

HLA NEWS

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SCOPES OF PRACTICE

Health librarians in the health workforce jigsaw

The Australian health workforce is undergoing significant change. In response to these changes health librarians need to systematically position their skills and areas of work among a jigsaw of health professions. Drawing on the work of other professions in the health care system, Patrick O'Connor proposes the creation of a Scope of Practice and Competency Based Standards for entry to and revalidation in the health librarian profession as a mechanism for enabling systematic change.*

1. BACKGROUND

Australia's health care system is reforming to meet a range of challenges including maintaining access to high quality and safe services, the growing burden of chronic disease, an ageing population and the costs of new technologies. Critical to the success of the National Health and Hospitals Reform Commission's blueprint for reform is a review of the health workforce and maximising the use of existing human resources to improve efficiencies and reduce costs.

This is being achieved through the establishment of Health Workforce Australia to produce more effective, streamlined and integrated clinical training arrangements and to support workforce reform initiatives. Concurrently the Australian Health Practitioner Regulation Agency^[1] has been established to implement a national registration system for a significant percentage of the health professional workforce

in Australia. In these and future workforce initiatives the role of a scope of practice for each health profession will be crucial to identifying the practices an individual is trained, competent, authorised and legally able to perform.

Most Australian health professions have a defined scope of practice as the foundation for their professional boundaries and for guiding entry to and ongoing participation in their profession^[2,3,4]. As professionals and subspecialists in the health care sector, librarians need to act quickly to define their scope of practice before they are relegated to non professional, often administrative roles requiring few or no qualifications, training, knowledge or experience. This trend may be accelerated by the emergence of interdisciplinary education for entry level health professionals and the consequent role expansion of many health professions into domains of health librarians' practice.

As the 2010 Health Libraries Australia Nexus survey^[5] has revealed, Australian health librarians are a small, mature, stable workforce that typically functions in isolation or in small numbers across a range of settings with limited rigorous professional standards. Thus they are vulnerable to significant risks posed by workplace and technological changes. The absence of a scope of practice and related competencies^[6] reinforces health librarians'

Continues on p12...

INSide

- Scopes of practice – Patrick O'Connor 1
- From your Convenor – Suzanne Lewis 2
- Exploring expert searching – Kaye Lasserre 3
- ALIA/HLA Workforce & Education Project Update – Ann Ritchie 4
- Evidence-based practice seminar report – Veronica Delafosse 5
- HLA/HCN 2010 Innovation Award presentation 7
- Health libraries, law libraries: Parallels and reflections – Veronica Delafosse 8
- Anne Harrison Award presentation 9
- News from your sponsor – Indigenous health 11
- Churchill Fellowship to Jane Shelling 16

* NOTE Patrick O'Connor's paper, Scopes of practice – Health librarians in the health workforce jigsaw, was first presented at the ALIA Access 2010 conference in Brisbane, Australia (1-3 September, 2010) and is reprinted with permission.

FROM YOUR

CONVENOR

ALIA Access 2010 – Access Health Librarianship



Welcome to the September issue of HLA News for 2010.

I have just returned from the ALIA Access conference held in Brisbane on 1-3 September and, as is usually the case after such events, I am trying to process all the information and experiences of those few hectic days. Some people question the value of conferences as professional development opportunities, particularly as conference costs continue to rise. This year the conference committee adopted some different approaches to keep costs down and to make the conference accessible beyond those who were fortunate enough to be able to attend in person. These initiatives included: live web streaming of one session in each time slot accessible to ALIA members; a 'dine around' conference dinner in which group bookings were made for delegates at selected local Brisbane restaurants; and 'bring your own satchel' instead of the traditional conference bag. The program was organised into five concurrent sector-based streams which included health, resource sharing, new graduates, professional development, public libraries, TAFE libraries, information literacy and Web 2.0, special libraries, library camp, and more.

The half-day health stream, Access Health Librarianship – Mapping, Scoping and Developing the Health Librarian of the Next Decade was organised by Cheryl Hamill, HLA Secretary and Library and Web Services Manager, Fremantle Hospital &

Health Service, WA. On behalf of the HLA executive committee I would like to thank Cheryl for the huge amount of work she put in to organising the health stream, and to acknowledge her resilience under pressure when our keynote speaker cancelled less than a week before the conference! Fortunately the program was hastily rearranged and the Health morning proved to be an exciting mix of presentations and an interactive 'Voices from the Floor' session.

Ann Ritchie (HLA executive member and editor, Australian Library Journal) and Gill Hallam (Adjunct Professor, Information Science Discipline, Queensland University of Technology) began the session with a report on the ALIA/HLA Workforce and Education Research Project. A full report on the progress of this project, and findings to date, is included in this edition of HLA News. This paper highlighted some key issues for the Australian health librarian workforce including the ageing of the workforce, current and future skills and knowledge required, and attitudes towards continuing professional development. It also set these findings in the wider context of major drivers in health which will impact on health librarians including e-health, the National Health Reforms and health workforce initiatives.

