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Knowledge retention and the departing employee

If a key member of your team were to leave tomorrow, how would your library service fare? Nicky Hayward-Wright outlines a knowledge retention and transfer strategy libraries can adopt to minimize the loss of information critical to the effectiveness of their service.

Many health and special libraries are part of the 'healthcare supply chain' where the core business of the library is the delivery (via multiple channels) of relevant information and resources (in multiple formats) to a range of clients and stakeholders who have varied needs. I am sure many readers acknowledge this as their core business and believe / know that they do it well. Now take a step back from your daily deliverables to think about how you provide services; that is, what are the systems, processes and culture that sit behind what you do to enable your service to be part of the health care supply chain. To put this request into context, ask yourself the following question in relation to a staff member or you leaving your organisation: what knowledge should be retained, captured and transferred?

Unfortunately in many cases when employees leave, the critical information, insights, relationships, contacts, know-how and know-why they have are lost. This article will provide some tools to assist in developing and implementing a knowledge retention and transfer strategy for departing employees. While the focus is on the departing employee I would suggest that you consider these strategies as part of your service's 'capacity to act'. In an organisational context, knowledge retention activities should be built into a succession planning program and embedded within a knowledge management framework. Having said that, in the first instance…. act locally, but think globally!

What types of knowledge are there?

There are three dimensions of knowledge: explicit, implicit and tacit. Explicit knowledge is knowledge that has been recorded or can easily be coded, such as procedures. Implicit knowledge is knowledge that can be explicit but has not yet been recorded, such as the procedure that has not been written. Tacit knowledge is knowledge that resides within an individual and includes an individual's skills, experience, intuition, understanding and learning. Tacit knowledge is not easily captured however it can be transferred through techniques such as discussion or observation.

How do you decide what knowledge is critical and should be retained or captured?

Useful tools, to assist in deciding what knowledge is critical to individual, team, department or organisational effectiveness and therefore should be retained, are an information audit and a

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INside

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FROM YOUR

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WHO Global Health Library • Blue trunks • Online Information 2009 Conference • Thank you!

At this time of the year our thoughts often go to how we can spend the remainder of the annual budget… yes, we can afford that set of reference books that were quite expensive or, yes, we can afford multiple copies of some books. Maybe the funds can be used for staff development or, even better still, some more computers! The fact that many Australian libraries can contemplate how they might spend the remainder of their budget could well be considered a luxury, as I recently came to appreciate.

As convenor of the IFLA Health and Biosciences Section I was recently invited to take part in an international consultative committee meeting to discuss the future directions of the World Health Organization (WHO) Global Health Library (GHL) initiative[1]. The objectives of the GHL is to provide access to quality health information from all parts of the world in order to strengthen, promote and develop world wide networks on the collection, organisation, dissemination and universal access to reliable health sciences information. Part of the review of the GHL will be the development of a virtual library linking a range of information resources, such as the WHO repository and Global Index Medicus. While this is a worthwhile project it was very humbling to hear how many librarians in developing countries have such limited access to information. Even if the information is available, the networks needed to access the information are patchy, and outside universities and hospitals, networks are even more limited.

One project to overcome this lack of access is to transport 'collections' in blue trunks[2] (yes, metal trunks) to district health centres in Africa to compensate for the lack of up-to-date medical and health information. It made me realise how lucky we are in Australia to have such well developed collections and network services.

Following this meeting I was fortunate to attend the Online Informaton '09 conference[3] held in London in early December. This was a meeting that I had always wanted to attend and I wasn't disappointed. The exhibition was huge and not just in the number of trade exhibits but the size of the stands! Nonetheless, quite a few smaller agents, such as Annual Reviews and Merck, had stands. The interesting thing about this conference was that I walked away feeling that Australian libraries offer great services and are so often leaders in the field.

This is my last column as convenor as I am standing down from the position. However, I will definitely be staying on as a member of HLA and I will hopefully catch up with some of you during the ALIA conference in September 2010. I also look forward to reading many interesting articles in HLA News!

The 2010 HLA executive will consist of a mix of old and new faces though we are still looking for a convenor (see page 10). I would like to thank everyone who has contributed to HLA in the last few years. I would also like to encourage you all to take an active role in HLA. Yes, we are all busy people with busy jobs and personal lives but if you enjoy reading the articles in HLA News and attending a range of professional development courses then please take some time to think about how you can help.

Thank you for your generous support during my time as convenor.

With warm wishes for a successful 2010,

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1 The GHL website is available from: http://www.globalhealthlibrary.net/php/index.php?lang=en
2 For more information on the blue trunk library see http://apps.who.int/bookorders/anglais/detart1.jsp?sesslan=1&codlan=1&codcol=93&codcch=206
3 Presentations from the Online Information 2009 Conference will be available on the website http://www.online-information.co.uk/index.html

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I Listen • I Learn • iPods

The Library servicing the Toowoomba and Darling Downs Health Service District has discovered that the use of iPods to disseminate carefully selected audio material can be an important component of clinician learning and development.

