COLLABORATIVE DIGITAL SERVICES
– a new model for the digital age

Aileen Weir is the Director, Collaborative Digital Services at the National Library of Australia. She kindly attended our 2018 PD Day in Sydney to elaborate on changes to the way the National Library manages digital content, the central role of Trove, and some changes that may affect libraries, including special and health libraries. Read on to find out more...

Trove has grown exponentially over the last 10 years. Its size and scale has established it as an essential component in the Australian research infrastructure and given unprecedented national exposure to the collections and digitised content held in libraries and other repositories across the country. Highly regarded by the Australian community, Trove symbolises how collaboration between Australian libraries has evolved beyond the traditional purpose of sharing metadata to the capture and exposure of substantial digital content. As many health librarians will know, the Libraries Australia platform for sharing cataloguing metadata and conducting interlibrary lending can trace its origins back 35 years. Supported by libraries across the country through membership, the Libraries Australia infrastructure is the reason we could build Trove.

CHANGING EMPHASIS

However, there are significant challenges for us

ABOVE – Aileen Weir.

in this environment. Although metadata remains important, libraries, cultural and research organisations are shifting focus to the capture, exposure and use of born-digital and digitised full-text content. The significant changes in resource sharing is a prime example of how library services are evolving in the digital world. Use of the Libraries Australia Document Delivery (LADD) service has been in notable and steady decline since 2011-12. There are many factors driving this including new commercial providers offering article

delivery services, globalisation, restrictive licensing conditions of subscription electronic resources, and lack of legislation to support interlending of born digital material.

Another illustration of how libraries are adapting to the digital world is the National and State Libraries Australia (NSLA) project to establish the National edeposit

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(national edeposit service) NED is a collaborative partnership to enable the shared collection, preservation and access of Australia's digital publications through a single digital platform ... (with) all items collected through the service accessible through Trove

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service (NED). NED is a collaborative partnership to enable the shared collection, preservation and access of Australia's digital publications through a single digital platform. Building on the National Library's existing legal deposit infrastructure, NED will enable publishers to fulfil their legal deposit obligations for born digital materials at both a national and state/territory level. NED will be operational in early 2019 with all items collected through the service accessible through Trove.

A NEW OPPORTUNITY

The National Library is responding to these challenges and opportunities by transitioning its activities into a single, multifaceted service that encompasses metadata, digitised content and delivery. Over the last year, the National Library has been developing a new approach to collaborative digital services designed to share both the ongoing costs and the governance of Trove with partners and contributors. The sharp increase in both digitised and born-digital content is generating significant benefits for all contributors. Although the growth in content has been highly collaborative, most of the costs underpinning Trove have been largely borne by the National Library. Through the Libraries Australia membership model, libraries form the backbone of Trove. By contrast, organisations outside the library sector are reaping the benefits despite little or no direct financial contribution to support the services that make it possible. Approximately one third of the approximately three hundred organisations that contribute to Trove are not Libraries Australia members.

As many librarians will be aware, the National Library was granted $16.4 million in December 2016 to address Trove's most pressing concerns and position it for the future. This one-off injection of funding ends in June 2020 with the expectation that the Library will begin recovering costs from that point forward. To prepare for this transition, the Library is developing a new single agreement, fee structure and governance model over both Trove and Libraries Australia.

As well as keeping Trove sustainable, the new collaborative business model can generate new audiences, increase the value proposition and facilitate new forms of research. Managing services holistically encourages research across the full range of content generated by libraries, galleries, archives, museums, the academic and research community and historical and other small organisations. Trove offers contributors a worldwide audience, a fact beautifully illustrated by the story of Corporal Cole's prosthetic hand. A designer in the USA worked with a carpenter in South Africa to create inexpensive 3-D printed prosthetic hands for African children – all based on a design found in Trove from 1845.

In addition to strong brand association and exposure at scale, the National Library can offer significant expertise accumulated from years of managing data and working with digital collections. Our high-quality digitisation service has helped many organisations expose their content online and projects to digitise the Bulletin, the Australian Women's Weekly, government Gazettes and the Australian Joint Copying Project are adding real value to the Trove data corpus. Digital business aims to strengthen this model into the future by bringing these activities together under a more streamlined, cost-effective and sustainable model.

COLLABORATIVE BRAND AND GOVERNANCE

Under the new business model, we are asking partners who already think of themselves as part owners of Trove to take some responsibility for its ongoing maintenance and future directions. However, it is not just about funding, it is also about extending the Trove brand and governance to be more inclusive. The Library is currently working with a web design company to refresh the Trove brand in a way that emphasises

its collaborative nature and gives greater recognition to contributing organisations. A Trove 'Community of Practice' of key stakeholder representatives is providing valuable input into this rebranding exercise.

As Trove evolves its public presence as a flagship of the cultural sector, it will need a robust advisory body representing the leadership of the organisations that support it. The Library is currently seeking guidance from stakeholders on the development of a governance structure that balances overall investment with the needs of the diverse range of organisations that contribute to Trove.

PRICING MODEL AND FEE STRUCTURE

The existing Libraries Australia membership model has been in place for decades but is limited to libraries and structured around use of metadata. Both the Library and its stakeholders recognise that the current governance and revenue structure has become outmoded. The new membership model is designed to address these shortcomings and position Trove for a more sustainable future by broadening the funding base to encompass institutions beyond libraries that operate in the cultural and research sectors.

The concept is to establish membership tiers around three activity measures as averaged over the last three years: the number of records in both Trove and Libraries Australia, level of interlibrary loan activity, and the number and complexity to data ingest harvest streams. Universities and larger organisations often have multiple sources of data coming into Trove – the library catalogue, university repository, an image collection, perhaps an online journal or other publication – each requiring data manipulation and configuration.

There will be a suite of standard services common to all members, but each institution can also opt to become a 'premium' member. Premium services will be activities that require significant staff time or expertise such as institutional-specific metrics, tailored training and support or high profile co-branding opportunities. Although all membership tiers will have some premium services on offer, higher tiers will have access to a greater range commensurate with the fees they pay. The pricing model will seek to recover a similar level of costs from members to that currently achieved, although individual institutional pricing may shift as we apply the common measures to each organisation.

The model aims to be:

- **Fair** – moving away from sector-based pricing to determining fees using criteria common to all institutions and based on universal measures of activity across both LA and Trove.
- **Transparent** – the formula/methodology used to determine the price an organisation pays will be available to all
- Focussed on **cost-recovery and long-term sustainability** – the Library has invested in a detailed analysis of the full range of costs that support all aspects of our service offerings.

IMPLICATIONS FOR HEALTH LIBRARIES

Moving away from sector-based pricing to a fee structure that is based on objective, measurable criteria will inevitably mean that some organisations will see differences in the fees they pay. To mitigate against pricing changes, the Library is exploring ways to take the proportion of unique holdings into account to counterbalance the total number of records an organisation contributes. This would favour some special libraries whose collections are often not widely held.

All libraries are facing budget constraints and it is not the objective of the National Library to substantially increase the revenue generated

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Trove offers contributors a worldwide audience, a fact beautifully illustrated by the story of Corporal Cole's prosthetic hand. A designer in the USA worked with a carpenter in South Africa to create inexpensive 3-D printed prosthetic hands for African children – all based on a design found in Trove from 1845

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from Libraries Australia members. Over time, the Library hopes to extend membership to include galleries, archives, museums and other non-library organisations as well as offer enough appealing, value-add services to entice some organisations to opt for premium status.

NEXT STEPS

There is a need to shift our collective focus and resources from managing metadata to managing large digital collections at scale. The existing Libraries Australia membership model places disproportionate emphasis on one aspect of our service offering. The Library has been consulting with key stakeholders including the Libraries Australia Advisory Committee (LAAC), Council of Australian University Librarians (CAUL) and National and State Libraries Australia (NSLA) and intends to finalise the new fee structure by the end of September 2018.

The Library intends to introduce the new model for existing Libraries Australia members in 2019-20 then expand that to other Trove partners the following year. We are seeking to facilitate a relatively smooth transition that ensures that needed revenue is preserved but also that no members are faced with unrealistic changes to pricing in a short time-frame.

CONCLUSION

There is a coalescence of drivers leading to a new approach to collaborative digital services. By combining Trove with the services currently offered through Libraries Australia, new services can be created and existing services improved, thereby solidifying the role of libraries in the digital world.

Pricing matrix

The Library envisions that the pricing matrix would have multiple price points (at least ten) and that each price point would offer members a 'basic' and 'premium' option. The initial categorisation of organisations would be based on the total number of records across both systems, the number and complexity of data harvest streams and the level of interlending activity. Every tier offers members an option to pay a surcharge and receive the premium services associated with that tier.