Patrick O'Connor, from the Toowoomba Clinical Library Service, took up the theme of health workforce development in Australia in his paper, 'Scopes of Practice – Health Librarians in the Health Workforce Jigsaw'. Patrick challenged delegates to critically examine the health librarian workforce in relation to recent initiatives towards national registration for certain

health professions. He proposed that a Scope of Practice and competency-based standards for health librarianship be created and form the basis for entry into, and revalidation, in our profession.

My paper followed Patrick's and I reviewed some of the work that has been done to date on developing competencies for health librarianship by the Medical Library Association, Skills for Health in the UK, and HLA here in Australia. This served as an introduction to the interactive part of the Health stream – a 'Voices from the Floor' session. Despite the limitations of the room, which prevented us from utilising a small group approach, there was spirited discussion of the future of health librarianship and the knowledge and skills that will be required by the profession into the future.

One of the most interesting themes to emerge from the discussion was the different perspectives of academic health librarians and hospital-based librarians on aspects of service delivery including information skills training and reference services. Clinical librarians also made a case for consideration as a specialised group within the broader profession. Notes taken during the 'Voices from the Floor' session will be written up and incorporated into the ALIA/HLA Workforce and Education Research Project final report.

Also, during the Health stream, two important award presentations were made. First, the HLA/HCN Health Informatics Innovation Award was presented to Terry Harrison, Clinical Librarian, Royal Melbourne Hospital by Allison Hart, HCN's General Manager – Knowledge Solutions. Then the Anne Harrison Award was presented to Kaye Lasserre from the University of Queensland. Details of both award presentations, plus photographs, are included in this edition of HLA News.

Apart from the Health stream, a highlight of the conference for me was the half-day workshop,

[continues on p10...](#)

ANNE HARRISON AWARD SUPPORTS WINNER TO

explore **EXPERT SEARCHING** in Australian health librarianship

This year's winner of the Anne Harrison Award is Kaye Lasserre, Liaison Librarian, Rural Clinical School Library, South West Region, University of Queensland, Toowoomba. In this article, Kaye outlines the scope of her research project, entitled "The current state of play of expert searching in Australian health librarianship", and the anticipated benefits that could flow to Australian health librarians.



ABOVE – 2010 Anne Harrison Award recipient, Kaye Lasserre

Inspired?

The next Anne Harrison Award will be offered in 2012, plenty of time to consider applying and getting assistance to make your next research project a reality.

Details can be found at www.alia.org.au/awards/merit/anne.harrison/

There is little in the Australian library literature about the health librarian's role as expert searcher^[1-3]. A discussion by delegates at the HLA Information Rx Symposium in February 2007 concluded that '...HLA should put this on its agenda as an important issue'^[4]. Thanks to the Anne Harrison Award Committee I will have the opportunity to undertake a study into 'The current state of play of expert searching in Australian health librarianship'. The funds will cover the costs of the study and support my completion of a Masters of Information Studies (Applied Research) at Charles Sturt University.

I have worked in health libraries of a large university for over fourteen years and as a liaison librarian for over ten. Like many colleagues, performing literature searches for clients is only one aspect of my job, especially in my current position as a solo librarian. I am based at the Rural Clinical Library of the University of Queensland in Toowoomba, south west Queensland. Following a Bachelor of Arts (French, Japanese and History majors) and generalist library studies, the development of my searching knowledge and skills has occurred in a work environment supportive of continual professional development. Motivated to achieve a high level of competency, I have learned through the mentorship of senior librarians, courses, self-directed learning and experience (trial and error, client feedback and self evaluation).

Now in a position to mentor new health librarians, I believe our

profession would benefit from a structured approach to developing and maintaining expert searching capacity. A clear learning pathway for new graduates and experienced librarians to measured levels of competency would deliver more consistent high quality services to clients. We are indebted to our colleagues at The Medical Library Association (MLA) in the United States for their extensive work on this topic. Expert searching is at the core of our profession. It underpins our support of clinical practice, teaching, learning and research. But are we expert searchers? How do we know?

This research project aims to:

- To determine the perceptions, views and practices of Australian health librarians in relation to expert searching (expert searching as defined by the MLA (http://www.mlanet.org/resources/expert_search/policy_expert_search.html))
- To identify professional development (PD) activities to enhance expert searching knowledge and skills

Methods

A literature review will be undertaken on the topic. An online survey will be developed in consultation with stakeholders such as Health Libraries Australia (HLA) and external research experts. A pilot will be conducted and the survey modified as required. Ethics approval will be obtained. All Australian health librarians will be invited to participate in the survey in

Continues on p15..

ALIA HLA'S WORKFORCE & EDUCATION

Research Project UPDATE

HLA is engaged in a research project with two main aims: to determine the future skills requirements for the health library workforce in Australia, and to develop a structured, modular education framework (post-graduate qualification and continuing professional development structure) for health librarians to meet these requirements.

