HLA NEWS

FUTURE VISIONS
for continuing professional development in health librarianship: An Australian perspective

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It is generally accepted that continuing professional development (CPD) is a requirement of being a professional, and the purpose of CPD is for individuals to achieve their career aspirations and to maintain and improve standards of professional practice. The IFLA guidelines state: 'The responsibility for continuing education and professional development is shared by individuals, their employing institutions, professional associations, and library/information science education programs.' (2006:1).[1] Each of these groups has a role and responsibilities in the CPD system, and there are similarities and differences amongst the professions in the ways these are carried out.

MANDATORY CPD OR AN INCENTIVE SYSTEM?

Methods for ensuring the quality and future orientation of CPD activities are not universal. Some professions, and notably many of the health professions, have mandatory CPD, often with structured curricula, elaborate systems of accrediting CPD providers and programs, and assessment and adjudication processes to support these systems. Mandatory CPD is possible in professions which are regulated, that is, where legislation exists ensuring that professionals are registered, and professional colleges maintain a CPD system which recognizes a certified practitioner. In some groups, for example medical specialists, a 'licence' to practise at an advanced level confers a right to be a specialist; in other groups, for example, general practitioners, it brings a level of remuneration above that which is due to an uncertified practitioner; in all cases, maintaining this certified status is dependent on a professional's ongoing participation in their college's CPD program.

The Australian Library and Information Association (ALIA) has a voluntary CPD scheme with a fairly simple administrative framework which facilitates recording and monitoring CPD activity. This does not guarantee, however, the quality of the CPD 'offerings', nor the outcomes. Indeed, it is questionable that any type of CPD program (mandatory or voluntary) guarantees quality outcomes.

Putting aside the regulatory, administrative and other infrastructure barriers, and the question of evidence about the quality of outcomes, it is nevertheless the case that without a structured CPD program operating as a quality assurance mechanism, librarians risk not being viewed as equals with

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FROM YOUR
CONVENOR

Volunteers • Invitation to join the HLA Executive
Feedback from HLA PD Day • ICML2009 keynote speakers

It is that time of the year when thoughts turn to the New Year and what the coming year will bring. Two thousand and eight was a very busy year and 2009 looks to be just as busy with much of the work done by volunteers. Volunteers are the lifeblood of many organisations and according the latest ABS Voluntary Work, Australia Survey (2006) [1] 34% of the adult population (5.4 million people) volunteer. Of these, slightly more women (36%) than men (32%) volunteer and 44% of those aged 35-44 yrs volunteer, the highest participation level of any age group.

For those of you who subscribe to inCite you would have seen two recent articles – both detailing the work of HLA volunteers – Lisa Kruesi (HLA Treasurer) featured as 'Volunteer of the Month'[2] and Melanie Kammermann (HLA Editor) talked about her work with this publication, HLA News, and the great news that InfoSource Publishing announced that it would be included in The Informed Librarian Online[3]. Congratulations to both Lisa and Melanie for all their time spent volunteering to support our profession. It was great to see their efforts recognised publically. Indeed, a big thank you must go to all those who volunteer their time in a range of capacities to support health librarianship.

About every two years or so it is timely to call for volunteers to take an active role in the HLA Executive. Now is that time. At the last meeting of the Executive it was agreed to call for volunteers so, if you are interested in being part of the HLA Executive team in any of the following capacities, Convener,

Secretary, Treasurer, Editor or General Member, please contact the secretary, Mary Peterson at mary.peterson@imvs.sa.gov.au before the end of February.

Following the HLA professional development day, 'Dreaming 2020: Strategic visions for health librarianship', participants were surveyed about the day. Overall the feedback was very positive with the majority responding that the sessions were very good or good.

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> Volunteers are the lifeblood of many organisations ... 34% of the adult population (5.4 million people) volunteer.
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> ❜

Some of the comments included:
- I think overall it was a very informative and productive day
- The topics and opportunity attendees had to talk to vendors
- Well organised; it had a personal feel to about it because it involved a smaller group of HP's; networking with health colleagues; aspects of content delivery and meeting the vendors; guest speakers
- Great opportunity to meet others, and also to talk to vendors about health-specific issues
- The interaction and general health knowledge was outstanding
- Just enjoyed the variety

The committee will take note of all the comments for future planning.

The big event for 2009 is, of course, ICML2009. Registrations are now open and details of this and all the continuing education (CE) programs can be found on the ICML website, www.icml2009.org. The CE program will include sessions ranging from finding health statistics and using Web 2.0 applications to critically appraising articles. Many of the CE presenters are travelling to Australia to give their sessions so please take this advantage to learn some new skills and meet fellow health librarians.

Keynote speakers include: Dr Donald A. B. Lindberg, Director of the National Library of Medicine; Dr Jeffery Drazen, Editor in Chief of the New England Journal of Medicine; Professor Ian Frazer, Director of the Diamantina Institute for Cancer, Immunology and Metabolic Medicine (and Australian of the Year); Professor Paul Glasziou, Director of the Centre for Evidence-Based Medicine and Professor of Evidence-Based Medicine in the department of Primary Care at the University of Oxford; and Professor Chris Del Mar, Dean of the Faculty of Health Sciences and Medicine at Bond University.

On behalf of the HLA Executive we hope you enjoyed a relaxing break and we look forward to seeing you in Brisbane in September. Best wishes for 2009.

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REFERENCES
1. Australian Bureau of Statistics (ABS). Voluntary Work, Australia 2006. (Cat. no. 4441.0). Canberra: ABS, 2007. http://www.abs.gov.au/AUSSTATS/subscriber.nsf/log?openagent&44410_2006.pdf&4441.0&Publication&C52862862C082577CA2573100019861 5&0&2006&09.07.2007&Latest (accessed 19 January 2009).

