

HLA NEWS

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PAY PER VIEW for end users – experience from a pilot project

There was an unmet need in Therapeutic Goods Administration (TGA) for increased end user access to selected specialist, full text scientific journal articles. A Pay per View (PPV) pilot project began in 2009 when TGA library had the option from one publisher to trial the delivery of PPV to end users for non-subscribed titles. The project was extended to a second publisher in 2010. The model is simple and user friendly. Benefits with PPV are evident, with end users highly satisfied; and, in our experience, this outweighs the potential risks of overuse and inappropriate downloads. It is more cost effective than document delivery when staff time is taken into account. More PPV options are becoming available and will be explored in the future.

Background

Therapeutic Goods Administration (TGA) is the Commonwealth regulator for therapeutic products including medicines, medical devices and biological products such as cells and tissues. TGA has a professional cohort of approximately 300, among whom are medical practitioners, pharmacists, toxicologists, virologists, microbiologists and pharmaceutical chemists.

The library is responsible for providing timely access to authoritative published information to support the work of TGA, and especially access to scientific evidence to support its regulatory decision making. All core reference sources and databases are delivered to the desktop.

Because of the regulatory timeframes, it is vital that journal articles are equally accessible.

With only a couple of exceptions, all subscribed journals are delivered electronically. However, in a small organisation, which uses as diverse and comprehensive a science journal collection as a university, it is impossible for the library to maintain enough subscriptions to cover all of TGA's requirements.

TGA library has a stronger drive to be able to access particular articles as they are needed than for long term collection or preservation. Our information flow is such that published information used in our decision making moves to Records Management, as part of government files, rather than being retained by the library. The ongoing TGA transition to an electronic document management system gave us confidence that the library could concentrate on

access and delivery rather than on long term storage and retrieval. We could move away from all-embracing subscriptions to buying just the information we use.

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FROM YOUR

CONVENOR

Inaugural Australian EBP Librarians' Institute • MLA'13
2012 HLA PD event • New Editor for HLA News



Welcome to the December 2011 issue of HLA News.

As usual, there is much to keep you informed and interested in this issue. There is an exploration of the pay-per-view model for journal articles from the TGA Library, an article on library supervision by Jane Orbell-Smith, and a full report from Anne Harrison Award winner Kaye Lasserre on the research project she is undertaking on health librarians and expert searching. This issue also contains two reports on the first Australian Evidence Based Practice (EBP) Librarians' Institute, one from an organiser's point of view written by Lisa Kruesi and one from a participants' view prepared by Jenny Corbin and Jenny Mitchell, both from La Trobe University Library.

The Institute was held at the University of Queensland's Cromwell College between 29 November and 2 December. This residential workshop was an opportunity for 24 health librarians to engage in a range of in-depth learning activities in the area of evidence based practice. The initial vision for the workshop was shared by Lisa Kruesi, Scholarly Publishing and Digitisation Service, University of Queensland Library, and former HLA executive member, and Connie Schardt, Associate Director for Public Services, Duke University, USA. The impetus for developing the Institute was twofold: first, a number of Australian health librarians have participated in the online course Evidence

Based Medicine and the Medical Librarian offered by the School of Information and Library Science of North Carolina, USA; and second, the Institute is an opportunity to establish a training program for health librarians that meets some of the key recommendations of the landmark ALIA/HLA report Health Librarianship Workforce and Education: Research to Plan the Future^[1].

With the support of the University of Queensland Library, Lisa was able to organise the first Institute to be held in Australia. Connie Schardt and her colleague Angela Myatt, Curriculum Liaison Librarian at the Briscoe Library, the University of Texas, Health Science Center at San Antonio (UTHSCSA), committed to teaching at the Institute and much of the success of the Institute was due to their expertise and enthusiasm. I was fortunate to be asked to be one of the Australian tutors for the workshop, along with Catherine Clark from the University of Western Australia Library and Lars Eriksson and Jenny Hall from the University of Queensland Library.

The workshop consisted of a mix of large group lectures and small group sessions with a range of learning activities. The residential aspect of the event was received favourably by many of the participants as it allowed them to immerse themselves in the learning environment and to network with other health librarians.

There is certainly a groundswell of enthusiasm for the Institute to be repeated in 2012, and possibly a follow-up workshop covering additional topic areas or an advanced curriculum could also be developed. As the Health

Librarianship Workforce and Education: Research to Plan the Future report demonstrated, there is a need for high-quality professional development activities to enable Australian health librarians to support evidence-based practice and education in both academic and clinical settings.

For those of you who may be able to travel overseas for professional development activities, it's not too early to start planning for the Medical Library Association (MLA) 2013 Annual Meeting and Exhibition to be held May 3 – 8, 2013 (yes, 2013!) in Boston, Massachusetts, USA. This special meeting incorporates the 11th International Congress on Medical Librarianship (ICML), the 7th International Conference of Animal Health Information Specialists (ICAHIS), and the 6th International Clinical Librarian Conference. Due to the international scope of the meeting, the call for participation is beginning earlier than usual and abstracts can be submitted from now until May 1, 2012. More information is available at <http://www.mlanet.org/am/am2013/>. Those of you who were able to attend ICML2009 in Brisbane will know that ICML is a fantastic learning and networking opportunity with a broad, international focus.

For those of you looking for professional development closer to home, HLA will be organising a satellite event in conjunction with the ALIA Biennial conference in Sydney in 2012. The date for the HLA event is Tuesday 10 July – mark it in your diaries! The venue will be the Garvan Institute opposite St Vincents Hospital, Sydney. Rolf Schafer and Katie McKay from St Vincents Hospital Library have kindly agreed to host the event. The program is still under development; based on your feedback, the HLA executive is considering a program focusing on health librarians' roles in systematic reviews.

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LIBRARY SUPERVISION

Adapting the Queensland Health Primary & Community Health Services SUPERVISION MODEL for HEALTH LIBRARIANSHIP

The Queensland State Government, Primary and Community Health Services (P&CHS) Library has implemented a professional supervision model, which is based on that which is practised by clinicians within the P&CHS. Jane Orbell-Smith outlines the components of this model and the results to date.

Health professionals typically participate in structured professional supervision which, in recent times, has extended to include peer supervision. The Queensland Health Primary & Community Services (P&CHS) mandates that all clinical staff participate in the P&CHS Supervision model. This model comprises two distinct components; professional supervision, based on Schlesinger and Ness's program^[1], and peer supervision using the New Zealand Mentoring Centre mentoring model^[2].

With the establishment of a new Primary & Community Health Services Library in late 2009, there came an opportunity to expand the model used within the P&CHS to include the P&CHS Librarian. On the successful implementation of the model in 2011, a number of other professional and paraprofessional library staff commenced using the model.

Literature Review

A review of the literature, through a literature search in ProQuest Library Science and Library, Information Science & Technology Abstracts databases using the broad search term "supervision", was undertaken. While the library and information science literature variously discuss line supervision (i.e. traditional line management) and mentoring, it did not demonstrate any equivalent supervision model to the P&CHS model.