Ernest Hemingway once wrote, 'I like to listen. I have learned a great deal from listening carefully. Most people never listen.' Though it is unlikely Hemingway had cause to listen to biomedical lectures or derived great learning from hearing interviews with authors from the New England Journal of Medicine, nevertheless, his wry observation remains true for the clinician: listening can result in great learning.

As compared with reading, listening has benefits of particular relevance to the busy clinician. The wide availability and low cost of good quality digital recording devices and the popularity of podcasting have led to an abundance of informational and educational audio material being made available via the Internet. Undoubtedly, some of this is of dubious quality, however medical colleges, educational institutions, community organisations and research institutes are increasingly publishing high quality material in this format.

The fact remains that appropriately useful podcasts are not necessarily easy for clinicians to access. Not everyone has an MP3 player and listening at a desktop PC is not ideal. Podcast feeds often include unnecessary or peripheral materials, while searching for files to download takes time and it can be frustratingly difficult to isolate what is needed. The Toowoomba Hospital Library has embarked on a novel approach to capturing and disseminating targeted audio material for clinicians in an attempt to eliminate these barriers.

The library's approach began with the purchase of ten Apple iPod shuffles which can each hold about one gigabyte of data. Each iPod was assigned to one of the clinical subject areas included in the rotations undertaken by the resident medical officers at the hospital – Anaesthetics; Emergency Medicine; Internal Medicine; Mental Health; Obstetrics and Gynaecology; Oncology and Palliative Care; Orthopaedics; Paediatrics; Renal and Cardiac; Surgery. The iPods were then loaded with relevant audio files found by library staff. Most of the files were found through searching freely available websites, though some were purchased through the dedicated CME vendor 'Audio Digest'. The files include lectures and debates from conferences and meetings of professional societies; journal issue summaries and interviews with article authors; interviews with prominent physicians about their research interests; continuing medical education podcasts; and radio broadcasts. All information selected is aimed at the practising clinician and much of it is equally valuable and accessible for nursing and allied health staff.

ABOVE left to right: The Toowoomba Health Service Library team during renovations – Anna Simpson [sadly now moved on to TAFE]; Jane Ehrlich, Administrative Officer; Patrick O'Connor, Clinical Librarian; Daniel McDonald (seated) Clinical Librarian; and Roger Hawcroft (Best Dressed) Manager.

The iPods are available to registered library clients for a two week period. On the back of a devoted marketing campaign and continued promotion interest and uptake has so far been excellent. Users are asked to fill in a brief online survey and the feedback received has been overwhelmingly positive. Staff have appreciated the immediacy and flexibility of the iPods, as well as the opportunity to obtain information relevant to their practice that they otherwise may have missed. The subject specific nature of the iPods has ensured staff have not had to negotiate unnecessary content.

An Access database has also been constructed and populated with metadata for each of the MP3 files included. This not only helps library staff keep track of what has been downloaded, but from this database descriptive lists can be generated allowing clients to select their own "playlist". The MP3 files making up this playlist can then be transferred to a client's own player or burnt to CDs which the client can keep. As well, stemming from this initial service library, staff have subsequently been asked to source further audio information on areas of particular interest to clients (e.g. mentoring and preceptorship), or to provide a list of relevant websites clients can explore themselves.

The project represents the team's development and practical application of an initial idea; one first mooted a couple of years ago. The library team has always been quick to utilise those new technologies that will meet client needs - rather than technology for technology's sake. Nothing

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I Listen • I Learn • iPods
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came of the idea for several months partly because of the difficulty of obtaining material that could be used without infringing copyright. Then in one of many discussions, a staff member suggested that the increasing availability of medical podcasts might provide exactly the sort of material needed - and the program had wheels, so to speak.

The iPods were funded from within the general library budget as part of the 'Information Supply' component. Toowoomba Hospital Library uses a systems approach to structuring its service, i.e. Input, Process, Output, Outcome and Impact. What would generally be seen as 'client services' in most libraries, is split into two main components: (1) Resource Access – those components of the service which, once made available, are generally accessed by clients directly, without further mediation; and (2) Information Supply – services that require significant mediation by the librarian, such as liaison, interviewing, searching, filtering, packaging and presentation. The library finds these categories, in the modern environment, better represent library operations than traditional categories of client services and technical services do. In addition, it is the mediation provided in the Information Supply area which requires more advanced skills and closest collaboration with the client. Separating out these activities assists the library to focus most effort there, where it makes most impact.

The project is still in its infancy and further refinement will come through liaison between the library and the clinical community. Nevertheless, initial reception of the iPods has justified the library's belief that audio material, shrewdly selected and disseminated, can be an important component of clinician learning and development.

If you are engaged in similar efforts or would simply like to learn more about this project, the authors are happy to share any insights they have. Simply contact the library on 07 4616 5563, or email THSDLIBS@health.qld.gov.au

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The Toowoomba Health Service Library Team stands out for its client focused and innovative approach to provision of clinical library service. The team works closely with clinicians through services such as involvement in ward rounds, clinical team reviews, support for journal clubs, and development and production of clinical teaching aids.

Daniel McDonald joined the team in 2005 after several years with the Gold Coast Library Service. Daniel faced a significant learning curve and would be the first to remark on the special nature of health library work which sets it apart from other library roles. Daniel is now a key member of the team and both a keen innovator and practitioner.