Aileen Weir
Director, Digital Services Collaboration
National Library of Australia
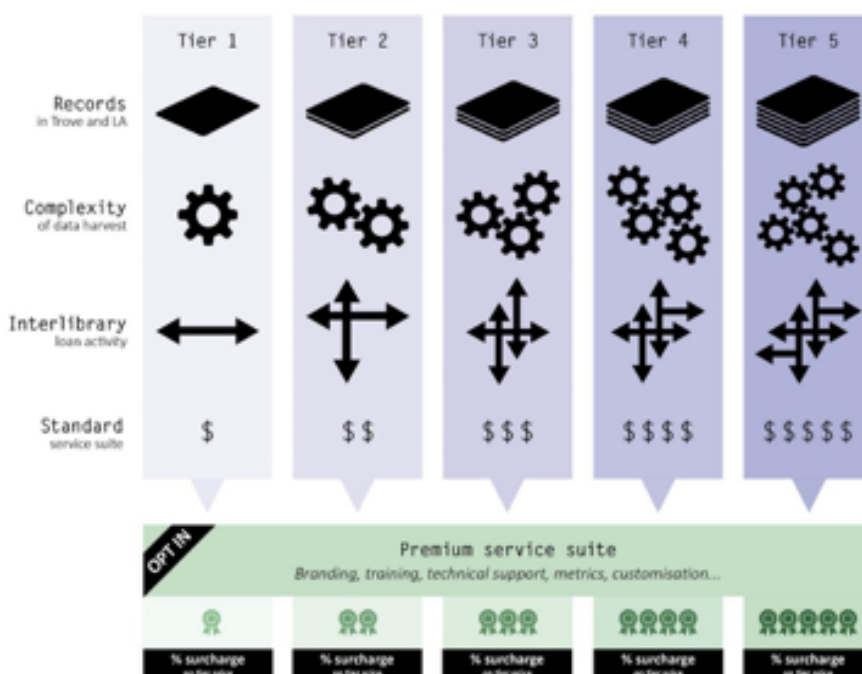
ABOUT THE AUTHOR

Aileen Weir has been working at the National Library since 2006 and assumed her current role as Director, Digital Services Collaboration in October 2016. Prior to that, she was Director, Reader Services and played a pivotal role in the integration and renovation of the Library's reading rooms and service delivery model. In her earlier career, Aileen was a government publications and law librarian at the Australian National University Library and the Ontario Legislative Library in Toronto, Canada. Aileen is an active ALIA member and was on the ALIA Board of Directors 2012-2016.

ANN RITCHIE

CONVENOR'S FOCUS

Update on HLA Competencies review project • Census of the Health Information Workforce • Exectutive changes...

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... I'm especially proud of the national research studies that have provided the evidence base for establishing our specialist expertise in the librarianship and health information professionals mix, proving our value, and raising the profile of health librarianship nationally and internationally...

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From all accounts the PD Day on the 19th July in Sydney went amazingly well, and judging by my follow-on conversations, the theme of 'new, exciting and/or controversial' has given us all plenty to mull over, digest and be spurred on to further action. As others in this issue will be reporting on the PD Day event in detail, I will venture on to highlight a few other developments.

The HLA Executive held our annual strategic planning meeting the following day and we took account of the PD Day participants' endorsement of our strategic directions and priorities. Complex issues demand long-term strategies, not just a piecemeal, tactical approach. Over the past 9 years we've carried out some large research projects to define the problems and to lay a strong evidence base for planning and advocacy, especially in the areas of education and workforce. The research has shown the way for establishing the systems and structures that will lead to a dynamic and sustainable future for health librarianship.

Over the next term you can expect to see initiatives in the areas of consumer health literacy and digital inclusion; systematic reviews, research and data management; demonstrating value and impact; hospital libraries, and their role in quality and safety; and engaging and communicating with our members and stakeholders across the various health and related sectors.

In the last issue of HLA News we announced the creation of the Digital Health Information Services online course which we have set up in partnership with the University of Melbourne. Unfortunately we've had to postpone this until mid-next year, but this will give us a longer lead-time for enrolments and developing the course content. The feedback from many with whom I've spoken is that the focus on 'digital' and 'data' has sparked interest not only in those new to health librarianship but also from others who are looking to upskill in these areas.

Regarding the HLA Competencies review project that is currently underway – we will be conducting an online consultation asking for feedback about the draft set of competencies in the spring quarter. The main purpose of the review is to update our competencies in line with the changing health services environment (especially the recently released National Digital Health Strategy[1]) and to inform strategic workforce planning, post-graduate education and professional development for the profession. The objectives are:

- To learn from the experiences of colleagues in professional associations in the USA and UK in relation to competencies and evolving roles of health librarians;
- To provide the basis for a description of the complementary competency-based skill sets of health information professionals in Australia.

As well as helping to re-shape and upskill health librarianship for the digital future, it is intended that the following benefits will accrue to other stakeholders, that is, the updated competencies will:

- provide guidance for health library/information services managers in formulating job descriptions with basic and advanced scopes of practice;
- assist managers in developing their staff;

–   support health library and information professionals in designing their own professional and career development;
–   support LIS educators' course development with a view to making graduates prepared for careers in the health sector.

The Census of the Health Information Workforce was conducted in May, and a report will soon be released. Summary results show that health librarians/technicians were reasonably well represented, so thanks to all who responded. The census will be conducted again in 2020, and then every three years, and many have agreed to be part of this long-term approach. HLA is one of the founding partners in this research, which is being conducted by the University of Tasmania and the University of Melbourne. Research data sets may be accessed for quality projects or further research (with ethics approval) to provide more detailed correlations of the workforce from particular perspectives, and we will be exploring these possibilities.

Finally – to let you all know that after five years, this will be my last Convenor's Focus as I have stepped down from this role. It's been a really enjoyable time, working with an extremely enthusiastic and talented team from all around Australia. When I reflect on where we've come from, I think we've achieved beyond what you'd think would be possible for a bunch of volunteers most of whom have fulltime jobs. I'm especially proud of the national research studies that have provided the evidence base for establishing our specialist expertise in the librarianship and health information professionals mix, proving our value, and raising the profile of health librarianship nationally and internationally. I'm pleased to be continuing on the Executive as the leader of the Partnerships and Collaborations portfolio.

I'm really happy to announce that Gemma Siemensma will be taking over as Convenor. Gemma is one of those leaders who seems to have an innate ability to just 'know' the way forward, and it always hits the pragmatic mark – practical and principled – quite a fine balance. She has exceptional energy and commitment as I'm sure you've all noticed, so I know our HLA group will have a leader who will inspire others to achieve great things.

As Gemma was our Secretary we now have a vacancy – this is a good opportunity for someone to jump in, learn about and participate in our work. You don't have to be an experienced health librarian to take this on, and will have a great team around for support! For more information about the HLA Executive and how we work, check our Terms of Reference (https://www.alia.org.au/groups/HLA). You can also contact me if you'd like to learn more about the role.

So in signing off, I'd like to thank you for your ongoing participation, challenges and encouragement, and invite you to keep in touch about things HLA!

Ann Ritchie
ann.ritchie@alia.org.au

REFERENCE
1.   Australian Digital Health Agency. 2018. Framework for action: Australia's National Digital Health Strategy. Commonwealth of Australia, ACT. https://www.digitalhealth.gov.au

HLA PD DAY 2018
Highlights & reflections

New graduate Serena Griffith shares highlights and reflections of her very first HLA PD Day…

ABOVE – Serena Griffin is the Library & Literacy Project Officer at Barwon Health Library Service in Geelong, Victoria.

As a new (mature aged) Library graduate, this was my first HLA PD Day. When I first laid eyes on the program I was quite overwhelmed by the number of presentations. Once I settled in, I enjoyed the "snap shots" of information from health librarians from across the country. I enjoyed all the presentations, but the three that stood out most for me were:

• **Keynote address: To be or not to be… the prospects for an Australasia PMC** by Lisa Kruesi, Faculty Librarian, Health & Life Sciences, University of Melbourne. Lisa's presentation was timely, as a couple of days prior to the HLA PD day, a library patron was lamenting about the cost of obtaining scientific articles for research, and said he thought that for the "greater good" scientific information should be openly accessible. Lisa advised that less than fifty percent of NHRMC funded research outputs are accessible from Australian institutional repositories, in contrast to PubMed Central (PMC) and Europe PMC achieving close to ninety percent. As Lisa stated, this would require significant investment in infrastructure and human resources, as well as collaboration from sectors and commitment from a national body. Lisa and colleagues have prepared a paper, which will be presented at the World Library and Information Congress, 84th IFLA General Conference and Assembly Kuala Lumpur in Malaysia in August 2018.