Mentoring

Murray^[3] defines mentoring as a 'deliberate pairing of a more skilled or experienced person with a lesser-skilled or

experienced one, with the agreed upon goal of having the lesser-skilled person grow and develop specific competencies'. Since 1991, the Australian Library and Information Association facilitates a formal mentoring programme^[4]. In librarianship, mentoring

 The advantages of both supervision model components are that they are applicable at any career level or experience ... Supervision is tailored to the individual's requirements. The process fits neatly into any Performance Appraisal requirement of the employing organisation.

 is the norm; mentors team with new graduates. Mentoring has proven a valuable professional development means. Peer and professional supervision do not replace mentoring but rather complement it and provide yet another facet for professional development.

Professional Supervision

Professional supervision is the traditional model of a supervisee

reporting to another within their profession at a higher level. In librarianship this equates with the Mills, Francis & Bonner's clinical supervision model in health where senior practitioners supervise junior members of their team^[5]. It is not to be confused with mentoring, as further discussion will demonstrate. The model implemented within the Metro North Health Service District Libraries (MNHSDL), based on Schlesinger and Ness's programme for the Alcohol and Drug Training and Resource Unit, consists of a formal agreement between a senior practitioner and a junior practitioner who meet to develop the supervisee's skills in identified and agreed areas of practice.

Peer Supervision

Tietze^[6] defines Peer Group Supervision as "an effective form of leaderless peer group counselling". Peer supervision is the working together of employees at the same level in a structured supervision. The model implemented in the MNHSDL utilises the New Zealand Mentoring Centre Model and consists of formal supervision groups of four to six peers based on a structured programme using seven tools for supervision groups, a series of role plays and facilitated discussions that the group self-selects from and manages. The groups do not have to include only library staff: cross-fertilisation with other professions is valuable in itself as the health industry is based on multi-disciplinary teams and learning to work effectively

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About the ALIA PD Scheme

The Australian Library and Information Association (ALIA) is committed by its Constitution: 'To ensure the high standard of personnel engaged in information provision and foster their professional interests and aspirations'. ALIA encourages and supports ongoing professional development (PD) within the library and Information sector by organising conferences, providing access to quality training, delivering current information with the publications Incite, ALJ and AARL, offering online access to Library and Information Science (LIS) journals and books, supporting group events and e-lists and identifying quality professional development opportunities regularly and reliably with PD Postings.

ALIA does more than provide PD opportunities; it also provides the mechanism for registering, recording and reflecting on professional commitment to ongoing learning for the library and information services sector. (the essential three R's for professionalism in the 21st century). In 2000 a voluntary Continuing Professional Development Scheme (known as 'the PD Scheme' since 2008) was developed for Associate and Library Technician personal members of ALIA. The scheme provides guidelines and a mechanism, Certified Practitioner Status, for valuing PD. Eligibility for PD scheme membership is restricted to ongoing professional personal members of ALIA.

Certified Practitioner Status is recognised and respected within the sector and demonstrates commitment to professional development. After 12 months compliance a PD scheme member is entitled to use the post nominal 'AALIA (CP)' or 'ALIA Tec (CP)'. After 3 years a member of the PD scheme can order a certificate, be listed on the ALIA website

and in the ALIA Annual Report. After 5 years in the PD scheme an experienced practitioner may apply for the status of Associate Fellow (AFALIA or AFALIATec).

The ALIA PD Scheme is organised on a points system based on hours of PD undertaken within a triennium and is designed to encourage participation in a range of professional development activities. The PD year is from 1st July to 30th June. You can join at any time and your PD year will always start from the previous July; you will always have a full 12 months to accumulate your points.

The minimum number of points required in any one PD year is 30 with a minimum of 120 over the three years or PD triennium. Many members of the PD scheme choose to undertake more than the minimum number of points. ALIA randomly audits 10 per cent of PD scheme members annually to ensure compliance.

Professional development subjects/topics are not prescribed. For example, you do not have to do a set number of hours of cataloguing, acquisitions or management topics but rather as professionals, post initial qualification, you are expected to identify the areas of need for your own ongoing learning. This approach enables you to undertake the most appropriate PD to support your personal career choice. Professionalism requires a career long commitment to updating and maintaining your skills.

To assist PD scheme members the PD scheme is supported by an ALIA Career Development Kit designed to help members analyse their professional development needs and provide guidelines on how to record and reflect new skills and knowledge. The kit was updated in 2010 and a skills audit added in 2011.

To encourage a variety of PD, ALIA has designed a table

of activity types that have a maximum number of points allocated per type for a PD year. The summary of activities helps you select your PD activities; provides a description of the types of activities that are valid PD, shows how points are allocated; and documents the record keeping requirements for audit. Activity types can include: presentations and papers, personal study projects, professional reading, assessed short course and tertiary courses, etcetera. Each type has more information and a detailed explanation available for reference on the ALIA website. 'Informal learning activities' is probably the most common activity type. You can collect one point per hour from a wide range of professional development formats participating, for example, in workplace learning, seminars, conferences, mentoring, training courses; self-paced learning; and commercial product training.

To record and reflect on your PD activities you can choose your own preferred recording method. You can use the ALIA PD recording interface 'MyPD', your workplace recording system, or an e-portfolio. You will need to calculate your PD points for each activity and add your reflection/learning outcomes.

The ALIA PD scheme supporting Certified Practitioner status has been improved and validated over the last decade and provides a constructive and sound model for strengthening and reinforcing ongoing professional development within the library and information sector.

For more information contact Judy Brooker, ALIA's Professional Development and Careers Manager judy.brooker@alia.org.au or visit ALIA's PD web page <http://www.alia.org.au/education/pd/>

Some like it hot!

Residential evidence based practice event

As one of the key organisers, Lisa Kruesi reviews the success of the inaugural residential Australian Evidence Based Practice Librarians' Institute.

Commencing in sweltering, steamy Brisbane weather, the very first residential [Australian Evidence Based Practice \(EBP\) Librarians' Institute](#)^[1] took place at The University of Queensland's (UQ) Cromwell College from 29 November until 2 December 2011.

Connie Schardt, Director of the EBP Librarians' Institute, from Duke University, North Carolina and her colleague Angela Myatt, from University of Texas at San Antonio, joined up with Australian tutors Suzanne Lewis (NSW Health), Catherine Clark (University of Western Australia), Lars Eriksson and Jenny Hall (UQ) to present a three-day curriculum.

The three day intensive, introductory [Institute](#)^[2] was modelled after EBP workshops given at McMaster University, Duke University, and Dartmouth College. The EBP introductory curriculum was adapted for the Australian healthcare environment and comprised large group lectures followed by tutorial sessions where exercises were undertaken to practice the theory. Creative and fun modes of learning were embraced, such as

bingo and jeopardy for reinforcing all the new concepts, along with group activities and self paced examples.

The three days covers intense training on EBP. Day one focuses on study design, clinical questions, expert searching and teaching tips. Day two moves on to Therapy and Systematic Reviews, including the critical appraisal process. The final day covers Diagnosis and a session on Putting it into Practice. Throughout the event emphasis is placed on how to integrate the learning on return to the work place.

Comments taken from the survey of delegates at the completion of the Institute follow.