Relevance of health libraries in the digital age

In this digital age library clients have clear ideas about what they expect from an online environment. In her forward looking article, Nikki Jovicic urges health libraries to allow change to be driven by client expectation or risk diminishing their relevance.

The digital age has modified librarianship and is continuing to shape the libraries of the future. Health libraries, traditionally client focused, are well placed to survive the challenge of change. The effects of the digital age have contributed a well defined list of expectations from library clients. Health libraries should take these expectations into consideration when designing both physical and virtual library spaces. By designing these places from the user in, libraries will succeed in creating spaces which are relevant to their clients [1]. Relevance also needs to be established between the library and its biggest client, the organisation. The health librarian should collaborate and forge relationships while aligning the library's goals with the core business of the parent organisation. As special libraries, health libraries are continually validating their existence [2] and by forming a relevant relationship with clients, and consequently their parent organisation, client satisfaction will be their justification.

Health libraries are part of the special library division in librarianship. Special library services are slightly different from other libraries, as they align themselves to the needs and direction of their parent organisation [3]. They are in the business of health, not libraries, and their core responsibility is to provide the parent organisation, and its staff, with evidence-based information to support patient care and education [4]. With the rise in Internet activity since the 1990's, libraries have increasingly relied on electronic resources to form part of their collection. This move away from the ownership of physical resources and towards access to electronic information is referred to as the digital age [5]. The online space providing access to the collection of electronic resources is called the 'digital library'. In most cases libraries are a combination of physical items, electronic resources and personal service, which Bearman refers to as a 'hybrid library' (p. 223) [6].

Health libraries are traditionally client focused; however they must be aware that the expectations of these clients are changing [6]. More often clients are familiar with being surrounded by, even immersed in, technology [7] and are able to manipulate that technology to suit their needs [8]. They expect to interact with and contribute to information in the online environment. The Horizon Report 2009 highlights the personal web as one of six new technologies to watch over the next two to three years. The personal web "represents a collection of technologies that confer the ability to reorganise, configure and manage online content rather than just viewing it" (p. 19) [9]. Bearman believes that users like to manipulate the information supplied to them by creating a 'just-for-me' experience personally catering for their own information requirements. He suggests that "users are dissatisfied because the digital library does not enable them to express themselves creatively rather than because it failed to find what they were seeking" (p. 13) [6]. Health libraries need to take these features into consideration when designing their future online places by providing areas for library clients to contribute to the information and not just be a passive audience [10]. By becoming relevant to their users, health libraries are justifying their future.

The requirements discussed above are features of Library 2.0, Web 2.0 adapted for the library environment. Web 2.0 is the second generation of Internet tools that allow for the type of interaction and collaboration expected by today's library clients, as discussed above. Connor states that "Web 2.0 technologies have the potential to transform medical library practice in ways more profound than the changes caused by the first-generation Internet" (p. 6) [8]. These tools are currently widely used, and are predicted to become more important to the Internet of the future. Future health libraries should concentrate on addressing the gap between what the user wants and what is available to them (p. 305) [10]. They should be looking at utilising Web 2.0 tools to provide interaction, resulting in a site wide sense of online communities of practice. This can be seen in a content management tool such as Libguides, utilised by a growing number of research libraries to form online subject communities that offer the chance for clients to interact, post information, chat, and rank resources by sharing their knowledge [11]. This growing pressure to become more user focused is partly due to the fact that "digital libraries share a technological and social space with the public Web and their success will necessarily be measured against it" (p.15) [6]. Based on this premise, pressure for the existence of these features will only increase as the Web develops further into the 'IS' web, relying on knowledge sharing, collaboration and connections. Health libraries need to be aware of these future trends and incorporate them into their online spaces to establish their relevance to clients as digital health libraries of the future.

This same focus on user needs is required for the creation of the physical spaces for the health library of the future. The library will

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become less storage space and more place for interaction as the focus of the library moves from ownership to access [12]. Health library space needs to be flexible, fulfilling the need for quiet study as well as the growing trend for group collaboration. Inspiration can be taken from the designs of university learning commons which have recognised the need for a combination of user spaces [13]. Horne and Owen discuss the need to develop "innovative spaces that introduce a contemporary !wow! factor, drawing students into the library and providing a comfortable environment that mirrors how they prefer to study, learn and work together" (p.4) [14]. Ludwig and Starr predict that the library, as a place, will utilise its space in a flexible manner to, possibly, combine their space with other parts of the organisation, to becoming "more reflective of their parent institution's needs or they will perish" (p. 321) [15]. This will allow less definition to exist between the library and other parts of the organisation, broadening the role and relevance of future health libraries.

As boundaries diminish between the health library and other departments of the organisation, the library will become more visible and involved in non traditional areas of business. The health library's collection development policy and core goals will identify even more closely with the core business of the parent organisation. Health librarians will become partners in research and members on boards, providing knowledge on systems development, establishing clinical guideline databases and offering advice on information technology [16]. They will extend into areas of leadership within the institution, "not just providing knowledge, but participating in its use in decision making" (p. 47) [1]. Lindberg and Humphreys see health librarians

> "working as part of health care teams, writing grant proposals, serving on institutional review boards, working as bioinformatics database specialists within science departments, serving as faculty members in evidence-based medicine courses, and being involved in multilingual health-literacy programs and community partnerships" (p. 1069) [4].

