

HLA NEWS

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APPproved and APPropriate HEALTH APPS

Health apps are abundant and popular, but are they any good? Lyndall Warton from Charles Darwin University in the Northern Territory started from the premise of wanting to recommend reliable health and medical mobile apps to clients. Here she reports on her investigations into what's out there and the challenges of directing people to quality resources.



During my investigation into the area of health and medical mobile applications (apps) I was confronted

with words and expressions conveying negative feelings and outcomes. For example, words such as “conflicts of interest”, “ethical issues”, “wild west”¹, “unregulated”, “quality concerns” and “worrying deficiencies” appear in the literature concerning apps². Do not fear, with words like these you would think that apps are full of landmines, however there are some positive aspects too. As a Health Liaison Librarian I hope to explore this arena further and determine how to provide reliable health app recommendations to clients.

In 2012, 20 percent of smartphone owners had health apps on their devices, and it was

estimated the number of health-related apps available was greater than 40,000³. Is this a coup or a curse for public health? Let's start with a quick look at defining health and medical apps.

Smartphone apps fall into two categories within the healthcare industry:

HEALTH APPS

Health apps provide information to the consumer relating to the general health and well-being of the individual user and may include non-invasive monitoring programs⁴. Some are simple monitoring devices such as those seen with sleep apps, calorie counter apps, and pedometer style apps. Generally, these apps do not meet any approval process in the consumer market.

MEDICAL APPS

Comparatively, the number of medical apps is far less than health apps. Medical apps can be utilised for the purpose

of providing diagnostic tools and remote monitoring, and can include sensor-based applications⁵. One can conclude that with more advanced features and the inclusion of medical terminology that the target audience for these is mainly healthcare workers; and medical and allied-health students.

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Another commentator categorised apps under the following headings:

- Apps for medical providers
- Specialty or disease specific apps
- Medical education and teaching
- Apps for patients and the general public – incorporating health and fitness apps
- TeleHealth, and
- eHealth records⁶.

These categories, some having an information focus, demonstrate the need for health librarians to be aware of this area and its developments.

REGULATION

How is all of this relevant to libraries and librarians? As a Liaison Librarian and health information specialist at Charles Darwin University (CDU), I take particular interest in this topic. I want to observe how the appscape develops and I ponder the impact on libraries and librarians now and into the future. Some libraries have put together lists of apps. This prompted me to consider what sort of approval process is out there to determine the credibility of these apps. The vast majority of medical app designers have taken their products to market⁷ without submitting them to a regulatory body for approval. On a positive note there are a small number of authorised sources and regulatory bodies listing approved apps.

The American Food and Drug Administration (FDA) and Therapeutic Goods Administration (TGA) have developed such 'lists'. The TGA explains that mobile technology "presents new and complex challenges for the TGA and regulatory agencies internationally"⁸. In Australia a software product must fit the definition in section 41BD of the Therapeutic Goods Act 1989 to be considered a medical device⁹. The FDA list is available at a price for purchase, but it was reported in 2013 that only 75 'mobile medical apps' have received clearance

from the FDA¹⁰. The TGA approved apps are discoverable through the Australian Register of Therapeutic Goods <http://www.tga.gov.au/industry/artg.htm#U-GctSjOC6U>.

Likewise, the National Health Service (NHS) has recently released a health apps library <http://apps.nhs.uk/>. The NHS claims it is an excellent list of apps that have been reviewed by the NHS to guarantee they are clinically safe. Community users can also rate them¹¹. The reality is there are approximately 250 NHS rated apps. The NHS library is still in its infancy and with an estimated minimum total of 40,000 health-related apps available it's just a drop in the ocean. This will be a site to monitor.



Evaluating the use
of health
and medical apps
should be no
different to the
criteria used to
evaluate academic
resources.



The myhealthapps site <http://myhealthapps.net> is produced by PatientView. It is a commercial site with a push to get more doctors engaged in prescribing health apps whilst ensuring the standard of the health apps remains high over their lifetime¹².

Domestically the list maintained by the South Australia Health Library Service <http://salus.sa.gov.au/friendly.php?s=mobileapps> is worth viewing. The list includes apps associated with their subscribed products, with some apps available at an additional cost. Harvard even has a list of health apps <http://guides.library.harvard.edu/hms/mobileApps>.

More questions are raised than answered. How willing are consumers to pay for apps? Are paid or subscribed apps better quality than free apps? There is also the issue of ethics and bias. Some pharmaceutical companies "...could create conflicts of interest and ethical issues – Pharma apps could produce drug guides or clinical decision tools that subtly push their own products"¹³. I would suggest using these with caution. Conversely, the Health Consumers NSW list funded by the NSW government is an objective list of health apps and worth a look <http://hcns.org.au/useful-consumer-resources/health-apps>. The site wisely includes a disclaimer that the apps are for personal educational use only, they are "... not meant to take the place of any health care you need and are not a substitute for informed medical advice"¹⁴.

How can health librarians meet the challenge to provide their clients with recommendations for reliable apps? In my role I would like to be able to point clients in the right direction and lead them to quality resources. The vital ingredient is to come back to the basic fundamentals of information and health literacy.

In my position at CDU it is my role to not only help students find information, but also empower them with the skills to assess and evaluate information. Evaluating the use of health and medical apps should be no different to the criteria used to evaluate academic resources. Health literacy should play a role in the ability to evaluate health apps. Health literacy is defined as "... the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions"¹⁵. The librarian is integral to achieving this improved understanding and plays a vital role in the health literacy framework, leading to improved health outcomes for clients through education¹⁶.

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At CDU we have a guide for students on how to evaluate information sources. Students are taught to assess the Currency, Reliability, Authority, Accuracy and Purpose of the information. Yes, put all that together and it's CRAAP¹⁷. With all sources of information there is plenty of it, health apps are no different – through using these criteria users can determine the quality of the app as they would if they were analysing a website or journal article in the academic world.

As health and medical librarians we can run the CRAAP test past 'health apps' as they are information based resources. When looking at currency I would place a particular emphasis on when the app was first developed and whether the information has been updated or revised. With relevance look at who is the intended audience – is the app made for healthcare workers or health consumers? Authority is a significant factor, who has made the app and what are their credentials? This will assist to determine any bias as well as quality of the app¹⁸. Although not part of the CRAAP criteria I would strongly recommend users consider the security of the app. Some health apps ask for personal health information. When signing up for these products consider who will have your information and look for information to tell you how it will be used before you agree to any terms and conditions.

