SUMMER • 2015

HLA NEWS

NATIONAL NEWS BULLETIN OF **HEALTH LIBRARIES AUSTRALIA**
The national health group of the AUSTRALIAN LIBRARY AND INFORMATION ASSOCIATION • ISSN 1448-0840

AUSTRALASIAN Cochrane Symposium

– essential reading for those who use or rely on systematic reviews

Cecily Gilbert and Ann Ritchie report on the 2015 Australasian Cochrane Sumposium, Exploring Spheres of Evidence and Influence, held in Melbourne on 25 and 26 November. This biennial gathering is for people working on Cochrane and other systematic reviews, and also for those who use or rely on SRs – particularly to inform clinical guidelines, clinical standards and policy decisions. Roughly 10 per cent of Cochrane's authors and editors, and 20 per cent of Cochrane Review groups are based in Australia.

Symposium sessions covered four main themes:

- Current work of the Cochrane Collaboration
- Evidence Synthesis production and publication
- Inter-relationship between Cochrane and Clinical Guidelines
- Evidence in Public: Applying and publicising SR findings.

COCHRANE COLLABORATION – INNOVATIONS UNVEILED

The work of the Cochrane Collaboration is guided by a robust Strategy to 2020.

Many of the Innovative projects unveiled during this Symposium aim to improve the process for producing Cochrane reviews. A key example is Project Transform, where significant work has been done in four areas:

- **Evidence pipeline** – finding relevant research, technology-based searching (e.g. using text mining), reducing the retrieval of irrelevant citations
- **Getting involved** – bringing in new contributors (similar to the volunteer project screening Embase for RCTs to include in Cochrane)
- **Task exchange** – enabling greater collaboration on reviews in progress, via the prototype Task Exchange platform which matches open tasks to people in the Cochrane network
- **Production models** – streamlining processes for efficiently producing quality reviews.

Dr Julian Elliott, senior research fellow at the Australian Cochrane Centre & lead for Project Transform, gave a brief overview of these projects. His talk introduced a slew of acronyms: familiar to the Cochrane-agile audience but challenging for the newbies.

Elliott is also lead on development of the new Covidence tool (discussed later) which aims to 'automate' aspects of the article review stage in systematic review work.

A much-repeated concept was "prioritising reviews". This

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year Cochrane published, and has now updated, a Priority Review list to identify either new review topics or reviews requiring updates – to inform healthcare and health policy decision makers. The 300-item list combines recommendations by Review Groups and their stakeholders with topics drawn from the published research priorities of national and international organisations such as research funders, patient advocacy groups and guideline developers. Cochrane hopes that publicising the list will act as a stimulus to encourage funders to support production of the reviews.

Innovations CEO Charlotte Pestridge pointed to the link between Cochrane's sustainability and its willingness to explore punchier forms of commissioned reviews, e.g. for guideline developers. These formats include Rapid Reviews, Targeted Updates, and Scoping / Interim Reviews. For example, a Targeted Update has a two to four week timeframe, and focusses on maximum of two comparisons. The Update links to the original Cochrane review. In future it is planned to publish targeted updates as a special collection in the Cochrane Library.

Another example of this re-purposing of content is Cochrane Clinical Answers. These are brief reports which distill evidence into practical answers, with topical summaries. By January 2016, there will be 1,000 answers available. They are openly accessible in Australia till June 2016 at http://cochraneclinicalanswers.com

Cochrane is committed to open access by 2020; the goal is to have all new and updated reviews deposited in PubMed Central or similar within 12 months of publication. From 2016, all review protocols will be open. The publisher Wiley has a program of new functionality and enhancements for the Cochrane platform. These will support better searching and browsing, faceted browsing based on PICO models, linking between related content, new publication types, better filtering and visualising, dynamic generation of portals, and greater use of metrics.

A linked-data project set for 2016-18 aims to connect Cochrane reviews with relevant content in open data stores, using tags and common vocabularies (e.g. SNOMED). Possible sources include trial and guideline repositories, electronic health records etc. Tool prototypes including PICO Annotator and PICO Finder are currently being tested.

A lot of thought has also gone into the concept of "living reviews" – mechanisms to gather new results to dynamically update existing Cochrane reviews. With guideline developers also interested in this idea, it seems likely Cochrane will refine methods for achieving an effective process.

EVIDENCE SYNTHESIS PRODUCTION AND PUBLICATION

Speakers reported a range of work to increase efficiency and quality in producing reviews and updates. In a hands-on workshop, Julian Elliott demonstrated the key features of the Covidence tool <www.covidence.org>. This online resource – currently free to trial – helps systematic reviewers manage the task of analysing and extracting studies for inclusion in the review. It provides a cloud-based workspace to import article citations and PDFs for a review-in-progress. Citations are set for initial screening by title, followed by full screening using the item's full text. Review team members are able to examine the studies, extract the data to a customised form, and estimate risk of bias and other quality criteria. When a citation is excluded, the reviewer notes the reason from a drop-down list and this is recorded for the review flow chart. Once final, the study data summary, with tables showing included and excluded studies, outcomes etc. can be exported to Revman. At this time, Covidence is configured only for the standard intervention review type. Elliott noted that the program has been adopted as a standard Cochrane tool, and will "always be free for teams doing Cochrane reviews". Reviewers in other organisations will be levied a low fee to use it, and enterprise rates are negotiable.

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Three areas of review quality work were highlighted. University of Bristol's Julian Higgins described the Risk of Bias (RoB) assessment tool developed in the past four years by members of the Cochrane Bias Methods Group. This program is intended to evaluate the RoB in the results of non-randomised studies comparing health effects of two or more interventions. This tool has great potential as these types of studies are widely used (may be described as cohort studies, case-control studies, controlled before-and-after studies, or interrupted-time-series studies). It also applies to controlled trials which use a "quasi-randomised" allocation. More detail is available at https://sites.google.com/site/riskofbiastool/home.

Bond University academic Tammy Hoffmann reported on inadequate description of interventions in non-drug systematic reviews of stroke treatment. Her team assessed the completeness of intervention reporting using the TIDieR checklist – Template for Intervention Description and Replication. Looking at trials included in Cochrane and non-Cochrane reviews, Hoffmann found most lacked adequate detail on interventions, even basics such as When and How Much, intervention mode, and location. When review authors were contacted, nearly 60% had further information about the intervention, but had chosen not to include it; 70% indicated they had tried to obtain more information from the trial authors, with variable success. (Hoffmann also proposed that Cochrane's stipulations on describing interventions could be tighter e.g. in the Methodological Expectations handbook.)