The advantages of library participation may not be immediately apparent to the parent organisation and the health library may need to promote their services. Health libraries should be proactive in recognising new communities within the organisation and should be on alert to broaden their horizons by placing themselves in essential roles. By drawing attention to these skills and the benefits that the health library can offer, they are further establishing their relevance to the parent organisation to ensure their active role as the organisation's future health library.

The future of health libraries lies in their ability to establish a place of relevance, in both the needs of the parent organisation and its staff. The convergence of resources, from physical to electronic has been a catalyst in propelling health libraries into the digital age. Changes are already occurring in how the health library organises its physical and online spaces. Clients have clear ideas about what they expect from an online environment and it is important that change be driven by client expectation, otherwise they will hold a diminishing place of relevance in the client's digital world. The digitisation of physical resources in the physical library space will free up more space for client collaboration, however, there still needs to be a place for quiet study. Health libraries of the future will also form different collaborations within the parent organisation. By aligning themselves more closely with the core business of their institution, the health library will become involved in new projects and partnerships that broaden its community. These adaptations will establish the relevance of the health library in assisting the parent organisation to achieve its core business goals.

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ABOUT THE AUTHOR

Nikki Jovicic has been a trainee librarian at the OPL East Arnhem Health Library, Department of Health and Families in Nhulunbuy, Northern Territory since May, 2008. She is currently studying a Bachelor of Arts in Librarianship and Corporate Information Management part-time and externally as an undergraduate student with Curtin University, WA.

KNOWLEDGE: use it...or lose it

Veronica Delafosse had the opportunity to attend several lectures during Melbourne Health's third annual Evidence Week, including two presentations, of several, given by Associate Professor Sharon Straus, one of Canada's leading experts in Evidence Based Practice and current Royal Melbourne Hospital International Visitor.

ABOVE: Veronica Delafosse (left) with Professor Sharon Straus

Associate Professor Sharon Straus is the Director of Knowledge Translation at the Li Ka Shing Knowledge Institute, St Michael's Hospital, University of Toronto, Canada. Many of us will be familiar with her book, Evidence-based medicine: how to practice and teach EBM [1], currently in its third edition and with a fourth due for release in 2010. I was fortunate enough to have attended two sessions, Frameworks for Knowledge Translation and Limitations to EBM, links to which can be found at the virtual Centre for Evidence Based Practice Australasia [2].

To help set the context Professor Straus quoted Grol [3] who wrote that "Evidence based medicine should be complemented by evidence based implementation". There needs to be a concerted effort among clinicians to manage changes to clinical practice in a well planned and documented way, hence the framework for Knowledge Translation (KT).

Professor Straus noted that there is much confusion over the definition of Knowledge Translation, or KT [4]. The Canadian Institute of Health Research (CIHR) defines KT as "a dynamic and iterative process that includes the synthesis, dissemination, exchange and ethically sound application of knowledge to improve health, provide more effective health services and products, and strengthen the health care system" [5]. Professor Straus uses a more simple description: "knowledge into action".

Canada is pushing KT and of significance is the CIHR's mandate that research be translated into improved health for patients. As such, CIHR identifies two broad types of KT: End of Grant KT in which the researcher does the research and then publishes/presents the findings but within a developed framework for the targeted dissemination of the research so as to better ensure its take-up, and; Integrated KT in which expected end users of the knowledge are involved in EVERY step of the research process in order to improve the chances of new knowledge being taken up and used.

Following this Professor Straus outlined the 2 frameworks "that inform the science and practice" of KT. One is the Knowledge-to-Action Framework (diagram 1) which illustrates that knowledge is created in three phases which expand into knowledge inquiry at the completion of primary research. Then there is a seven step action cycle which reflects a typical quality improvement cycle. This starts with identifying a problem, assessing it according to local issues, noticing potential barriers, implementing and monitoring changes, evaluating impacts and ensuring that the changes are consistently adhered to. The double arrow heads on many of the stages exemplify the need to continuously adapt according to the evidence. This also represents a continuous level of collaboration between group members and interested stakeholders.

