulated research design comprising online surveys of health librarians and health library managers, plus interviews with employers, explored the opinions of some of the stakeholders about current and likely future workforce and education requirements.

The second aim of the research, which lies ahead, is to develop the structured, modular education framework for health librarians to meet these requirements.

In this issue Project Leader Ann Ritchie outlines the recommendations of the Final Report Health Librarianship Workforce and Education: Research to Plan the Future. The recommendations encompass initiatives in the areas of national health workforce planning and development; education and professional development based on competency-based standards and scopes-of-practice for health information professionals; and

partnering with providers to deliver education programmes tailored to the needs of health librarianship. The research phase of the project is now complete and the full report is available on the ALIA website at http://www.alia.org.au/groups/healthnat/reports/HLA%20Report_May2011.pdf. The report was presented, and its recommendations endorsed, at the May 2011 meeting of the ALIA Board of Directors. It was formally launched at the New Librarians' Symposium in Perth on Sunday 18 September 2011. Three of the project team, Project Leader Ann Ritchie, Cheryl Hamill and Catherine Clark, were on hand for the launch together with ALIA Executive Director Sue Hutley. I am part of the project team and I would like to acknowledge the other members of the team who were also unable to be at the launch – Principal Researcher Gill Hallam, Patrick O'Connor, Melanie Kammermann and Carol Newton-Smith.

Members of the HLA executive and the Project Reference Group are currently consulting with ALIA national office to facilitate the next phase of the project. I hope that many of you will read and consider the report and support the HLA executive as we work towards the implementation of the Report's recommendations.

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FROM OUR 'UK CORRESPONDENT' UPDATE ON THE NHS

Health service chief executives care more about managing their budgets than saving the lives of their patients, according to Professor Sir Michael Rawlins, chairman of the National Institute of Clinical Excellence (NICE).

Sir Michael commented that many NHS managers would prefer that some new drugs were not invented at all so they wouldn't have to pay for them. His comments were backed by Sir John Bell, President of the Academy of Medical Sciences, who described the NHS as a "repulsive force to innovation". He added: "The traditional attitude of an NHS chief executive when he hears there is a new drug [which] may save lives but is going to cost him money is: 'Oh my God another new drug, another hit on my budget and I really wish that the company who manufactured it had never done so.'"

As part of the Government's health reforms, NICE's power will be given to new local GP

Commissioning Boards, which could lead to more drugs being rationed as the NHS tries to save £20bn over the next four years. Sir Michael went on to say that hospital trusts were also far too reluctant to take part in research into new drugs and treatments, which in the long term could have significant benefits for both their patients and the wider UK economy.

Meanwhile, the number of patients not being treated within recommended waiting times has soared by a third since the Conservative-led Coalition Government came to power. A total of 27,834 patients in England who received inpatient treatment in May 2011 had waited more than 18 weeks for it since being

referred by their GP, compared to 20,504 in May 2010 – a year-on-year rise of 33.5%. That is higher than the year-on-year rise between April 2010 and April 2011, when it was 24%. Similarly, the proportion of inpatients that had to wait longer than expected to undergo surgery or some other treatment also rose over the same period, from 7.1% to 9.2%.

Currently, the debate about the future of the NHS is still on 'pause' while Government take stock of the widespread opposition to its plans from both the public and the clinical professions.

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GRAY'S 'ANATOMY' of Health INFORMATICS

Welcome to this new column in HLA News. It follows up on our Professional Development day in Canberra in July on the same theme, with the same aim – supporting the health libraries community to gain recognition for its special expertise and to make its distinctive contribution to the development of ehealth and health informatics in Australia. This column builds on efforts over many years by some members of HLA; now, how can we develop a clearer voice and foster wider influence within and beyond HLA?