There are calls for a vetted medical and health app store¹⁹. Perhaps there needs to be more collaboration between regulators, developers and major players like the NHS to ensure quality and safety of health-related apps in an attempt to remove some of that negativity I mentioned

earlier. In the meantime librarians can guide clients in the use of 'health apps' by empowering them to be conscious of the pitfalls, direct them to quality sources and ensure they are skilled in evaluating apps. In regard to 'medical apps' librarians should maintain a wide berth and only make recommendations based on scrutinised resources. Perhaps it is the Wild West out there, but it's also a land of opportunity. Librarians stay tuned!

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Lyndall Warton is currently a Liaison Librarian at Charles Darwin University and supports the School of Health in her role. She worked as a Registered Nurse for ten years prior to graduating from Library and Information Management studies in 2001. Lyndall is now a member of the HLA executive.

CONVENOR'S FOCUS

In this column I want to pursue two topics which have attracted my attention in recent events I've attended: research and consumer health information, coincidentally, the themes of our September 18th Health stream in the ALIA National conference.



Libraries and librarians are still the experts in managing information/knowledge and sourcing it for our clients. We may be involved directly with patients, or our role may be in supporting clinicians in communicating 'good information' to their patients, it's up to us to find out the most effective ways of doing this in our workplaces



In June I attended the annual EAHIL (European Association for Health Information and Libraries) conference in Rome (<http://www.eahil.eu/conferences/eahil-conferences.htm>). EAHIL was established 26 years ago and has a membership of approximately 1400. It has an executive board, a council with representatives from each member country, and a number of committees and sub-groups. Individual membership of the association is free and there is a registration fee for the annual conference. They also publish a quarterly Journal of EAHIL – <http://www.eahil.eu/journal/>, and issue 3 for 2014 will contain 'Memories from Rome'.

EAHIL conferences are wonderful networking events where colleagues meet and exchange ideas and share their experiences. Held in June every year, the structure alternates between the more traditional conference model and a more practical workshop format. The 2014 conference comprised a three-day program of presentations and posters, plus an additional first day of continuing education courses. The four days offered plenty of opportunities for networking and socialising, as well as having time to discuss products with vendors. There were four Australians at the event and there is a report about the conference in this issue so I won't elaborate further here.

I was invited to attend the EAHIL Board meeting on 9th June 2014 to discuss a proposed MoU with ALIA/HLA with a broad purpose of mutual advocacy and an intention to cooperate in areas that would benefit our members.

Suggestions for cooperative activities included: professional development/training events at member rates, information sharing, exchanging news articles about our regions, visits could be organised or individual job exchanges set up. The possibility of cross-country, international research projects was also discussed.

Next year's EAHIL workshops are themed 'Research-Minded: supporting, understanding, conducting research' and will be held in Edinburgh (10-12 June 2015). There may be an opportunity for HLA to develop our relationship further and participate in this event. I also notice that Issue 2, June 2014 of JEAHIL in her Letter from the EAHIL President, Marshall Dozier, states:

how many of us really understand the nature of the data handled by our research colleagues, the requirements for its management, and the appropriateness of the various storage options available (assuming they are available)? One of our professional strengths is a deep understanding of metadata and cataloguing, which are of value in supporting researchers in making their data more likely to be re-usable. Many of us also participate in systematic review teams. But, I think that in order to truly support researchers, we should better understand the nature of research, and in order to understand the nature of research, it is necessary to undertake it, even in small ways. My sense, though, is that many of us do not really engage with research-like activities – but is it true? I'd like to know what you think!

The workshops in Edinburgh will follow on nicely from our exploration of roles in research at our September 18th Health Libraries stream in the ALIA National conference. Wouldn't it be wonderful to have a group of us attending this event to further develop our skills and collaborative research ideas. Please contact me if you have any thoughts on this matter.

The annual HIC2014 (Health Informatics Conference <http://www.hisa.org.au/page/hic2014>) was held in Melbourne 11-14th August and I was fortunate to attend the opening day.

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The Victorian Health Minister, David Davis, set the scene by stating that 'health informatics is the way of the future'. He noted that low health literacy is associated with poor health outcomes, and referred to the importance of using health data, health analytics, innovation and planning.

The keynote address was given by Dr Danny Sands, a GP who has been a leading proponent of telemedicine in his own practice and through his international consultancy work, and his patient 'Dave', who was one of Danny's early adopters of the telemedicine service model.

In his opening statement, Patient 'Dave' stated that 'people don't realise how highly motivated patients can be', and appealed to doctors not to feel threatened but rather to engage with them as a potential way of improving patient outcomes.

Dr Sands gave an overview of the shifting paradigm of health care, from the traditional 'physician as oracle' with 'information asymmetry' to a 'physician as partner' information symmetry model, stating that the new model is much less stressful for the physician, and at the same time, empowering to patients.

The presentation was structured along three themes about how technology has enabled patients to become more involved in their own care: communication (mainly via email), information (online sources, knowledge networks among peers) and convenience (eg automated administrative procedures).

The Harvard Medical Library and National Library of Medicine were used as examples of how information used to be 'locked up' in tomes such as Index Medicus, but now online searching is available for anyone with a computer and online access. At this point I wanted to protest – 'but we wouldn't have PubMed if we didn't have Index Medicus and the ongoing work of NLM librarians'. He did however mention the need for authoritative sources and the work of the Medical Library Association in putting together the MLANet resources for patients.

It is my belief that we now have a golden opportunity to demonstrate the skills of health librarians and become involved in the new telemedicine paradigm. A lot has been done in building electronic (two-way) communications channels and convenience is a feature of 'care in the home'. Libraries and librarians are still the experts in managing information/knowledge and sourcing it for our clients. We may be involved directly with patients, or our role may be in supporting clinicians in communicating 'good information' to their patients, it's up to us to find out the most effective ways of doing this in our workplaces.

Being involved with health informatics organisations and professionals is critical to our future. The message is coming through loud and clear, the question is 'how do we position ourselves as health librarians to be part of this future?'. HLA is a partner organisation to HISA (Health Informatics Society of Australasia), and the ALIA logo was featured as a 'Support' organisation on the conference website. But obviously we need to do more than passive promotion and signing agreements at an association level.

Simply asking for more money to be spent on health library services when we can see that the reverse is already happening, is not a useful strategy. It is unlikely (and unsustainable) that there will be more spent on health services generally if they haven't already demonstrated that they are viable and performing well (the converse of this: why would funders invest more in what may be perceived to be, or even quantifiably demonstrated to be, underperforming services?)

We first need to demonstrate that we are accountable (do some financial analysis of costs of your services and outputs), we can 'do more with less' (there are lots of consortia or cooperative purchasing and shared systems models to emulate) and we are innovative.