This work is a useful reminder for those of us critically appraising published reviews. Hoffmann noted: "The usability of systematic reviews depends on good description of the intervention." It also flows into other areas of the review process such as deciding which trials are eligible for a review, meta-analysis or subgroup analysis. Hoffmann's study is in BMJ Open doi:10.1136/bmjopen-2015-009051.

Managing Conflict of Interest (CoI) was discussed in a thoughtful paper by Professor Lisa Bero, now working at University of Sydney. Conflicts pose a risk that professional judgement will be affected by external influences. The risks of financial ties are well documented; Bero noted there can also be a CoI with non-financial influences such as personal relationships, career interests, intellectual, theoretical and professional shared approaches. As these are not easily eliminated, Bero proposed three Best Practices for CoI: detailed disclosure; third-party review of possible CoI; management by limiting the exposure to CoI, for example choose a team leader who has no perceived ties, or ensure the clear majority of team members are above suspicion.

COCHRANE TRAINING – BROADER REMIT

Cochrane's current training strategy targets authors of its reviews, through in-person and online training workshops; much of this material is restricted to registered authors. A handful of the offerings are open to all, including three introductory programs written for consumers, advocates and newcomers. Training manager Miranda Cumpston flagged more programs in the pipeline for patients & consumers, as well as greater support for review editors and trainers. These new offerings will start appearing in early 2016 on the Cochrane Training site <http://training.cochrane.org>.

COCHRANE INTO PRACTICE – CLINICAL GUIDELINES

The Symposium highlighted current programs in clinical guidelines development by three organisations with national reach.

Davina Ghersi of the NH&MRC tabled a negative evaluation it had conducted of one thousand Australian CPGs. The key weakness found was missing or inadequate detail on reliability and validity: two-thirds had no description of the process used to develop the guideline, 60% lacked any mention of funding source; only 17% gave a link to the level of evidence for their recommendations; and fewer than 10% stated

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replicable evidence sources. Not surprisingly, NH&MRC has launched an open consultation on production of trustworthy CPGs <http://consultations.nhmrc.gov.au/submission-guidelines> – submissions close 22 January 2016. The broad discussion points include setting new standards for guidelines, priority setting, and guidance on the full process of guideline development, production and endorsement by NH&MRC.

The Australian Council for Safety & Quality in Health Care has already pushed prioritisation work, and expects a list to be endorsed by Australian Health Ministers in 2016. Rob Herkes, ACSQHC's Clinical Director, advised there were two consistent themes in this work: managing multi-morbidity (where traditional CPGs can contradict each other); and ensuring guidelines are user-friendly (recognising that junior medical staff rely just on the abstract, not the entire CPG). Priority work will also increase the production of Clinical Care standards: it has six currently available <http://www.safetyandquality.gov.au/our-work/clinical-care-standards>

A review of the Patient blood management guidelines echoes many of these ideas. Jen Roberts, the National Blood Authority's Clinical Evidence director, discussed the need to maintain the quality and currency of their guidelines through ongoing updates, prioritise new topics, and to have standard development processes for their contractors to follow.

EVIDENCE IN THE PUBLIC SPHERE

The symposium devoted much discussion time to Cochrane goal 4: Applying and publicising the evidence.

Ray Moynihan, Research Fellow at Bond University, presented on unhealthy disease definitions and reducing overdiagnosis. Moynihan's research examines the trend to expand disease definitions (e.g. pre-hypertension, gestational diabetes, chronic kidney disease) and its potential downsides, including overprescribing and possible adverse effects or iatrogenic disease. The Preventing Overdiagnosis campaign uses Cochrane and other evidence sources to educate clinicians and consumers about evaluating tests and risks <www.ncbi.nlm.nih.gov/pmc/articles/PMC4077659/>.

Education of Australian clinicians is also occurring via the "Choosing Wisely Australia" initiative <http://www.choosingwisely.org.au>. This project has support from six Australian specialty colleges, with seven more signed up for 2016. Each college publishes a list of tests and treatments that clinicians and consumers should question. GP Justin Coleman explained the recommendations target treatments which are done often, with risk of significant cost or harm, and for which there is good rigourous evidence. For consumers, the campaign has developed five questions to ask your doctor:

1. Do I really need this test or procedure?
2. What are the risks?
3. Are there safer simpler options?
4. What happens if I don't do anything?
5. What are the costs?

The National Stroke Foundation has played an active role in auditing and documenting stroke care for almost a decade. Director Erin Lalor described new work to relay its messages to the care community, using the brand Inform Me, and to consumers with the Enable Me personalised website <https://enableme.org.au/>.

The symposium concluded with a very instructive "Pitch your review to the media" panel. It's daunting to gain media interest for a story on your systematic review, especially if the study finds that evidence is poor, or lacking, or negative. Journalists from The Conversation and the Melbourne Herald-Sun provided some effective practice points: 'Cold calling' is welcome, stress the outcomes on people (not the numbers in the studies), be ready to answer the question "How does this affect our readers?" They suggest you flag information that is "Off the Record" – a good journalist will respect this. It's sensible strategy to build a long-term relationship with selected journalists.

ANN RITCHIE

CONVENOR'S FOCUS

In the past few months Ann Ritchie says she has attended a number of professional development events in which she notes collaboration has been a major focus or leitmotif.

> ... collaboration can offer a counterpoint to competition as there are increasing and different opportunities in connectivity; and the best way to encourage and motivate innovative behaviour ... is to set up an environment, processes and systems where people feel safe to experiment

These included a Workforce Summit organised by the Health Information Management Association of Australasia (HIMAA) in October, the Cochrane Symposium (25-26 November – see the article by Cecily Gilbert about this event in this issue), the Libraries Australia Forum (1 December, this year held in Melbourne), and most recently, OCLC's Asia Pacific Regional Council (APRC) Forum, 3-4 December, also in Melbourne.

The keynote speaker at the APRC Forum, Dan Gregory (yes, 'the fat one' from Gruen Transfer – Dan immediately engaged his audience with his typically self-deprecating style of humour) observed that the term collaboration is not often used in the business world, except to be seen as a type of Corporate Social Responsibility. I assumed that this was because businesses are competitive, profits are the primary focus, and collaboration requires pursuing common goals for the public good.

Dan then gave a couple of examples in which collaboration in a commercial organisation was the modus operandi, where an opportunity had been grasped because information about resources was not being employed as efficiently as it could have been – think of services like Uber, Airbnb, Tinder (fortunately a colleague beside me could enlighten me about the last one). I began to think that as information managers, perhaps there is something we can learn from this analogy, and perhaps there are some problems where we could be collaborating better and using our data to redeploy or 'repurpose' underutilised resources.