There's a strong case for health librarians to identify with health informatics. Internationally, interest persists in what the links are and how to exploit them – examples are articles by Murphy^[1] and Dalrymple and Roderer^[2]. The North American origins of health informatics have been traced from the 1879 initiation of Index Medicus by medical librarians^[3]. The International Medical Informatics Association (IMIA) was originally established in 1967 as Technical Committee 4 of the International Federation for Information Processing (IFIP). Health librarians should have no trouble finding themselves in DeShazo, LaVallie and Wolf's^[4] observations that:

"Medical Informatics" is defined in MEDLINE as "The field of information science concerned with the analysis and dissemination of medical data through the application of computers to various aspects of health care and medicine."... Most descriptions and definitions of the field are consistent in pointing out the "multidisciplinary" and heterogeneous characteristics

of the field. There is some disagreement with use of the term "medical" in reference to the field as "medical informatics" because the field encompasses all of healthcare, public health and biomedicine....

Having reviewed the arguments for being stakeholders in ehealth and health informatics here, we will focus more in future columns on what opportunities are around for health librarians to get involved in current national agendas and to initiate new ones.

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HEALTH INFORMATICS – OFFICIAL WEB SITES TO NOTE

Australasian College of Health Informatics
www.achi.org.au

Australasian Telehealth Society
www.aths.org.au

Australian e-Health Research Centre
aehec.com

Health Informatics Society of Australia
hisa.org.au

National E-Health Transition Authority
www.nehta.gov.au



ABOUT THE AUTHOR

Kathleen Gray, PhD, is a senior researcher in health informatics in the Medical School and the Department of Information Systems at the University of Melbourne. Her interests include the use of health information on the internet by patients, carers and consumers; the influence of social media on healthcare and biomedical research; and the ehealth knowledge and skills of clinicians. She is on the working committees of the Australian Health Informatics Education Council and the Victorian eHealth Industry Network, and has been a member of ALIA for 30 years. She holds a Masters degree in Library and Information Science and has worked in regional and metropolitan hospital libraries in Victoria.

BOOK REVIEWS

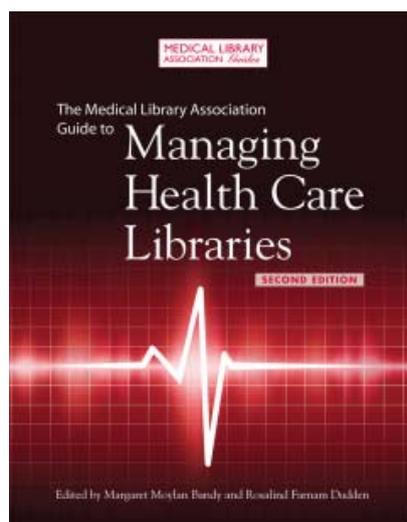
The MLA Guide to Managing Health Care Libraries.

2nd ed./ edited by Margaret Moylan Bandy & Rosalind Farnam Dudden. New York: Neal-Schuman Publishers, 2011. 424 pp. US\$140.00 ISBN9781555707347 (available from Inbooks)

In preparing to write this review of The MLA Guide to Managing Health Care Libraries I went back to the HLA Guidelines for Australian Health Libraries [1] as I thought that the value of this text to Australian health librarians would be affected by the compatibility with the Australian document. Apart from my discovery that the HLA Guidelines had stood up remarkably well in the three years since their last revision, I found that the structure of the MLA text would lend itself to being a great companion and aid to implementing the HLA Guidelines, which by necessity are more of a 'bare bones' approach. A big tick for this.

The MLA Guide to Managing Health Care Libraries has sixteen chapters, divided into three parts – Overview, Management, and Services. The latter two of these correspond very nicely to the two HLA Guidelines (Resources Management, and Information Services Provision) and these provide the nuts and bolts of the text.

Providing the general environmental context, the editors of The MLA Guide state in their Preface to this, the second edition of the publication: 'Librarians in this field are working at the intersection of two volatile and dynamic environments: health care and library and information science.' (p. xix) The issues they highlight for each of the environments are as relevant in the Australian context as they are in the United States – the challenges and opportunities posed by health care financing, information technology and electronic environments, health care workforce and new roles, relationships and collaborations, and proving value, all sound



familiar to us. This statement is also a timely reminder that as health librarians operating in the 'intersection', we are in the business of health care. If our libraries are to thrive, we need to function as health professionals, collaborating and engaging fully with our health professional colleagues, developing our services and capitalising on the many opportunities that the health care environment offers. This MLA Guide sets the framework and provides many of the tools for health libraries to thrive.