Comments on the instructors being knowledgeable:

"Listening to experienced librarians and incorporating sensitivity and fun into the workshop along with patience and support is the best type of workshop to encourage motivation and change within the field of health librarians"

"All the presenters made sure the participants were very clear about the concepts and application of EBM"

Comments on the tutors being organised and well prepared:

"It was obvious that the preparation for this happened over a long period of time, however the structure seemed to be tweaked along the way depending on how we were going"

"Everyone was very professional – very well organised and had clearly done their research and practice"

General feedback:

"Just an amazing privilege to have this collection of expertise together to learn from"

"Such a lot of work went into the course – it was full of great information, examples and fun for learning"

"I thought having this as a residential workshop worked really well for lots of reasons – networking, getting to know other participants, not having to think about anything else, efficient use of time."

"A fantastic opportunity and hope that it will happen again"

Continues on 6..



ABOVE Participants and tutors (in the front wearing Institute t-shirts) who attended the inaugural residential Australian Evidence Based Practice (EBP) Librarians' Institute.

Some like it hot event report continues from p5 ...

"I am really grateful for this opportunity. Your presenters made scary topics digestible, even the stats. This was definitely on the list of the best workshops I have attended"

Registration for the Australian event was sold out in just over a week, with a limit of twenty-four delegates, mostly health librarians, attending from hospitals and universities around Australia. Those who were unable to attend the 2011 event have been placed on a list for a possible 2012 Institute.

There were some smart young librarians in attendance, giving reassurance of the potential talent available to undertake a role towards achieving an Australian health workforce that is knowledge-led [3].

One of the participants has returned to work and is using her [blog](#) to report on the experience [4].

We are very proud that the Australian EBP Librarians' Institute was a great success. All we need now are some volunteers to help organise the next one!

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Expanding EBP HORIZONS

As participants, Jenny Corbin and Jennifer Mitchell reflect on their experiences at the Evidence Based Practice Librarians' Residential Seminar, held 29 November to 2 December 2011 at the University of Queensland.

A plentiful, scrumptious and very social thanksgiving dinner kicked off the Inaugural Evidence Based Practice (EBP) Librarians' Residential Seminar. The scene was set for three days of EBP immersion in an atmosphere of collegiality and openness. Being allocated to groups on the first evening ensured a smooth, even unnoticeable transition from 'just arrived' status to one of feeling settled and comfortable in a short space of time. This created an effective environment for the collaborative group work which was to follow.

Participant Motivations

Our prior EBP knowledge gained from books, articles, websites, colleagues, academic and research staff, and 'feeling our way', was piecemeal with many self-recognised gaps. Previously other health sciences librarians at our university had completed an online EBP course. For us however, the prospect of attending a face-to-face

seminar and focussing entirely on developing expertise in EBP was preferable to completing an online course over a period of time.

The Learning Environment

It was apparent that much planning had gone into every moment of the residential, both in terms of content and teaching methods. Perhaps 'teaching methods' is not the correct terminology to use, as it was more about the conditions being created to facilitate learning.

Ample opportunity was given to firstly absorb EBP concepts via an initial presentation in a large group. Then broken into smaller groups of eight, we were required to put the concepts into practice by working on exercises in fours or pairs. A report back to the group of eight often followed with discussion and question time. We were guided through informal group assessment tasks, some of which pushed the boundaries of the comfort zone. These tasks required participants to examine

various aspects of the EBP cycle from different perspectives. Constant re-grouping of librarians from a variety of sectors and with varying levels of exposure to EBP meant for a rich environment in which voices were heard and experiences shared.

The landscape was of constantly shifting modes which included presentations, discussions, interactive activities, group work and various challenging games. Highlights included an EBP Bingo Minties game (which was strategically placed after an intensive statistics session) and an after dinner EBP Jeopardy face-off. It was a very full program with appeal to a variety of learning styles and care taken to balance delivery and pace over the days.

Content

With carefully selected content we were navigated by the tutors through crucial parts of the EBP cycle. A substantial

Continues on p8...



pack of resources provided at registration indicated some heavy stuff to come. We delved into the architecture of EBP on the first day, starting with 'why EBP', moving to types of questions and study design, PICOTT, expert searching, EBP search tools and how they match with Haynes Pyramid categories. An opportunity to work in pairs on assessing unknown EBP resources was particularly valuable and teaching tips were shared in groups. There was a focus was on the librarian's role in relation to EBP: exploring why a good question and search are significant to getting appropriate articles for critical appraisal, and ultimately informing the patient dilemma.

Presented with therapy articles, we completed exercises on how to quickly scan sections for crucial information to critically appraise validity indicators via handy acronym tools. Recognising how PICOTT can assist with

RIGHT – EBM Jeopardy evening with Lars and Jenny Hall



appraisal, rather than just question development and searching, was very useful. A section on making sense of the numbers in studies began to de-mystify terms like: relative risk, absolute risk reduction, number needed to treat, p-values, confidence intervals, nomograms, likelihood ratio, forest plots, to name a few. We will never look at the Cochrane logo quite the same way ever again.

Exploring systematic reviews and meta analyses was enlightening, allowing us now to be more discerning when

identifying appropriate quality resources in our practice as librarians. Diagnosis questions were covered on the last day, and as usual the concepts were explained using an accessible 'normal life' scenario.

Therapy and diagnosis questions and related study designs were covered in depth, however other types of questions and designs including qualitative, were touched on only in the perimeter where relevant.

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There was progressive deeper understanding of EBP terminology over the course, assisted by a glossary discovered in the pack.

Application

The final session was devoted to small and large group discussion on how participants might apply aspects of the residential back in the workplace. Brimming with ideas everyone seemed very motivated to enhance training materials for themselves or other staff, and incorporate new found EBP knowledge into current practice in their libraries. We aim to embed concepts into our work team for training and online materials development to further support our university's health sciences students, researchers and academic staff who search for best evidence, create clinical questions from patient dilemmas, critically appraise or conduct systematic reviews.

Enriching experience

We would sincerely like to thank Connie Schardt, Angela Myatt, Lisa Kruesi, Suzanne Lewis, Catherine Clark, Lars Eriksson & Jenny Hall for pooling their knowledge, skills and



ABOVE Winning Bingo team with Jenny Hall (tutor) in sparkly hat – the bingo card is reproduced below (scored by Minties,).



resources to provide such an enriching experience. The value of it having been a residential seminar was that it provided us with the ability to focus for a concentrated period and take advantage of the multitude of opportunities for networking and learning from each other. Having had the opportunity to continue conversations from breakfast, through the day, and then over the evening meal helped

to clarify our understandings of EBP. The bringing together of librarians from a variety of sectors (government/ special, clinical/hospital, university) who have similar but different roles was a definite plus.

It was a privilege to be a part of this inaugural event presented by The Australian Evidence Based Practice Librarians' Institute. This was an extremely worthwhile professional development course which we would highly recommend to others.

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ABOUT THE AUTHORS



Jennifer Mitchell has worked at La Trobe University Library since February 2010 as a Faculty Librarian for Health Sciences, liaising with staff, students, and researchers from a range of health disciplines and Public Health Research Centres. Her areas of responsibility include Art Therapy, Counselling, Dietetics and Nutrition, Gerontology, Health Information Management, and Public Health. Prior to working in an academic library Jennifer worked for five years in the public library sector with Eastern Regional Libraries. She completed her Graduate Diploma of Applied Science (Library & Information Management) at Charles Sturt University in 2007.