He then moved onto the topic of leadership, and how leaders need to create collaborative teams, a task that can be difficult when most often we reward individual successes rather than shared work. He outlined four leadership strategies for driving collaboration:

- leaders don't tell people what to do, they develop a shared sense of identity and show people who they can be;
- leaders align their goals with what people value because business is always about value exchange – the most critical question to ask is 'what's in it for them?' and then make sure that's what you offer;
- leaders seek to raise their collaborative intelligence by being open to different points of view, even if they don't often like what they hear; the more cognitive diversity, the higher the collective IQ; homogeneity is not a good thing, we can suffer from contextual blindness and may need to challenge ourselves and get an outsider to look at a problem with fresh eyes;
- leaders focus on solutions beyond usual processes and encourage creativity and innovation in the group; ideas take time to develop and rarely rest with an individual; they must not be critical of one person, as this shuts down the creativity of the group.

In the concluding Q&A, Dan highlighted a couple of key points: collaboration can offer a counterpoint to competition as there are increasing and different opportunities in connectivity; and the best way to encourage and motivate innovative behaviour (even in a risk averse profession such as librarianship) is to set up an environment, processes and systems where people feel safe to experiment.

The Libraries Australia Forum was held earlier in that week, and one of the highlights for me was the presentation entitled 'The facilitated

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collection: collections and collecting in a network environment' by Lorcan Dempsey, Vice President Research and Chief Strategist at OCLC. Lorcan stated that 'discovery happens external to the library' and in fact, previous OCLC research has found that fewer than 5% of searches begin in the library catalogue. He talked about collection trends, the evolution from 'just in case' to 'just in time' collection management strategies, and the idea that we need to reframe our thinking towards a model in which access to both local and shared resources is 'facilitated' through the library's discovery tool (which could be the library's catalogue).

So my learning from this is that rather than trying to be 'better than google' in initial resource discovery (and we would have great difficulty shifting our users' perceptions anyway) the value proposition we can offer is that when our users do come to the library to locate the needed information (generally after they've failed in a google search) we can make sure it's an enjoyable and fruitful experience, that they can locate what they want easily, and access to the fulltext is seamless. And we can do this by offering integrated access to local and shared resources through a single catalogue (discovery tool).

‘ ... the value proposition we can offer is that when our users do come to the library to locate the needed information (generally after they've failed in a google search) we can make sure it's an enjoyable and fruitful experience, that they can locate what they want easily, and access to the fulltext is seamless ’

Lorcan Dempsey's presentation also explored the idea that in the research world 'workflow is the new content' and libraries could facilitate access to this new form of content by organising themselves around the workflows of researchers and learners. We need to focus beyond the products of scholarship to capturing and curating the research process (e.g. research records) as well as the aftermath (e.g. the reuse of research data). In a world of 'collections as a service' libraries must view themselves as 'the library in the life of the user' rather than 'the user in the life of the library'. He referred to 'rightscaling' and the challenge of 'conscious coordination' for Libraries Australia and networks in other countries, possibly on a scale of 'mega regions'. WorldCat and collection analysis tools can help libraries to collaborate in making decisions about shared collections.

The aim of the HIMAA Workforce Summit was to address two issues raised in Health Workforce Australia's (HWA) 2013 Health Information Workforce (HIW) Report[1] – workforce shortages and workforce configuration. There were presentations by educators, researchers, managers and practitioners, exploring workforce issues from their vantage points. I learnt a lot about the health informatics/health information management/clinical coding world and the need for solid research data for workforce planning, development of a range of education/CPD opportunities and the vagaries of workplace operational issues – the issues are not dissimilar to those we face.

There was general agreement about the need to develop a shared understanding of the health information professional workforce, and some support for the idea that the peak professional bodies should work collaboratively to engage with stakeholders and strengthen strategic relationships. It was important for health librarianship to be represented in this national forum, and we will continue the discussions about specialised skill sets, mapping competencies, and conducting research to inform education and develop the health professional workforce for the future.

HLA/ALIA is currently drafting an MOU with HIMAA, and we will be revisiting our agreement with the Health Informatics Society of Australia (HISA) in the new year. Other organisations to be included in national discussions about health workforce planning, as well as other priorities are the Australasian College of Health Informatics (ACHI) and the Australasian College of Health Service Management (ACHSM).

As 2015 draws to a close I'd like to let you know about a couple of exciting prospects for 2016. The HLA Executive is very pleased to be appointing a national Project Manager for 2016, Jane Orbell-Smith, who is also our Publications Editor. Jane will be focusing on membership communications and a couple of priority projects including developing

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a consumer health information factsheet, promotion of the HLA Census results, collating examples about how health libraries are contributing to our National Safety and Quality Health Service Standards[2] and other advocacy and promotional initiatives.

And on the professional development front – this year was exceptional, thanks to the efforts of everyone on our Executive and those who partnered with us in making these events happen. We know there is a hunger amongst health librarians for high quality PD events, and we are forging ahead with our plans for next year, including:

- Health Librarianship Essentials online course to be run from February to May (check the announcement in this issue)
- Expert searching/systematic review workshops presented by Julie Glanville and Carol Lefebvre to be run in various locations – please get in touch if you'd like to work with us to organise an event in your city
- HLA Professional Development Day in the middle of the year (most likely in Sydney) – we will be calling for abstracts early next year
- PubMed Train-the-Trainer (developed by Cheryl Hamill for the Anne Harrison Award and run during 2015 in various cities) will be continued next year.

Have a wonderful break over Christmas and New Year, and I look forward to working with you all again in 2016.

Ann Ritchie
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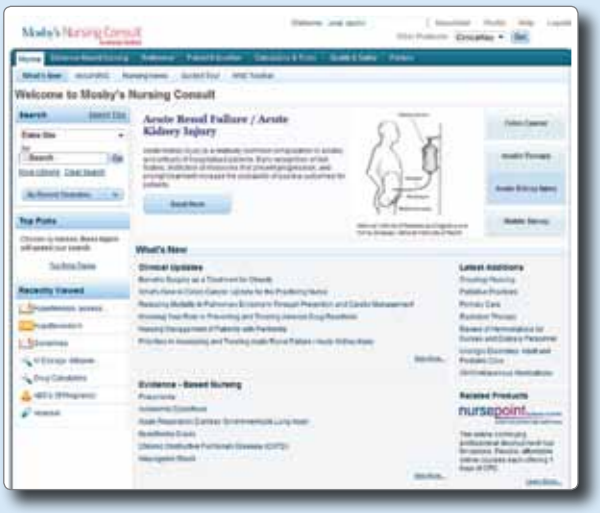

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Health librarianship essentials

Online professional development course
24 February to 27 April 2016

This was a comprehensive, valuable course… it has given me the confidence to apply for a position within a health library which has subsequently led to a job interview… – 2015 participant

About the course

Are you looking to forge a career in health librarianship? Are you a public or academic librarian who wants to better understand the health sector and health information resources?