• **Mediated searches save clinicians' time – the evidence** by Mary Paterson, Knowledge Manager of South Australia Health Library Service (SAHLS). Mary discussed the research being conducted by SAHLS, which demonstrates the value of health librarians. Mary reported that librarians were 3.3 times faster in conducting patient care-related literature searches than clinicians. During 2016 to 2017, the amount of time saved by librarians conducting searches for clinicians was 5980.92 hours. These performance metrics have been converted to key performance indicators (KPIs) and presented to management, including Department of Health and Wellbeing executives. Mary discussed the importance of collecting data when providing services, so that it can be used for research and to develop future KPIs for the service.

• **Information sources in Indigenous health** by Donald Keast, George Hatch Medical Library, Dubbo Health Service. I had attended a NAIDOC Week event at Barwon Health where one of the Aboriginal presenters encouraged the audience to look at the many resources available to learn more about Indigenous people. Donald explained some of the different sources that can be used to find information. He advised that social determinants such as; culture, education, housing, poverty and racism, and connection to country influence health, therefore information sources need to cover these determinants. Donald provided a comprehensive list of resources, some of which can be viewed on his power point presentation from the HLA PD Day, titled Information sources in indigenous health.

Thank you to the presenters and organisers of the day. I found the presentations very informative and was grateful for the opportunity to network with my colleagues.

Serena Griffin
Barwon Health Library Service

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Mc Graw Hill Education

SHARING NATIONAL SIMULTANEOUS STORYTIME
HICKORY DICKORY DASH

Last issue we asked if any of you had participated in National Simultaneous Storytime (NSS) in 2018, so we were delighted to hear from Fiona Russell at Deakin University Library about their collaborative effort with their campus childcare centres. What a great way to raise the profile of the library on campus!

ABOVE – The Mouse with her little ones and their arch-nemesis, the Cat.
Photographer: Deirdrie Gregory

As part of Library and Information Week, Deakin University Library took part in National Simultaneous Storytime (NSS).

Children from all over Australia enjoyed a reading of 'Hickory Dickory Dash' by Tony Wilson at 11am on 23 May.

Between our Burwood, Waurn Ponds and Warrnambool campuses, we hosted almost 80 children from our local childcare centres.

Liaison librarian Dominique Coorey was our chief coordinator. After envisioning NSS within an academic library setting, Dom reached out to the director of the campus childcare service to extend an invitation to participate.

To prepare for their visit, the staff from the childcare services at each campus visited the spaces and some of the children had a practice walk across campus, beautifully decked out in their miniature high-vis vests.

The books were ordered and readers were organised at each campus. We made use of our Mobile Computer on Wheels to display the e-book, which made the illustrations easy to see for the whole audience.

Children were offered decorated cupcakes, and participated in a colouring-in activity which helped to reinforce the themes covered in the book.

A great time was had by everyone!

ABOVE – Wendy Chapman and the Grandfather clock, Warrnambool campus, Deakin University Library
*Photographer: Jill Stephens*

TOP RIGHT – Karen Larsen and Deirdrie Gregory prepare for our young visitors at the Waurn Ponds campus, Deakin University Library
Photographer: Janine Young

BOTTOM RIGHT – Decorated cupcakes
Photographer: Jill Stephens

BOOK REVIEW

Shaping our services requires that we understand who we are serving. Rhonda Cotsell shares how "When breath becomes air" provides a unique look into the mindset of medical professionals. She reminds us that "a healthy awareness of the pressures under which healthcare practitioners work is essential to how resources and services are shaped – including overall decisions about services and resources, accessibility, an easily navigated catalogue and collection, and flexible training programs".
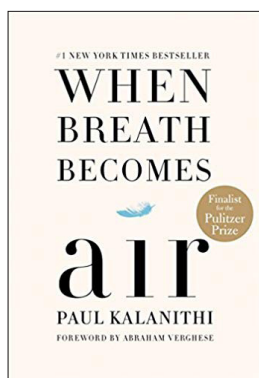
When breath becomes air by Paul Kalanithi

DETAILS: First edition, 2016.
228 pages. Publisher: Random House New York (2016)
ISBN-10: 081298840X
ISBN-13: 978-0812988406

To fully understand the complexity and reach of this book it helps to look at it as comprising interweaving strands. The different strands are first and foremost that of a young man facing death, secondly a life underscored by philosophical questioning, thirdly a practicing neurosurgeon at the top of his game, and finally a young husband and wife facing difficult decisions. The strands do not have a hierarchical value, they are all equal and present.

Dr Kalanithi's career began with a convoluted journey through literature, philosophy, biology and science 'driven less by achievement than by trying to understand, in earnest, what makes human life meaningful.' Philosophy felt dry 'missing the messiness and weight of real human life.' He was torn between a life of scholarship in search for human meaning, and an equal need for human relationships. This conflict led to the realization that he needed direct experience, and that in practising medicine he could fully explore life.

When breath becomes air is his journey from student to a diagnosis of Stage IV metastatic lung cancer at 36 years of age. I have included how he came to be a neurosurgeon as those beliefs underlie each advance and stumble that follow. His writing style is reflective and fluid, uniting the different streams and journeying honestly and vividly through his most difficult and intimate moments. How he ultimately reconciles all is a memorable celebration of life.

As a librarian working in a medical setting I found this book invaluable for its insights into a medical practitioner's mind. A relevant library requires a close understanding of what and who a healthcare professional is. I found especially useful the sections describing the divide between; needing to cultivate a calm detachment to promote confidence in his patients and its role in protecting all doctors from the physical, emotional and mental toll of long work hours; and the reality of errors seen and made.

It also spans the gap between identifying as a doctor and then experiencing what it is to be in the care of another doctor, deeply aware of both sides.

Feedback from students and staff?

I chose to read it because when I first picked it up wondering if it was worth reading, a post-grad student stopped and told me it was so good he had ordered his own copy, to keep. A member of the medical staff also ordered multiple copies to gift to all his students.

As a healthcare librarian a healthy awareness of the pressures under which healthcare practitioners work is essential to how resources and services are shaped – including overall decisions about services and resources, accessibility, an easily navigated catalogue and collection and flexible training programs down to never keeping them waiting – this book illustrating how, for doctors, time has a different meaning.

In conclusion I thoroughly recommend this book to all levels of healthcare library staff. It is a memorable reading experience, authoritative and reasoned but also hugely emotionally present.

Rhonda Cotsell AALIA(CP) Health
Formerly Librarian, Ballarat Health Services

PLEASE SHARE YOUR GOOD READS ...
If you have read something new, interesting, challenging, inspiring, and/or helpful lately we would love to hear from you too – email us at hlanewsed@alia.org.au

MEMBER
SPOTLIGHT

KIERAN HEGARTY
FAST FACTS

HLA member since:	December 2017
First professional position:	Library trainee, Deakin University (Melbourne campus, Burwood) 2009
Current Position:	Librarian, Monash University (Pharmacy campus, Parkville) Library Technician, Australian Nursing & Midwifery Federation (Victorian Branch)
Education:	Bachelor of Arts (Honours), Monash University (2015); Graduate Diploma of Information and Knowledge Management, Monash University (2017).
Favourite Website or Blog:	Trove

What do you find most interesting about your current position?

I currently hold two positions in two very different libraries. The diversity is helpful professionally, as it offers insight into how different library services operate and how they engage with their users. The most interesting part of any role is always supporting a student, researcher, or professional with an interesting research request. I particularly enjoy enquiries that come through about nursing history, unionism and community engagement in Victoria.

What has been your biggest professional challenge?

Deciding on an area to specialise in! After graduating earlier this year, many options presented themselves, including opportunities in rare books, eLearning, teaching and learning, health, and special librarianship. Developing an understanding that learning and development takes time and I don't have to be an expert in everything straight away has been the biggest challenge.

How did you join Health Librarianship?

There is a book called "The Accidental Health Sciences Librarian" which I think sums up my position perfectly! I ended up specialising in health librarianship after gaining a few years of casual and part-time experience in small medical libraries, and then supporting the Medicine, Nursing & Health Sciences faculty at Monash University. I've been lucky enough to work with some incredibly committed Librarians who inspired me to follow this path.

What was your previous employment background?

Before I began my career in libraries a decade ago, I was (and still am) a musician, with an interest in literature, art and film. I wanted to work somewhere where I would be surrounded by interesting and committed people, and inspiring collections, so I applied for a traineeship at a university library. I immediately loved it, but didn't commit to a career until I enrolled in post-graduate study 18 months ago.