2. Davies, C. Volunteer in the Spotlight: Lisa Kruesi. *inCite* 2008; 29: 30.

3. Kammermann, M. A healthy dose of the news HLA style. inCite 2008; 29: 35.

Chasing the Sun

After-hours virtual reference for clinicians: a 2008 update

The Chasing the Sun service offers after-hours professional librarian reference support for clinicians. Launched in 2005, it currently runs between the UK and Australia, with some trials being conducted in Canada. Interest in the service has also come from New Zealand and the United States. This report by Sue Rockliff and Mary Peterson traces the development and growth of the service and encourages those unfamiliar with Chasing the Sun to consider participating.

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HOW DOES THE CHASTING THE SUN SERVICE WORK?

Chasing the Sun is a live chat service. It takes advantage of the time difference between countries so that librarians at work in one country are providing the service for clinicians abroad. Chasing the Sun uses OCLC's QuestionPoint software, which was chosen after a lengthy evaluation of possible methods of delivering an after-hours reference service.

WHAT'S BEEN HAPPENING WITH THE SERVICE RECENTLY?

Since our last update at the Online conference in Sydney, 2007, several more libraries in Australia have joined the service and we now have 22 libraries involved. This has increased the Australian portfolio's strength and capability. Wherever possible, training sessions for librarians have been held in conjunction with conferences to enable as many interested people as possible to participate and learn more about the service first hand. We're happy to run training sessions on request, but need to cover any costs incurred.

In the UK, the Royal College of Nursing will be joining the Chasing the Sun team in the new year. Mary will be training 15 librarians in December 2008. This will bring the number of participating National Health Service trusts and other organisations in the UK up to 12, with several health libraries in each trust.

During the last two years the QuestionPoint software has undergone several upgrades. The most significant has been to migrate all librarians to a Flash based system. Some good things and some problems have come out of this. One positive is that we now can add specific librarians of larger institutions, such as Universities, who already use QuestionPoint for their own internal virtual reference service for their students. The medical subject librarians or librarians from University-managed hospital library services can join Chasing the Sun at no cost. Previously, there was no way to isolate the medical librarians from subject librarians of other disciplines. The University of Queensland hospital libraries will be testing this capability with us in the coming months. Success with this model will enable many Canadian health libraries to join the Chasing the Sun service.

On the not so positive side, the local virtual reference capability has to be structurally altered and will cost a little more for each library from 2009; however the local virtual reference capability will be strong and much more able to be tailored to the libraries' own needs.

While the Chasing the Sun service remains unfunded from a central point, sponsorship from our vendors has continued to cover the cost of the QuestionPoint software licence. We are very grateful for our vendors' support and would like to acknowledge them as they appear on the Sponsorship page of the Chasing the Sun website: http://www.salus.sa.gov.au/cts/sponsors.htm

Here are some answers to questions which often come up in our training sessions or presentations:

Hospital Libraries in GREECE

During a trip to Europe, Veronica Delafosse, Health Sciences Librarian at Caufield General Hospital, met up with Eleni Kalogeraki, the Chief Librarian at the Evangelismos (Annunciation) Hospital in Athens. Over coffee they shared information about the hospital library services offered in their respective countries.

There are about thirteen hospitals in Athens and the Evangelismos (Annunciation) Hospital in Athens (http://www.evaggelismos-hosp.gr), begun in 1880, is one of the largest general hospitals. It has six staff (four librarians supported by one assistant and one secretary) and fourteen computers (six public, eight staff). For most of the year (Winter) it is open from 9am to 7pm Monday to Thursday and 9am to 2.30pm on Fridays. In Summer (July and August) it is open 9am to 2.30pm Monday to Friday. After hours access is not permitted.

Resources accessed via the online catalogue include 3,000 books classified using the National Library of Medicine Classification and 500 journals (1992 onwards). In addition to PubMed there is access in the library to Scopus, CINAHL, EBMR (Cochrane Library) and electronic books via the University network. Other information sources are MD Consult, UpToDate and Web of Science. In addition, certain staff may access the library resources of The University of Athens.

Within the National Hellenistic Research Foundation (http://www.eie.gr/library-en.html) is the National Documentation Centre (http://www.eie.gr/ekt-en.html) (NDC). This maintains a union catalogue of journals for Greece and coordinates an interlibrary loan system for special, university and medical libraries. The librarians can see which libraries have which journals and then request the relevant articles. This costs a small fee of about AUD4 (2 Euro) for up to twenty pages.

The NDC handles requests outside of Greece and charges about AUD35 (20 Euro) per article. Approximately 1,000 articles are sent to other libraries (from Evangelismos library) per year (mainly by scanning and emailing as attachments) and only 200 are requested by the staff of Evangelismos Hospital. Requesters sign a copyright form declaring personal use. Books are not loaned to other libraries.

The NDC coordinates professional meetings. Various suppliers come to demonstrate their services and the librarians present information learned or presented at conferences. This is a valuable networking opportunity.

Hospital libraries are experiencing financial difficulties due to administration infrastructure issues. Each hospital library is required to purchase its own resources, usually by tender. Academic libraries have been able to form consortia but this option, unfortunately, is not available to the hospitals.

Fewer people are physically coming to the Library as they increasingly have access to the Internet (mainly from home). Electronic access to journals is available in the Library and the Hospital for resources provided by the Library. Electronic resources supplied through the University network access are only available in the Library and not through the intranet. The Library currently purchases about 500 subscriptions in print and accesses free online ones. The Chief Librarian hopes to purchase electronic journals in 2009.

The Library offers online training but most sessions are one-to-one. The Library creates bibliographies for staff. These are not sent out via email. Rather, as printing is not free, staff must come to the Library and pay to print the lists there.

Generally, only the nurses who are responsible for specialties or studying higher degrees use the Library. They mainly access Greek

ABOVE: Veronica (left) and Eleni

nursing journals. The librarians show them how to find resources either through the catalogue or external databases. There are very few allied health staff in this general hospital. The Intensive Care Unit is fortunate to have a University connection to the Internet which allows access to a greater number of resources.