The reason that I particularly wanted to highlight Danny Sands' presentation is because telemedicine, knowledge management and involvement with patient information offer us pointers to the future and opportunities for innovation, capitalising on our established platforms and structures, and our professional knowledge base and expertise.

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ANNE HARRISON AWARD ANNOUNCEMENT

CONGRATULATIONS CHERYL HAMILL

Recipient of the 2014 Anne Harrison Award

The administrators of the Anne Harrison Award take great pleasure in announcing that the winner in 2014 is Cheryl Hamill for her project, **On the road to expert searching in Medline**, a pilot project to establish a model for a train-the-trainer deployment.

In summary, the project plan is to:

- Develop a curriculum and associated training modules for PubMed search skills
- Develop teaching notes for train-the-trainer delivery of the modules (in person or online)
- Recruit a partner trainer to conduct a pilot workshop in 2015
- Evaluate the pilot project and modify as required
- Report to the Health Libraries Australia Executive on a sustainable business model.

Cheryl has been awarded \$3,000.

The Administrators also highly commend the following two applications and award \$1,500 to each.

KATE DAVIS

Essentials of health librarianship

This project will develop an online course for current and future health librarians, in consultation with an advisory group of practising health librarians. The course will be delivered by the Information Systems School, QUT, with credit available towards a Masters degree.

VERONICA DELAFOSSE

The development of health libraries in Australia between the 1970s and 1990s

This project aims to:

- Prepare a chronological record of major issues which shaped health libraries between 1972 and 1999
- Personalise the events by including anecdotes from librarians as appropriate
- Develop an archival policy for the preservation and retention of the hard copy files.



The awards will be presented in September in Melbourne.

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Adding value: Librarian support of a Paediatric Nurses' Journal Club

Marg Purnell says librarians have much to offer in support of journal clubs. Here she shares her journey and explains the role she has taken supporting a Paediatric Nurses' Journal Club over the last two years and encourages other Health Librarians to do the same.



One way Health Librarians with some Evidence Based Practice (EBP) and Critical Appraisal

knowledge can utilise these skills is by supporting Journal Clubs based at their hospital.

As with all health professionals, it is important for nurses to keep up to date with new trends and innovations in healthcare¹. Journal Clubs are a positive way of achieving this when most nurses find it a challenge to stay current, mainly due to time constraints². Other benefits of a Journal Club include improving knowledge of critical appraisal skills³ and of facilitating evidence-based change⁴.

Librarians have much to offer in support of Journal Clubs. However, this does require a proactive approach and levels of involvement beyond literature searching and retrieval.

To develop my skills in this area I have attended a number of Evidence-Based Practice short courses over the last few years as well as undertaken extra reading about Critical Appraisal and interpretation of research results.

My Journal Club journey began in September 2011 when running an Evidence-Based Practice class for Health Professionals where I covered PICO (Patient/Problem, Intervention, Comparison and Outcome), library resources, critical appraisal, and study designs. It was at this class that I first met two Royal Darwin Hospital Educators who were interested in commencing a Journal Club for the nurses who work on the two Paediatric wards. At the time I offered to facilitate and/or present

at the Journal Club if they wanted that as well as to help them find relevant research articles on their topics.

In March 2012 the Educators were keen to get the Journal Club happening. We discussed a few topic ideas such as low flow oxygen, falls prevention and non-medicated pain relief.

We continued discussions via email and decided to hold the Journal Club meetings once a month on a Tuesday afternoon (double staff time) for one hour. We were keen to make it informal and relaxed in one of the Library's training rooms. The Educators agreed to promote the Journal Club via their email lists and verbally on the wards. They also distributed the article so staff could read it before coming to the meeting.

The Paediatric Nurses' Journal Club has now been running successfully for two years. I attend most meetings but have not presented since the early meetings. I am there to support the critical appraisal discussion and help with interpreting the results. I read and appraise the article before the meeting so I can answer any questions that arise.

One of the early meetings involved me presenting a Critical Appraisal session that included interpreting the results within a research study. This appears to be a barrier for many nurses as they "struggle to understand research studies and find reading and critiquing the content intimidating"⁵.

In the beginning we used Critical Appraisal tools such as RAMM (Recruitment, Allocation, Maintenance and Measurement) but this tool is designed for appraising Randomised Controlled

Trials (RCTs) and a number of the studies that are discussed at this Journal Club are not RCTs, so I have developed our own "inhouse" Critical Appraisal tool which works fairly well for most types of studies.

One of the Educators has left the department but I still work very closely with the other. She organises one of the nurses to present each month and facilitates the meetings. Towards the end of last year our attendance numbers were dropping so we decided to move the Journal Club meetings to the ward tea room instead of in the Library. Our range of attendance when held in the Library was 5 to 13. Moving to the ward has been successful with 16 staff attending one of the recent sessions.

The objectives for the group has evolved to be:

1. To develop critical appraisal skills and share information within the EBP process
2. To debate clinical issues while keeping up to date with the latest research
3. To improve the application of research into practice.

The Nurse Educator and I are about to evaluate our journey by undertaking a survey of the Paediatric Nurses to determine their views on the benefits of a regular Journal Club. We want to find out if attendance increases confidence to engage in the critical appraisal of research articles. We would also like to know if the Nurses are able to apply this research into their practice so ultimately helping to improve patient outcomes.

I have also developed a webpage attached to the Library's

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GRATISNET UPDATE

This GratisNet update is from Katie McKay, Web Co-ordinator on the National Gratis Committee. Katie urges anyone with questions about this update to contact any member of the national committee – you will find their details on the contacts page on GratisNet.

EJOURNAL LICENSING AND GRATISNET

GratisNet has new ICON displays to alert users of print and e collections and licensing restrictions.

It is recommended that all GratisNet libraries should assess and review their licence agreements at renewal time for e-collections and single ejournal subscriptions, and then select the appropriate icon accordingly. Please remember that some libraries negotiate different licence agreement clauses, which may differ from your own. The onus is on the library to conduct due diligence and assess their own licensing agreement and compliance with copyright.

CITATION CHECKING

As part of the GratisNet code of Conduct (6.7), library staff who submit GratisNet requests should cite check their article request, prior to requesting on GratisNet. Libraries have access to many different citation checkers to ensure that their information is correct, including proprietary databases such as Medline and EMBASE, as well as free sources such as PubMed and Google Scholar. This saves the Lending library time if all of the information is accurate.