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

Work with Bernard and Manny at Black Books.

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

I think health libraries do an incredible job of collaborating and banding together to make the most of scarce resources. However, some of our systems, standards, and ways of working that hinder engagement with users may need to be reconsidered. Demonstrating impact is also an ongoing challenge that is widely acknowledged.

What is your greatest achievement?

Playing at the Sydney Opera House.

What is your favourite non-work activity?

I love walking, cycling, cooking, drinking wine and visiting the cinema.

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

Get involved, and take up as many professional development and learning opportunities as you can! The profession is filled with people who are generous with their time and knowledge, and there are plenty of opportunities to contribute. The ALIA mentoring scheme is a great opportunity available to early-career professionals, for example.

Anything else you would like to share about yourself?

If you'd like to present a paper with me, or collaborate on a practitioner research project, get in touch! Twitter: @librariankieran

PRODUCT REVIEW
JournalTOCs

Rob Penfold takes some of the hard work out of choosing an alerting service with his review of JournalTOCs, recently published in the Journal of the Medical Library Association. Rob explores the unique features of JournalTocs premium paid service and why it may work better in your library than an alerting app.

Many clinical libraries offer a journal alerting service that gives clinicians the opportunity to review the most current tables of contents for journals of interest. Benefits of this service include helping clinicians keep up to date with their specific areas of clinical practice or research; increasing usage and awareness of expensive journal subscriptions; cross-promoting other library resources, services, and news; regularly reminding clinicians that the library exists and is available to provide other services; and improving customer satisfaction[1,2,3].

Mechanisms for providing a journal alerting service have evolved over the years, moving from simple paper-based approaches to electronic tables of contents (e-TOCs) services. As the number of potential e-TOCs increases, it becomes increasingly unwieldly to register and sign up for alerts with multiple publishers. JournalTOCs circumvents this issue by aggregating e-TOCs so that they are available from one online resource.

JournalTOCs is a portal provided by Heriot-Watt University [4,5]. Alerts are available for 29,882 journals from 2,948 publishers and cover 73 broad subject areas (which in turn break down into multiple smaller subject areas). While JournalTOCs is built on really simple syndication (RSS) (and so is limited to journals that support that protocol), the e-TOCs are delivered to end users as email alerts.

The free version of JournalTOCs allows users to sign up for 30 journal alerts. This review, however, focuses on JournalTOCs Premium, which allows clinical libraries to provide a comprehensive email journal alerting service for clients, with features such as 300 journal alerts per user, customized library messages in alert emails, and integration with an institution's journal subscriptions for full-text access. Given this use case, the experience with JournalTOCs Premium will be described from the perspective of both the end user and the institution.

THE USER EXPERIENCE

Take a random client (let's call him Stu Dent). He has received a message from his library that they have subscribed to JournalTOCs Premium. Stu registers with his institutional email address, as this makes his institution's subscribed journal collection available to him. Stu can find journals of interest by browsing subjects, browsing publishers, or searching and then selecting journals to "follow" (i.e., for which to receive the tables of contents).

On the JournalTOCs Home page, he can see his journals and their access levels: a green square for journals that his institution subscribes to, a green OA for open access journals, a divided green/red box for journals having some open access articles, and a lock icon for journals that are not directly accessible to him. Stu will now start receiving emails with new journal content and can update his selections at any time.

THE INSTITUTION EXPERIENCE

When an institution subscribes to JournalTOCs Premium, the first step is to upload a list of its subscribed journals. The list must be in .csv format with a maximum of 2,000 records per upload, so multiple uploads may be required.

The Service Configuration section has numerous settings, organized by category. The Look and Feel section settings include welcome text, library email and website details, and a logo that clients will see on the JournalTOCs home page. A reference manager format (Endnote, Zotero, etc.) can be specified here. In the Full Text Access section, access can be configured by OpenURL, EZProxy, and Internet protocol (IP) range. There are also options for allowing proxied uniform resource locators (URLs) in alerts and including a Request a Copy link in emails. The Email Alert section allows users to specify that alerts are sent journal by journal (rather than as a digest), with various additional options relating to frequency, link structure, and email appearance. The Email Templates section enables customization of various emails (registration, e-TOCs, etc.), including header and footer images (Logos tab) and text (including HTML links). Templates are easy to update and provide a very convenient channel for alerting clients to new library resources and services.

JournalTOCs Premium allows a variety of e-TOC alert options, which can be patron driven, library driven, or somewhere in between. In the latter option for example, library staff could add or remove e-TOC subscriptions for an existing client account. This feature allows flexibility, as not all clients are comfortable setting up alerts themselves. An additional example of a hybrid approach is that library staff can set up a single journal alert for all new staff, after which users can either add or remove alerts depending on their preferences.

JournalTOCs Premium offers an application programming interface (API) consisting of four calls (journals, articles, user, and institution). Some sites have used the API to enable e-TOC subscriptions from their own discovery systems. Note that this integration requires liaison with the vendor.

Usage Reports are available for metrics that include journals followed and clients and their e-TOC subscriptions. Figures for article titles clicked (as a proxy for full-text articles for subscribed content) or Request a Copy links clicked are not available, unfortunately; these would be very useful in evaluating impact.

JournalTOCs is currently in the process of adding a Request Article link at the article level for all alerts, which will strengthen its value to clients and subscribing libraries.

JOURNALTOCS PREMIUM VERSUS ALERTING APPS

A number of apps provide alerts for clinical content, including BrowZine[6,] Read[7], and Docphin[8,9]. Inspection of the Google Play Store in January 2018 revealed approximately 5,000 downloads for the Docphin app, approximately 10,000 for the BrowZine app, and approximately 100,000 for the Read app, so the latter seemed to be the clear leader in this space. It is beyond the scope of this short review to compare all features, strengths, and weaknesses of these apps, but it does address reasons why a library might consider a service like JournalTOCs Premium instead of or in addition to these apps. All allow access to subscribed content, so that is not a differentiating factor. The particular strengths of JournalTOCs can be identified in four main areas.

New journal issue alerts

JournalTOCS is probably the closest to a traditional new journal issue alert. Technically, BrowZine is not an alerting service at all; clients must remember to return to the app or site to view new content. This reviewer has had the experience of signing up for similar services only to forget about them completely and then one day return to the services

to find thousands of new items. An alerting capability is on the BrowZine development roadmap[10], and if implemented, this feature will enhance its value. Docphin only provides keyword alerts, while Read has a journal alert but seems to only give a few articles from each issue. While keyword alerts have their place, whole journal issue alerts expose a wider range of content.

Library promotion

Perhaps the most powerful advantage of JournalTOCs is the ability to deliver customized messages and links regularly into clients' inboxes. Libraries can easily update this messaging feature to cross-promote other library resources and services. More generally, the steady flow of emails to clients serves as a reminder that the library exists and is available to assist in other areas besides journal alerts.

Web access

JournalTOCs, BrowZine, Read, and Docphin all have browser-based interfaces. The latter three also have apps, and this is frequently the channel by which they are promoted. In some ways, it seems curious to suggest that only having a browser version is an advantage. However, browsers accessed via a computer and email are near universal for health services staff, so there is less of a technology barrier than with mobile alternatives.

Pricing

This review has explored JournalTOCs Premium, which is a subscription product. The website specifies, "The price of an annual licence starts at £480.00 GBP and is in proportion to the number of journals, the estimated number of user accounts, the amount of tailored unique features requested for the customization and the type of your organisation (e.g. non-for-profit institutions)"[11]. This would seem to be broadly comparable with competitor pricing.

CONCLUSION

With the ever-growing amount of information, clients can often be overwhelmed when their searches return very large numbers of search results, whether via a web search engine or the library's discovery system. In contrast, journal content alerts provide a neatly packaged set of results with a manageable number of items focused on a journal's specific subject area. Several vendors seem to recognize this advantage and have products existing or in development that will compete with JournalTOCs. A noteworthy example is Ovid, which is in the process of introducing its discovery product (Ovid Discovery), which includes e-TOCs for approximately 16,000 journals via its Journals listing interface. Not surprisingly, the journal alerts space has matured over time. Libraries now have a number of sophisticated options available to them to help their clients stay up to date and, in the process, help promote the library service.

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**PLEASE SHARE
YOUR DISCOVERIES** ...
If you've spent time exploring a particular product, we'd love to hear from you at hlanewsed.alia.org.au

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AWARDS PRESENTATIONS – CLEAN SWEEP FOR
JUSTIN CLARK

We are delighted to confirm that Justin Clark, Research Information Specialist at the Centre for Research in Evidence-Based Practice at Bond University has been awarded both the Anne Harrison award and the HLA Medical Director Digital Health Innovation award – the presentations were made during our HLA PD Day in Sydney on July 19th. Congratulations to Justin on receiving both awards!