This is not a theoretical text. Above all else, this is a practical guide to delivering library services in health care organisations. The editors also note in the Preface: 'Throughout the book, the essentials of knowledge and implications for current practice are addressed.' The sixteen chapters have been written by 23 authors (information about the editors and chapter authors is provided in one of the concluding sections) who provide not only an overview of the particular area, but also detailed and practical information.

There are seven chapters contained in each of the Management and Services sections, and these can be dipped into depending on particular needs. Chapters in the Management section cover the roles of the library manager, financial and HR management, evaluation and improvement, collection planning and technical management, and space management. The Services section covers information and

educational services, information practice, knowledge services, patient/consumer information, associated services, and solo librarians.

To highlight any of the content risks down-playing extremely valuable information that I would not like a potential reader to miss. As a generalisation, I would venture to say that a reader would be delighted by any of the sections, even if it is not their particular area of responsibility or current need. Whether functioning in a hospital, academic, or research institution, or another context, the book is as relevant to library managers as it is to practitioners at the front line of service delivery. There is even a chapter on solo librarians, and given the statistic that it is likely that approximately 20 percent of Australian health librarians work in 'one person libraries', with the majority in libraries having 5 or less staff [2], the attraction of this section will be wide-spread.

To attest to the relevance and currency (indeed future-oriented perspective) of the book I will mention one example, the expansion of health libraries' responsibility in the area of 'information utilization', which is more than just 'information retrieval'. The expanding role and integrative function of the Information Practitioner (IPR) are described in Chapter 12, Information Practice. The author of this chapter, Michele Klein-Fedyshin, explains that 'clinical conferences, IT departments incorporating best practices into protocols, merging clinical vocabularies in the EHR [electronic health record] or health-related associations charged with issuing evidence-based guidelines are all venues suitable for Information Practice.' (p. 280)

The integration of library resources with other sources of data (the electronic health record is but one example) to support decisions at point-of-need is topical for any library service charged with responsibility to provide access to evidence-based information.

continues on p18 ...

Introducing the section on specific roles of the IPR, the author states: 'Increasing involvement in the electronic health record, clinical decision-support, and evidence-based informatics...expands the focus of IPR tasks to information utilization more than information retrieval.' (p. 283)

The accompanying CD-ROM follows the book's 16 chapter structure, and contains supporting documents and supplementary information. The CD-ROM does not function as a standalone source, however, as it does not have an index which is searchable. Access to its contents can be obtained either from the book's main index, or from each chapter outline, or through cross references within the text. (In general, the indexes are very useful and accurate, and function as a quick reference to get started on a topic.) For example, in looking for information about competencies for health librarians, the book's index led me to particular pages in Chapter 5 on HR management, as well as to the CD-ROM's Chapter 2 MLA Professional Competencies publication. The added value of the CD-ROM is obvious – the supplementary information in electronic format is a bonus, for example, the 'Space Planning Formula' excel spreadsheet in Chapter 9; the 'Evidence Summary' sheets in Chapter 12; and the mission and vision statements cross referenced from the Strategic Planning Chapter 3 Topics in Management.

Another feature of the publication that I particularly appreciated is the Management in Action boxed section in each chapter which provides a mini-case study or problem/solution scenario with 'take-home points'. This feature would be especially useful to busy practitioners who may not have time to read all the theory and research on a particular topic, but simply want the distilled information.

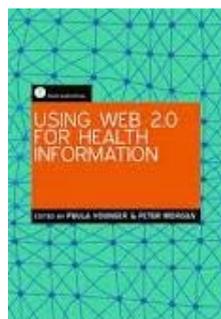
In summary, this text has much to recommend it, not the least of which is the compatibility with the HLA Guidelines, a fact which will provide added stimulus to managers of health libraries and

leaders in the field around Australia to consult the text frequently not only for practical solutions, but also ideas about how to develop services. The strength of the publication lies in its breadth and depth – the coverage of topics is comprehensive, the detailed applications are exquisitely practical.

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Using Web 2.0 for Health Information.