Jenny Corbin has been employed by La Trobe University Library since 2003 as a Faculty Librarian for Health Sciences, liaising with staff, students and researchers from a number of health sciences disciplines including clinical vision sciences, speech pathology and public health. Jenny is also responsible for the core first year health sciences coordination. Jenny's research interests include the development of inquiry / research as a graduate attribute and variation in student learning styles with a special focus on information literacy. Jenny was previously employed by the University of South Australia Library and public libraries in Melbourne. Jenny has a Masters of Arts in Librarianship from Monash University (1994).

Continuing professional development for HEALTH LIBRARIANS in Australia

The value of continuing professional development (CPD) for health librarians in Australia was highlighted in the HLA report, Health Librarianship Workforce and Education: Research to Plan the Future (May 2011) [1]. The study indicated not only that there was a strong interest in targeted CPD for health librarians, but also that the majority of library managers would support their staff to participate in CPD, as long as the offerings are perceived to be relevant, affordable and high quality. The findings revealed that 80 percent of individual respondents and 67 percent of institutional respondents (library managers who responded for their library unit as a whole) believed that professional knowledge and responsibility were needed 'often' or 'very often' in the areas of the provision of information services to meet users' needs, the management of health information resources, and the use of technology and systems to manage all forms of information.

The areas of responsibility identified as most likely to increase over the next three to five years were the use of technology



and systems to manage information and 'management of health information resources' which were rated equally highly.

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Informit Health Collection: **NEW TITLES**

Cardiovascular Medicine, Diabetes Management, Geriatric Medicine, Nutrition Management, Paediatrics & Child Health, Pain Management, [Health Publishing Australia](#)

Health Publishing Australia publishes a portfolio of medical journals specifically for the benefit of General Practitioners and allied health professionals. Each journal is the only regularly published medical journal dedicated and distributed on a complimentary basis to General Practitioners with an absolute clinical focus on the respective title.

Premie Press, [Parent-Infant Research Institute](#)

The Parent-Infant Research Institute (PIRI) is committed to supporting parents and infants (0-24 months) to enhance parent well-being and children's healthy development through basic research and development of evidence-based interventions. Premie Press is a new journal for those seeking expert knowledge about the development of premature babies and children. It also contains parents' stories, which are helpful to readers trying to deal with the many personal and medical issues that can arise.

EXPERT SEARCHING

by Australian Health Librarians

In the September issue of HLA News Kaye Lasserre provided a brief summary of her research into expert searching by Australian health librarians, research funded by the Anne Harrison Award. This article will expand on that initial report.

The aim of the research undertaken was to establish the views and practices of Australian health librarians in relation to expert searching and to identify professional development activities to enhance knowledge and skills in this domain.

In March 2011 all Australian health librarians were invited to complete an online questionnaire. Of the 126 respondents, 75.5% considered themselves expert searchers as defined by the Medical Library Association^[1].

Most respondents worked in public hospital libraries with fewer than five qualified librarians and had over three years' experience conducting literature searches, some much more. The respondents were mainly generalists; 83.2% spent less than half their week on searches. Most mediated searches were for patient care/clinical questions. Continuing professional development and research projects were the other most frequent purposes.

To gain an insight into the nature of the searching role, participants were presented with a list of tasks associated with literature search services and asked to indicate the frequency with which they perform the tasks in their current position. Librarians reported most commonly conducting literature searches, teaching clients to search and filtering results. Appraising search results was undertaken more frequently than synthesis. Very few designed search filters. Some participants chose to elucidate their responses with comments, such as: "I am too short on time and lack the confidence to offer appraisal and synthesis"; and

"There is some internal debate here as to the role of the librarian vs the researcher in an academic teaching hospital. I think however that given the huge research activity undertaken by our institution that we cannot ignore these skills, both for ourselves and for our colleagues."

Respondents were asked to summarise in three to five points the procedure they would normally use when conducting a literature search for clients. There was considerable consensus in the approach respondents described. The common steps were:

1. Receive request on a form or verbally
2. Clarify question, conduct a reference interview
3. Develop search strategy including identification of terms – key/text words, subject headings
4. Select sources
5. Conduct search
6. Filter results
7. Deliver to client
8. Seek feedback

There were variations in the descriptions as some respondents explicitly mentioned or emphasised certain steps. For example, a client-centred service, or seeing the search as being done in partnership with the client (the likely subject expert), was a strong theme in the descriptions. Many chose to begin the procedure with a consultation with the client and continue to liaise with the client throughout the process. The use of a reference interview to clarify the topic and purpose of the search was prioritised by most respondents: "Determine exactly what the client wants (and doesn't want) including

how far back to search (reference interview)" or "Find out whether the client has done any searching – so what terms/phrases etc they have already used; have they found one article that is useful".

While understanding was enhanced by discussion with the client, librarians described the processes they undertook to ensure they knew the meanings of concepts, such as checking dictionaries, encyclopaedias, reference books and undertaking preliminary searches: "Test the waters with some simple searches designed to locate appropriate terminology" or "Conduct a preliminary cut of databases to get the feel of the inquiry".

Most mentioned identification and use of both key/text words and subject headings: "Map concepts to search terms used by each database's thesaurus; note text/key words that may also be relevant" or "Explore the thesauri of the relevant databases for database-appropriate controlled vocabulary terms and develop a list of text words incorporating truncation".

A number of the participants described an evidence-based practice approach incorporating the use of PICO.

It was clear that the participants viewed literature searching as an iterative process, adjusting search strategies based on results and/or following consultation with clients or colleagues: "Develop search strategy (as well as using the database features to optimize and fine tune results) and run search. Refine and/or modify strategy if needed. Confer with colleagues if necessary".

Continues on p12...

In the selection of sources, traditional bibliographic databases featured as well as the grey literature. Strategies were described which aimed to optimise searching: the use of Google if traditional databases did not retrieve much or to find alternative material; citation databases to search known items and to ensure important citations were not missed; studying reference lists of key papers; snowballing.

In terms of filtering the results, most respondents searched for 'relevant' items, presumably based on the parameters of the search request.

Librarians described a range of formats to manage and deliver the results, such as Endnote, which consisted mainly of citations. Some mentioned delivering full text or instructions to obtain the full text. While most did not explicitly state if they documented the search process and/or provided this to the client, there were exceptions: "Filing of original lit search request – contains list of databases searched, and search history/histories with terms used and results, and any other relevant information" or "Discuss the items found with the researcher and the strategy undertaken".

The survey asked respondents to list in order of importance the knowledge and skills they considered necessary to perform a literature search. Some reported they did not rank the attributes as it was difficult to decide if one was more important than another. The key knowledge and skills cited were:

- Ability to understand the client's needs – communication/ interpersonal skills; reference interview skills; "Ability to understand / interpolate the context of the client and the context of the question"
- Subject knowledge; Awareness of evidence-based practice; "Have a reasonable knowledge of the health terminology

(and know where to find out if something not known!)"