This **nine week online course** will introduce you to the essentials of health librarianship. You'll explore the Australian health sciences and healthcare environment and learn about the diverse information resources used by health researchers and practitioners. You will be introduced to medical terminology and gain insights into the significance of evidence based practice in healthcare. The course will provide you with **a strong foundation for a career in health libraries**.

Who should participate

This course is perfect for:

- early career health librarians
- librarians who want to make the move into health librarianship
- experienced librarians looking for a refresher course
- librarians from other sectors – answer healthcare enquiries more effectively
- LIS students seeking an elective subject*

Course format

Live online classes will run on Wednesday evenings from 6pm til 8pm AEST (Brisbane). Can't make a class? **Catch up with a recording**. You will also benefit from a range of facilitated self-paced learning experiences. We know you're busy, so we'll help you to tailor your learning experience to meet your needs and your schedule. We're **experts in online teaching**.

The course was very well structured and extremely interesting. All the presenters were knowledgeable and possessed good presentation skills. I learned a lot from it! Great experience! – 2015 participant

Requirements

You will need a reliable internet connection, computer or tablet to access live or recorded classes, and a headset.

Recognition

- Complete optional assessment to receive credit towards a postgraduate qualification in library and information practice*.
- Earn points for the ALIA CPD scheme (Health specialisation) – one point per hour, up to a maximum of 30 points per year.

Meet the team

- **Course leader: Adjunct Prof Dr Gillian Hallam**. An experienced educator and trainer who develops highly specialised academic and professional programs for the LIS sector.
- **Facilitators and advisory group**: Health Libraries Australia members.
- **Mentors**: experienced health librarians will provide mentoring for participants.
- **Design & curriculum support**: Dr Kate Davis, Coordinator Library & Information Education.

Cost

Standard registration	$2,310
ALIA / HLA members – 20% discount	$1,848
Student (any institution) – 25% discount	$1,733
QUT alumni – 15% discount	$1,964
QUT staff – 25% discount	$1,733

Bulk registration discounts:
Further discounts available for multiple registrations from one organisation. Contact Kate Davis (kate.davis@qut.edu.au) for info.

Register at bit.ly/hle-2016

Registration closes 10 February unless sold out earlier.

Acknowledgments

We are grateful to ALIA Health Libraries Australia for their support for development and delivery of this course.

Places are limited – register now!

Register at bit.ly/hle-2016

* Confirm credit arrangements with your institution

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RARE BOOK WEEK

at the Royal Australasian College of Surgeons

The Royal Australasian College of Surgeons (RACS) is home to the impressive Cowlishaw collection of early medical books, including eight incunabula. Graham Spooner says the RACS has been an active participant in Rare Book Week for the last two years. Here he shares highlights from the 2015 event.

ABOVE – Highlights included rediscovering the 'father of modern surgery in France', Ambroise Paré [1510 - 1590]. Portrait from Wellcome Images.

Melbourne Rare Book Week commenced in 2012 and has since seen a growth in free events being held at libraries, literary and historical societies and bookshops throughout Melbourne, attracting local, national and international visitors. My institution, the Royal Australasian College of Surgeons (RACS) has been a participant for the last 2 years. I have been in the position of Manager, Library and Information since November 2013 and have now been in attendance at RACS Rare Book Week events in both 2014 and 2015.

This year I managed to talk myself into leaving the comfort and warmth of my home to venture into Melbourne's winter cold and to return to my workplace for talks on both Tuesday and Wednesday evening.

Felix Behan is one of our few regular, "in-person" visitors to the library premises. He is usually looking for assistance on an eclectic range of projects often centred on a column he is developing for the RACS magazine, Surgical News. His research requirements set us some interesting challenges as he delves into surgeons from the history of RACS or the wider surgical world and other topics or requests which test our reference skills and powers of deduction. On Tuesday evening, Felix delivered the first of the papers on Ambroise Paré, based on materials held in RACS marvellous historical collection.

Ambroise Paré is regarded as the father of modern surgery in France. His creed was "To eliminate that which is superfluous, restore that which has been dislocated, separate that which has been united, join that which has been divided and repair the defects of nature." He was the first to effectively treat gunshot wounds. He wrote many treatises, and his legacy ran strongly through the next two centuries. Plastic and reconstructive surgeon Felix Behan drew on the Cowlishaw Collection to explore the importance and place of French surgical books of Paré and his successors. Of great interest to me was that he could well be considered one of the first adherents of evidence-based medicine comparing the effects of traditional method of treating wounds with boiling elderberry oil and cauterization with a treatment using a recipe made of egg yolk, oil of roses and turpentine. He also documented phantom limb pain in amputees. I did enjoy being in the presence of his 1564 book Treatise on Surgery and I am sure that this was the case for the other 30 or so attendees.

The College's museum curator, Geoff Down gave the Wednesday night talk on The Cowlishaw Collection which contains over 2,000 volumes. I and the other RACS library staff are not involved in the

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Rare Book Week at RACS
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management of this collection as we spend our time developing, maintaining and promoting extensive e-collections or on meeting a high demand for document delivery from our Fellows and Trainees.

In the Collection, there are eight incunabula (books printed before 1501), including Guy de Chauliac's Cyrurgia, Venice, 1499. Hippocrates is presented in eighteen editions, Galen in five editions, and Celsus in twenty-one, starting with the 1493 printing. The 1558 edition of Vesalius' De humani corporis fabrica, and Paré's 1568 edition of Traicté de la Peste are also included in the collection, along with many important medical books from the sixteenth to the early twentieth century. One title, a 1493 edition of Celsus, is a proof copy, and is thought by Geoff to be unique.

During several visits to Britain and Europe between 1906 -1908, Sydney physician, medical historian and bibliophile Dr Leslie Cowlishaw purchased many early medical books. These became the foundation for his library, amassed in the first half of the 20th century. Rich in rare medical and surgical classics, it is the most important of its kind in Australia. Geoff Down told us the story of this fascinating library, how Cowlishaw went about collecting it, how RACS acquired it and why it is now a prized possession of the College. Unfortunately, Dr Cowlishaw housed the collection for a period in Cooma – something that has not assisted in the preservation of the works. Geoff has also had to rearrange the collector's classification scheme and is waiting patiently for the glue to dry out on the white stickers that Dr Cowlishaw placed on the spines of the books rather than undertake the risky procedure of peeling them off such old and often fragile covers. The books are housed in the College Council Room and their weighty, historical presence on the shelves during staff meetings and their direct link with medical knowledge from centuries ago is a quiet pleasure for a long-term health librarian like me.