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and Peter
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9781856047319 (available from
Inbooks)

The challenge of writing a book on the latest technological and social media trends is that, by the time the book reaches publication, the technology develops further and trends move on. Such a claim could be made for *Using Web 2.0 for Health Information*. For many health librarians, the use of Web 2.0 has already been well established over the last few years as a cheap and effective means of communication with other librarians, clients and community, so much so, that the trends may no longer be considered 'emerging'. For those new to social media and other Web 2.0 applications, *Using Web 2.0 for Health Information* does provide quite a good overview of the applications available as well as practical examples of how they may be utilized in a health library environment.

The aim of the book was to bring together international case studies and reflections on using Web 2.0 in health information and the book undoubtedly meets this aim. The book is divided into four sections covering Web 2.0 basics, implications, practical examples and finally the future. Each chapter is written by a different librarian discussing possible ways to use Web 2.0 tools with a very useful 'practical examples' section describing how they have adopted these tools and used them to share information in their own libraries. Some of the more interesting topics are: using Web 2.0 to support learners and researchers and discussions on the potential role of Web 2.0 in providing patient and consumer information. Of course discussion on the possible ethical and legal considerations is included.

Other topics of interest are the use of crowdsourcing to identify content suitable for the developing world using the TRIP database and using Web 2.0 to facilitate staff development, the benefits being the building of personal learning networks of peers across time zones, and geographical boundaries among others.

Some examples of the Web 2.0 tools discussed in the book include Twitter, Facebook, wikis and blogs, RSS feeds and podcasts in the contexts of academic libraries, hospital libraries and university hospital libraries. While a good overview of these tools is provided, *Using Web 2.0 for Health Information* is often repetitive and lacks flow; examples of using the same tool across different chapters means that you are provided with an overview of each tool, often more than once.

While the book does contain some very practical examples that could possibly be useful to all libraries, one would wonder why a print book would be published on 'emerging' technology in the fast paced and ever-changing online environment. Although this is acknowledged by Younger in the introduction, hoping that the reader will take with them the "enduring lessons of their projects", it is still very noticeable that the book was written in 2009.

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Sometimes it's my job to hold the folder:
continues from p1 ...

are 75 trials and 11 systematic reviews published a day. In 2009 Pubmed contained 19 million citations. It indexed 5,394 journals and added 712,675 citations in the calendar year. 1.3 billion searches were performed. Certainly not all of these records would address aspects of acute pain, but a significant portion would, and that portion must still be extracted from the enormous pool it sits in. Such extraction takes time, skills, intellectual energy and an evolving knowledge base – resources often consumed by direct patient care responsibilities.

The question then arises of how best to link clinicians and clinical services with the clean and clear information they need. A clinical librarian may not be the sole answer but, as experts in the organisation and retrieval of information to support practice, they should be able to make a substantial contribution. The role of the health library has greatly morphed from a traditional “keeper of the books” model to one in which library skills and expertise are embedded in the core functions of the hospital. One part of this shift has been the establishment of the clinical librarian role. Since the 1970s, in a variety of settings mostly in the US and UK, librarians have been attending ward rounds and reporting back to treating teams with “answers” and supporting literature. To our knowledge no such service to an acute pain team has been formerly reported on.

In October 2008 a clinical librarian began attending the weekly Acute Pain Service consultant ward rounds at the Toowoomba Hospital. This service has been maintained to date, and through that time some key roles have emerged through which the librarian uniquely impacted the care provided by the pain team. Though with some overlap and perhaps some missed out, following are ten things a clinical librarian can do and has done for an Acute Pain Service.

What does the library bring to the service?

1. Answer clinical questions directly related to patient care.
 - o *Best management for patient with rib fractures (from a horse fall) and first trimester pregnancy.*
2. Answer clinical questions arising out of patient care.
 - o *Evidence for the use of Gabapentin for phantom limb pain.*
 - o *Tibial nerve sheath catheter with bupivacaine in below-knee amputation.*
3. Answer clinical questions surrounding adverse events.
 - o *Maximum dose for tramadol, particularly with respect to opioid induced- seizures.*
4. Information support for changes to practice, including technology assessments.
 - o *First line oral rescue analgesia for labour (shift from pethidine to oxycodone).*
 - o *Published reviews of pain-busters.*
5. Information support for innovations to practice.
 - o *Oxycodone PCAs.*
 - o *Buprenorphine PCAs*
6. Support for consultant / resident / registrar role in acute pain
 - o *Construction of an EndNote library*
 - o *Formal presentations – Why are certain drugs no longer used in clinical practice?*
 - o *Ad Hoc – pharmacokinetics of gabapentin by tomorrow*
7. Support for CNC nurse education role
 - o *Contribution to in-service days.*
 - o *Contribution to innovative manuals eg epidural management.*
 - o *Contribution to changes in nursing policy eg observation schedules.*
8. Support for research proposals
 - o *Naloxone sniff for opioid-induced pruritis.*
9. Introduction of alternate / innovative modes of information access