What is the significance of KT to librarians? We need

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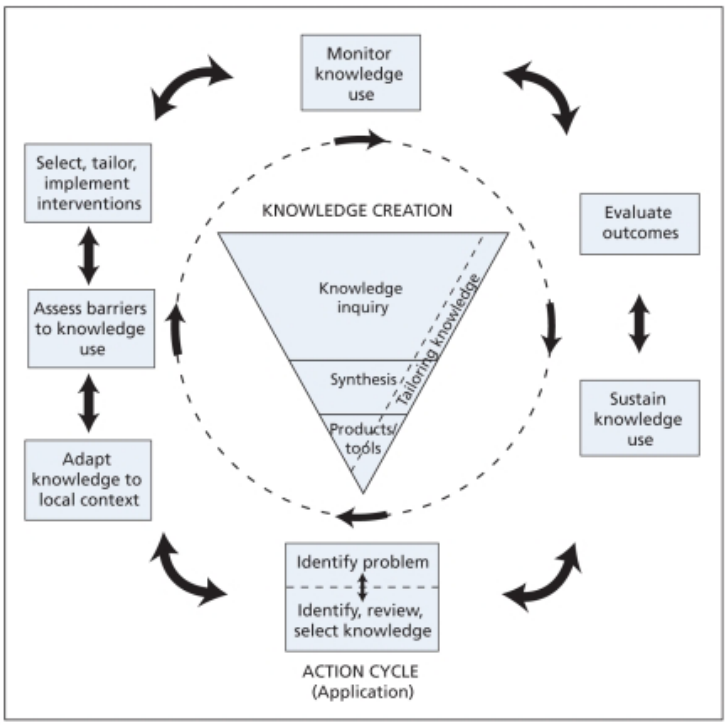
DIAGRAM 1 (below) Knowledge-to-Action Framework



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to be aware of this in order to understand the types of requests we receive from our clients. They, in turn, will be trying to make sense of the evidence we give them to implement it into their clinical practice.

If you or your clients have an extended interest in KT, Professor Straus has recently co-authored a new book, Knowledge Translation in Health Care [6].

In the other presentation I attended, Professor Straus outlined the main limitations to the practice of evidence based health care. To briefly summarise, these include: shortages of consistent clinical evidence, difficulties in applying the evidence and barriers to the practice of high quality clinical care. There were a number of key factors to consider. Firstly, clinicians need to develop skills to interpret the results of studies. Secondly, there are various levels of needs: some will be interested in searching the literature and critically appraising it while others will prefer quicker approaches using smartphones and handheld digital assistants. There are additional restrictions on time and resources. Different search styles are needed depending on whether you are searching summaries, syntheses, studies for therapy, prognosis, or diagnosis. We also need to bear in mind that the concept of evidence based practice relies on the best available evidence used in conjunction with clinical expertise. We need to be aware of the various evidence based resources, learn how to use them, teach our clients, and lobby for access to these resources if they are not available.

Tying in nicely with Professor Straus's presentation on Limitations to EBM was the Global Evidence Mapping (GEM) lecture. Based at The Alfred Hospital in Melbourne, GEM "aims to improve the accessibility and usefulness of research evidence in health care" [7] and is currently developing evidence maps of all the research evidence relating to neurotrauma.

GEM inventories all the clinical research conducted within a topic area. This gives clinicians and researchers a big picture view of the "research landscape" and identifies the extent to which key clinical questions have been tackled by published or ongoing research and also identifies where further research is warranted.

Unlike systematic reviews, which are more suited to defined clinical questions, generally take two years to complete and are often out of date by the time they are published, the strength of GEM is that it quickly identifies that most studies for the intervention of condition Y, for example, are mapped around case reports and may never reach a higher level in the evidence pyramid. Very quickly the clinician can see the scope of the evidence available to them about the treatment of condition Y.

Using examples from Traumatic Brain Injury (TBI) the GEM team has identified the scope of clinical questions related to treating TBI patients and has further refined these. For example:

- transport for TBI – road versus air
- rehabilitation of TBI – community integration
- physical and medical conditions – spasticity, psychological issues, etc

Further information is available from the GEM website [7].

As already indicated, these are brief notes of some excellent presentations. I strongly recommend that you visit the CEPBA website [2] and follow the various links.

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Useful links within CEBPA

http://www.cebm.utoronto.ca

Centre for Evidence-Based Medicine, University of Toronto, Canada
This website aims "to help develop, disseminate, and evaluate resources that can be used to practise and teach EBM for undergraduate, postgraduate and continuing education for health care professionals from a variety of clinical disciplines".

http://ktclearinghouse.ca/

"The KT Clearinghouse website is funded by the Canadian Institute of Health Research (CIHR) to serve as the repository of KT resources for individuals who want to learn about the science and practice of KT, and access tools that facilitate their own KT research and practices".

http://ktclearinghouse.ca/knowledgebase

Knowledge-to-action cycle

FROM YOUR SPONSOR

NEW ALLIED HEALTH TITLES added to Informit Health Collection

The response to the new Health Collection has been very encouraging and RMIT Publishing is delighted to be able to share some of the customer feedback received and highlight some of the new titles that have been recently added to the Collection.

RMIT Publishing's content selection process for Informit Health Collection has benefited greatly from the insights and evidence provided by its customers. Market research conducted by RMIT Publishing during the preview period of the Collection has provided important evidence of those topics for which libraries and organisations are struggling to provide authoritative, easy-to-access information. This customer feedback helps to consolidate the commissioning strategies for the Collection, such as the decision to source more content relating to rural health, nursing, therapeutic care and nutrition. Below is snapshot of a few of the titles newly confirmed for the Health Collection which offer high quality and peer-reviewed research from and with particular relevance to Australasia.