The College also has The Cowlishaw Symposium which is held every two years to honour the memories of Dr Leslie Cowlishaw and Professor Ken Russell, and to encourage research into the Collection. The next will be in 2016.

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Join the discussion about this article or other issues relating to health librarianship by emailing the Editor at HLA_News@hotmail.com

AWARD IMPETUS FOR INNOVATION

First Advanced Australian EBP Librarians' Institute

Connie Schardt, Lisa Kruesi and Suzanne Lewis explain how winning the 2014 HLA/HCN (now Medical Director) Health Informatics Innovation Award provided the impetus for the first Advanced Australian EBP Librarians' Institute, recently held in Melbourne.

> ... So many fantastic ideas got generated throughout the workshop both from the session content and handouts and also from networking with colleagues during sessions and in breaks. All the activities throughout the institute really enforced the learning and it was great working with different people on these ...
>
> ... I found the whole Institute extremely helpful. The size of the Institute was perfect ... allowed continuity of the thought processes [in all sessions]
>
> (Feedback from delegates)

The Australian Evidence Based Practice (EBP) Librarians' Institute is an innovative educational project using technology to coordinate an international team of library educators to provide a residential training program for librarians working in health care settings. The first Advanced Australian EBP Librarians' Institute was held in Melbourne from the 16th to 19th November. It was possible to commence arrangements for the three-day residential Institute with funding from the 2014 HLA/HCN (now Medical Director) Health Informatics Innovation Award.

The innovation is two-fold. It is a residential training program that allows health librarians to immerse themselves in the learning experience, providing ample time for delivery of content, practice of new skills, and self-reflection on how to incorporate these new knowledge and skills into their library services. It utilises technology to allow a group of library tutors, working in different states and countries to collaborate in real-time and work effectively to develop a strong curriculum.

The need for an Advanced Institute grew out of the very successful Australian EBP Librarians' Introductory Institute that has been held annually as a residential event, in cities around Australia since 2011. Delegates to those workshops gave very favorable feedback and requested an advanced program.

Lisa Kruesi (Monash University), Suzanne Lewis (Central Coast Local Health District, NSW) and Connie Schardt (formerly with Duke University, USA) directed and coordinated the curriculum for the Institute. The curriculum covered advanced EBP topics such as critical appraisal of studies of diagnostic tests, prognosis and aetiology. A full day was devoted to issues around expert searching for systematic reviews including, mining terminology, search filters, advanced features of PubMed and searching the grey literature. The final day covered additional roles for librarians in the systematic review process, including providing resources for managing the results of the searches.

The 24 delegates attending the Institute also saw a demonstration of Covidence, a new software product that helps streamline the systematic review process. Through this curriculum that includes enhanced searching skills and critical appraisal of the biomedical literature, participants are better able to understand the unique information needs of health care professionals and to develop ways to improve access to and manage this information.

The delegates attending the Institute came from across Australia and included both academic and hospital librarians:

Western Australia – 2
Victoria – 11
South Australia – 1
New South Wales – 8
Queensland – 1
Singapore – 1

The Institute demonstrates outstanding project work and coordination by an international team of librarians across Australia with two health sciences library leaders from the USA and another from the UK. Throughout the year the team met as a group monthly via Skype. Tutors work in pairs to develop the annual course materials that are reviewed and refined during the monthly meetings. A Google Site contains the

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Award Impetus for innovation: First Advanced Australian EBP Librarians' Institute continues from p11...

planning and working documents for the tutors. A participants' LibGuide site is updated each year with the event details and the latest EBP resources are linked from the site: http://ebp.institute.libguides.com/EBP

Faculty for the Advanced Institute included:

- **Carol Lefebvre**, Senior Information Specialist at the UK Cochrane Centre from 1992 to 2012 and now an independent information consultant.
- **Connie Schardt**, former Associate Director for Research & Education, Duke University. Connie has co-directed and taught at the Australian EBP Librarians' Institute since 2011.
- **Suzanne Lewis**, Library Services Manager at the Central Coast Local Health District in New South Wales. Suzanne has co-directed and taught at the Australian EBP Librarians' Institute since 2011.
- **Janene Batten**, Nursing Librarian at the Cushing/Whitney Medical Library, Yale University. Janene has been an instructor for the Australian EBP Librarians' Institute since 2013.
- **Lisa Kruesi**, Manager of the Hargrave-Andrew Library, Monash University. Lisa has co-directed and taught at the Australian EBP Librarians' Institute since 2011.

Feedback from the Advanced Institute has been very favorable. One hundred percent of the delegates providing feedback would recommend the Advanced Institute to their colleagues. The final session was a round robin brainstorming activity to generate ideas and projects that would utilise the information presented and improve library services. Ninety-five per cent of the delegates indicated in the feedback that they would definitely make changes to their library service based on the information presented during the Institute.

The Institute also received generous support from sponsors including MIMS, OVID, Therapeutic Guidelines Ltd, Wiley, Wolters Kluwer in addition to the seeding funds from the 2014 HLA/HCN Health Informatics Innovation Award.

Connie Schardt, Lisa Kruesi and Suzanne Lewis

> ... Most helpful is the peer learning in small groups on our tables where we discussed the question at hand. In general the conversations and networking both during and after a session over meals helped to cement understanding and this is most definitely the Institute's strength.
>
> (Delegate feedback)

MLANEWS

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

MLA ANNUAL CONFERENCE – MAY 13-18 2016

Are you planning to attend the joint meeting of the Medical Library Association (MLA), the Canadian Health Libraries Association/ Association des bibliothèques de la santé du Canada (CHLA/ ABSC), and the International Clinical Librarian Conference (ICLC) in Toronto May 2016? This meeting is set to be the biggest international meeting of medical librarians in the world! Rooms at the conference hotels (Fairmont Royal York and the InterContinental Toronto Centre Hotel) are already open for bookings. Early registrations for the 116th Annual Meeting will open in December 2015. There will be an extensive Hall of Exhibits with over 100 suppliers attending, over 240 posters and a wide selection of lightning talks on various topics. There will be a large selection of CE Courses available and over 200 peer-reviewed papers will be presented (departing from SIG based presentation to a more flexible theme-based presentation). The renowned science commentator and medical 'crap detector' Dr Ben Goldacre, will give the annual McGovern Lecture – sure to be the highlight of the meeting! The schedule-at-a-glance is now available to view at the 2016 Annual Meeting on MLANET (member only access).