There are no clinical librarians although the Chief Librarian has considered implementing some aspects of a clinical librarian service. At the moment there are other priorities which must take precedence.

I am grateful to Eleni for giving up time on a Saturday to meet with me and for conversing in English so well. We only had to resort to the translation dictionary a few times. Unfortunately, due to a sudden change in transportation schedules, I had to cancel my expected visit to her Library. I did, however, see pictures of it when I visited the National Library of Greece earlier in the week and also on the website. I gave her a variety of promotional items for ICML in 2009. Eleni thinks it is highly unlikely that anyone from Greece will attend but has distributed these and told her colleagues about our health library services and facilities in Australia.

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Will Chasing the Sun take up a lot of my time? I'm worried about workload implications.

In short, no! Remember that this is an after-hours service so we never expect it to be busy. Our experience has borne this out.

We have had 12 Chasing the Sun queries in last 12 months. These numbers include queries in both directions, i.e., those asked by UK clinicians of Australian librarians as well as queries asked by Australian clinicians of UK librarians.

Local virtual reference volume cannot be measured accurately; however the number of queries is probably around 100 in the last 12 months. Only a small number of the Chasing the Sun member libraries use local virtual reference in addition to Chasing the Sun.

How does the service work? Are librarians rostered on?

The Chasing the Sun service is designed to fit with the average working day of a health librarian. The QuestionPoint software does not require rostering. This is what happens:

Participating health librarians log onto QuestionPoint, select the Chasing the Sun service and minimise the Chat interface screen. When a question is received all the Chasing the Sun librarians receive an alert and can view the question. Any of the Chasing the Sun librarians can 'pick up' the question and, once this has happened, it is clear to all the others. Librarians are not rostered onto the service but it is expected that, whenever possible, they will be logged on. Should they be unable to pick up a question or feel that a question is outside their area of expertise, they can elect not to answer a question.

What sort of questions can we expect to see? I'm worried I might not be able to answer the questions.

The questions coming from the Chasing the Sun service are exactly the sort of questions we answer every day in our normal work. It

is simply providing a professional reference service using the chat medium instead of, say, a phone.

Examples of Chasing the Sun questions recently asked are:

"I am trying to get some articles on bowel preparation in terms of evaluation and different types available"

"We have peers support groups cropping up in Occupational therapy but I would like to know what best practice is; what models are effective and what the evidence is around their effectiveness"

"i am a practising midwife and have been told that i have not had my EPP (Exposure Prone Procedure) blood tests. i have been told that i can work but must not enter the body, eg suture etc. is this true?"

"Trying to get hold of article "Rehabilitation – Analysis of a Concept" in *The Medical journal of Australia,* 05 May 1973, vol./is. 1/18(907-10), 0025-729X, not available on my journal list in the UK."

Why should we participate in Chasing the Sun? With so few queries, is it worth it?

Think of it this way – we provide our information resources 24 x 7. We cannot provide a professional reference service over the same time in our own libraries but, with the cooperative arrangement of Chasing the Sun, we can extend the hours when professional support is available for our users. It may not be used often but, when it is used, it is probably going to be important. After all, would you judge the usefulness of your fire extinguisher solely by the number of times you used it? If we did, we would all get rid of our fire extinguishers. So think of Chasing the Sun as a risk management tool as well as a feasible way of extending your library's reference service.

How will our clinicians know to use it?

If you put links on your library pages that say something like "Chat with a librarian after-hours" or "Ask a question after-hours", your users will see it! Check out the websites

of the university and public libraries as well as many business sites. Chat services are becoming increasingly common and most young users are very comfortable with online chat – they all use MSN, etc., regularly.

There is a range of promotional materials on the Chasing the Sun website which can be downloaded. We suggest placing posters around the hospital in places where people congregate or have time to notice them – such as tearooms and toilets!

What do I get out of this? Is it just more work?

Bearing in mind the answer regarding the number of queries above, providing a virtual reference service is an interesting extension to our work. Undertaking training and participating in Chasing the Sun helps develop professional skills that can be used later in different jobs. It also helps to develop a network of health librarians that get to know each other by participating in a shared service both here and in the UK. In addition to the chat option, the QuestionPoint software also has an instant messaging capability and librarians can instant message (IM) each other just for a casual chat.

Can we use Chasing the Sun for questions from our own users?

Chasing the Sun is an after-hours service and backs up the library when there is no one there to answer shift workers queries. However, participation in Chasing the Sun also offers the opportunity to set up a local day time virtual reference service without the expense of buying a full licence for the chat software. The local virtual reference can be attached to the Chasing the Sun service and the library only needs to pay a site fee for an individual queue on the QuestionPoint Service. Those libraries participating in local virtual reference have found that their users like the chat option and use it quite often.

How much does Chasing the Sun cost?

There are two components to the cost of Chasing the Sun. The first is the QuestionPoint software licence for Chasing the Sun which is currently paid for out of sponsorship monies. Secondly, there is a $50 annual fee per library to cover some additional costs of website maintenance, promotional materials, etc. As long as we can maintain our sponsors there should be no anticipated price rise for participating in Chasing the Sun.

If the local virtual reference capability is also subscribed to then there will be an additional cost in the vicinity of $1000 from July 2009.

Have you ever evaluated Chasing the Sun?

No formal evaluation of the Chasing the Sun service has been undertaken largely because we don't have the time to do so. This is based on the reality of coordinating a service in what is largely our 'spare' time.

However, the quality of any service is important and in the planning phases we ensured that it would fulfil certain minimum criteria.

Firstly, to measure the value of the Chasing the Sun service we need to consider what ought to be measured. It is not appropriate to measure the number of incoming queries as Chasing the Sun should be considered as a part of the overall risk management strategy. It would be more appropriate to measure the number of librarians logged on at anyone time as this determines the breadth of skill available to the end user.

Secondly, we determined that to ensure a high standard of answer the service should be provided only by professional librarians. Individual librarians can follow up with their users who may have used the service overnight if they want to add to the answer they received.