Titles added to Informit Health Collection in recent months include journals of broad relevance across the allied health sector and journals with a more specialist focus. Health Voices, from Consumers Health Forum of Australia, will for example appeal to wide readership across the allied health sector. This journal promotes and documents debate on health care issues affecting health consumers, government and industry with recent topics including the mental health of children, treatment of depression in rural areas and provision of care for carers. Rural Society, from eContent Management, meanwhile is an international, peer reviewed title which dedicated a special issue to rural mental health in 2009 and will again focus on rural health in 2010. Topics covered include Australia's commitment to and strategies toward the health of indigenous communities in rural and remote Australia, the role played by rural communities in the health of their residents, and the recent decade of policy responses to the rural health crisis.

Contemporary Nurse from eContent Management is a core nursing title and a primary reference point for practitioners, educators and researchers seeking peer-reviewed articles, clinical papers and protocols, and cross-cultural research, from within and beyond Asia Pacific. Meanwhile, ACORN Journal: Australian College of Operating Room Nurses, provides a more specialist focus with research and pilot studies that focus on innovation, clinical practice and management in perioperative nursing care.

Those working in the fields of therapeutic and rehabilitative care will be interested to explore New Zealand Journal of Music Therapy. Established in 1987 to promote the awareness and understanding of the role of music therapy within the wider health professional community, this title provides in-depth case studies of music and its applications in the treatment of a range of conditions from speech problems, grief and stress to severe disability and terminal illness.

Asia Pacific Journal of Clinical Nutrition, by HEC Press, will also join the Collection for 2010, bringing with it a long history and authoritative reputation for evidence based and peer reviewed nutritional research. Providing peer-reviewed, evidence based research that draws upon Asia Pacific communities and settings, this title explores all facets of clinical nutrition, including food patterns, metabolic disorders, the determinants of disease, and ageing. Founding Editor, Prof. Mark L. Wahlqvist's own research has influenced paradigm shifts in several areas including food and the menopause, ageing and survival, skin and ageing, nutrient synergy and bowel tumours and, more recently, wellness online.

Multidisciplinary titles also confirmed for the Collection include eContent Management's Journal of Family Studies which brings together some of the best research available into practices that support children and families through periods of transition and conflict; and Health Sociology Review which explores the sociological research methods used to understand illness, health policy, practice, social policy and social work.

RMIT Publishing is pleased to welcome each of the above titles to Informit, ensuring that reputable, relevant and regional content that was previously hard to source, is made visible and discoverable. Informit Health Collection is now available for subscription commencing January 1, 2010 onwards. Anyone wishing to arrange a free trial of the Collection should contact sales@rmitpublishing.com.au. RMIT Publishing looks forward to celebrate its 21st birthday and presenting the latest additions to Informit to delegates at VALA 2010.

Step up and NOMINATE NOW!

Being a volunteer provides a great way to develop many transferable skills, including marketing, events management, public speaking, committee work, budgeting, strategic planning and networking. It also provides unparalleled opportunities to build contacts and work with library peers from a variety of settings and with differing levels of experience and seniority, offering you learning opportunities and a chance to work with potential mentors or employers outside your current organisations. Under the ALIA PD scheme a maximum of five points per year can be gained for regular participation as an office-bearer or active committee member. Yes, it does involve a few hours of your unpaid time every month but the rewards far outweigh the demands.

Convenor, HLA Executive

The vision of ALIA Health Libraries Australia (HLA) is to promote, inform, unite, influence, and innovate libraries and information professionals in the health and biomedical sector.

Nominations are called for the position of HLA Convenor for the next two year period, 2010-2011.

More information about the upcoming work of the Executive and the nomination form can be downloaded from: http://www.alia.org.au/groups/healthnat/.

Secretary, Anne Harrison Award

The AHA is an important award established to commemorate the work of Anne Harrison, and to encourage others to make their own contribution to the development of health librarianship.

The Award is managed by three administrators, one of whom holds the position of Secretary. Nominations are sought for the position of Secretary from 2010-2011. Nominees are not required to be ALIA members.

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

Join REBLs…

the Rehabilitation Evidence Based Librarians

Anyone managing a rehabilitation collection is invited to join REBLs. REBLs will be undertaking benchmarking of the resources lists soon. See http://www.alia.org.au/groups/healthnat/REBLs.with.a.cause.SIG.html for more information. Note that Rehabilitation registrars will rotate again in February 2010 (http://afrm.racp.edu.au/index.cfm?objectid=5F2AF0B7-F2D2-346F-20FE468A1E509E2B).

Please note that Veronica Delafosse will continue as Convenor of REBLs in 2010.

Knowledge retention and the departing employee continues from p1 ...

knowledge audit. The information audit focuses on explicit and implicit knowledge, whereas the knowledge audit focuses on tacit knowledge. NHS Evidence – knowledge management provides a brief, but useful overview on conducting a knowledge audit, which looks at how to identify knowledge needs, draw up a knowledge inventory, analyse knowledge flows and create a knowledge map. [1] While this may sound daunting, remember that the focus for the audit(s) is on business critical outputs relevant to the departing employee.

Another technique to consider is a face-to-face interview (possibly recorded then transcribed) with the departing employee and, if applicable, their supervisor, to learn about the employee's job specific knowledge content. Four question types can be used when interviewing in order to draw out explicit, implicit and tacit knowledge:

General questions: for example, what knowledge will the organisation miss most when you leave?

Task questions: for example, how do you do a specific task?