MLA EXECUTIVE

The MLA Executive will meet in November to discuss Strategic Goal 1: What MLA Does. Essential to the conversation is the question: is MLA an international organisation? Included in MLA's mission statement is to: foster and support health professionals throughout the world in order to help enhance excellence in quality healthcare delivery and research. So does MLA have an international outlook and should it have one? The International Cooperation Section has been around for over 2 decades and is celebrating its 27th anniversary this year. Its focus is to foster international cooperation and discuss international issues. MLA has agreements with 10 international library organisations and hosts the Cunningham Fellowship (an award for a non-North American medical librarian to attend the annual meeting and work in North American medical libraries. The Librarians Without Borders program offers training to people in underserved countries and now offers an online Train the Trainer program. Despite international membership discounts, there are only 90 international members and only 32 attended the annual meeting this year.

The new MLANET website was launched in September, with the remaining section sites to be completed by the end of 2015 (accessible via the Communities area). It has been a big job transferring over 500 pages to the new site, rewriting some of the content and rearranging content to make essential information clearer to read and easier to find. New to MLANET are online forms and forums where email discussions happen and are curated online (traditional email delivery is still an option).

MLA is in the process of updating its professional competencies. At the Austin TX meeting last May, an open forum was held to brainstorm what members would like MLA to do in supporting professional development. Over 100 people attended the event and the main themes uncovered centred on collaboration, leadership, education and research. The Task Force to Review MLA's Competencies for Lifelong Learning and Professional Success which hosted this event conducted a follow-up survey in July and further consultation is planned. The results of these consultations will enhance current educational offerings and will inform the development of new ones.

Keep track of how MLA is doing at their Full Speed Ahead blog: http://fullspeedahead.mlanet.org/

MLA PUBLISHING

Does your library use Instagram? If you don't but have interesting spaces or collections, it may be worth looking into. In the October issue of MLA News, Lara Killian from Nova Scotia Hospital Library in Canada, writes about what Instagram is (a photo sharing site now owned by Facebook), how it differs from Twitter and what libraries with Instagram accounts are doing with it. Interesting accounts to check out are: @ yalemedhistlib, Yale Medical History Library and @harvardmed, Harvard Medical School. Read the article here: http://www.mlanet.org/blog/social-media?source=5 (MLANET login required).

Do you like to write? If you do, there are author/editor opportunities in two up and coming MLA books. Collection Development in Health Sciences Libraries will describe best practices in collection development and various models of collection development across different types of health sciences libraries. If you are interested in contributing a chapter, please contact Karen McElfresh at kmcelfresh@salud.unm.edu. Biomedical Scholarly Communication in the Digital Age will provide a comprehensive overview of current concepts in scholarly communications for health sciences librarians and biomedical professionals. It will cover historical communications, knowledge translation, research data management, informal communication channels, peer review, professional networking, and ethical issues amongst others. If you are interested in an editorial or authorial role, please contact JoLinda Thompson at jlt@email.gwu.edu.

MLA HELPS

For the last few years, MLA has been collecting donations for various causes. This year, the Relevant Issues Section held a book drive for the Inside Books Project, an Austin-based organisation that sends free books and educational materials to prisoners in Texas. Check out the program here: http://insidebooksproject.org/donate-books/ .

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INETDIN

Improving Nursing's access and engagement with Electronic Theses and Dissertations

David Nolfi (Duquesne University, USA), Susan Copeland, (Robert Gordon University, UK) and Diana Blackwood (Curtin University, Australia) are part of an international team of nurse scholars and academic librarians studying the use of ETDs in nursing. Here they share their research findings.

Whether you work in an academic library, hospital library, or other special library, you should be familiar with Electronic Theses and Dissertations (ETDs). If you are not, ETDs are masters' theses and Ph.D. dissertations submitted in digital form. These publications are typically made available freely via universities' institutional repositories or portals such as the Networked Digital Library for Theses and Dissertations (NDLTD), and have transformed the nature of theses and dissertation publishing (Copeland 2011). Like most disciplines, nursing produces a large number of ETDs.

ETDS IN NURSING

Over the past four years, we have been part of an international team of nurse scholars and academic librarians studying the use of ETDs in nursing. So far our literature reviews have shown that little research has been done regarding the use of ETDs in nursing scholarship (Goodfellow 2004; Goodfellow 2009; Macduff 2009). In our first study, we surveyed nurse scholars in the USA, UK, Australia, and Canada in order to gain an understanding of their use of ETDs (Goodfellow et al 2012; Nolfi et al 2013). The results were not encouraging. We found that only 44% of respondents could access ETDs from their own institutions' digital libraries and only 18% could locate ETDs in national or international databases. In an unpublished follow-up study, we conducted semi-structured interviews with selected participants from the first study. Qualitative analysis of the interviews suggested that the participants found great value in nursing ETDs. In particular, they noted that ETDs provide much more detailed information about research methodologies and applications compared to journal articles. However, the respondents also believed that they, and other nurse scholars, needed more education about how to find and access ETDs.

> ... we believe that it's in the interest of both the nursing and library communities to find ways to help ETDs authors to take full advantage of the electronic format and produce ETDs that are more engaging and useful to the readers

REALIZING THE FULL POTENTIAL OF ETDS?

Another key question about nursing ETDs relates to issues of format. When ETDs were first introduced, there was much discussion about the possibility of including audiovisual files, programs, and other data that could not be provided in print. However, it appears that most current nursing ETDs are simply PDF reproductions of traditional printed theses and dissertations. Including other media into ETDs offers the possibility to make them more engaging and more useful for nursing scholars, teachers, and students. For an example of how adding video to a traditional publication can be transformative, we encourage you to examine the Journal of Visualized Experimentation (JoVE).

Given that most ETDs are freely available via the internet, we believe that it's in the interest of both the nursing and library communities to find ways to help ETDs authors to take full advantage of the electronic format and produce ETDs that are more engaging and useful to the readers. Additionally, we believe that it's critical to help the nursing community

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INETDIN – Improving Nursing's access and engagement with Electronic Theses and Dissertations continues from p15...

learn how to identify effectively and locate quickly full text ETDs in order to incorporate them into their work and research.