Justin presented on his winning project, "The Polyglot Search Translator (PST): Evaluation of a tool for improving searching in systematic reviews: a randomized crossover trial." The prize money from these awards will be used to improve one of the automation tools available at CREBP and will be directed towards the evaluation of phase 3 of the project. http://crebp-sra.com/#/polyglot

The Polyglot Search Translator (PST): a tool for translating search strategies: phase 3.
The Polyglot Search Translator has been developed to improve the speed and quality of literature searching for systematic reviews. In phase 1, the PST was developed for in-house use. In phase 2, it was developed for use by Australian and international librarians and information specialists. Phase 3 aims to improve the usability and functionality of the PST by incorporating feedback from phase 2. Suggested enhancements will be developed, along with new cross reference translation libraries and test kits. PST version 3 will be trialled before being rolled out to live servers, free to everyone in the world.

BELOW – Bronia Renison presented the Anne Harrison Award to Justin Clark.

ABOVE – The HLA/Medical Director Digital Health Innovation Award was presented by Shaun Eliastam (MDA) to Justin Clark.

LEFT – Another highlight of the PD Day was the formal presentation of Suzanne Lewis's Fellowship of the Australian Library and Information Assocation (announed in the last issue of HLA News).

ABOUT THE ANNE HARRISON AWARD
The Anne Harrison Award commemorates Miss Anne Harrison, ALIA Fellow and librarian-in-charge of the Brownless Medical Library at the University of Melbourne (1949-1983), and founder of the Central Medical Library Organization (1953-1994) who helped pioneer the introduction of Medline into Australia, and was a founder of the Australian Medical Librarians Group in the early 1970s, and later of the LAA Medical Librarians Section (now ALIA Health Libraries Australia). The award recognises projects that increase the understanding of health librarianship in Australia or explore the potential for further development of health librarianship or enrich the knowledge and skills of Australian health librarians.

ABOUT THE HLA MEDICAL DIRECTOR DIGITAL HEALTH INNOVATION AWARD
This award focuses on innovative projects in health care information delivery with practical outcomes. The focus is on outstanding project work, collaboration within and between organisations, originality and excellence in best practice.

HEALTH LIBRARIES AUSTRALIA

2018 PROFESSIONAL DEVELOPMENT DAY ABSTRACTS

Record of event held Thursday 19 July 2018 at Kolling Building Auditorium, Royal North Shore Hospital, Sydney • Full agenda HERE. Click on [LINK] to access individual presentations below...

Contemporary & future issues
What's new, exciting &/or controversial?

KEYNOTE ADDRESS
To be or not to be … the prospects for an Australasia PMC. [LINK]

Lisa Kruesi - Faculty Librarian, Health & Life Sciences (MDHS&FVAS), University of Melbourne.
Lisa is the Faculty Librarian, Health & Life Sciences, The University of Melbourne, since 2017 and a PhD Candidate, Faculty of Information Technology, Monash University. Lisa is a Co-convenor of the Australian Evidence-Based Practice Librarians' Institute and a Board Director for Therapeutic Guidelines Ltd. She has extensive experience working with top Australian research universities and at CSIRO (Australia's major scientific research organization). In 2014-2016 she was the Manager of the Hargrave-Andrew Library at Monash University. During 2000 until early 2011 she had responsibility for the health sciences library service at The University of Queensland and managed the hospital, dentistry, pharmacy and rural clinical school libraries. From 2011-2014 she was the Executive Advisor to the Editor-in-Chief of the journal, International Surgery, a role held during her appointment as the Associate Director, Scholarly Publishing and Digitisation Service at The University of Queensland Library. She has worked as a teacher in the software industry and as an expert searcher for a leading intellectual property firm. Lisa's career in biomedical libraries commenced at CSIRO, where she worked for over a decade. Lisa has published a number of papers related to health library services and has been actively involved in professional development activities throughout her career.

BACKGROUND: Open access mandates introduced in Australia by the National Health and Medical Research Council (NHMRC) in 2012, followed by Australian Research Council (ARC) in 2013, require that publications derived from their funded research, become openly accessible. In Australia, processes exist to deposit research publications in university institutional repositories to comply with open access mandates. Less than 50% of NHMRC funded research outputs are accessible from Australian institutional repositories, whereas the US National Library of Medicine's PubMed Central (PMC) and Europe PMC achieve close to a 90% access compliance rate on behalf of theirs.

The presentation is based on work that commenced at The University of Queensland and research underway for a PhD study. The analysis of PMC and Europe PMC has informed an investigation on the viability of an Australasia PMC.

OBJECTIVE: To analyse prospects for an Australasia PMC based on action research.

METHODS: The research is the basis of a PhD study on the viability of an open Australasia biomedical repository. Based on action research, an Australasia PMC Working Committee has been set-up by the author, to provide strategic leadership and advice on the conceptual design, implementation and sustainability of an Australasia PMC. The first action cycle identified significant interest in an investigation of an Australasia PMC.

RESULTS: Cycle two of my research investigated PMC International, comprising Europe PMC and PMC Canada.
Europe PMC provides access to articles, grants, search tools, an array of export formats, external linking of related resources and the management of ORCID profiles. The European Bioinformatics Institute provides technology infrastructure support for Europe PMC. In contrast, PMC Canada concentrated its effort to offer bilingual systems to search the archive and to deposit author manuscripts funded by the Canadian Institutes of Health Research, all in support of the Canada Tri-Agency Open Access Policy on Publications. Several factors, including infrastructure and structural changes, challenged PMC Canada since its launch until its final closure in February 2018.

CONCLUSIONS: With over a billion users of the NLM website spread throughout the world, coverage by PubMed and PMC is a powerful means to make research output discoverable and permanently

available. With major funders requiring researchers to openly publish their findings, PMC has become a successful means to make the results of research widely accessible. As there has not been a reported investigation on the viability of an Australasia PMC, this study fills a gap by exploring the opportunity to be a member of an international body and contribute further to the open corpus of full-text research available in the NLM's PMC. An investigation of Europe PMC and Canada PMC has contributed greater understanding of the strengths, weaknesses, threats and opportunities for an Australasia PMC.

KEYNOTE ADDRESS
Development of a new business model to support collaborative digital services –what does this mean for health libraries? [LINK]

Aileen Weir - Director, Digital Services Collaboration, National Library of Australia.
Aileen has been working at the National Library since 2006 and assumed her current role as Director, Digital Services Collaboration in October 2016. Prior to that, she was Director, Reader Services and played a pivotal role in the integration and renovation of the Library's reading rooms and service delivery model. In her earlier career, Aileen was a government publications and law librarian at the Australian National University Library and the Ontario Legislative Library in Toronto, Canada. Aileen is an active ALIA member and was on the ALIA Board of Directors 2012-2016.

OUTLINE
The value proposition underpinning collaborative digital services is shifting. Trove is the result of decades of co-operation across the sector dating back to the origin of the Australian Bibliographic Network in 1980. However, metadata is only one component and Libraries Australia members are part of a wider contributing network that now includes galleries and museums. All organisations are actively capturing substantial digital content and exposing it through Trove.

The National Library is pursuing a new membership model that better reflects the rise of digitisation and how Trove is evolving. The intention is to develop a pricing model that is fair, transparent and focussed on cost-recovery and long-term sustainability. The new model is not just about keeping the funding base sustainable but also about extending the brand and governance of Trove to give greater profile to contributing partners and be more inclusive.

Share it – future directions for collections and practice in inter-library loans and document delivery. [LINK]

Cheryl Hamill– South Metropolitan Health Service, Perth, WA.
Cheryl Hamill has almost 40 years' experience in health libraries in Australia. She has had a long standing interest in search skills training in the core databases and was awarded an Anne Harrison Award in 2014 to develop train the trainer modules in PubMed. In 2013 she was awarded an ALIA Fellowship. Cheryl manages Library and Information Services for two area health services in Western Australia - the East and South Metropolitan Health Services. The Library service has bases at Fiona Stanley Hospital and Royal Perth Hospitals and provides services to these and six other hospitals across the areas.

OUTLINE
The sustainability of collective endeavours is in question. The ShareIt conference and follow-on workshop in May 2018 applied some big-picture thinking from all library sectors. There are drivers for change on the horizon and much to consider.

The presentation will report from the conference and workshop and on any developments since.