The Gratisnet Philosophy

- GratisNet members believe in the importance of a co-operative and free inter-library lending network, based on the premise that most libraries have something to contribute.
- GratisNet members believe that co-operation is preferable to charging in that co-operation leads to utilisation of resources which may not otherwise be available.
- GratisNet members also believe in the importance of sharing the inter-library lending load in an equitable manner and observing a code of conduct embodying consideration for other and good inter-library loans etiquette.

HLA e-list

Keep up to date with happenings in the Health Information world by subscribing to the aliaHealth elist. To register, complete the online form at: http://lists.alia.org.au/mailman/listinfo/aliahealth_lists.alia.org.au

Adding value: Librarian support of a Paediatric Nurses' Journal Club continues from p7...

Paediatrics Subject Guide. This is a support page for the Paediatric Nurses and displays links to articles, critical appraisal tools and the presentations that the Nurses have undertaken in the monthly Journal Club. You can take a look at this page at this URL – <http://elibrarygroups.health.nt.gov.au/paedsjournalclub>

One of the positive aspects I have observed over time has been the discussion about various aspects of patient care that has been generated within a Journal Club meeting. Two examples of implementations that have occurred following discussions are the development of a Paediatric Falls Prevention and Management Guideline and implementation of a working group to write a

Guideline about fasting times prior to procedures being done.

Finally, key points if you are interested in supporting a Journal Club:

- take responsibility for your own learning by attending short courses and doing extra reading
- work at ongoing collaboration If a health professional is interested in your involvement
- encourage sharing of who presents at each meeting but stay involved in a support or facilitator role.

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HLA/HCN INNOVATION AWARD ANNOUNCEMENT

CONGRATULATIONS

LISA KRUESI and CONNIE SCHARDT

We are pleased to announce that the winner of the 2014 HLA/HCN Health Informatics Award is Lisa Kruesi and Connie Schardt, for Australian Evidence Based Practice Librarians' Institute, 2011-2014.

This year three applications for the 2014 HLA/HCN Health Informatics Award were received, all high quality and innovative examples of projects within the health library and information industry.

From this impressive field, Lisa and Connie have won \$3000 with support from Health Communication Network (HCN) and Health Libraries Australia (HLA) and will be presented with the award at the ALIA National Conference in Melbourne this month by Allison Hart, Manager, Knowledge Solutions at HCN.

The winning abstract has been reproduced on this page and is an excellent example of international collaboration and innovation.

The purpose of the HLA/HCN Health Informatics Award – generously sponsored by HCN – is to acknowledge excellence and innovation in performance by an individual information professional or team. It provides an opportunity for those working in the Australian health and biomedical library and information sector to showcase innovative projects which, through the use of health informatics or web technologies, contribute to or support improved health outcomes.

The Award's selection panel would like to encourage all members to consider their own innovations for the Award for 2015, as a way to share ideas and receive recognition from peers, as well as elevate the achievements of the library service within the award winner's organisation.

With another worthwhile winner this year, HLA look forward to a continued partnership with HCN in promoting the innovations undertaken by Australian health libraries.

ABSTRACT

The Australian Evidence Based Practice (EBP) Librarians' Institute is an ongoing, innovative project using technology to coordinate an international team of library educators to provide a residential training program for librarians working in health care settings. Lisa Kruesi and Connie Schardt (formerly of Duke University) initiated and hosted the first Australian Evidence Based Practice (EBP) Librarians' Institute in 2011 with support from the University of Queensland Library. The Institute Faculty consists of four Australian librarian tutors and two American health librarians. The Faculty have met regularly via Skype to adapt a curriculum and program based on the Supporting Clinical Care: An Institute in Evidence-Based Practice for Medical Librarians held at Dartmouth College, New Hampshire, USA for an Australian audience. The course content is distributed through a Google Site and a dedicated LibGuide, maintained by the faculty. Requests for participation regularly exceed the registration capacity. Seventy-two health librarians throughout Australia and overseas have participated at the Institute since it was established in 2011. The first Institute residential training week was held in Brisbane in 2011, the second in Darwin in 2012, the third in Sydney in 2013 and a fourth will take place in Perth in 2014.

The objectives of the Institute annual training week are to:

1. Identify and explain the steps in the practice of evidence based practice (EBP)
2. Recognize the basic study designs in clinical medicine and their strengths and weaknesses.
3. Formulate a concise clinical question and identify appropriate resources to answer the question.
4. Identify and explain the basic criteria for judging the validity of studies on therapy, diagnostic testing and systematic review.
5. Identify and understand the basic terminology used to describe the results of studies on therapy, diagnostic testing and systematic review.
6. Identify at least roles for librarians in supporting EBP training and practice for health care professionals.

This course is eligible for points in the ALIA health specialist certification Professional Development Scheme and meets the requirements of the Competency Area: Understand scientific research methods and have the ability to critically examine and filter research literature from many related disciplines.

Evaluation feedback from participants indicates they highly value the opportunity for an intensive learning experience, with a range of activities and exposure to experts. The Institute demonstrates the value of international cooperation to establish a training program for health librarians to equip them with future workforce requirements.

MLA NEWS

A report from the HLA representative to MLA, Catherine Voutier.

NET NEUTRALITY

The MLA, the American Association of Law Libraries, the Association of Academic Health Sciences Libraries, and the Special Libraries Association, has submitted a joint statement to the Federal Communications Commission (FCC) on the matter of prioritising access to information via the internet. The current proposal before the FCC is whether access to commercial information via the internet should be tiered, meaning that those who pay a higher fee to ISPs get faster access and government and academia will be pushed into a 'slow lane'. The July 8 statement strongly opposes tiering access and supports net neutrality. To read the full statement, go to this link. https://www.mlanet.org/sites/default/files/2014_july_net-neutrality_comments.pdf

MLA EXECUTIVE

Carla Funk, the outgoing MLA Executive Director, received the Canadian Health Sciences Association's Distinguished Service award in June 2014. MLA is currently recruiting for this impending vacancy. In other news, you may all know or have heard of Michelle Kraft, of Krafty Librarian fame. Michelle Kraft will take over the MLA Presidency in June 2015 when the current President, Linda Walton, steps down in May next year.

THE FUTURE OF MLA

What should MLA do to remain a thriving and connected professional association 10 years into the future and beyond? The MLA Board created the Futures Taskforce in May 2013 to address this question. Along with MLA documentation, a literature review and identifying like organisations futures planning, the Futures Taskforce held an open forum at MLA14 in Boston to elicit comments from the membership. Four main themes were highlighted:

1. Expand the membership base;
2. Focus less on in-person annual meetings to support the organisation;
3. Streamline the organisational structure; and
4. Create new MLA positions to reflect new competencies expected of the profession.