- Ability to construct a search strategy, use PICO appropriately "Knowledge about impact of searching construction decisions on final search recall and precision"
- Ability to modify, refine, think critically/laterally/logically, persevere, pay attention to detail, manage time "Knowing the limitations of your approach – what you are getting and what you are missing", "Dogged determination. Mind of a detective!"
- Knowledge of indexing/ metadata conventions – "Thorough understanding of the Emtree and MeSH thesauri and what happens when you explode/focus/add subheadings to a search"
- Awareness of and ability to use a variety of search techniques such as subject searching, proximity searching, cited reference searching, Boolean operators and truncation "Knowing how to get the best from the search tool"
- Sources, databases, grey literature – knowledge of scope, content, strengths/ weaknesses, how to navigate/ search different sources "Knowledge of the limitations and precision of relevant databases"
- Ability to evaluate, manage and deliver the results; "Ability to make some judgments about the relevancy of the results"; "Speed reading"; "Use of tools such as endnote in order to collate and present results to clients effectively"

A question in the survey asked about the policies and procedures of libraries in relation to literature search services. The majority (82%, 73/89) of the respondents indicated their libraries had a standard request form completed by clients (either in hard copy or online) and marketed the service (74.2%, 66/89). Over half (57.3%, 51/89) had a process of obtaining client feedback on searches. Few

libraries charged fees for services (9%, 8/89), employed librarian peer review of searches (11.2%, 10/89) or used a disclaimer (15.7%, 14/89).

Some respondents chose to comment on the nature of their search service; teaching clients to search rather than offering mediated searches; informality in processes due to size; or a librarian-consultant model for research-focused clients.

In terms of initial education for literature searching, most of the respondents (87.4%) were self-taught on the job and less than half had their searches checked when learning: "When first employed at the hospital I sought direction while I was learning about the new databases, and also presented my results and discussed the process before sending them to the client" or "The review was very much 'on the run' and not systematic, but did provide very useful 'hints and tips' along the way".

Health librarians' involvement in peer training and support for expert searching was explored in the survey. The related question asked how frequently librarians taught other librarians how to search, designed searching training programs for librarians and provided advice for librarians on specific searches. The first two activities were not undertaken at all or infrequently. Advice on searches was the most common form of peer training or support. Attendance at short face-to-face courses was the most popular suggested professional development activity.

There were a number of barriers to professional development which in turn limited the expert search service. Some participants from one person or rural libraries used the comments area to highlight the limitations of such activities in their positions: "I am in a one-person library, networking and working with other librarians is limited in opportunity". Other comments to this question included:

Continues on p13...

- The range of searching skills among our librarians is large, and I have a feeling our search quality is quite variable. I would like to standardise and improve the searching that takes place in our library. I run search skills sessions for library staff approximately yearly but I don't really know if this translates into better quality searching.
- The last of the hand crafted individualised non standardised cottage industries – lit searching in health – where you've got no idea of whether or not you're doing a good job (Hawthorn effect aside). Seriously, patients are entitled to and expect to receive good clinical care but do our clients expect to receive good service? They wouldn't know good or bad as many are 'inept but happy' searchers.
- Informal collaboration happens routinely with other librarians mentioning problems they are having in searching and discussions on alternative sources or search strategies. More a matter of having an open culture where difficulties are discussed that [sic] than a formal program of supervision as such.

In response to a question asking how participants maintained their searching knowledge and skills these were the main activities listed:

- Professional reading/email alerts
- Blogs/discussion lists
- Trying new resources/refreshing knowledge of existing ones
- Courses/conferences
- Information from vendors
- Client feedback
- Awareness of the environment
- Practice
- Discussions with peers/supervisors
- Training clients
- Developing subject knowledge
- Studying indexing/search strategies

To elicit health librarians' level of interest in professional development activities for literature searching, a question listed a number of options. Attendance at face-to-face short courses was the most popular suggestion with 69.1% (65/96) either very interested (50.0%, 46/96) or extremely interested 19.1% (18/96). Few were interested in undertaking a formal university study program. Comments included:

"I am in a rural area. Training which involves travel to a capital city or any kind of funding outlay is unlikely to be approved. This reality has influenced the responses to this question"

"Online seminars/demonstrations are invariably scheduled during work hours, and given our limited staffing levels this is not always suitable"

"Also, access to these can be blocked by our I.T department, along with many other useful sites. Most frustrating"

"I would so love some way to develop and improve and discuss searching and having some way of benchmarking to know if I am performing to a high standard. I think there is a gap between intermediate skills and advanced skills. Most people have basic or intermediate skills, but there is little training currently available for the experienced searcher who wants to improve their searching"

The survey concluded with two questions requesting free text comments on how the librarians saw the future of expert searching and the option to provide any other comments or suggestions about expert searching. In a future issue of HLA News I will present these results and further reflections on this topic. I will leave you with this comment, received in response to the question asking whether the participants considered themselves expert searchers as defined by the MLA:

"I think I am an expert searcher but recognise that there are many ways in which my searching skills could be improved. How do you know when you have 'arrived' as an expert searcher?"

I'm keen to hear your thoughts. Please post to the ALIA health discussion list or email me.

Kaye Lasserre
gklasserre@gmail.com

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**HAPPY
HOLIDAYS
EVERYONE**

**May you have
time enough
to recharge
and rejoice
in anticipation
of a splendid
year ahead.**

The HLA executive will be having a planning day in January to develop a strategic plan for the group's activities and priorities over the next few years. HLA undertakes many regular activities including publication of four issues of HLA News per year, administration of the HLA/HCN Health Informatics Innovation Award and the Anne Harrison Award, and organisation of an annual professional development activity. On top of these, we have special projects including the recent HLA/ALIA Workforce and Education Research Project and the Guidelines for Australian Health Libraries. All of this is achieved through the hard work of volunteers – your executive. It is vital that we focus our activities on the areas of highest priorities and for that we need your feedback. Please feel free to contact me or any of the executive members with any suggestions for HLA's activities now and into the future.

This issue of HLA News is the last for our editor, Melanie Kammermann, who is stepping down from the role at the end of 2011. On behalf of the HLA executive I would like to thank Melanie for her dedication and hard work in the role of editor since 2005. She has consistently delivered a high-quality, professional publication, highly relevant to the health librarianship profession in Australia. HLA News showcases the best of Australian health libraries, and informs and inspires its readers. One indicator of the quality of our newsletter is that it is indexed in CINAHL and the Informit Health collection. I would also like to thank and acknowledge Helen Giltrap who has assisted Melanie with editing and proof reading. From 2012, HLA News will have a new editor – Jane Orbell-Smith – HLA executive member and Librarian, Primary and Community Health Services, North Lakes, Queensland. Jane has been working closely with Melanie this year 'learning the ropes'. A

tremendous amount of work goes into preparing each issue of HLA News and I'd like to thank Jane for making this commitment and welcome her to her new role.

To all the members of the HLA executive – thank you for all your hard work this year and for the support you have given me as Convenor. We have had a very busy year with completion of the ALIA/HLA Workforce and Education Research Project and publication of the final report, as well as a successful professional development day at Canberra Hospital in which we explored the intersections between health librarianship and health informatics. I hope members of the executive take the opportunity for a well-earned rest over the holiday break! And to all HLA members, on behalf of the executive, have a safe and happy Christmas and New Year.