SESSION 1:
EFFECTIVENESS OF LITERATURE SEARCHING SERVICES

Mediated searches save clinicians' time – the evidence [Video Presentation]
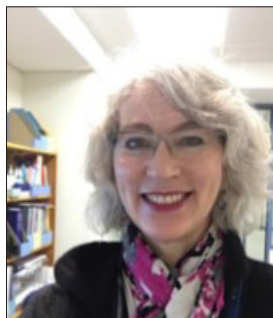
Mary Peterson - Knowledge Manager, South Australia Health Library Service (SAHLS)
Mary is the Knowledge Manager for the SA Health Library Service, and has been working in health libraries for many years. She has published on several areas of library science and is a regular speaker at conferences. Mary has a particular interest in online services, and one of the highlights of her career has been working on the setup of the after-hours chat reference service between Australia and the UK, Chasing the Sun. Although her role as Knowledge Manager for SA Health now involves licence negotiations, budgets and managing her staff, Mary remains a technophile, travelling with two mobile phones, a laptop, iPad and a Kindle.

OUTLINE
Mary Peterson, Knowledge Manager of the SA health Library Service, shares their experience of developing performance metrics of the Service which could be presented in a meaningful way to senior management.

Putting a dollar value on your training and research services [LINK]

A'Mhara McKey (top) and Trudi Maly (bottom), Library Services, NT Health, NT
A'Mhara has been the eLearning Librarian for the last 8 years and has acted in the team leader role of the Training and Research Services (TARS) team for a combined period of over 10 months. A'Mhara is currently on maternity leave and will return to Library Services in late May 2019.
Trudi Maly has been the Director of Library Services for the last 8 years and prior to that was the Clinical Librarian at NT Health.
This presentation details what the NT Health Library Services has done to help determine what the services provided are worth to an organisation.

SESSION 2:
LITERATURE SEARCHING TOOLS, MODELS AND SOURCES

The Polyglot Search Translator (PST): evaluation of a tool for improving searching in systematic reviews: a randomized crossover trial [LINK]

Justin Clark, Centre for Research in Evidence Based Practice, Bond University.
Justin is qualified as both a librarian and library technician. He started his career in libraries shelving books for the University of Queensland at the Herston Health Sciences Library based at the Royal Brisbane and Women's Hospital. Over his career he has moved through most library roles, from library assistant, to senior library assistant, library technician to librarian and finally library manager. He then took a sideways step into the role of Senior Research Information Specialist

and Cochrane Information Specialist at the Centre for Research in Evidence Based Practice (CREBP) at Bond University. He has taken a special interest in Evidence Based Practice and focussed on improving how quickly and easily evidence can be found for answering clinical questions as well as for systematic reviews. Most recently he has focussed on improving the speed and quality of systematic reviews with his work on the CREBP systematic review automation tool called the Systematic Review Accelerator (SRA), of which the Polyglot Search Translator (PST) is one component.

BACKGROUND: To improve the speed and quality of literature searching for systematic reviews (SRs), we developed an online tool, the Polyglot Search Translator (PST). This tool helps to automatically translate searches across multiple databases by modifying the database specific syntax, removing the need to do this manually.

OBJECTIVES: To determine whether the PST improves the speed and quality of database searching for SRs.

METHODS: From a pool of 20 randomly selected search strategies from systematic reviews, each of 20 participants were randomly assigned searches and randomly allocated to translate the search manually or with the PST. The participants were asked to translate each search into 3 databases from the following: PubMed OR Ovid Medline, Embase.com OR Ovid Embase, The Cochrane Library, CINAHL, Web of Science or Scopus. We measured:
a) Time taken to translate the search strategies using manual methods or the PST, these were compared against each other
b) Number of search results found by the participants, compared to the number found by a reference standard developed through consensus by two Cochrane information specialists
c) Errors identified in the participants' searches, identified through consensus by the two Cochrane information specialists, manual errors will be compared to PST errors

RESULTS: Preliminary results show that when compared with a manual method, using the PST to translate a search saved an average time of 10 minutes per database, this increased to over 100 minutes per database on the most complex search. The number of search results found and errors in the searches are still being analyzed.

CONCLUSIONS: Initial data show that the PST saves time when searching for studies for inclusion in a SR. Analysis has begun, but not been completed, on the quality of search translations.

Reshaping Reference Services @ ACT Health Library [LINK]

Dianne Walton-Sonda, ACT Health Library and Multimedia Services.
Dianne has been employed at The ACT Health Library as senior reference librarian since 2016. Dianne has worked across local, state, federal government libraries as well as for the Australian Library and Information Association. Her professional career has included roles at The St.George Hospital in Dietetics, Mental Health, Obstetrics and Community Services; senior Librarian at The Therapeutic Goods Administration - Department of Health on the Information Resources and Research Services team, Reference librarian at the Australian Bureau of Statistics and Education Manager at the Australian Library and Information Association. She has a Masters in Information Management from University of Canberra, Graduate Diploma in Adult Education, Diploma in Project Management and a BA in Library and Information from Charles Sturt University.

INTRODUCTION: The ACT Health reference librarians have reshaped its services launching a formalised support framework for the systematic review (SR) process. It has purposely reinvested its core medical librarian competencies going beyond the expert searching skills in evidence based research to better meet the increase in demand across ACT Health.

BACKGROUND: Since November 2017 the ACT Health library has received over a 70% increase for literature searches with a high number of these requests associated with SR. A number of these requests required refining the research question, identifying, assisting, designing and constructing search strategies. Reference services have provided informal support for the SR process for years. The increase in SR support led to the introduction of the Literature Search Level Agreement available from the ACT Health library website.

METHOD: The Agreement is structured as a three tiered service model. Librarians contribute to protocols, manage data and write a synopsis on the information retrieval process. The Agreement has strengthened the library as a core service contributing to patient care and research. The literature service model has been used as a framework integrating the deep expertise of the reference librarian team as part of the SR process.

RESULT: Over the last 12 months, ACT Health staff have increasingly recognised reference services as partners in their research listing librarians as co-authors of publications. Requests for systematic review assistance has come from core critical care divisions. Questions reflect many disciplines, including social work, mental health, neurology, renal, emergency and intensive care.

Shrinking budgets and closure of libraries have presented biomedical and medical libraries with opportunities to extend their collaboration services in the Systematic Review processes. Librarians have unique skills and understanding on integrated service models. The ability to conduct comprehensive searches, conduct citation mining activities and embed best practice reflects the training and practices of clinical librarians. This presentation will discuss the development of the Agreement, clinician feedback, demand and the future of SR services for the ACT Health reference librarians.

Information Sources in Indigenous Health [LINK]

Don Keast, George Hatch Medical Library, Dubbo Health Service.
Don Keast has over 30 years' experience in health libraries. In recent times, 8 years in Broken Hill followed by 7 years in Dubbo have given him an appreciation of the issues in Aboriginal health. For several years he has also maintained a blog on issues of interest to rural health professionals.

BACKGROUND: Innovative searching is often needed when responding to queries on Indigenous health topics. Cultural considerations, social determinants and education are often part of the mix, and sources used are diverse.

OBJECTIVE: To provide an overview of information sources in Indigenous health

METHODS: An overview of sources used by two rural libraries with many Aboriginal clients and staff. Examples of complex queries will be used to illustrate. Recommended resource lists will be made available.

RESULTS: Indigenous health encompasses many disciplines. There are many resources available, but from a multiplicity of providers, which reflects the complex nature of Indigenous health.

CONCLUSION: Indigenous health encompasses a lot more than clinical medicine. Elements of primary health care, Indigenous cultures, education and career paths for Indigenous students (especially in health careers), public health and community development are often part of a complex and often confusing picture to which the health system and its libraries must respond.

SESSION 4:

LOCATING AND USING TOPIC SEARCH FILTERS

Integrated Care Search: adding value to the search filter [LINK]

Suzanne Lewis[1], Jennifer Tieman[2], Raechel Damarell[2], Camilla Trenerry
1. Central Coast Local Health District, PO Box 361, Gosford NSW 2250.
2. Flinders Filters, Flinders University, GPO Box 2100, Adelaide SA 5001.

Suzanne is manager of the Central Coast Local Health District Library Service, based in Gosford, NSW. Her professional interests include evidence based library and information practice, professional development for health librarians, and translation of knowledge into practice in integrated care.

Jennifer is an Associate Professor in the Discipline of Palliative and Supportive Services and (Research) of the College of Nursing and Health Sciences at Flinders University. She is Director and Chief Investigator of the CareSearch project. This work includes research on knowledge retrieval and knowledge dissemination and the investigation of approaches that encourage the use of evidence by health professionals and health consumers. This work has led to the development of a specialist research group, Flinders Filters, headed by Dr Tieman.