Finally, we provided for a feedback form for the users of the service which appears at the end of a session. All we've had so far is "Thankyou!"

SUMMARY

The Chasing the Sun service has now been operational for three years during which time there has been a steady increase in the number of participating institutions and clients using the service. If you are not part of the Chasing the Sun team but are interested in the service we would love to hear from you. Our contact details are below:

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FOR MORE INFORMATION ON CHASING THE SUN SEE:
- *Rockliff S, Peterson M, Martin K, Curtis D. Chasing the Sun: a virtual reference service between SAHSLC (SA) and SWICE (UK). Health Information and Libraries Journal 2005; 22: 117–123*
- *Website url: http://www.salus.sa.gov.au/cts*

2008 AUSTRALIAN HEALTH REPORTS:
A selective bibliography

Compiled by Lars Eriksson, Liaison Librarian, Herston Health Sciences Library, University of Queensland. Hyperlinks to all titles are provided.

2020 Summit – Final Report. Barton, ACT: Department of the Prime Minister and Cabinet; 2008.

The 2020 summit represents a part of the great many reviews and national statements that 2008 has brought. The 2020 summit was held on the 19th and 20th of April in Canberra and was developed with a goal of capturing the best ideas from a variety of sources to give direction for Australia in the 21st century. The Prime Minister, Kevin Rudd, convened the event to address long term challenges which will affect Australia into the future. Within the report is *chapter 5 A long-term national health strategy*

Australian Bureau of Statistics. **ABS causes of death statistics concepts, sources and methods**, 2006. Australian Bureau of Statistics; 2008;

This information paper gives an overview of the sources and methods used by the Australian Bureau of Statistics to produce causes of death statistics.

Australian Institute of Health and Welfare. **Australian hospital statistics 2006-07**. Canberra: Australian Institute of Health and Welfare; 2008.

This report presents a detailed overview of public and private hospital activity in 2006-07 with summaries of changes over time.

Australian Institute of Health and Welfare. **Australia's health 2008**. Canberra: A.G.P.S.; 2008.

Latest report card on Australian Health including: patterns and determinants of health and illness; health across the life stages; the supply and use of health services; expenditure and workforce; and health sector performance.

National Health and Hospitals Reform Commission (Australia) **Beyond the blame game : accountability and performance benchmarks for the next Australian Health Care Agreements : a report from the National Health and Hospitals Reform Commission.** [Canberra : The Commission,] 2008.

Following its establishment, the Commission's first term of reference was to submit by April 2008 advice on the framework for the next Australian Health Care Agreements (AHCAs), including strong performance benchmarks in areas such as (but not restricted to) elective surgery, aged and transition care, and quality of health care. This was the subject of the Commission's first report, Beyond the Blame Game.

Australian Institute of Health and Welfare. **Elective surgery in Australia : new measures of access**. Australian Institute of Health and Welfare; 2008;

This report presents demand-related and supply-related measures of access to elective surgery.

Emergency Care Evidence in Practice series from the NHMRC (links provided to individual brochures below). The Evidence in Practice series of brochures highlights an evidence-practice gap of particular relevance within Australian emergency departments. The latest brochures in the series include:

- National Institute of Clinical Studies, Lumbar imaging in acute non-specific low back pain. Canberra: National Health and Medical Research Council; 2008

- National Institute of Clinical Studies, Pain medication for acute abdominal pain Canberra:

National Health and Medical Research Council; 2008

- National Institute of Clinical Studies, Rate or rhythm control for recurrent atrial fibrillation. Canberra: National Health and Medical Research Council; 2008

Sammut J. **The false promise of GP super clinics, part 1: Preventive care**. Centre for Independent Studies; 2008. and Sammut J. **The false promise of GP super clinics, part 2: Coordinated Care**. Centre for Independent Studies; 2008.

In two policy monographs for the Centre for Independent studies Jeremy Sammut critiques the concept for the Super clinic, examining the evidence and the Medicare implications.

Britt H, Miller GC, Charles J, Bayram C, Pan Y, Henderson J, Valenti L, O'Halloran J, Harrison C, Fahridin S. **General practice activity in Australia 2006–07**. General practice series no. 21. Canberra, ACT: Australian Institute of Health and Welfare and University of Sydney; 2008.

This report describes the characteristics of GPs and the patients who consult them, and patient reasons for encounter.

Australian Institute of Health and Welfare. **Indicators for chronic diseases and their determinants, 2008**. Canberra: Australian Institute of Health and Welfare; 2008.

This report presents data against selected indicators that are relevant to a range of chronic diseases and their associated determinants.

Australian Institute of Health and Welfare. **Making progress : the health, development and wellbeing of Australia's children and young people.** Canberra: Australian Institute of Health and Welfare; 2008.

This report describes the key statistical indicators of child and youth health, development and wellbeing in Australia.

Department of Health and Ageing. **National Mental Health Report 2007: Summary of Twelve Years of Reform in Australia's Mental Health Services under the National Mental Health Strategy** 1993-2005. Canberra: Commonwealth of Australia; 2008.

This report highlights the work of the National Mental Health Strategy for the period 1993-2005.

Lichtenberg FR, Duflos G, National Bureau of Economic Research. **Pharmaceutical innovation and the longevity of Australians : a first look**. Cambridge, MA: National Bureau of Economic Research; 2008. (NBER working paper series ; working paper 14009).

This paper examines the impact of pharmaceutical innovation on the longevity of Australians·during the period 1995-2003.