- o *Audio collection made available through CD, ipod-for-loan, and personal players.*

10. When all other services are exhausted, I hold the folder.
 - o *The Clinical Nurse Consultant's folder is a prized possession not easily released... holding it on ward rounds is a sign of trust, entering the inner sanctum of the APS team*
 - o *Though librarians are not ward-based creatures, the consistent physical presence on the ward round is fundamental to the role's success.*

What are the outcomes and benefits?

Though metrics are notoriously difficult to generate and evaluate in library practice, some clear benefits from this role have emerged. To date ninety-five clinical questions have been derived from all staff participating in the APS ward round. It is highly likely that the majority of these questions would not have been pursued at all, or perhaps in a limited fashion, were it not for a clinical librarian presence. The information provided in response to these questions has impacted the treatment of pain in a number of ways which are worthy of note. Occasionally the literature supplied has directly informed the treatment of a patient, or has been crucial in implementing systemic changes to treatment protocols. Often, though, the information is used for more prosaic purposes. It may be to confirm a hunch about administration routes. It may be to contribute to a collegial debate about the safety profile of a drug. It may be to explore potential alternatives for difficult to treat patients. It may be to remain aware of new developments in typical presentations. It may be simply for academic interest, to contribute to an underlying knowledge base. Even so, this information is frequently disseminated beyond the initial contact, multiplying its value and its reach.

Apart from the direct impact of the information itself, other

continues on p20...

Sometimes it's my job to hold the folder continues from p19 ...

ancillary benefits are clearly associated with this role. The mechanics of searching multiple databases with complex queries and then retrieving full-text articles is very time consuming, therefore a librarian fulfilling this task is able to save clinicians much time. In addition, commonly the librarian is able to respond to a query more efficiently than others on the team, meaning the information is fed to where it needs to be quicker. As well, the clinical librarian will generally make use of a broader range of resources, and typically be more adept at applying limits and filters and manipulating keywords in order to identify relevant results. This means clean and clear information is more likely as searches will be more comprehensive when required, or alternatively only pertinent results will be forwarded to clinicians for perusal. This in turn can save clinicians much frustration and improve the quality of evidence upon which they make patient care decisions.

This role also has a number of benefits for the library and the librarian. As with many aspects of a hospital environment the health library must constantly justify its existence and demonstrate its value. Directly linking with core clinical services such as Acute Pain is the surest method of achieving this. Furthermore, through the ward rounds the library gains greater exposure to staff who may be unaware of the services and skills they can avail themselves of. As well, soaking up teaching week-on-week through the consultant round greatly enhances the librarian's subject knowledge of pain pathophysiology and pharmacotherapy and the like. This in turn helps the librarian to better understand the context of clinical queries and to anticipate potential queries.

Further developments await the clinical librarian role within the Acute Pain Service in Toowoomba. Improved support for research, expansion of education

provision and resources, and greater involvement in document management and website content management are all viable options. Nevertheless, for all concerned the relationship thus far has met with resounding success. Formerly the library provided static and very occasional service to the APS. Now a dynamic service is embedded within the APS, consistently providing timely and relevant responses to clinical queries while also anticipating information needs by introducing innovative products and services.

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Daniel McDonald (left) has worked for the Toowoomba Clinical Library Service for the past five years. During this time he has established a clinical liaison role with Oncology and Palliative Care, and with the Acute Pain Service. He was recently invited to speak at the Australian Pain Society's Annual Scientific Meeting. As well as receiving the HLA/HCN Innovation award, this project was a finalist in the 2011 ALIA Information Online Group Excellence Award.