Raechel is the senior librarian for the Faculty of Medicine, Nursing and Health Sciences at Flinders University where she works with postgraduates and academic staff on systematic reviews and bibliometric projects. She is also a Research Librarian engaged in a range of projects such as Flinders Filters, CareSearch, and the Centre for Research Excellence in End of Life Care based at QUT. Her research interests are in the areas of evidence based search, the impact of suboptimal search on clinician decision making, and knowledge translation processes. As a recipient of the Anne Harrison Award, she is currently working with a team to finalise a systematic review and critical appraisal of topic search filter.

INTRODUCTION: Integrated care (IC) is a multifaceted concept, with a vast range of overlapping terminologies. Peer-reviewed research is published in a range of journals which are indexed in bibliographic databases with subject coverage extending beyond health. A significant amount of relevant IC literature is found outside conventional publishing channels in the grey literature. Thus, practitioners and researchers face significant challenges to finding relevant IC literature.

OBJECTIVE: An IC search filter, badged as Integrated Care Search (ICS), was developed. Various "value adding" products were also developed to enhance the effectiveness and usability of the search filter. This presentation will take the form of a live demonstration of the ICS website.

METHODS: Following a well-established experimental methodology [1], and informed by bibliometric analyses and consultation with an Expert Advisory Group (EAG), ICS was developed and validated for use in PubMed. Additionally, a research librarian translated the validated search filter for use in other databases, and developed a guide for searching the grey literature for IC content. Finally, using input from the EAG, topic searches were developed to be combined with the search filter to further refine results.

RESULTS: Two versions of the validated search filter were developed. ICS Narrow enables more precise searching, whereas ICS Broad enables more sensitive searching. Supplementary topic searches covering care settings, populations, geographic regions and facets of IC are provided, to enable more focused searching by end-users. Both search filters were translated for use in other databases including: Medline (Ovid), Embase (Ovid), PsycINFO (Ovid), CINAHL (EBSCOhost), Cochrane Library (Wiley), Scopus, Web of Science, and ProQuest. Finally, step-by-step instructions for searching for relevant IC grey literature were developed. To enhance visibility and access internationally, ICS is available on the International Foundation for Integrated Care website https://integratedcarefoundation.org/ific-integrated-care-search).

CONCLUSION: ICS and its associated value-adding products provide end users with the ability to locate difficult-to-retrieve published and unpublished IC literature.

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Topic search filters: a systematic scoping review (a report on 2016 Anne Harrison Award project outcomes) [LINK]

Raechel A Damarell, Nikki May, Sue Hammond, Ruth M Sladek, Jennifer Tieman. Flinders University, SA.
Nikki May is a College and Research Services Librarian at Flinders University, Adelaide, and a tutor with the

Australian Evidence Based Librarians' Institute. Within her cross-disciplinary team she specialises in review methodology and advanced searching techniques. Working now exclusively with researchers and higher degree students at her institution she is passionate about promoting the value of the librarian within the research team, and is currently collaborating on a number of research projects.

BACKGROUND: Searching for topics within biomedical databases can be challenging, especially when topics are complex, emerging, or lacking definitional clarity. Experimentally-derived topic search filters offer one solution to the challenges of searching for quality research. These filters could be promoted to clinicians to reduce the chances of ineffective, incomplete retrieval of evidence for the purposes of patient care.

OBJECTIVE: To conduct a comprehensive systematic scoping review to identify, collate, and describe the characteristics of all available topic search filters.

METHODS: We searched for reports on topic filter development from 1990 onwards across 15 databases and a variety of grey resources. To be included, a report had to describe the conception and prospective development of a database-specific topic search and include an objectively-measured estimate of its performance.

RESULTS: Fifty-four papers describing 58 distinct topic search filters matched the inclusion criteria. These were categorised into 8 groups: clinical conditions, interventions, disciplines, demography (e.g. age, sex), geography, health care delivery, non-clinical patient issues, and public health topics. Development methods and terminologies varied widely across the reports. Searches with high sensitivity revealed low precision and vice-versa.

DISCUSSION: Evidence-based topic search filters covering a wide range of topics are available but difficult to find. The variable quality of filter methodology reporting often made ascertaining filter trustworthiness problematic. End-users may benefit from a centralised repository of these tools and a standardised critical appraisal checklist for assessing quality. These innovations might serve to hasten consistency in development terminology and methods.

CONCLUSION: These review findings should help health librarians and clinicians select appropriate topic filters and assist filter developers to build on current knowledge in the field.

SESSION 5:
ADAPTING AND RE-SKILLING SERVICES AND ROLES

Team collaboration within the Library to support client research needs [LINK]

Loretta Atkinson, University of Queensland, QLD.
Loretta is Acting Manager, Learning and Research Services, at the University of Queensland Library. Loretta manages the liaison librarian teams for the Faculty of Health and Behavioural Sciences and the Faculty of Medicine. Loretta has worked at the University of Queensland Library for 14 years in a variety of roles.

INTRODUCTION: The Liaison Librarians at the University of Queensland Library (UQL) are continually training and re-skilling to ensure they provide a high standard of support and advisory services to clients. This includes the requirement to meet new and emerging needs in research support. At UQL, the Health and Behavioural Sciences (HaBS) Faculty Liaison Team and the Medicine (MED) Faculty Liaison Team work closely with the Scholarly Publishing and Repository Services (SCaRS) Team to provide support for research lifecycle activities.

OBJECTIVE: The relationship maintained between the HaBS/MED Faculty Liaison Team and the SCaRS Team is highly valued ensuring continued success in participating in evolving client research activities. This ensures Liaison Librarians build on their research support skills to play an important role in supporting the research process.

METHODS: Collaboration with SCaRS staff ensures Liaison Librarians build their bibliometric knowledge and skills to assist with promotion and grant applications, School reviews and collaboration reports. They also support training in the Research Data Manager (RDM) system, and provide advice to Faculties, Schools and Institutes regarding scholarly publishing and author identifiers. Along with formal training sessions, the collaboration between the teams provides mentoring and other informal training opportunities.

RESULTS: The HaBS/MED Faculty Liaison Team have continued success with their liaison activities and are sought by their liaison areas to assist with a variety of research activities. Academics are highly active during the grants and promotions period as demonstrated by the demand for Liaison Librarians to assist with providing evidence of influence for their applications. Conclusion: As Liaison Librarians are well placed to

promote services and new developments to clients, it is important to build and develop their skills to support clients with all stages of the research lifecycle. It is essential to maintain a strong relationship between teams to continue to shape the future of Liaison Librarians at the University of Queensland Library.

The Changing role of the academic health sciences librarian [LINK]
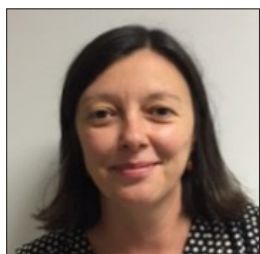
Vesna Birkic, the University of Melbourne, VIC.
Vesna Birkic commenced her role at The University of Melbourne Libraries in July 2003, as a Lending Services Officer. She is currently a Liaison Support Librarian at the Brownless Biomedical Library. Vesna has had a wide range of experience in both Client Services and Liaison Services. At the Brownless she works within a team delivering services to support a scholarly literacy program, research support, collection management as well as assisting the Biosciences Faculty Librarian.

OUTLINE
The role of the academic health sciences librarian and frontline staff have changed markedly in the last five years. Prior to a restructure at The University of Melbourne in 2014, the Biosciences library had a model in which liaison librarians were each assigned specific departments or schools within the Medical, Dentistry and Health Sciences faculty within their portfolio and were responsible for providing support for learning, teaching, research and collection development. Post restructure, the University library moved to a hybrid version of the functional model in which the liaison librarian retained their subject based portfolio but were assigned to either Research Support or Learning & Teaching Support. Along with this change, the frontline services team completed an upskilling program that aimed to provide consistency of expertise and skills to align with the five capabilities of the Scholarly & Digital Literacy framework.

This presentation will look at the changing role of the academic health librarian, particularly the highlights and challenges they face as they adapt. The highlights include learning new skills to stay abreast of current technology and trends. It will provide insight into how frontline staff experienced the upskilling program which lasted for 6 months. The expectation that staff are 'experts' with certain tools is one of the challenges.

SESSION 6:
RESHAPING AND REINVENTING SERVICES

Not just the usual performance metrics at NSLHD Library Service [LINK]

Katie McKay, Barry Nunn, Verena Hunt, Northern Sydney Local Health District.
Katie has worked in libraries for over 25 years. She has worked in the health sector since 2005, particularly concentrating in eServices. Katie's current role is working as eServices Librarian for the Northern Sydney Local Health District. Her special interests include collaboration and provision of sustainable library resources and services.