The Preventive Health Taskforce (links provided to individual taskforce papers below). The Preventive Health Taskforce has been set up to provide evidence-based advice to governments and health providers on preventative health programs and strategies Taskforce papers:

• National Preventative Health Taskforce, Australia: the healthiest country by 2020 A discussion paper

• Technical Report No 1: Obesity in Australia: a need for urgent action Prepared for the National Preventative Health Taskforce by the Obesity Working Group

• Technical Report No 2. Tobacco in Australia: Making Smoking History Prepared for the National Preventative Health Taskforce by the Tobacco Working Group

• Technical Report No 3: Preventing alcohol-related harm in Australia: a window of opportunity Prepared for the National Preventative Health Taskforce by the Alcohol Working Group

Aboriginal and Torres Strait Islander Health and Welfare Unit, Office for Aboriginal and Torres Strait Islander Health. **Progress of the Northern Territory Emergency Response Child Health Check Initiative: Health Conditions and Referral**. Australian Government Department of Health and Ageing; 2008;

This report describes the number and types of health conditions identified during the Child Health Checks as well as the number and types of referrals made as part of those health checks.

Australian Medical Association. **Public Hospital Report Card 2008: An AMA analysis of Australia's public hospital system**. 2008.

The AMA has now released its 2008 public hospital report card for the 2006-07 financial year.

Australian Government Department of Health and Ageing. **Report on the Audit of Health Workforce in Rural and Regional Australia**. Canberra: Commonwealth of Australia; 2008.

The Department of Health and Aging has released an audit into the current and developing health workforce distribution profile in rural and regional Australia.

Australian Institute of Health and Welfare. **Residential aged care in Australia, 2006-07 : a statistical overview**. Canberra: Australian Institute of Health and Welfare; 2008.

This report presents statistics on the Australian residential aged care system over the period1 July 2006 to 30 June 2007.

Australia Dept of Health and Ageing. **The state of our public hospitals, June 2008 report**. Australian Government Department of Health and Ageing; 2008.

The State of Our Public Hospitals, June 2008 Report provides a snapshot of public hospital activity in 2006-07.

Department of Health and Ageing. **Towards a National Primary Health Care Strategy: A Discussion Paper from the Australian Government**. Canberra: Commonwealth of Australia; 2008.

Health Minister Nicola Roxon has called for public submissions to respond to the new discussion paper on Australia's first ever National Primary Health Care Strategy.

Australian Research Alliance for Children & Youth. **The Wellbeing of Young Australians**. Woden, ACT: ARACY; 2008.

The Australian Research Alliance for Children and Youth has released a report in which it describes the well being of Australian children compared with international performance.

Lady with the Lamp, Scutari Hospital, 1854

Veronica Delafosse recently walked the same corridors as Florence Nightingale during a moving visit to the Selimiye Kizlarsi in Istanbul.

I recently visited Scutari on the Asian side of Istanbul in Turkey where there is a place of special significance to the nursing profession. The Selimiye Kizlarsi (Army barracks)[1] became a military hospital during the Crimean War (1853-6). It was here that Florence Nightingale (1820-1910)[2] and her team of nurses founded the art of nursing.

Istanbul is a major city of Turkey and is unusual in that it straddles Europe and Asia via the Bosphorus River which leads northwards to the Black Sea and southwards to the Mediterranean Sea. The population is approximately 15 million. There are lavish palaces and mosques along the river and steep hills filled with both ancient and modern buildings.

Üsküdar is the Turkish form of the Greek name Scutari. Due to its superior harbour it became the largest suburb on the Asian shore. Selim III built the Selimiye Kizlarsi (Army barracks) in 1799 but he was killed by insurgents soon after and the barracks were burnt down.

Mahmut II in 1828 built the present ones in 1828. They were extended by Abdul Mecit I in 1842 and 1853 to become the headquarters of the Turkish First Army, the largest division in the country. The building is very decorative with 2.5 km of corridors and 300 rooms. It is so large (200 x 267m) that, even though we were driven to the entrance nearest the museum, we still had to walk along lengthy corridors to reach it.

During the Crimean War British and French troops allied with Turkey in its dispute against Russia. They needed to keep the Bosphorus River out of Russian control to prevent Russia from dominating the eastern Mediterranean Sea. Sir Sidney Herbert, Secretary for War, arranged for Miss Nightingale to go to the barracks. There 1,700 beds catered for 3-4,000 sick and wounded British troops at any one time.

Florence Nightingale arrived on 4th November 1854 and lived and worked in the north-east tower. She brought 38 nurses with her to help the British soldiers. Conditions were very unsanitary and more soldiers were dying from infection than from war injuries. Before she arrived the mortality rate was 42.7%, mainly from infected wounds, cholera and dysentery, but by the time she left it had dropped to 2.7%[3].

Miss Nightingale observed the lack of ventilation and cleanliness, the overcrowding and high death rates. In addition to making use of the building's floor plan to maximise air flow, natural light, and space for each bed, she ensured that the hospital was cleaned and appropriate measures were used to remove soiled items[4].

By keeping detailed notes of each patient Miss Nightingale could improve nursing care and documentation. Statistics backed up her nursing theories. With this data she was able to evaluate progress and make appropriate changes.