Roger Hawcroft (right) has managed the Toowoomba Clinical Library Service for the past 10 years, and has previously worked in a range of libraries across many settings. During his time with the Clinical Library Service he has introduced many technological innovations while also strongly supporting the professional development of his staff. He has also co-ordinated the benchmarking group among Australian health libraries.



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continuing profits for private shareholders. He envisages Open Access repositories as the key to the future, as these will soon be a standing requirement of all major research councils. Under these circumstances the future for publishers will be adding value rather than merely extracting rent. The OA repository will be the core of the OA University of the future.

The third keynote speaker was Dr Ross Todd, associate professor in the School of Communication and Information at Rutgers, the State University of New Jersey, and Director of the Centre for International Scholarship in School Libraries (CISSL). Dr Todd has been a vocal participant in the emerging debate about what constitutes evidence-based practice in school libraries. Dr Todd outlined an holistic model of EBP for school libraries which centres on evidence for practice (foundation information, existing formal research); evidence in practice (librarian expertise meshed with research-based evidence); and evidence of practice (claims of learning outcomes) and reported on an inquiry-based approach to information literacy development in Australian schools, funded through the Australian Government Quality Teacher Program in 2008-10.

Professor Hazel Hall, Director of the Centre for Social Informatics at Edinburgh Napier University, UK, delivered the fourth keynote address entitled 'Project Output Versus Influence in Practice: Impact as Dimension of Research Quality'. She explored strategies for LIS researchers to maximize the impact of their research projects, drawing on preliminary results from the Research into Librarianship Impact Evaluation Study (RiLIES), sponsored by the UK Library and Information Science Research Coalition.

Research impact matters because generating practitioner interest in research output increases the value of the research and narrows the research-practice gap. Professor Hall described strategies for realizing the impact of a research project: focus on research areas of direct relevance to practitioners; maximize engagement, encourage community creation around the project for sustainability; involve high profile prestigious partners; adjust project scale and diversity so that projects are outward looking and results can



ABOVE Suzanne Lewis and Gill Hallam, Adjunct Professor, Information Sciences, Queensland University of Technology, at the John Rylands Library, Manchester.

be applicable elsewhere; engage in high impact dissemination activities including accessible textual sources such as open access reports; include training activities for project legacy; and exploit key individuals, network hubs, digest/alert services and bloggers.

The themes of EBLIP6 were theory and reflection; outcomes, impact and value; practicality and applicability; and innovation,

education and research. The concurrent sessions were organized according to the four themes and I can only offer you a snapshot of a few papers in each thematic area.

The one theory and reflection session I attended contained three very interesting papers on the theory of evidence based practice. Helen Partridge from QUT in Australia challenged the assumption that evidence in LIS is derived solely or even mainly from research. This idea was expanded by the second speaker, Denise Koufogiannakis from the

University of Alberta, Canada, who considered the place of practice-based evidence in EBLIP. Evidence apart from formal, published research has a valid place in EBLIP and includes local, user-centred evidence such as usage statistics, user feedback, librarian observation, reports from colleagues, evaluation of progress, plus professional knowledge which includes informal and formal learning, tacit knowledge and reflection. The challenge, of course, is how to capture practice-based evidence, particularly tacit and corporate knowledge, which may explain why this kind of evidence has, to date, taken second place to research-based evidence in the EBLIP paradigm. In the third paper of this session presenters Barbara Sen and Chris Lee from the University

of Sheffield, UK, examined the commonality and divergence between the EBLIP model of library and information practice and the SEA-change (Situation, Evidence, Action) reflective model developed by Barbara Sen. They acknowledged being inspired by Denise Koufogiannakis's editorial on reflective practice in the EBLIP journal [3], and also Andrew Booth's '5 mirrors' model of reflection [4]. I found this session challenged some of my assumptions about EBLIP and prompted me to consider aspects of my own

continues on p22...

professional practice relating to practice-based knowledge and the value of reflection in informing practice.