Fact or information questions: for example, what and who do you know that can be generated into contact lists, manuals etc., which does not already exist?

Pattern recognition questions: for example, questions that will draw out lessons learnt, insights, know-how or know why. [2]

Enablers to knowledge retention

Having identified critical information and knowledge, and high risk knowledge gaps, the next step is to transfer the knowledge from the departing employee. When choosing a method for knowledge transfer the following questions may assist in selection of the enabler(s):

- How long will the knowledge be relevant?
- What types of knowledge are involved?
- How difficult is it to transfer the knowledge?
- What is the immediacy of knowledge loss?
- What is the cost and feasibility of transferring the knowledge?
- What is the departing person's level of motivation and capability/capacity for sharing knowledge and the successor's motivation for acquiring it?
- What are the preferred communication styles of the leaving employee and staff who are involved in the knowledge transfer process?
- What type of leaving is occurring: retiring, leaving for new organisation, moving to a role within the organisation, long service leave, casual, short term or contract employees finishing, redundancy or dismissal?
- What is the time frame in which the departing person is leaving? [2,3,4]

> The information audit focuses on explicit and implicit knowledge, whereas the knowledge audit focuses on tacit knowledge ... Remember that the choice of enablers will vary each time you undertake a knowledge retention and transfer program

Remember that the choice of enablers will vary each time you undertake a knowledge retention and transfer program. To evaluate the enablers chosen and capture lessons learnt throughout the process you can undertake an after-action review. [5] Appropriate information (non confidential) can be added to a knowledge base, for example, of frequently asked questions about conducting a knowledge retention and transfer program.

Systems and technology knowledge transfer based enablers

- Document management – Ensure the departing employee's documents (electronic and hard copies) are stored and accessible.
- Procedure repository – Ensure all policies, procedures, processes, task lists, check lists, passwords/access codes, etc. related to the departing employee's position are documented and stored in a central location.
- Contacts database – Ensure the departing employee's relevant contacts are saved in a searchable database. To add value, include information such as why, when and how the departing employee works with these contacts.
- Expert database – Allow the departing employee to comment on, or add to a staff directory to help with mapping staff's skill and expertise.
- Social network analysis – Map the relationships between the departing employee to other employees, departments, organisations and external stakeholders in order to identify organisational knowledge flows and exchanges.
- Training program – Schedule training sessions on process/ procedural based tasks and system applications for relevant staff with the departing employee.

People based knowledge transfer enablers

- Mentoring – Have the departing employee assist in guiding and developing less experienced employees.
- Coaching – Have the departing employee monitor the performance of less experienced employees, providing feedback, direction, support and instruction.
- Shadowing – Allow less experienced staff or replacement staff to observe the departing employee perform their role.
- Joint decision making – Assign a less experienced member of staff or replacement staff

continues on p12...

Knowledge retention and the departing employee continues from p11 ...

and the departing employee to work together on a task or project.

- Interviews – Have subject matter experts or less experienced employees record interviews with the departing employee about key or challenging projects.
- Storytelling – Allow the departing employee to share their particular areas of experience through stories rather than just providing general observations.
- Networking – Allow less experienced staff to meet and liaise with the departing employee's contacts.
- Think tanks – Ensure the departing employee is included in relevant research and idea generation groups.
- Forums / Communities of practice – Ensure the departing employee is included in existing forums or communities of practice to exchange ideas with other employees who share common organisational interests or goals.
- Journaling / Blogging – Provide an opportunity for the departing employee to write an online journal. [6,7]

Who is responsible for knowledge retention?

Having outlined why, what and how, it is worthwhile discussing who; that is who is responsible for knowledge retention and transfer. You may instantly think of the Human Resource (HR) department because HR staff usually conduct an employee exit interview; however it should be noted that the knowledge retention interview is different from the HR exit interview, which focuses on reasons why a departing employee has decided to leave rather than what critical knowledge needs to be retained. I would suggest if your organisation supports line managers being responsible for staff management, then a leaving employee's line manager should be the key person responsible for facilitating the knowledge retention and transfer process. HR can contribute to this process by providing relevant HR support, checklists and forms etc., maintain these tools and make them available via the organisation's intranet (if applicable).

In relation to the bigger picture of retaining staff, and consequently knowledge, HR can champion and drive learning and development, career development and planning, and succession planning.

> Start now with the end in mind… embed knowledge capture, sharing and adaption or adoption into your library staff's every day practice.

Knowledge retention culture

Any knowledge enabling initiative requires three critical organisational elements: focus (vision/strategy), capability (tools and resources) and the will (culture). I have briefly outlined a knowledge retention strategy and identified various tools (enablers) for knowledge transfer and retention; however what is critical for long term knowledge retention is an organisational culture which creates an environment of trust, mutual respect and open communication for the individual where a knowledge sharing and learning environment is encouraged and supported, where knowledge capture, sharing and 'adoption or adaptation' are embedded within every day practice and where everyone is responsible for and actively contributes to knowledge retention.

Start now with the end in mind… embed knowledge capture, sharing and adaption or adoption into your library staff's every day practice.