Walking along the corridors towards the museum is a sobering experience. You try to imagine them filled with the nurses tending to hundreds of sick soldiers. For us, the bright sun shining through the huge windows gave the white walls an eerie appearance. These were lined with large framed black and white photos of Turkish soldiers and military scenes. One significant photo taken in the early 1960s showed the Bosphorus River frozen – a particularly rare occurrence – so that you could literally walk across it between Asia and Europe.
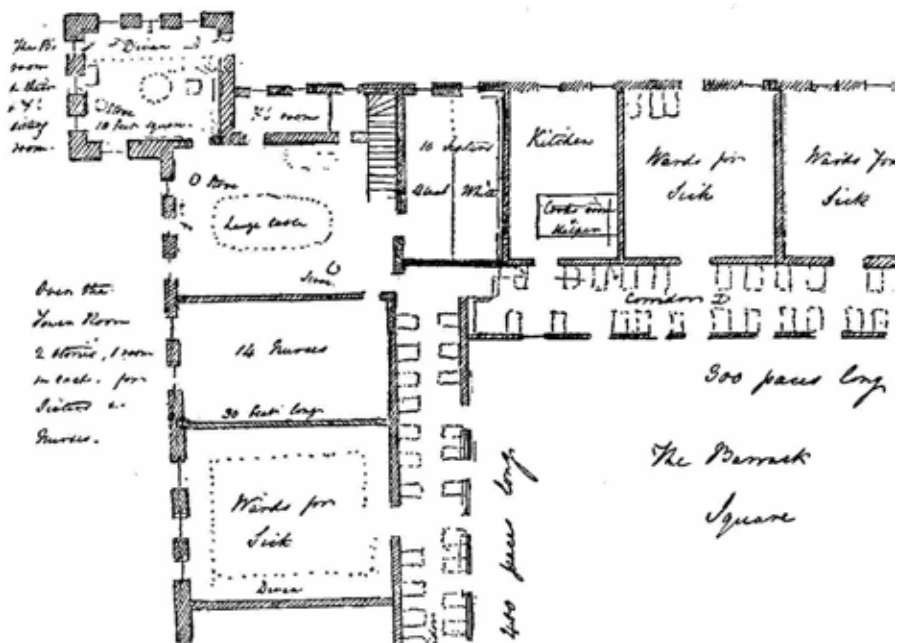
As a soldier unlocked the magnificent carved door to the corner room, we were in awe of entering this special place. Two of the walls were lined with huge 3-dimensional life size murals of soldiers in action. Were it not for the silence you really felt you were on active service with them.

There were cabinets of military relics including the belt buckle of a Turkish soldier which an Anzac soldier had souvenired. His descendents had returned it recently and their accompanying letter is displayed. It made me feel a little homesick and also proud of our Aussies for this magnanimous gesture.

We then climbed an ornate metal spiral staircase to reach the first floor of the corner tower. While there is some debate as to whether this was the actual tower that she lived in, it is certain that the desk and dressing table were used by Miss Nightingale. In addition to furniture that she actually used (her writing desk and dressing table) there are some of her books[5], an original letter that she wrote to the British Army to request a full pension for one of the young wounded soldiers, medical equipment and framed photos of her home and gravesite in England.

A model of a soldier, from the Crimean War era, was lying down on a bed. He was being attended by a nurse holding a lamp. Nearby were some medical instruments and tubes for drainage and suction. While we cannot be certain that Miss Nightingale held this particular lamp it was the style that was common at that time.

This lamp is a Turkish candle lantern or ordinary camp lamp. Its slightly translucent waxed linen concertina is held in shape by 20 wire hoops to protect the flame. The candle is held in a brass or copper base. The metal cover can be moved aside to reveal the candle when the concertina is folded down. Apparently only 6 still remain in existence[6].

Today's view from the tower window is not dissimilar from Miss Nightingale would have had. In addition to many mosques and palaces you can catch glimpses of the impressive Theodosian Walls. These are reminders of Istanbul's Byzantine past. They were built during the reign of Theodosius II in AD 412-22 and extend for 6.5 km. With 11 fortified gates and 192 towers they protected the city from landward invasion for more than 1,000 years.

In 447 an earthquake destroyed 54 of the towers. These were rebuilt by Attila the Hun. Subsequently they resisted sieges by Arabs, Bulgarians, Russians and Turks. The armies of the Fourth Crusade stormed the ramparts in the north and Mehmet the Conquerer finally breached the walls in 1453. They fell into disrepair in the late 17th Century but large stretches have now been rebuilt and give an idea of how the walls used to look.

It takes forward planning to be able to visit this museum but it is certainly worth the effort. Although entry is free you need to book a day and time to visit and fax your passport details and photo at least 48 hours ahead. The barracks are still in use so security measures are necessarily strict. Upon arrival you are screened and relieved of your passport and any electronic devices (camera, mobile phone, and computer). Then you are under military escort at all times and driven to the northeast tower to commence your tour[7].

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DID YOU KNOW...

A rare black and white photograph of Florence Nightingale taken in 1910 by Lizzie Caswell-Smith in her London home in Park Lane fetched £5,500 at auction on 19th November 2008.

http://news.bbc.co.uk/1/hi/england/7737130.stm
(accessed 1/12/08)

Notes on Nursing: What it is and What it is Not by Florence Nightingale was first published in 1859. At 136 pages, Nightingale stressed that it was not meant to be a comprehensive guide from which to teach one's self to be a nurse nor a manual to teach nurses to nurse. Instead, it was intended to give hints on nursing to those entrusted with the health of others. The first American edition (1860) can be accessed online at http://digital.library.upenn.edu/women/nightingale/nursing/nursing.html
(accessed 1/12/08)

Health Information and Libraries Journal

Published on behalf of the Health Libraries Group of the Chartered Institute of Library and Information Professionals

Health Information and Libraries Journal (HILJ) provides practitioners, researchers, and students in library and health professions an international and interdisciplinary forum. Its objectives are to encourage discussion and to disseminate developments at the frontiers of information management and libraries. A major focus is communicating practices that are evidence based both in managing information and in supporting health care. The Journal encompasses (but is not restricted to):

- **Identifying health information needs and uses**
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Publishes Quarterly, ISSN 1471-1834, Volume 25

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their colleagues in the health professional workforce. In the context of the Australian health workforce, in which national level registration with requirements for regular CPD are increasingly the norm, health librarians will lose credibility and status if they don't have a structured and regulated CPD system. In addition, and perhaps more importantly, they risk losing competitiveness in the health information professional market.

Environmental drivers for CPD in the health industry

There are many environmental drivers for change in the delivery of Australian health services, and this brief discussion will highlight two which have an impact on the health workforce generally, and on librarianship in particular. The influence of ehealth is one of the most important, as it will precipitate the integration of patient care systems, such as the shared electronic health record, with clinical decision-support information tools, consumer health information and other knowledge resources, all requiring customization at point-of-care. Implementation requires skills to consult with and train clinicians; information professionals will need to know how to manage the content as well as the technology which runs the systems. There is also a 'skills shortage' in the health workforce generally, [2,3] and in the technology area in particular, and this shortage, combined with the high median age (and imminent retirement) of many health librarians, will add to the pressure on health librarians to be competitive in the ehealth information/knowledge workforce.