Continuing with the stream of theory and reflection, the awards for best paper (delegates' choice) and best paper (judged by the conference committee) both went to Kate Davis from QUT for her presentation entitled "Redesigning Evidence Based Practice for Wicked Problem Solving". This was an innovative and challenging conceptual paper which claimed that EBP focuses on answering the 'easy' questions which have already been addressed by research. But what about complex, "wicked" problems for which there is no published evidence and which require agile, innovative thinking? Kate and her co-author Zaana Howard (Swinburne University of Technology, Australia) proposed incorporating elements of design thinking and EBP into a hybrid approach to complex problems. It's a fascinating idea and you can find out more at Kate's website ^[5].

In the two sessions on Outcomes, Impact and Value I attended, I was particularly interested in Lorie Kloda's paper on the impact of evidence summaries on LIS practitioners. Lorie, from McGill University, Canada, is Associate Editor of the EBLIP journal which publishes around ten evidence summaries per issue and I have been both a writer and reviewer of evidence summaries for the journal. Lorie, together with Alison Brettle and Denise Koufogiannakis, is engaged in a mixed-methods study to determine the cognitive, practice and community/user impact of evidence summaries. To date a survey questionnaire has been developed and validated and distributed to 62 individuals who responded to a call in the journal for readers of evidence summaries. Initial analysis of responses indicates that evidence summaries impact practice improvement, learning,

reassurance and confirmation of decision making. The project is ongoing and results should be published in the EBLIP journal in the future.

At one of the Innovation, Education and Research sessions I delivered a paper with Dr Gill Hallam, Adjunct Professor in Information Sciences at QUT. We presented on the third phase of the ALIA/HLA Education and Workforce Project, which has been reported in HLA News on a regular basis. The final report of the project will be available shortly on the ALIA website and will be formally launched at the New Librarians' Symposium in Perth in September. The third phase of the project involved interviews with key employers of health librarians in a wide range of contexts. One of the most interesting findings from the interviews was that employers were generally more ambitious than health librarians themselves when it came to envisaging future roles and skills for the profession. In the online surveys, which comprised the first two stages of the project, health librarians and their managers generally predicted "more of the same" for the profession over the next three to five years. In contrast, the employers talked about "Repackaging traditional librarian skills" and "extending skill sets". A paper based on our presentation will be published in the December 2011 issue of the EBLIP journal.

I chaired one of the Practicality and Applicability sessions in which Gill presented another paper, co-written with colleague Leanne Levinge, on using evidence to improve the professional development program in an Australian academic library. In 2009 QUT engaged Gill to review the Library's staff development program. The project methodology included a literature review, staff survey, semi-structured interviews and a document discovery process. The outcome was a series of recommendations which the QUT Library's leadership team is currently implementing. These include: reviewing how the library

measures the impact of its staff development program; designing and implementing a peer mentoring and coaching model; and maturing its online portal of staff development resources. The other paper in this session, presented by Ling Hwey Jeng of the Texas Woman's University, USA, was one of several papers at the conference which explored the integration of EBLIP concepts and tools into LIS curricula and continuing professional development programs. Also in the area of professional development for library staff, a number of papers reported on Learning 2.0 programs designed to familiarize and engage staff with social media.

One of the most interesting papers I attended was presented by Paola Johansson and Mattias Lorentzi from Jonkoping University, Sweden, and entitled "Building a University Library Website for Victor: an Example of the Persona Method". Traditional evaluation methods for library websites or intranets include user observation and/or interview, log analysis, content evaluation and usability testing. However the librarians at Jonkoping University decided to redesign their website using the persona method in which the site is designed for a representative persona rather than for "everyone". They studied their users and grouped them into "clumps" according to time investment in using the website and current knowledge. Each persona had a biography created around them, and then a primary persona, Victor, was selected. Victor is 20 years old, in his second year of study, and wants to spend as little time as possible on the library's website looking for information. The library website was redesigned for Victor and is now being tested. The presenters found the persona method was very time consuming to implement but increased their awareness of design choices and achieved time savings at the redesign stage by giving them a common reference

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point on which to base decisions. It has been my experience that library websites are often part of a wider organisational website or intranet that is designed based on the hierarchical structure of the organisation. The persona method offers a completely different, user-centred approach. How different would my organisation's intranet be if it were designed with the information needs of, for example, a registered nurse or junior doctor in mind?