To read about the action plans and discussions, head over to the MLA Futures Task Force blog at <http://blog.mlanet.org/future/>.

MLA PUBLISHING

One of MLA's newest titles is the MLA Guide to Providing Consumer and Patient Health Information. Edited by Michelle Spatz, it covers all aspects of consumer and patient health and medical information services, from basics like needs assessment and budgeting, to ethical issues and applications of new technology and social media. <https://rowman.com/ISBN/9781442230705>

MLA HELPS

For the last few years, MLA has been collecting donations for various causes. Last year, MLA13 delegates were encouraged to bring extra floss to celebrate the Dental Section's 80th anniversary. The Dental Section works with needy populations in Central America and that year decided to collect floss due the severe lack of dental hygiene products available in Mexico and Guatemala. This year, the annual meeting was in Chicago and delegates were encouraged to pack extra toiletries to donate to Sarah's Circle, a non-profit organisation that provides shelter and support for at-risk and homeless women.



JOURNAL OF THE MEDICAL LIBRARY ASSOCIATION (JMLA)

Interesting articles in the July 2014 issue include:

- Current findings from research on structured abstracts: an update – James Hartley
- Searching ClinicalTrials.gov and the International Clinical Trials Registry Platform to inform systematic reviews: what are the optimal search approaches? – Julie M. Glanville, Steven Duffy, Rachael McCool, Danielle Varley
- How are medical students trained to locate biomedical information to practice evidence-based medicine? A review of the 2007–2012 literature – Lauren A. Maggio, Janice Y. Kung
- Breaking inertia: increasing access to journals during a period of declining budgets: a case study – Rick L. Fought
- The persistence of clinical questions across shifts on an intensive care unit: an observational pilot study – Blair Anton, Sue M. Woodson, Claire Twose, Nancy K. Roderer.



EXPANDING POSSIBILITIES

Beyond the HLA/HCN Health Informatics Innovation Award

In 2013, Narelle Hampe and Suzanne Lewis won the HLA/HCN Health Informatics Innovation Award for their project implementing an e-portfolio for library staff to record, store evidence of, and reflect on continuing professional development activities. Here Narelle and Suzanne report on the professional development opportunities they have been able to undertake with the financial assistance available through the Award.

In 2012 my colleague Narelle Hampe and I ran a project in the Central Coast Local Health District Library Service to introduce an e-portfolio for library staff to keep track of their professional development activities and to assist them in preparing for their annual performance development review. We entered the project in the 2013 HLA/HCN Innovation Award and were fortunate enough to win. We were presented with a certificate, gifts and \$3,000 at the HLA Professional Development day in Adelaide in July 2013. One year on, we are pleased to report on the activities we have been able to undertake using the Award funds.

As a result of undertaking the e-portfolio project, Narelle's interest in adult education developed to the point where she was considering further study in this area. She was able to use a portion of the Award money toward paying costs associated with her enrolment in a postgraduate degree program at the University of Technology Sydney (UTS). Initially she enrolled in the Postgraduate Certificate in Adult Education, but has since transferred to the Masters in Education. Narelle writes, 'As a professional working within the tertiary and health environments I am well aware of the value of continuing professional development. The diverse and evolving role of a librarian includes increasing teaching loads, providing information literacy, academic integrity, information technology

skills and, in my specific role, health literacy education across a varied user population. This greater emphasis on teaching has, therefore, led me to undertake instruction in this field, to better equip me with knowledge of both the theory and practice of education'.

Narelle and I would not have been able to undertake the e-portfolio project without the enthusiastic participation of our library colleagues. We wanted to use some of the Award funds to organise a professional development activity in which all the library staff could participate. To date we have used some of the funds for a 'field trip' to Macquarie University in Sydney. We employed a casual staff member to keep the library service open for the day and were also able to buy lunch for all the library staff and our hosts at the Macquarie University Staff Club. Our first stop was the Macquarie University Library where we were shown around by our host Andrew Spencer, Acting Discipline Group Leader, Human Sciences. The library is a new facility which opened in 2011. The highlight was the automated storage and retrieval system (ASRS) which retrieves items located in the ARC (Automated Retrieval Collection). Just to see the ASRS in operation was amazing. Items are stored in metal boxes on racking several storeys high with robotic (crane) retrieval of boxes. The ARC is located in a climate-controlled space at the centre of the library building. It has storage capacity for 1.8 million items, with 500,000 items remaining on open shelves in the library. Throughout the library there are many study/meeting/collaboration spaces to suit a range of student learning activities. Even though the lowest floor is underground, an internal courtyard with planting allows light to penetrate to the centre of the building.

We then met Mary Simons, Clinical Librarian, who took us over to the Macquarie University Hospital. We were given a guided tour of the hospital by the Chief Executive, Ms Carol Bryant, and were able to see the bedside information technology currently in use and learn about future technology planned. The technology is used by patients for purposes including entertainment and menu options, and by staff for access to and updating of the eMR, test results, radiology, and more. We also saw the facilities of the Australian School of Advanced Medicine (ASAM) where Mary spends much of her time attending ward rounds and clinical meetings in her role as Clinical Librarian. Overall the day was a wonderful networking and team building opportunity which

[Continues p12...](#)



RIGHT – Macquarie University Hospital's Chief Executive, Ms Carol Bryant (centre), led our tour of their facilities.



would not have been possible without the financial support of the Innovation Award.

I have been able to use some of the Award funds to allow me to attend the health stream at the upcoming ALIA 2014 National Conference in Melbourne in September, and the HLA/HLInc Professional Development Day following on from the Conference. I am chairing a panel discussion on Health Literacy at the National Conference and looking forward to hearing the excellent papers in the other health stream sessions, and also the Professional Development day presentations. Events such as these are such excellent professional development and networking opportunities. I will also be able to catch up with many of the HLA executive members during this time.

Finally, Narelle and I hope to use the remaining Award funds to hold an Expert Searching workshop for all the CCLHD Library staff plus colleagues from the University of Newcastle Library. Details are yet to be worked out but, again, this would not be possible without financial support from the Award.

Winning the 2013 HLA/HCN Health Informatics Innovation Award was an honour. We were recognised by our peers and were able to feed that professional recognition back to our parent organisation to enhance the profile of the Library Service. The financial component of the Award gave us flexibility and opportunity to undertake both individual and team professional development activities. 2014 is the sixth year that the Award has been offered and looking back over the list of previous winners it is interesting to see the diversity of the projects that have been recognised (<https://www.alia.org.au/about-alia/awards-and-grants/357/hlahcn-health-informatics-innovation-award-2014>). We would urge anyone working in a health librarian role to consider applying for the 2015 Award.