Another important driver in health services models is the trend towards multidisciplinary teams and the increasing role of clinical librarians and for 'informationists' (in a research context, see, for example, Whitmore and colleagues, 2008[4]) with a dual function, that is, as health information specialists, these roles are defined by the requirements of the health services teams, and at the same time, they take responsibility for traditional librarian functions. The emphasis on evidence-based information for patient care decision-making, and public health policy and program development, will increase the demand for these 'dual purpose' librarians. A recent NHS study pointed to the possible need for clinical librarians in the UK reaching 800, and recommended the role of the 'Team Knowledge Officer' to be responsible for the 'input of evidence to enable the team to function properly'.[5]

The future: developing a CPD system in health librarianship

Given that there is no legal requirement for registration, and no reason to acquire higher qualifications to practise at a 'specialist' or certified level, mandatory CPD is not possible in librarianship. Other options or 'levers' which may encourage compliance with an ongoing CPD requirement, need to be canvassed. These may take a 'carrot' or 'stick' approach, and should be built into a new CPD system, designed with participation from all stakeholders to encourage 'buy in' from practitioners and employers, and ensure that programs can be implemented in partnership with education/training organizations.

To advance Australian health librarianship, we need to bring together the various stakeholder groups so each can contribute to a CPD system which produces the best outcome — the future health librarian workforce.

Much work on the topic of knowledge, skills and attributes for health librarians has already been undertaken. The Medical Library Association lists seven professional competencies required of health librarians in its Education Policy Statement.[6] The National Library for Health review suggests exploring the feasibility, cost-benefits and costeffectiveness of a development programme for clinical librarians; and recommends that: 'The National Library for Health should devise and commission a national development programme for senior and lead librarians.' (37–44)[5]

In Australia, there is no national library for health, and this leadership is lacking. The Nexus institutional survey of the health library workforce is currently underway, following an initial, allsector individual survey supported by ALIA.[2] The challenge will be to use Hallam's findings regarding the future institutional requirements for their health library workforce to commission the development of future-orientated CPD programs.

It is envisaged that a structured CPD system would produce specialist health librarians with recognized qualifications. It would extend the 'foundational knowledge base' of initial professional qualifications 'in a manner which transcends current fads and fashions (p. 2).'.[7] It would combine academic units with other CPD 'offerings', and would articulate into a Masters or PhD qualification. Financial incentives would need to be negotiated with employers through industrial processes, with provision for 'professional development' and 'post graduate' allowances being built into collective agreements.

Conclusion

This article has reviewed the current situation in Australian health librarianship with regard to the need for a system-wide approach to CPD and some of the drivers for change in the health industry. It has argued that health librarians are specialists within the health workforce, and as such, their CPD requirements are different from other areas of librarianship. This is evidenced in the increasing need for integration with national ehealth directions and strategies, and in the trend towards service models based on multidisciplinary teams, knowledge management and clinical librarian/informationist roles in different contexts of the health industry.

Health librarianship is similar to other areas of librarianship in the requirement to extend continuously the core body of professional knowledge; and in the need for national leadership from our professional association to bring together all the different stakeholder groups to design a structured CPD system to deliver high quality programs, ensuring incentives and equity of access.

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http://ltc.umanitoba.ca/chla2009/index.php/Main_Page

SLA (Washington DC)
14-17 June 2009
http://www.sla.org/content/Events/conference/ac2009/index.cfm

EBLIP5 (Stockholm)
29 Jun-3 Jul 2009
http://blogs.kib.ki.se/eblip5/

ICML10 (Brisbane)
31 Aug-4 Sep 2009
http://www.icml2009.com/

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NOTE

This article first appeared in the 25th Anniversary Celebratory Issue of *Health Information & Libraries Journal* and is reprinted here with the permission of Wiley-Blackwell Oxford. The online version of the Celebratory Issue is available free online at the publisher's website.

Vale Alison May Holster
1934–2008

Alison May Holster (nee Lipscomb), who was the Librarian of the RACP from 1969 to 1985, died on 7 June 2008 from the cancer which blighted the last year of her life.

After graduating BSc (Gen Sc) from the University of Sydney, Alison completed a Post-Graduate Diploma in Librarianship at the University of New South Wales (UNSW). We met when we were both working in the Library at UNSW, and studying part-time for the Diploma, and remained friends and colleagues for over 40 years. She was married briefly then to Henk Holster.

Her career changed tack for a while. She sailed the Pacific, visiting the Galapagos Islands as crew on the famous yacht Solo. She returned to Sydney, and in 1969 was appointed Librarian at the Royal Australasian College of Physicians (RACP). With her mentors, Sir Edward Ford, Associate Professor Bryan Gandevia and Dr Brian Billington, Alison developed the library into a major resource for medical history. In 1982 it was officially named the History of Medicine Library. Although privately funded, this resource was made available to all, not just College Fellows.

When he was sure of the Library's viability, Sir Edward Ford donated his vast collection of medical Australiana (now housed in the Ford Room at the RACP), together with many valuable items during his lifetime. On his death in 1986, he left a bequest of a further 2000 items. Amongst these treasures was a copy of the first edition (1859) of Charles Darwin's On the Origin of Species.

Alison was heavily involved with two great bibliographical projects:

- *An annotated bibliography of the history of medicine and health in Australia.* Bryan Gandevia, Alison Holster and Sheila Simpson. RACP, 1984.

- *Bibliography of Australian medicine and health services to 1950* (known as BIBAM), 4 vols. Dept of Community Services & Health/ The Royal Australasian College of Physicians. AGPS, 1988.

The latter, a Bicentennial project, was an expansion of Ford's Bibliography of Australian Medicine 1790–1900 (Sydney University Press, 1976) for which Alison was an energetic researcher.