Barry is an experienced librarian who has worked within the library sector for over 25 years. Currently Library manager for NSLHD Libraries, he was employed at the State Library of New South Wales for a number of years in various roles prior to joining Northern Sydney Local Health District. He has a passion for education and training, collaboration and promotion of library services.

NSLHD Libraries includes 6 hospital libraries serving the 11,120 plus staff and students of the Northern Sydney Local Health District. Each site varies in staffing numbers, patient demographics and medical specialties. Library surveys demonstrated patrons were mainly interested in 24/7 library access; extended loan periods; removal of fines; seamless access to full text articles; training facility and quiet study space. Other measurement was also implemented to demonstrate viability of the service.

OUTLINE
Do our services meet the changing needs of our clients and support the NSLHD Strategic Plan?
Door Counters: All NSLHD Libraries have some form of 24/7 access. Door counters were installed to measuring 24/7 use. In 2017 there were over 68,000 visits to the six libraries. This counters the argument that everything is online and libraries do not need as much physical space.
Continuous Surveying: User surveys were extended beyond the regular biannual survey on client satisfaction. Users provide additional data including impact on their clinical knowledge and patient care, and the amount of time saved. New services and improvements to existing services can be made and measured.
Mail Chimp for NSLHD Libraries Communication: NSLHD subscribes to MailChimp to measure the effectiveness of the NSLHD Libraries Newsletter and other targeted communication.

By introducing these additional measures and reporting to the various funding bodies, Hospital Executive and NSLHD Library Advisory Committee, additional improvements can be made to an already viable, active and innovative library service. During the summation by EQUIP surveyors for Royal North Shore and Ryde Hospitals in 2017, the libraries received a public commendation for excellence, 'not only because we told them so' (evidenced by data) but because many clinicians and support staff thought it important to mention it in their interviews.

When less means more: Improving information access through "Medicine Quick Links" [LINK]

Jeremy Cullis, Mary Simons and Christine Yates, Macquarie University Library, Sydney.
Jeremy Cullis, Mary Simons, and Christine Yates are clinical librarians at the Macquarie University Library, whose primary role is to provide library support to the clinicians of the Macquarie University Hospital. In addition to this, they provide research librarian support to the staff and students of the Faculty of Medicine and Health Sciences at Macquarie.

BACKGROUND: Macquarie University employs hundreds of clinicians who often find it challenging to navigate the various network systems, firewalls and login requirements of the Macquarie University Hospital, Outpatient clinics and University campus. Many have come to Macquarie from the public hospital system where they are used to readily available resources such as the Clinical Information Access Portal, or CIAP, which they frequently ask us to provide.

AIM: To develop a web portal that provides easily accessible clinical resources for busy doctors.

METHODS: The Library has not been able to subscribe to CIAP due to licensing restrictions, so a group of librarians developed a similar portal using LibGuide software that requires fewer clicks than a standard LibGuide to reach a basic suite of clinical resources similar to those in CIAP. "Medicine Quick Links" was created after a needs analysis was conducted with a selection of hospital clinicians who had previously used our LibGuides and Library catalogue but found them

to be overwhelming and/or difficult to navigate. The resulting "Medicine Quick Links" webpage requires one click and an institutional login to access a selection of highly used resources.

RESULTS: "Medicine Quick Links" has been trialled among hospital clinicians and the feedback has been largely positive. The next iteration of this LibGuide will include a journal search widget and relocation to a more convenient position adjacent to the Hospital's Electronic Medical Records system on the hospital intranet. Librarians will continue to monitor the extent to which "Medicine Quick Links" facilitates ready access to information at the point of care.

CONCLUSIONS: Librarians need to respond to clinician feedback even if it does mean providing less, rather than more.

#RACSLibrary Involvement in Social Surgeons Strategies at the Royal Australasian College of Surgeons [LINK]

Graham Spooner, Australasian College of Surgeons.
After a very brief stint as a primary school teacher, Graham has spent a long and enjoyable career in libraries starting at the Powerhouse Museum, moving to public libraries and then into the health field at Prince Henry Hospital, The College of Nursing, St Vincent's Hospital and currently over 4 years at the Royal Australasian College of Surgeons in Melbourne. He was a long-term member of the NSW Health's CIAP Advisory Committee and has presented twice at the Internet Librarian International conference in London, once at the ALIA Information Online conference and several times at ALIA Health Libraries events. His favourite aspects of librarianship are facilitating easier access for clients, evaluating and introducing new technologies as well as developing user training in face-to-face and online environments.

BACKGROUND: The Royal Australasian College of Surgeons (RACS) began to formulate its social media strategy in 2014; the library became as involved as possible. The RACS strategy limited itself to Facebook, Twitter and LinkedIn. Twitter has become the most dominant. An in-house staff blog was developed in 2015.

OBJECTIVE: Participation in all social media at RACS to raise the profile of the library and to promote and increase usage of resources and services.

METHODS: Effective collaboration with the Digital Media & Internal Communications Coordinator.

While not adhering to a schedule, input has been frequent and the nature of tweets and posts has included:

- Links to the latest eTOC email delivered with a link to the sign-up form and more detail on website
- Brief descriptions of Read by QxMD and BrowZine benefits with links direct to app download areas and to more detail on website
- Brief linked lists of new e-books or e-journals
- Tweeting regarding librarian's live presence at the RACS ASC or state conferences
- Links to articles published in RACS newsletter, Surgical News
- Specific linked articles of potential interest to surgeons from subscribed e-journals
- Promotion of ClinicalKey competition for a $1000 travel voucher

RESULTS: While social media is often described as a conversation, its implementation at RACS and particularly the library (#RACSLibrary) has been more one-sided, with the majority of posts being promotional in nature. Social media has only been one aspect of promotional efforts, but the pleasing uptake and good ongoing usage of the tools can certainly be at least partially attributed to regular tweeting and Facebook posting.

CONCLUSIONS: Library use of social media can be viewed as very successful in assisting in the promotion of existing services and also new ones. Regular contributions to the staff blog have certainly assisted in changing the perception among staff that the library is primarily for the Fellows and Trainees.

SESSION 7:
HLA PROJECTS QUICK REPORTS AND HEALTH LIBRARIANSHIP STRATEGIC DIRECTIONS 2020-25

Facilitator: Gemma Siemensma Secretary HLA
Gemma Siemensma is the Library Manager at Ballarat Health Services. Her work interests relate to research, knowledge sharing and the integration of library resources for seamless access. In this role she ensures that health information is accessible across the health service so that evidence based information is used to help deliver the best clinical outcomes. Her work also focuses on making the library an integral part of the organisation by looking for ways to position the library in non-traditional library spaces highlighting the value health libraries can bring to a clinical area. Gemma is Secretary of the Australian Library and Information Association Health Libraries Group and represents health libraries in national advisory roles on numerous committees and sub groups. She is a mum to two spirited boys and on the weekends she enjoys being outdoors with her family exploring nature through camping and geocaching related activities. In her downtime she loves to read trashy rural romance novels, binge watch TV series and do jigsaw puzzles.

- HeLiNS project outcomes. The purpose of this research was to explore and record the contribution that health libraries make to the achievement of hospital accreditation, with a view to demonstrating their value.
- Report on Health Information Workforce census
- Health library guidelines review
- Report on HLA competency mapping
- Digital Health Information Services Course (formerly Health Librarianship Essentials)

With special thanks...

HLA would like to acknowledge the generous support of our sponsors. They literally made our PD day possible. Please join us in thanking Gold Sponsors, Wolters Kluwer (also major HLA News sponsor), Medical Director and McGraw Hill Education, plus Silver Sponsers Springer Nature and Elsevier. We also have JR Medical Books to thank for our lovely, healthy morning tea and lunch.

EVENTS TO SUPPORT YOUR PROFESSIONAL DEVELOPMENT

	EVENT	LOCATION	DATE
Have you mapped your professional development calendar for 2018 – get these dates in your diary ...			
	15th HLinc Conference	Melbourne, Victoria	19 October
	7th Australian Evidence Based Practice Librarians' Institute	Sydney	12-16 November
	HLA sponsored Carol Lefebvre events Carol Lefebvre is returning to Australia to run a series of workshops later this year. Further details and registration information to follow soon!	Across Australia: Darwin Brisbane Townsville Newcastle Melbourne Canberra Adelaide Perth	Wed 21 November Fri 23 November Mon 26 November Wed 28 November Fri 30 November Mon 3 December Wed 5 December Fri 7 December