IMAGES THIS PAGE – Macquarie University's impressive Library (exterior) and our team during a tour of the library's interior.

Narelle Hampe
Client Services Librarian – Health Liaison, The University of Newcastle Library and
Central Coast Local Health District Library Service

Suzanne Lewis
Manager, Central Coast Local Health District Library Service



Don't know how to get HLA News and the HLA Alerts?



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We encourage you to share how your ALIA/HLA membership benefits you with your colleagues – encourage them to join HLA too!

Biomedical Research: INCREASING VALUE, REDUCING WASTE

Daniel McDonald, Librarian at Darling Downs Hospital and Health Service in Queensland, reviews a recent series of articles published by The Lancet centred on the theme of increasing value and reducing waste in biomedical research.



Daniel McDonald has worked for the library of the Darling Downs Hospital and Health Service since 2006. He is the recipient of the Health Libraries Australia Innovation Award for a project that collected and distributed podcasts, and has spoken about this project at library conferences in Brisbane, Brussels, and Canberra. Daniel has also presented to the Australasian Pain Society Scientific Meeting and the National Nurse Education Conference about clinical librarianship.

In January this year the Lancet published a series of articles centred on the theme of increasing value and reducing waste in biomedical research. The authors introducing these five articles identify a pattern recorded across biomedical research of initially promising findings not leading to improvements in health care. They estimate 85 per cent of US\$240 billion expenditure on life sciences research in 2010 was wasted, and ask the fundamental question “why is research that might transform health care and reduce health problems not being successfully produced?”

The reasons proffered and solutions proposed are diverse and complex. Economic forces are important. The profit motive of industry can influence seemingly independent researchers and clinicians, from study design right through to publication, where attempts to maximise income are not always consistent with an ambition to publish only reports of the highest quality and relevance. Governments also have an important role to play in setting policies on funding and demonstration of results, as do regulators in balancing the need to protect research participants while not creating regulatory burdens disproportionate to the plausible risks of research. Social and cultural factors are also significant, with individuals and institutions alike prone to self-interest and vulnerable to competitive pressures and questionable priorities. According to the authors the complex and interdependent actions of these diverse factors too often increase waste and reduce value, and do so at every stage of the biomedical research process.

When research priorities are set, waste is caused by ignoring potential users’ needs and by ignoring what is already known or being researched. Recommendations to counter this include greater transparency in funding decisions and more frequent systematic assessment of existing evidence. Waste can also come in the practice of research design, conduct, and analysis, where the scientific reward system places insufficient emphasis on investigators doing rigorous studies and obtaining reproducible results. Recommendations to counter this include making publicly available the full protocols, analysis and raw data of research undertaken, as well as rewarding reproducibility practices and enabling an efficient culture of research.

In the regulation, governance, and management of research waste can also arise. Recommendations to off-set this include streamlining and harmonising laws and guidelines, increasing the efficiency of data monitoring and data sharing, and promoting the integration of research in everyday clinical practice. Inaccessible research is another source of reduced value. It is argued research results must be seen as a public good that belongs to the community – especially patients. However half of health-related studies remain unreported, while studies with positive or significant results are more likely to be reported than those with negative or non-significant. Overall, the scientific literature represents an incomplete and biased subset of research findings. Recommendations to rectify this include performance metrics that recognise full dissemination of research, adoption of standards for the content of protocols and reports, and enforcement of study registration policies.

The final problem addressed in this series is that of articles themselves, specifically incomplete or unusable reports. Although publication is essential for communication between researchers and others, it can also be a vehicle for miscommunication. It is claimed

Continues p14...

Biomedical research: Increasing value, reducing waste continues from p13...

the problem of poor research documentation and statistical reporting in the biomedical literature is long-standing, worldwide, pervasive, potentially serious, and not at all apparent to many readers. Discrepancies abound in descriptions of what was planned and done (the question and methods), and what was shown (reporting of results fully and clearly). Recommendations to address this include better aligning regulations and rewards to more complete reporting, and improving the capability and capacity of authors and reviewers in high-quality and complete reporting.

Many compelling examples and anecdotes are included to support the central analyses made in this Lancet series. I strongly commend these articles as an insightful commentary on the complexities and contradictions inherent in the research edifice underlying evidence-based healthcare and informed clinical decision-making.

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FROM YOUR NEW SPONSOR

Wolters Kluwer Health announces Impact Factor gains across its Lippincott Williams and Wilkins journal portfolio and Medknow Open Access Titles

This issue we welcome our new sponsor, Wolters Kluwer. They recently announced impact factor gains across their prestigious Lippincott Williams & Wilkins (LWW) journal portfolio and Medknow open access portfolio with the release of the latest Impact Factor (IF) scores and specialty rankings, based on the 2013 Journal Citation Reports® (JCR), (Thomson Reuters).

More than fifty percent of titles across their journal portfolios increased their impact factors in core medical and healthcare specialty disciplines.

“At a time of tremendous productivity in medical research, we’re proud to publish such high-quality and influential journals. Congratulations to our society partners, editorial and publishing teams for their ongoing commitment to exceptional scholarly works,” said Jayne Marks, Vice President Publishing, Wolters Kluwer Health, Medical Research.

The Medknow open access journal portfolio continues to gain influence globally with 58 percent of the 23 titles listed in the JCR enjoying an increase in their IF rating over the previous year. Titles with notable gains include the Nigerian Journal of Clinical Practice, the official publication of Medical and Dental Consultants’ Association of Nigeria; and the Journal of Cancer Research and Therapeutics, the official publication of Association of Radiation Oncologists of India (AROI).

For LWW’s 198 titles listed in the JCR Rankings, 52 percent of the journals had gains over the previous year with 20 titles increasing 25 percent or more. Impressive gains were noted in LWW’s rankings across categories, including five number one ranked titles in their Specialty: Anesthesiology (Anesthesiology); Annals of Surgery (Surgery); Circulation (Peripheral & Vascular Disease); Circulation Research (Hematology); and Journal of Head Trauma Rehabilitation (Rehabilitation).

In the top 5 rankings, LWW publishes 28 titles across 22 healthcare specialties; in the top 10 rankings, LWW publishes 60 journals across 38 specialties; and rounding out the top 20 rankings, LWW publishes 112 titles across 48 specialties. In the Social Science Index, 55 percent of the LWW journals have had an increase in their Impact Factor. Other titles showing impressive gains include the Journal of Neurologic Physical Therapy, moving 76 percent (IF 2.891), and Implant Dentistry, increasing 73 percent (IF 2.427).