Suzanne Lewis
HLA Convenor

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BOOK REVIEWS

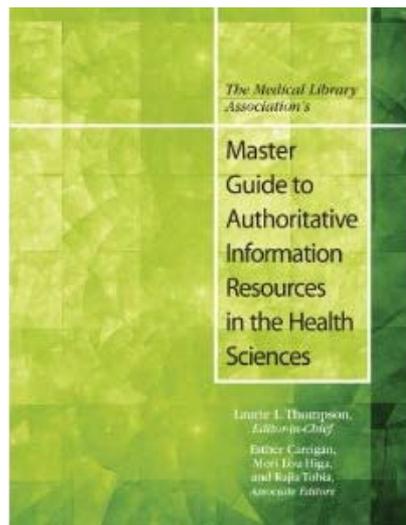
The Medical Library Association's master guide to authoritative information resources in the health sciences.

Editor-in-Chief Laurie L. Thompson. Medical Library Association guides [Series]. New York: Neal-Schuman, 2011. 659pp. US\$295.00. Hardcover. ISBN 9781555707194.

In order to maintain visibility within the organisation it is important that librarians be proactive in anticipating information needs. They need to develop partnerships with staff, and match resources to strategic plans; and these resources need to be respected for quality and currency. This is where the Guide is useful, especially for inexperienced librarians and with regards print resources. Although we are experiencing a rising transition towards digital collections, these still need to prove their worth. For the time being digital works tend to be mirrored by print works.

Is it coincidental that this Guide shares its date of publication with the number of items described – 2011? The Contents pages offer the hierarchical layout with which we are familiar. There are broad categories subdivided by relevant subjects. Some of the latter branch out further; for example, Forensic Medicine leads to Forensic Genetics and Forensic Pathology. The specialist clinical areas are followed by topics of general applicability, e.g. Anatomy, Ethics, History. Given those parts of the General Reference section which list USA specific directories and statistics are not relevant for an international audience, I recommend, to aid currency, that these be listed only in the online version. The book and journal title indexes are a very helpful addition.

The list of over 100 volunteer contributors includes their workplace and the section(s) numbers within the Guide for which they were responsible. Whilst the majority are librarians, I would like to have seen evidence



of consensus with the respective professional associations. This would not only show the relevance to clinicians but also involve them in the decision making process. The relevant subject sections could be linked from their websites back to the Medical Library Associations and hereby develop a partnership between the librarians and clinicians.

The annotations describe the scope and coverage and the intended audience. Where the previous Brandon/Hill [1] lists were aimed at print resources for small medical libraries, this one is aimed at academic medical libraries – with an additional note for relevance to a hospital or consumer health collection.

While each section is limited to the “Top Ten” best books and journals, not all sections contain ten. The level of coverage aims to cater to students, researchers and clinicians at all levels. Therefore, there are comprehensive works amongst more specialised topics within each category, e.g. diagnosis, therapy.

The most frequently consulted selection tools were Doody's Core Titles [2] for books and Journal Citation Reports [3] for journals. It is interesting to note the lasting significance of the Brandon/Hill lists. As it is eight years since the most recent version was published it is not necessarily automatic that future editions of books that were listed there should be included.

The dual intention is that it provides

evidence to the authoritative nature of the work for its comprehensiveness; and assists in validating your collection's quality.

I was particularly interested to see if any Australian works were included. The Chiropractic Journal of Australia (p. 57) is listed in Chiropractic (Section 3). I would have wanted to see our popular Clinical Examination [4] and Examination Medicine [5] books in the Clinical Medicine (Section 9.5). Several American offerings are listed instead. Some subject areas, for example Molecular Epidemiology, are very specialised, and I wonder at the need for this level of detail here. More offerings in some of the broader categories would be my preference.

Databases and other electronic resources are scattered throughout the tome in places that are not obvious. The Cochrane Library is listed under Physician Assistants (p. 45); National Guideline Clearinghouse is listed under Geriatrics (p. 149); and yet the Cochrane Database of Systematic Reviews (which is one part of The Cochrane Library) is listed under Evidence-Based Practice. To assist in usefulness, entries have been listed in more than one section. I noticed that the American Journal of Geriatric Psychiatry has different annotations in the Geriatrics (p.147) and Geriatric Psychiatry (p. 158) sections and wondered if there was a reason for this or if this was accidental.

Coverage expands to wider ranging American issues, e.g. The Rehabilitation provider's guide to cultures of the foreign-born (p. 266), and health issues in the black community (p. 135). This gives the Guide less significance outside of the USA. Given that the main users of this book would be health librarians I would prefer to have major health librarianship books and journals included.

I was impressed with its currency and reminded of some of the decisions I have had to make when compiling bibliographies. Do I include the edition that is about

continues on p16 ...

to be published given the lead time in publication of this book or list the expected release date? For example, the 2011 4th edition of Evidence-based medicine: how to practice and teach EBM is listed (p.594); however, on closer inspection, the annotation is based on the third edition. I also discovered when I was compiling the REBLs [6] lists that, for medico-legal reasons, older editions had to be referenced as sources with respect to relevant legislation. Therefore, it was necessary to include both editions and this would also alert librarians to retain these.

Other decisions included whether, when including one book or journal from a series, to include the full range, e.g. The Clinics (of North America); Current Diagnosis and Treatment series. The editors did not and I agree with this decision.

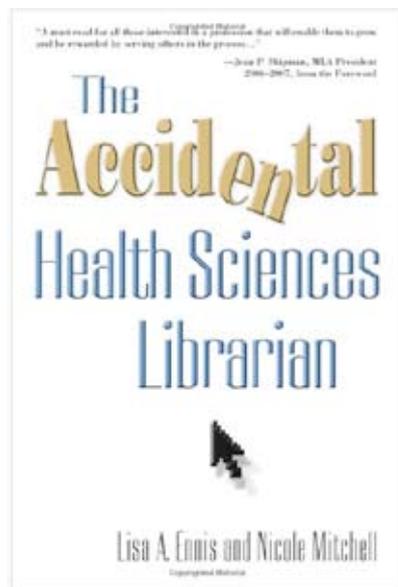
To maintain currency, a companion online version will be available. While the print version is expected to be published regularly, at 659 pages and weighing 2 kilograms I believe it would be preferable to only be available online. The cost would prohibit most small libraries from purchasing it regularly. Also, given the specialised nature of collection development, few libraries would need to refer to the whole book.

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The Accidental Health Sciences Librarian.

By Lisa A. Ennis and Nicole Mitchell. Medford, NJ: Information Today, 2010. 213 pp. US\$29.50 soft cover ISBN 9781573873956

Having The Accidental Health Sciences Librarian on hand is like having the most approachable mentor or go-to colleague available to help find your bearings in this field. Ennis and Mitchell write in their introduction that they wanted to give a 'broad overview of the field...written in a casual, easy-to-read style'. This has been achieved in spades. The authors deliver an informative book about working in the health sciences as a librarian, and they do so with an encouraging, conversational tone.