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ABOUT THE AUTHOR

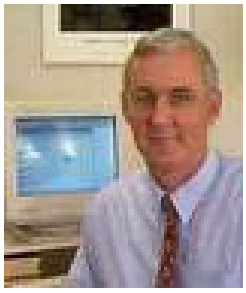
Nicky Hayward-Wright recently moved on from Alzheimer's Australia NSW after nearly seven years. During this period she held the positions of Manager of Library & Information Services and Manager, Knowledge Services and Systems. Comments and questions can be emailed to the author at n.haywardwright@gmail.com. Keep in contact with author at http://au.linkedin.com/in/nickyhaywardwright

Anne Harrison Award winner publishes paper

In 2007 Jane Shelling, Manager of the National Drug Centre Information Service, Alcohol and Other Drugs Council of Australia (Deakin, ACT) won the Anne Harrison Award for her project: Bringing the evidence base to the alcohol and other drugs sector which aimed to offer assistance, training material and training in evidence-based practice to particular members of the alcohol and other drugs sector and the Alcohol and Drug Librarians and Information Specialists (ADLIS) group. Jane's report of her project was published in the Australian Library Journal, 58(1) Feb 2009, p39-46. For more information, contact jane.shelling@adca.org.au.

The Anne Harrison Award will be offered again in 2010 but is still seeking a Secretary to join Bronia Renison and Majella Pugh on the AHA Committee (see page 10).

Stephen Due wins award



Health Libraries Inc (HLI), the Victorian health library group, recently awarded Stephen Due, Chief Librarian of the Barwon Health Library Service, its Life Membership Award. The Annual HLI Life Membership Award dinner and annual general meeting were held on 27 November 2009 at the Charsfield Hotel.

Health Libraries Australia would like to extend its congratulations to Stephen who has made significant contributions to health librarianship.

conference DIARY

VALA2010 • 9-11 February 2010
(Melbourne, Victoria) Theme: Connections Content Conversations
http://www.vala.org.au/conf2010.htm

MLA'10 • 21-26 May 2010
(Washington, DC) Theme: Reflect & Connect
http://www.mlanet.org/am/am2010/

CHLA/ABSC 2010 • 7-11 June 2010
(Kingston, Ontario) Theme: Heritage / Inspiring Innovation
http://www.chla-absc.ca/2010/

SLA 2010 • 13-16 June 2010
(New Orleans, Louisiana) Theme: Entering SLA's Next Century: Let the Good Times Roll!
http://www.sla.org/content/Events/conference/ac2010/index.cfm

12th EAHIL Conference • 16-18 June 2010
(Lisbon, Portugal) Theme: Discovering new seas of knowledge: technologies, environments and users in the future of health libraries
http://www.eahil2010.org/en/index.php

CILIP Health Libraries Group 2010 Conference 19-20 July 2010
(Manchester, UK) Theme: Keeping information centre stage amongst changing scenery
http://www.cilip.org.uk/specialinterestgroups/bysubject/health/events/conference/HLG+Conference+2010.htm

ALIA Access 2010 Conference • 1-3 September 2010
A multisector conference, including health • http://conferences.alia.org.au/access2010/

Information Online 2011 • 1-3 February 2011
http://www.information-online.com.au

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ALIA HLA'S WORKFORCE & EDUCATION

Research Project 2009

The HLA research project has two main aims: to determine the future skills requirements for the health library workforce in Australia, and to develop a structured, modular education framework (post-graduate qualification and continuing professional development structure) for health librarians to meet these requirements.

The Project Steering Group has been working on an adapted neXus i survey instrument, christened neXus3 HLA, to refine it for the purposes of the current research.

We are now calling for volunteers to take part in the pilot for the neXus3 HLA survey. An online questionnaire will explore the current employment situation and professional development opportunities, as well as the likely future roles for health librarians in Australia.

The neXus questionnaire will focus on two cohorts: those who identify as health librarians (including any who are not currently working) and those who are library managers.

If you are a health librarian or health library/information centre manager and you are willing to take part in a trial run of the web-based questionnaire in early January 2010, please email Gill Hallam g.hallam@qut.edu.au, using the subject line 'HLA nexus survey pilot', and we'll be in touch by email in the new year.

The initial exploratory research phase will provide the basic 'needs analysis' for informing the second phase of the project – designing the specialist education and ongoing continuing professional development structure for the health librarian workforce of the future.

We welcome a new member to the Project Steering Group, Carol Newton-Smith, who is currently the Manager of the University of Western Australia Medical Library, and soon to be ALIA Local Liaison Officer for WA.

Further information about the project can be obtained from the Ann Ritchie, Director Health Library, Northern Territory Department of Health and Families, ann.ritchie@nt.gov.au, or 0401 110 388.

The Project Steering Group

Gill Hallam (Principal Researcher), Ann Ritchie (Project Leader), Melanie Kammermann, Patrick O'Connor, Cheryl Hamill, Lisa Kruesi, Suzanne Lewis, Carol Newton-Smith.

December 2009

i. The two NeXus surveys provided census-type data about the Australian library workforce, focusing on demographics, educational background, current employment, job attitudes and job satisfaction, as well as the institutional perspectives on career development and training. http://www.alia.org.au/employment/workforce/.

HLANEWS DETAILS

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