Top ranking LWW published journals span many core and specialty medical, nursing, and allied health categories in the JCR Science Index including: Allergy; Anesthesiology; Cardiac & Cardiovascular Systems; Clinical Neurology; Critical Care; Gastroenterology & Hepatology; Geriatrics & Gerontology; Healthcare Sciences & Services; Hematology; Infectious Diseases; Nursing; Obstetrics & Gynecology; Ophthalmology; Otorhinolaryngology; Peripheral Vascular; Psychology; Radiology; Rehabilitation; Respiratory; Rheumatology; Sport Sciences; Surgery; and Transplantation.

In the Social Science Index, LWW publishes five of the top 25 ranked journals in the Nursing category of the 104 nursing titles represented. In addition to Cancer Nursing, LWW titles include #11 ranked Journal of Cardiovascular Nursing (IF 1.809); #19 ranked Advances in Skin & Wound Care (IF 1.634); #21 ranked Nursing Research (IF 1.500); and #24 ranked JONA, The Journal of Nursing Administration (IF 1.373).

Rankings are published annually in the Journal Citation Reports®, a registered trademark of Thomson Reuters. Impact Factor (IF) is a measurement of the frequency by which an article in a scholarly journal is cited in a particular year. It is considered by many to be a measure of a journal’s influence and prestige.

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HLA EVIDENCE SUMMARY

<p>CITATION</p>	<p>Shariff, S. Z., Bejaimal, S. A. D., Sontrop, J. M., Iansavichus, A. V., Haynes, R. B., Weir, M. A., & Garg, A. X. (2013). Retrieving clinical evidence: A comparison of PubMed and Google Scholar for quick clinical searches. Journal of Medical Internet Research, 15(8). http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3757915/</p>
<p>AUTHORS' OBJECTIVES</p>	<p>The aim of this study was to compare the performance of Google Scholar and PubMed for quick clinical searches.</p>
<p>METHODOLOGY</p> <ul style="list-style-type: none"> • Subjects and Setting • Study Design 	<ul style="list-style-type: none"> • The subjects were Canadian nephrologists working in academic medical centres and community-based settings. The study design was a comparative study utilising a survey. • The researchers used systematic reviews in the area of renal therapy from the EvidenceUpdates service to generate 100 clinical questions with relevant articles to answer them taken from the SR reference lists (the standard set). A content coverage analysis was done to ensure that the articles from the reference lists were findable in both databases being compared. • The nephrologists were selected using a random number generator from a set of practising nephrologists. They were sent a survey about their information searching habits along with one of the pre-identified clinical question that was selected randomly. For the search question, they were asked what search terms they would use to retrieve articles to answer the question. • The researchers then searched PubMed and Google Scholar (GS) using the nephrologist supplied search terms and modified them per strict rules in cases of misspellings, acronyms or other discrepancies. Each search was analysed for the total number of results retrieved, and the number of relevant results. The first 40 articles in each database were matched against the standard set and the only limits used were the search dates indicated in the systematic reviews. • The searches were done on computers that didn't use institutional internet connections.
<p>RESULTS</p>	<ul style="list-style-type: none"> • There was a 75% (n=115) response rate. If the nephrologist didn't answer the clinical question/the search terms were illegible (n=8) or didn't respond in time (n=7), they were classed as non-responders and the clinical question was put back into the question pool to be reassigned until all were answered. • Content coverage: 15% of articles from the standard set were missing in each database, PubMed contained 2% not in GS and GS contained 5% not in PubMed. • Searches: GS had twice as many relevant articles as PubMed in the first 40 results (recall 29.1% vs 10.9%) and 14.6% full text recall as opposed to PubMed's 4.7% (first 40 results). The precision for GS within the first 40 citations was 7.6% vs PubMed 5.6% but when all citations were considered, GS was 0.8% compared to PubMed 6.0%. PubMed found no relevant citations for 54% of searches compared to GS 21% (75% in total were not retrieved). • The researchers acknowledge that in practice, clinicians are likely to refine search queries if initial search results are unsatisfactory.
<p>AUTHORS' CONCLUSIONS</p>	<p>Despite the limitations (researchers not seeing the nephrologists type in keywords and the possibility of reporting bias), GS is the database to go to for quick searches with greater access to full text.</p>
<p>HLA COMMENTARY</p>	<p>The study design was robust but there were some questions regarding the modification of clinician-supplied keywords. Low relevancy of the articles retrieved indicates poor search strategies which is a concern. It was surprising that GS and PubMed had similar precision for the first 40 articles but not too surprising when GS dropped to 0.8% for all articles. There was some discussion about the default settings of both databases that were not discussed in the limitations – GS showing older citations first because they have more time to accumulate links, and the fact that Google uses your geographic location and search history to helpfully show you more relevant results. Another limitation to the study that was not considered was whether the researchers or nephrologists had signed into their Google account or not – this could have affected search results.</p>
<p>IMPLICATIONS FOR PRACTICE OR RESEARCH</p>	<p>This study is generalisable to general healthcare institutions that cover a large range of specialities but not for specialised institutions that focus on specific areas not well represented in general medical databases (eg rehabilitation). The relevancy ranking that GS uses is useful and PubMed has now incorporated this feature. Appraisers agreed that given that Google is so pervasive, it is worthwhile in educating clinicians how to search this resource effectively and recognise its limitations.</p>



MEMBER SPOTLIGHT

JEANETTE BUNTING FAST FACTS

HLA member since: 2012
First professional position: My first professional position was as a physiotherapist in 1992. My first position as a librarian was at Curtin University – acquisitions in 2011.
Current Position: Joondalup Health Campus Library
Education: Bachelor Applied Science Physiotherapy (1991), Graduate Diploma in Library and Information Studies (2010).
Favourite Website or Blog: Unshelved is my favourite librarian website. The light hearted approach cheers me up http://www.unshelved.com/

What do you find most interesting about your current position?

We are a small hospital library and I get to do a little bit of everything, which keeps me interested. I also enjoy being back in the hospital environment.

What has been your biggest professional challenge?

Making the change from physiotherapist to librarian was very challenging.

How did you join Health Librarianship?

Given my background, working as a health librarian seemed the logical thing to do.

What was your previous employment background?

I worked as a physiotherapist in the public sector and not for profit private sector for 18 years.

What would you do if you weren't a health librarian?

I would probably run off and join a Buddhist monastery and spend the rest of my life meditating.