Packed with first-person case studies, small quotes from the Accidental Health Sciences Librarian Survey (most of the content in the book is based around this survey, included in the appendix, although the authors also mention their own experiences when applicable), and recommended reading and recommended websites for each chapter, the book manages to be both inclusive and reassuring. For

example, the survey discovered that the most common disciplines of working health sciences librarians were English and history – so a library professional does not need start with a health sciences background to be successful in this field.

Chapters 1 and 2 offer a broad overview of the field and show that hospitals are not the only workplace for health sciences librarians. Academic libraries often have affiliated libraries, as do veterinary schools and zoos. Clinical medical librarians most often work in hospitals and often do rounds with healthcare teams. Chapter 2 also looks at MeSH (medical subject headings), CINAHL (nursing and allied health) and medical terminology - aspects of how health sciences librarianship is different from other types of librarianship.

Chapter 3 looks at the type of patrons served in health sciences libraries, which can be more varied than imagined. Chapter 4 addresses technology and the challenges that are sometimes found in hospitals, especially with regard to implementing social networking initiatives, and how to approach IT departments. Chapter 5 examines the databases and resources used in the health sciences. It also includes a section on negotiation – useful in view of the high expense of content licences in this field. Chapter 6 provides resources for keeping up and networking, including associations, blogs and credentialing.

The appendices and recommended readings and websites are thorough, easy to navigate, and well worth further investigation. This work is highly recommended for individuals interested in this field, LIS schools, and newer health sciences librarians who are finding their way.

Doreen Sullivan
RMIT University

NOTE: Review of The Accidental Health Sciences Librarian reprinted from The Australian Library Journal, Vol 60 no 3 August 2011

The TGA Library uses a variety of both national and international document delivery supply networks but, despite our best efforts, we were aware that end users were becoming increasingly dissatisfied with any bar to full text access at the desktop.

Beginning the pilot

With the increasing demand by users for speedy access to journal articles, and more embargos in place for delivery of e-journal articles by document delivery, it was time for the library to explore alternatives.

In 2009, Nature Publishing Group (NPG) offered us the option of pay-per-view for our non-subscribed journal titles. Rather than send requests for the library to download articles, readers would be able to click through immediately to full text. TGA would set up a charge account with NPG from which a per-item fee would be deducted automatically for each full text download.

The library already subscribed to a core set of Nature titles directly with NPG and we could tell from user statistics and document delivery records that there was an across the board interest from TGA. Here was an opportunity for the library to explore the value of a pay per view (PPV) model for end users. The library could also gain some experience in the pros and cons of end user PPV.

A proposal was put forward to TGA management. A small budget was drawn, partially from document delivery and partially from serials, but the pilot did not incur any additional staff or resource funding. The pilot was seen as a low cost, low risk initiative which offered potential benefits for TGA core business.

The model

The agreement we had with NPG was simple and limited to Nature titles. TGA agreed to maintain current subscribed titles and made an advance

payment to cover non-subscribed downloads. The expiry date for the first advance was set at three years. We also had the option of buying additional downloads as needed. This offered us the widest possible options for managing an unpredictable situation for the first 18 months until we could begin to analyse the usage patterns. The cost per download was a unit price, which made projected calculations of expenditure as easy as possible.

The most critical factor which influenced our considerations of value for money was that we looked at the true cost of document delivery. Even free inter-lending incurs a staff cost, both for the library staff member who does the ordering, receiving and recording; and for the end user who has to make the request and wait for delivery. TGA Library calculated that, for us, this works out at approximately \$50 per request. Therefore any article delivered directly to the end user for under this amount is a good return on investment.

For end users, the only difference between full text access to a subscribed versus unsubscribed title was that, for the latter, they saw a prompt screen which alerted them that TGA would be charged for the article. The library ensured that all staff knew about the PPV model and assured them that they would not be incurring unforeseen or costly expenditure. We did not want them to be deterred by the charge screen from obtaining the information they needed.

COUNTER compliant usage statistics and regular vendor expense reports ensured that during the pilot phase the library could keep a regular watch on the downloading of non-subscribed titles.

After the first year

After the first year of PPV user feedback was very positive. Users diffident about passing the charge screen would request document delivery, only to find that the article landed on their

desks within minutes. Usage reports showed that there were no surges in downloads and no inappropriate usage.

This mature response by end users encouraged the library to extend PPV to another major scientific publisher, Elsevier, for unlimited access to their suite of titles on Science Direct.

Elsevier became our second publisher on PPV for several reasons. We knew that, of all publishers, there was a significant demand in TGA for its subject material, as many Science Direct journal titles relate to toxicology and pharmaceutical chemistry and have high impact factors in the field. The cost of subscriptions had always been out of reach of our budget and, once again, PPV offered us an opportunity to negotiate a positive outcome for users who, for many years, had been keen to have access to the whole platform.

This was a bigger financial commitment and a larger risk. We could not tell whether over enthusiasm or intellectual curiosity would blow the budget. But, taking the view that our users had not abused the option so far, we went ahead and by the end of December 2010, PPV was up and running in TGA for Science Direct as well.

The highly visible internet and database presence of Science Direct is driving increased full text usage by an estimated 30%. However, analysis of the titles used shows that the majority of usage is an extension of what was previously viewed to abstract only. For an evidence-based organisation this is seen as a positive.

Experience to date

End users see the PPV option as the best new service the library has offered them. Usage statistics show a wide range of journals being used throughout the year. The highest percentage of usage is from titles that were previously identified as possible subscriptions, which bears out our

continues on p18...

prediction that we are meeting existing needs.

From the library perspective, we have one vendor account instead of multiple document delivery or pay per view transactions.

We have been asked by several librarians why we do not monitor individual users or make them request articles via the library. The library is funded at a corporate level. There is no charge back to any section or area, under the principle that all are working to a common goal and information is an organisational resource. So we have no need to monitor group activity. Secondly, we have no evidence from the pilot or from previous user statistics that anyone is abusing these desktop privileges. In a small specialist organisation unusual subjects or high quantities of downloads would be very obvious. Therefore, we have no reason not to trust our users to behave responsibly as it is in their best interests for desktop PPV to continue.

Minor risks have been either: incurring multiple charges due to technical difficulties downloading PDF files; or users preferring to link to articles rather than downloading them to a local file and accessing them several times. However, the option for a single 24 hour unit charge for multiple downloads of the same article is a big mitigating factor.

Other models

Publishers have different models for PPV and details need to be clearly spelt out in the negotiation phase. Some of the important discussion points we feel should be raised are:

1. Do existing subscriptions have to be maintained to access a PPV option?
2. What titles are included? For example, are society journals or other small press titles excluded?
3. Is it a single unit price or variable according to title?
4. Is there a 24 hour single charge for multiple downloads of the same article?
5. Are archives, supplements and special publications included or excluded?
6. What amount must be committed upfront?
7. Can unspent funds be rolled over and/or do they have an expiry date?
8. How frequently are user statistics available and are they on the same site and in the same report format as the subscribed titles?
9. What are the cancellation terms for the contract?
10. When can the balance of subscribed and PPV content be renegotiated?

Looking to the future

Both the library and TGA as a whole have benefited from piloting PPV to end users. The model suits the information needs of the organisation and provides almost

seamless access for end users to the articles of their choice, without the increasing costs to the library of subscribing to otherwise unused content. It is a model which we anticipate will be explored with other publishers as more of them come to offer a PPV option.