INETDIN: A NEW INITIATIVE TO PROMOTE NURSING'S INTERACTION WITH ETDS

Recognizing these needs, we have transformed our research team and decided to work together to form the International Network for Electronic Theses and Dissertations in Nursing (INETDIN). INETDIN provides a web-based forum for sharing best information and evidence about ETDs. Its goal is to build an innovative global community of users and developers of ETDs in Nursing by:

- Raising awareness of nursing ETDs and advocating for them internationally
- Acting as a conduit to relevant institutional repositories and portals for ETDs
- Building a network of doctoral advisers and students sharing knowledge and usage of ETDs
- Fostering relevant skills and knowledge more widely among nurses in clinical practice and academia to enable increased access and use of ETDs
- Fostering innovative formatting and content in nursing ETDs
- Undertaking national and international research to build nursing's knowledge base in ETDs
- Raising awareness of the activities of member institutions and key partner organizations

If you are interested in nursing ETDs or work with nursing graduate programs, we encourage you to visit the INETDIN website. We hope that it will prove to be beneficial to students, faculty, and clinicians. For those struggling to find ETDs or just desiring to improve their skills, the website includes instruction on finding and accessing ETDs, including links to key institutional repositories. For students preparing to write an ETD, it provides guidance, including examples of examples of ETDs that utilise the electronic format effectively. For both faculty and students (or anybody interested in ETDs), it includes a discussion forum for students and dissertation advisers as well as a summary of the ETD evidence-base.

INETDIN TEAM

- Dr. Colin Macduff, Head of Research and Scholarship School of Nursing and Midwifery, Robert Gordon University, Aberdeen, Scotland, UK
- Dr. Linda Goodfellow, Associate Professor, School of Nursing, Duquesne University, Pittsburgh, PA, USA
- Professor Gavin Leslie, Director Research and Development School of Nursing, Midwifery and Paramedicine, Curtin University, Perth, Western Australia
- Dr. Susan Copeland, Information Resource Manager Library Service, Robert Gordon University, Aberdeen, Scotland, UK
- David Nolfi, Health Sciences Librarian & Library Assessment Coordinator, Duquesne University, Pittsburgh, Pennsylvania, USA
- Diana Blackwood, Health Sciences Faculty Librarian Curtin University, Perth, Western Australia

On behalf of the entire INETDIN team, we invite you to visit the website or explore becoming a partner organisation! If you have any questions, please feel to contact us.

David Nolfi, Susan Copeland and Diana Blackwood

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BE CONNECTED in 2016

Join the ALIA Health Libraries Australia online community

Be the first to hear about our news and events, and avoid missing out on important announcements by joining the ALIA Health Libraries Australia Community.

ALIA provides members with access to the ALIA Communities Forum. The home site is http://membership.alia.org.au/community – HLA Members are encouraged to join. When participating in the Communities, please review and abide by the ALIA Social Media Engagement Guidelines.

HOW TO JOIN

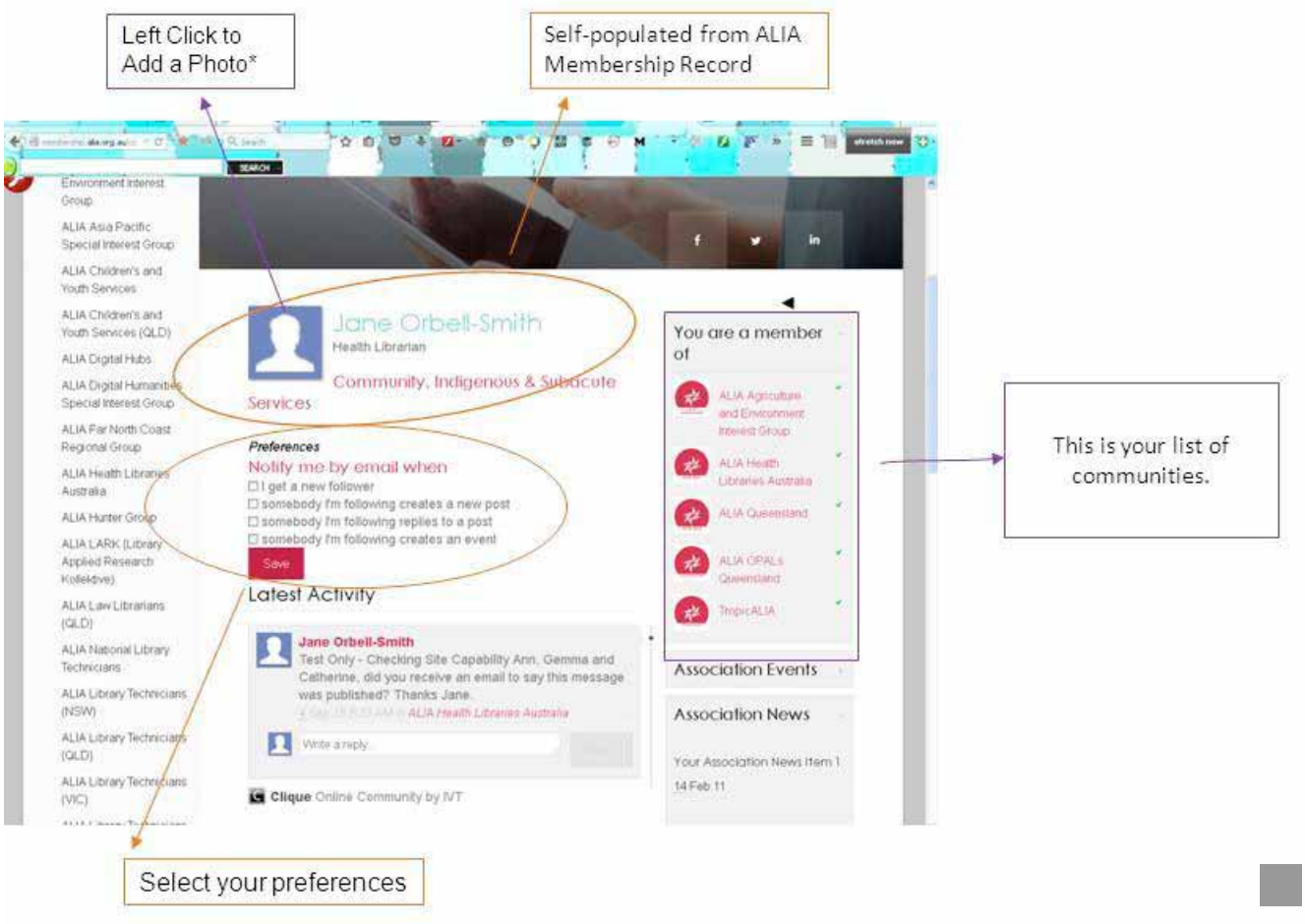
1. Go to ALIA site
2. Go to Members Portal (top right)
3. Log in as a member
4. Select Our ALIA Communities (left column)
5. Select ALIA Health Libraries Australia Community.
   (You will need to login again)

SET UP YOUR PROFILE

On the left-hand side menu, select My Community Profile http://membership.alia.org.au/member-centre/member-centre This information is self populated from your ALIA membership record – ensure it is up to date.