What do you consider the main issues affecting health librarianship today?

Funding constraints is the main issue and keeping up with new technology is a close second.

What is your greatest achievement?

My greatest non librarian achievement was walking the Bibbulmun Track end to end in 2011.

My greatest achievement as a librarian so far was moving the library from offsite to our new onsite location last year.

What is your favourite non-work activity?

Trekking in out of the way places, I'm trekking in Nepal for three weeks in October 2014.

What advice would you give to a new member of HLA or a new graduate information professional?

Make the most of your student practicum, network extensively and join the special interest groups in your area of interest.

Anything else you would like to share about yourself?

I have a daughter who is 30, two dogs and a few chickens.



HELP GOODWORK

Health Libraries Australia welcomes bequests for our two Awards, the HLA/HCN Innovation Award and the Anne Harrison Award. For further information contact the Anne Harrison Award's secretary, Bronia Renison at awards@alia.org.au



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Submission of abstract deadline 13 October 2014

EVIDENCE AND PRACTICE: WORKING TOGETHER

You are invited to make a submission to the 8th International Evidence Based Library and Information Practice Conference. The theme of this conference *evidence and practice: working together* reflects our focus on narrowing the gap between practice and evidence and in promoting evidence based practice in all parts of the information profession. Evidence based library and information practice (EBLIP), once based on the medical paradigm, is changing and evolving. We are developing practices and processes particular to the library and information profession and reconfiguring the traditional evidence based philosophy to suit individual circumstances and locations. Collaboration across institutions and sectors is fundamental to learning through sharing experiences, publication of quality research results, and a sustainable and connected EBLIP community.

Types of Submissions

Two types of submission are being sought:

Papers

Papers will be considered for publication in the *Evidence Based Library and Information Practice Journal*; an open access, peer reviewed publication. Further information including author guidelines can be found at <http://ejournals.library.ualberta.ca/index.php/EBLIP>. Papers accepted should be 5000 words in length. The peer review process will take place after the EBLIP8 conference to allow authors to incorporate feedback and comments obtained during their presentation into their final paper.

Posters

Posters allow participants with similar interests to interact by using the poster as a discussion point. All posters will be displayed digitally. Details on the formatting requirements are available on the conference website.

At least one author of accepted submissions **MUST** register and attend the conference.

Criteria for Selection

All submissions will be assessed against the following criteria:

- Relevance to seminar theme
- Clarity, coherence, organization of writing
- Academic or professional merit
- Originality and innovation of the work

How to Make a Submission

A 300 word abstract is required for each submission type. All submissions should be made using the online system available on the conference web site. If there are any issues with submissions, please email: eblip8.abstracts@qut.edu.au

IMPORTANT DATES

Submission of abstracts.....	13 October 2014
Author notification.....	1 December 2014
EBLIP8 Conference.....	6-8 July 2015
Papers due.....	10 August 2015
Anticipated publication.....	late 2015/early 2016

Visit the EBLIP8 Conference website at <http://eblip8.info>

The EBLIP8 Conference is proudly hosted by the Queensland University of Technology



CLINICIANS HEALTH CHANNEL

The Clinicians Health Channel, currently under review, has been available to Victorian clinicians since 2001. It is available to more than 40,000 clinicians working in public health in Victoria and is accessed over 300,000 times each month.

The Department of Health is currently undertaking a review of the channel to ensure that it remains a valuable and well utilised tool for Victorian clinicians.

To date, we have conducted a survey and had more than 500 clinicians respond, established a reference group and met with interns to discuss their needs.

The Reference Group comprises health librarians, pharmacists, a doctor, a clinical nurse manager, a poisons information manager and a radiologist. All members are extremely passionate about what the channel should be and our monthly meetings are always an exciting mix of ideas and opinions.

Health librarians play an essential role in the current success of the Clinicians Health Channel. Librarians are working everyday with clinicians to raise awareness and increase skills.

The review has identified that a lot of the Clinicians Health Channel works well, however, there is a strong need to:

- ensure that the resources we provide are meeting the needs of clinicians
- identify ways that we can better promote the channel and increase the skills of clinicians
- ensure that health librarians have the right resources available to effectively promote and train clinicians
- ensure that we are taking advantage of new technologies such as mobile devices.

Over the next year, we have some exciting changes planned, these include;

- an updated web page that will provide a more accessible and usable platform for clinicians to effectively access the resources that are available
- a full review of the evidence-based resources we provide, with a focus on delivering resources that will support at the point of care
- implementing a focus on innovation so that we can continue to build on the current success of the Clinicians Health Channel.

The objectives of the Clinicians Health Channel are to:

- provide equity of access to essential clinical knowledge for clinicians (doctors, nurses, allied health professionals) and publicly funded health care employees in metropolitan, regional and rural Victoria
- facilitate electronic dissemination of clinically-relevant information, such as clinical guidelines and protocols distilled from medical research
- support integration of evidence-based practice into the health care system through Evidence Based Content and Training.



NATIONAL ROUNDUP ...

Each month we will feature news snippets from our Health Library Community. This issue we visit the Northern Territory.

Northern Territory (NT Department of Health Library)

March saw the retirement of long serving Librarian Bill Craig. Bill's contribution to the Darwin Health Library was celebrated with a wonderful afternoon tea attended by many past colleagues and clients.

Koha has been recently upgraded to version 3.14 and staff have participated in in-house

training. Staff favourite new features include electronic bookshelf browsing, embedding of Subject Guides (LibGuides), a new mobile device layout and, a new titles alert feature. Our Subject Guides team are looking at developing a communication strategy to promote the Guides in a more structured way and

to review those that have low usage. They can be viewed at our Subject Guides webpage.

Another project is around branding and marketing especially improvement of branding within the different databases and client engagement.



NATIONAL 2014
conference

15 – 19 September 2014, Pullman Albert Park Hotel, Melbourne, Australia

EVENTS TO SUPPORT YOUR PROFESSIONAL DEVELOPMENT

YEAR	EVENT	LOCATION	DATE
2014	ALIA National Conference	Melbourne	15-18 September
	HLI/HLA Collaboration Joint Conference	Melbourne	19 September
2015	ALIA Information Online 2015 Conference	Sydney	2 – 5 February
	Medical Library Association	Austin, Texas	15-20 May
	Canadian Health Libraries Association	Vancouver	19-22 June
	CILIP: Health Libraries SIG	TBA	TBA
	HISA: Health Informatics Conference	TBA	TBA

COLLABORATION

HLI/HLA joint conference 2014



**HLANEWS
DETAILS**

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