EBLIP6 also featured a number of posters which were on display throughout the conference and highlighted in one of the most entertaining sessions – Poster Madness! Here poster presenters had one minute to 'sell' their poster to the delegates. A clock counted down on the screen behind them as they spoke and a siren sounded when time was up. Despite the pressure, all the participants performed very well but the prize for the most entertaining 'madness' presentation went to Mary Dunne of the Health Research Board, Ireland, who delivered an overview of "Barriers and Facilitators to Research Use: The Role of Library and Information Services" entirely in rhyming verse! If you would like to browse the presentations and posters from the conference, the abstracts and some presentations are now available on the conference website^[6].

Some exciting developments in EBLIP were discussed at the conference. Denise Koufogiannakis delivered an update on the EBLIP journal, including her announcement that she would be stepping down as Editor-in-Chief at the end of 2011 and handing over to Alison Brettle. Denise has done a fantastic job of guiding the journal over the last two years and Alison, currently Associate Editor (articles), will bring a great deal of expertise to the role. The EBLIP journal, an online, open access publication, hosted and supported by the

University of Alberta, Canada, is now in its sixth year, with 3382 registered users and nearly 46,000 visits to the website in 2010. It is indexed in LISA, Library Literature, LISTA and Google Scholar and work is progressing towards indexing in Web of Science, Scopus and PubMed. Be sure to check out the December 2011 issue which will feature papers from the conference^[7].

A special meeting for those with an interest in forming an international EBLIP association was also held, convened by Virginia Wilson, academic librarian at the University of Saskatchewan, Canada. The idea of an international association was first raised at the EBLIP5 conference in Stockholm in 2009, with the aim of providing a more formal governance process for future EBLIP conferences and enhancing the sustainability of the EBLIP movement. Various association models were reviewed and the discussion will continue by email; it's a case of 'watch this space'.

Finally, conference delegates were given the opportunity to visit what some might argue is the heart of Manchester – the Old Trafford football stadium, home of the Manchester United soccer club. Pre-dinner drinks were served in the Old Trafford museum and trophy room, where we browsed the glittering prizes and memorabilia of the club. We enjoyed dinner overlooking the famous pitch.

The EBLIP6 conference brought together delegates from the UK, the USA, Canada, Australia, New Zealand, Scandinavia, India, Nigeria, the West Indies, Japan, Belgium, Taiwan, the Netherlands and more. I look forward to continuing my involvement with EBLIP which is now a truly international community going from strength to strength.

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ABOVE Suzanne Lewis at the conference dinner, Old Trafford football stadium, Manchester.

POSTSCRIPT: AHA NEWS BRIEF

The current state of play of EXPERT SEARCHING in Australian HEALTH LIBRARIANSHIP

The 2010 Anne Harrison Award winner, Kaye Lasserre, outlines the results of her invaluable research project, "The current state of play of expert searching in Australian health librarianship".



There is little in the literature about expert searching by Australian health librarians despite it being considered an important area of practice which has traditionally set the profession apart. In July 2010, I was awarded the biennial Anne Harrison Award by Health Libraries Australia to establish the views and practices of Australian health librarians in relation to expert searching and to identify professional development activities to enhance knowledge and skills in this domain. In March 2011, all Australian health librarians were invited to complete an online questionnaire. Of the 126 respondents, 75.5% considered themselves expert searchers as defined by the Medical Library Association of the United States

of America [http://www.mlanet.org/resources/expert_search/policy_expert_search.html]. Most worked in public hospital libraries with fewer than five qualified librarians and had over three years' experience conducting literature searches, some much more. The respondents were mainly generalists; 83.2% spent less than half their week on searches. Most mediated searches were for patient care/clinical questions. There was considerable consensus in the way librarians reported conducting searches and in the knowledge, skills and attributes they viewed as important for expert searchers. Most (87.4%) were self-taught on the job and less than half had their searches checked when learning. Attendance at short face-to-face courses was the most popular suggested professional development activity. There

were a number of barriers to professional development which in turn limited the expert search service. Overall there was a sense that change was required to build on a strong, respected tradition of expert searching which provides job satisfaction, to re-fashion it to meet the needs of clients and the environment, now and in the future. Changes suggested were the establishment of standards, improvements to education, demonstrating 'our' value to and collaborating with clients. I will expand on this preliminary report in the next issue of HLA News.

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