Lily Chen

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Lily Chen has been document delivery librarian at TGA for 8 years. In 2006 she took on the role of serials coordinator to effect the transition from print to e-journals. She now coordinates both services to deliver maximum synergy.

Marie Anne Slaney is a biomedical information retrieval expert. She has worked for TGA for 17 years and manages a small team of professional librarians.



CONGRATULATIONS

Veronica Delafosse!

At this year's HLI conference, former long standing HA Executive member Veronica Delafosse was honoured to receive HLI's Life Membership Award. Honorary membership is an award conferred on a member whose contribution to HLI is deemed as outstanding and of lasting importance to the advancement of HLI and health librarianship.

together for improved client/patient outcomes [2].

Dual Role

A library professional or paraprofessional can be both a supervisor and a supervisee, e.g. a senior librarian or library technician offering professional supervision to a junior librarian or library technician, and, a supervisee as a participant in a formal supervision programme or as a participant in a peer supervision group.

Primary & Community Health Service Model

Queensland Health established a new library service, the P&CHS Library, in late 2009. In 2010 the newly appointed librarian entered the supervision model to ensure she worked to the same conditions as her collegial health practitioners. The Service employs one librarian and one library technician, limiting opportunities for supervision. The solution was to identify professional and peer supervision opportunities in the wider Queensland Health library cohort.

Initially the P&CHS Librarian had a line supervisor within P&CHS and a professional supervisor at The Prince Charles Hospital Library. For the professional supervision an annual formal contract detailing expectations, supervisor and supervisee requirements and timeframes is completed. A living document, it undergoes an informal assessment every six months. A formal agenda, "homework" and discussion of the supervisee's requirements are prepared for each monthly meeting. Instead of professional expertise, as an experienced librarian, the P&CHS Librarian chose to use the opportunity to develop writing skills. Discussions of operational matters are separate to the professional supervision sessions. This ensures the session stays on task and eliminates potential conflict.

Technology plays a part in one current supervision session – Skype. A regular meeting occurs between the Director of the Townsville Hospital Library and the P&CHS Librarian, based 30 minutes north of Brisbane. Agenda and any readings or work for review are forwarded by the supervisee to the supervisor days prior to the meeting to ensure that consideration is given to the work prior to the session and the time in the meeting is beneficial.

 Professional supervision is working well and participants are finding it to be an opportunity to develop their own skills and discuss issues affecting them in a non-judgemental arena. Supervisors and supervisees report personal development growth directly as a result of participating in the model.

 **Outcomes**
The P&CHS supervision model is a ground-breaking utilisation of a formerly exclusively clinical model. The model is of benefit to medical/health library staff where line management and/or mentoring have been the norm. The emphasis is on the individual's professional development and ultimately leads to improved performance of both the individual and the employing library service. Both model components have the goal of improved performance of the supervisee. In reality, benefits exist for the supervisee,

the supervisor and the employing organisation.

The advantages of both supervision model components are that they are applicable at any career level or experience. A new practitioner will have different requirements of supervision compared with an experienced practitioner. Supervision is tailored to the individual's requirements. The process fits neatly into any Performance Appraisal requirement of the employing organisation. The supervision model is not a punitive process; disciplinary matters are dealt with outside the supervision meeting.

Mixed results are reported to date. Professional supervision is working well and participants are finding it to be an opportunity to develop their own skills and discuss issues affecting them in a non-judgemental arena. Supervisors and supervisees report personal development growth directly as a result of participating in the model.

Peer Supervision is not progressing as well as anticipated within the health library staff (it is very successful in other areas of the P&CHS). One group was established but failed. The main block identified was the peer supervision team member's other work commitments and the need to set protected time when meetings occur. The Service supports the process and allows protected time but it is a fact of work life that urgent issues may arise requiring attention and not all members of the group are able to attend every meeting. Understanding the role of the peer supervision also proves to be a challenge for the group participants. This issue is avoidable through training participation. To counteract the less than successful implementation of the peer supervision a new group is being established based on the thesis that new participants will change group dynamics and bring renewed enthusiasm. This model provides opportunities for

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cross-fertilisation with clinicians and other health discipline peers – vital to providing an effective and current library service. The participation of the librarian is welcomed by the non-library peers who are exposed to a different perspective of the health librarian's professional skills and experience.

Future Workforce

The P&CHS model complements the findings of the 2011 Health Libraries Australia Health librarianship workforce and education: research to plan the future final report^[7]. The report identifies the importance of "targeted continuing professional development" and recognises the need for health librarians to be "key-members of the multi-disciplinary health professional team". By participating in the same professional and peer supervision as their health colleagues, health librarians actively demonstrate their commitment to their profession and professional equivalence with health colleague peers.

Conclusion

The project is a work in progress; the model has proven effective in other health disciplines. From a health/medical library perspective, the participating library staff report benefiting from their sessions. With further promotion of the model and

reporting on outcomes, there will be uptake of the model within the wider health library environment.

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FOOTNOTE

Primary & Community Health Services is a Service of the Queensland Health Metro North Health Service District based in the Northern Section of Brisbane. The HSD has four libraries of whom two, The Prince Charles Hospital Library and the Primary & Community Health Services Library, participate in the supervision model. In conjunction with these libraries, the Director, Townsville Hospital Library and the Library Manager, Child & Youth Mental Health Services also participate.

This article based on the presentation "Professional Supervision Model in Health Librarianship: An adaptation of the Primary & Community Health Services Supervision Model" by the author to Health and BioSciences Satellite Session, International Federation of Libraries Association, Puerto Rico, August 2011.



ABOUT THE AUTHOR

Jane Orbell-Smith is a health librarian with a particular interest in health education and staff professional development. She is currently employed in Australia by Queensland Health, Primary and Community Health Services at North Lakes, north of Brisbane. Her previous experience includes working for Mackay Health Service District as Library Manager, James Cook University as Off Campus Liaison Librarian and various appointments within the Northern Territory including Institute for Aboriginal Development, Arid Zone Research Institute and Pitjantatjara Council (Legal and Anthropology Section). Jane was awarded Associate Fellowship of the Australian Library and Information Association in February 2010. In 2011 Jane completed both a Diploma of Business and a Diploma of Management. Jane currently sits on the ALIA Health Libraries Australia Executive Committee.

DIARY dates

HLA '12 PD Day – 10 July 2012

HLA is organising a satellite event in conjunction with the ALIA Biennial conference in Sydney in 2012. The date is Tuesday 10 July. The venue will be Sydney's Garvan Institute opposite St Vincents Hospital. The program is still under development; based on your feedback, the HLA executive is considering a program focusing on health librarians' roles in systematic reviews.

MLA '13 Annual Meeting and Exhibition Call for Participation

Stay informed and make connections at MLA '13, May 3–8, 2013 in Boston, MA. This special meeting incorporates the 11th International Congress on Medical Librarianship (ICML), the 7th International Conference of Animal Health Information Specialists (ICAHIS), and the 6th International Clinical Librarian Conference. Due to the international scope of the meeting, the call for participation is beginning earlier. You may submit your abstract now using the [online submission process](#). Deadline for submissions is May 1, 2012.

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