During Alison's custodianship of the Library, at each Annual Scientific Meeting she created a display of material from the library on a particular topic, with an accompanying booklet distributed to all delegates. Also, in the College, a series of 'Library lectures' was inaugurated, with local and overseas speakers.

She enjoyed being a teacher (part-time) in the Library school of the then Sydney Teachers College.

In 1985 she took early retirement, and I was privileged to be appointed as her successor. After a sojourn in Europe, she returned home, and used her talents assisting several medical historians to manage their own libraries, private papers and publishing activities. They included Dr Gwen Wilson and Dr Richard Bailey, anaesthetists, and surgeon Dr Rowan Nicks. She also spent several years working part-time in the library of the Society of Anaesthetists.

Alison was a member of the NSW Society of the History of Medicine, and its Treasurer for a time. Although not a member of the national society, she attended some of the national conferences.

She was passionate about many things, including the printed word, music, the sea, history, France, cats, her family, friends, and Manly, where she lived for several decades.

A very private person, Alison did not discuss her illness, and she chose not to have a religious funeral service. But her brother, the Reverend Ian Lipscomb, and his wife and family invited about 60 of her family, friends and colleagues to celebrate her life at the 'Q' Station (formerly the Quarantine Station) at North Head above Manly on a beautiful, sunny Sydney day.

Brenda Heagney
Librarian,
History of Medicine Library, RACP,
1985–2003

Reprinted, with permission, from RACP News October/November 2008, p.30.

ALIA Health Libraries Australia
HLA/HCN Health Informatics
INNOVATION AWARD

ALIA Health Libraries Australia is pleased to announce that applications are now open for the inaugural HLA/HCN Health Informatics Innovation Award. The purpose of the this Award is to acknowledge excellence/ innovation in performance by an information professional. It will provide an opportunity for those working in the Australian health and biomedical library sector to showcase innovative projects which, through the use of health informatics or web technologies contribute to or support improved health outcomes.

The Award will be presented annually at relevant ALIA events with a health focus. Recipients will be presented with a certificate and $2,500 to further their professional development. All arrangements are to be undertaken by the awardee after approval by the award and funds must be consumed within 12 months of receiving advice of the award. Read on for further guidelines about the award.

Selection Criteria

The Award will focus on the innovation and, if possible, evidence that the innovation has improved access to health information and health care (e.g. practical outcomes).

Nominations will also be assessed against the following criteria:
- Contribution to, and enhancement of, the information profession/industry
- Outstanding project work, whether by an individual or as part of a team
- Collaboratively working within or between organisations
- Originality/innovation regarding services or solutions
- Excellence/innovation in terms of best practice

Outputs

The awardee will
- Report on the innovation via an article in HLA News
- Report on the staff development activity in HLA News
in addition
- The winning application to be

made available via the HLA website and other applicants will be asked to provide an abstract that would also be made available via the HLA website

Eligibility

All award nominees must be either
- A current personal member of ALIA, or,
- One nominated ALIA representative of an institutional member
- Current Health Libraries Australia executive members, Award Administrators, employees of HCN are ineligible to apply

How to Apply

Nominations must be submitted to the ALIA HLA using the form available from the ALIA HLA website, describing the nature of the nominee's contribution, together with the endorsement of a seconder.

Deadline

The nomination must be received by at least 6 months before the National Event.

Presentation of the Award

The Award will be presented at a relevant national event. Funding will be provided for the travel costs for the winner to attend the presentation of the award. All other costs must be covered by the individual. The national event for 2009 and 2010 will be

- **2009 ICML2009 31 August – 4 September 2009 – Brisbane**

- **2010 IFLA2010 – (exact dates TBA) August – Brisbane**

Decision Process

Nominees are considered by a Panel, with 2 representatives of the HLA Executive and 1 member of HCN Management

The nominations will be emailed to the Panel, which is chaired by an ALIA HLA Committee member.
- The Panel will vote for their top 3 choices, in order of merit.
- The 3 choices will be weighted (3 points for first choice, 2 points for second choice, one point for the third choice).
- The winner will be by a simple majority – if there is a tie, the casting vote lies with the HLA Committee.
- The ALIA HLA Committee will make a recommendation to the ALIA Membership and Awards Standing Committee to confirm the selected nominee.

Approved by the ALIA Membership and Awards Standing Committee
August 2008

ALIA Health Libraries Australia
HLA/HCN Health Informatics Innovation Award
NOMINATION FORM
Nominations close: 27 February 2009

NOMINATOR DETAILS

Full name:_____

E-mail address: _____

Phone numbers

      Business: _____ Home:_____

Fax number:_____

Postal address_____

_____

Current position _____

Working relationship to nominee _____

NOMINEE DETAILS

Full name:_____

E-mail address: _____

Phone numbers

      Business: _____ Home:_____

Fax number:_____

Postal address_____

_____

Current position _____

ALIA membership no. (personal or institutional)_____

SECONDER DETAILS (Endorsement of a seconder is required if self nominated)

Full name:_____

E-mail address: _____

Phone numbers

      Business: _____ Home:_____

Fax number:_____

Postal address_____

_____

Current position _____

Statement in support of the self nominee [attach – note, statement to be no more than one page]

SUPPORTING DOCUMENTATION

Address all Award Guidelines and Selection Criteria (see page 16) in support of the nomination.
The supporting document should be no more than three (3) pages in length.

SELECTION CRITERIA

The Award will focus on the innovation and, if possible, evidence that the innovation has improved access to health information and health care (e.g. practical outcomes). Nominations will also be assessed against the following criteria:

- Contribution to, and enhancement of, the information profession/industry
- Outstanding project work, whether by an individual or as part of a team
- Collaboratively working within or between organisations
- Originality/innovation regarding services or solutions
- Excellence / innovation in terms of best practice

Nomination forms should be emailed to the Secretary: Mary Peterson, mary.peterson@imvs.sa.gov.au

Your 2009 HLA Executive

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