SET YOUR COMMUNITY PREFERENCES

Select Preferences – add any notifications you require.
Left click on the image to upload a photo (square image is best). SAVE.
That's it. Easy!



CANADIAN UNIVERSITY HEALTH SCIENCE LIBRARIANS & SYSTEMATIC REVIEWS

HLA EVIDENCE SUMMARY

CITATION	Susan A Murphy & Catherine Boden. **Benchmarking participation of Canadian university health sciences librarians in systematic reviews.** Journal of Medical Libraries Association, 2015; 103(2), 73-78.
AUTHORS' OBJECTIVES	The authors investigated the health sciences librarians' knowledge, training needs and barriers to participating in Systematic Reviews in Canadian university libraries.
METHODOLOGY • **Study Design** • **Data collection and analysis** • **Subjects and Setting**	A quantitative method was used to collect the responses from an online survey. This survey investigated health sciences librarians' participation in different roles for SR, such as • Knowledge • Training needs • Barriers to participation in an SR The online survey was generated with Qualtrics software and was distributed via an email list of the Canadian Health Libraries Association. The participants had to be working at university and had participated over the last 12 months. After removing inappropriate participants, a total of 68 respondents completed the survey. 39 respondents completed entire survey, but another 29 respondents answered all questions and specifically about participation in SRs.
RESULTS	The results suggested that: 1. **Librarian roles of participation in SR** Librarian participation in SR performed in the more traditional librarian roles, such as database selector, search strategy developer, citation manager, research question formulator and document supplier. Some librarians who participated in SR performed differently. The new roles included disseminator, critical appraiser, report writer, project leader, project manager, data extractor and data synthesizer. 2. **Knowledge and training** Most respondents who were in more traditional librarian roles reported they received extensive training and had good or extensive knowledge of database selections, search strategy translation, literature search, and research question formulation. Few respondents indicated that they had good knowledge in the less traditional roles. 3. **Barriers** Respondents reported that lack of time and insufficient training were the barriers to librarians' participation in SR. Other barriers could be not assigned duty, low priority, insufficient database access and a lack of request. 4. **Policies and guidelines** More than half of respondents reported that their institution did not have policies and guidelines assisting them when conducting SR. It suggested establishing such policies and guidelines might be important to support the librarians' managing SR requests. **Limitations of this study are:** 1. Missing data affects the interpretation of this study 2. Study bias was caused by convenient sample
AUTHORS' CONCLUSIONS	The authors suggested that Canadian health science librarians who participated in SR last 12 months had more traditional roles, although new roles became increasingly developed. Most of them received sufficient training and had good or extensive knowledge and skills to conduct SR. Further, lack of time and training were the barriers to their participation. The authors acknowledged although the sample size was small and the data showed one concurrent year, the results have set a benchmark for future study.
HLA COMMENTARY	A librarian has commented that the findings of this paper suggest Canada is ahead of Australia and possibly the UK in the competence level of librarians to undertake SRs. Globally, health librarians have increased their participation in SR because of the universities' initiatives and so their conjoin health libraries.
IMPLICATIONS FOR PRACTICE OR RESEARCH	• Canadian university health science librarians established a benchmark of their participation in SR. As their counterpart, should Australian health science librarians develop their own? • The study suggested that although the traditional librarian role was the major characters and functions in SR, the new roles had been developing and merging into SR. • Lack of time and insufficient training are the common factors stopping librarians from their involvement in SR. • Interestingly, this study reported institutional polices and guidelines would assist the librarian to manage the SR request. Those libraries, which participated in SR, should take it seriously and develop their own.

GREAT INVESTMENT
How HLA works for you

Health Libraries Australia is the national health group of the Australian Library and Information Association.

Health Libraries Australia (HLA) is the national professional organisation representing librarians and information professionals working in all health sectors including: hospitals and other clinical facilities, research institutes, regulatory agencies, pharmaceutical and biotechnology companies, government departments, regional health services, professional colleges, universities, cooperative research centres, not-for-profit and community organisations, and parts of public library services. We welcome new members and if you are not a current member, we invite you to join us.

Perhaps the best thing about joining HLA is our support for professional development. HLA specifically aims to help health library staff members identify courses and learning programs that will contribute to their professional development including the opportunity to gain qualification as a Certified Professional (Health).

Competency Mapping work has produced a list of 110 health-related courses, events and programs on offer that are relevant to health librarians and technicians in Australia. The courses are also mapped to HLA's eight competency areas.

Each year, HLA host a Conference event providing an exciting and informative day of learning and sharing specifically for members of the health libraries community.

For more information on all our activities including membership, visit our website
www.alia.org.au/groups/HLA

BENEFITS OF HLA MEMBERSHIP

- Direct delivery to your inbox of HLA publications HLA News: bulletin of Health Libraries Australia and the member monthly, HLA Alerts
- Option to join our HLA Community to stay up to date with latest news and happenings
- Option of participation in the ALIA Certified Professional (Health) programme
- Award access including the member only HLA/MedicalDirector Health Informatics Award
- Discounts for event attendance including overseas affiliate offerings.
- First access to HLA reports and research such as Health Libraries Return on Investment
- Advocacy support
- Ability to nominate for the HLA Executive and influence the future of health librarianship in Australia.

Membership is free as part of your ALIA membership, just ensure you note your interest in health libraries.

EVENTS TO SUPPORT YOUR PROFESSIONAL DEVELOPMENT

YEAR	EVENT	LOCATION	DATE
2016	VALA 2016 – Libraries, Technology and the Future	Melbourne	9-11 February
	Library Association of Ireland/CILIP Joint Annual Conference (including Health Libraries SIG)	Kerry, Ireland	13-15 April
	Joint Medical Library Association/ Canadian Health Libraries Association/ International Clinical Librarian Conference. Theme: "Mosaic: Be Part of the Big Picture"	Toronto, Canada	13-18 May
	CILIP: including Health Libraries SIG	Brighton (UK)	12-13 July
	ALIA National Conference Sponsorship and Exhibition Prospectus now available	Adelaide	29 August to 2 Sept
	EAHIL 2016 / European Association for Health Information and Libraries Theme: "Knowledge, Research, Innovation … eHealth"	Seville, Spain	6-11 June

ALIA HLA

HLANEWS
DETAILS

Published by
Health Libraries Australia – The national health group of the Australian Library and Information Association,
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