Since the last project update (HLA News, June 2010), Gill Hallam and I have presented the summary results of the health librarianship nexus surveys at an IFLA satellite event in Borås, Sweden, to an international audience of Library and Information Science educators. This was our first step into opening up a discussion with one of the major stakeholders in our research – the potential providers of education programs and courses. We will need to learn more about what offerings education providers already have in order to design what may be a 'mix and match' approach to a specialist post-graduate qualification in health librarianship, with ongoing CPD courses.

Following on from that, the ALIA Biennial Access 2010 conference in Brisbane gave HLA the opportunity to run a stream focusing on workforce issues. The project group and the HLA executive, along with a cross-section of our membership participating in the conference, embraced this whole-heartedly. I presented the context of the research (the main environmental drivers – trends in national health workforce planning, the national health and hospitals reform agenda, and the national ehealth strategy – and the implications of these for health librarians and our future in the various health sectors) and Gill followed on with the outcomes of the research so far. These highlighted the views expressed through the surveys about what competency areas are likely to be important in future roles in the health sector.

The presentation was followed up later in the day by an interactive session which aimed to validate and explore in more detail some of the findings of our research so far. In the session, 'Voices from the Floor', we asked the audience some probing, future-oriented questions aimed at fleshing out one of the main competency areas: Understand the principles and practices related to providing information services to meet user needs (e.g. reference services; information access; document delivery; liaison activities; clinical librarianship...).

This discussion was led by Suzanne Lewis, who posed the following questions:

- What will the reference desk in a health library look like in 5-10 years? Will there be a reference desk? Will there be a librarian behind the desk?
- Where will reference services be provided (in person, online, wards, library)?
- Why will our patrons still require reference services?
- What questions should we be asking about providing information services to meet user needs into the future?
- Is subject-specific knowledge (e.g. medical terminology, clinical sciences) an advantage in delivering effective information services in the health environment? Is it essential?

The transcripts provide some rich material about what our future training needs might be. It highlighted the diversity of environments in which health librarians work, meaning health librarians need to have the knowledge and skills to tailor reference services to meet the needs and motivations of different types of clients. Some of the issues discussed were:

- 'face-to-face' versus virtual reference;
- implementing a clinical librarian service within the constraints of a small health library;
- subject-specific knowledge in health, science or clinical areas

- can this be learned on the job or does it require a qualification;
- knowledge of 'mission critical' goals to be relevant in the health environment;
- 'on the job training' and mentoring especially as they relate to the provision of reference services and more general education models such as cadetships and practicums;
- roles in research support, data management, knowledge transfer and synthesis of the evidence; and
- knowledge and expertise in using point-of-care resources in clinical, as well as more general information management contexts.

The dialogue continues.

We had prepared questions for all of the competency areas and could easily have run a whole day workshop on this. The effort will not go astray, though, as these may form the basis for future focused research.

Our project is ambitious, but we realise that no one is going to do it for us, and timing is critical, especially given the current move amongst health professionals to design and educate for 'scopes of practice'. As well as designing an education framework to meet immediate workforce needs for health librarianship, the research is intended to strengthen the position of health librarians in the future health workforce, preparing us for new roles in the sector.

We encourage everyone to engage with and support this important initiative from HLA by thinking about our future as health professionals, participating in this research, contributing to the discussion, and joining in future HLA professional development events.

Ann Ritchie
Project Leader
annritchie@yahoo.com

The Project Reference Group
Gill Hallam (Principal Researcher),
Ann Ritchie (Project Leader),
Catherine Clark, Cheryl Hamill,
Melanie Kammermann, Suzanne Lewis
and Patrick O'Connor.

SEMINAR REPORT

Evidence-based practice in health for librarians

Under the auspices of QULOC, the Queensland University Libraries Office of Cooperation, a one-day seminar entitled "Evidence-based practice in health for librarians" was held to coincide with the ALIA Access 2010 conference. Focusing on the latest services undertaken by librarians in support of Evidence Based Practice (EBP) in healthcare, the seminar covered both introductory aspects of EBP and advanced service concepts for those librarians already experienced in the field. Veronica Delafosse reports.

Lisa Kruesi, Acting Executive Manager of the Engineering & Sciences Library Service at the University of Queensland Library, and Co-convenor for the ICML in Brisbane in 2009, convened an excellent program attended by approximately 70 emerging and experienced health librarians.

The morning sessions comprised a series of presentations aimed at introducing the concepts of EBP.

Starting off the morning, Lisa explained the evolution from the 1960's when relevant literature was attached to patients' charts through to the 1990's with the formal inception of EBP.

Jenny Hall and Gabrielle Hayes, also from the University of Queensland, looked at how we make decisions:

- by tradition (we always did things that way);
- by convention (e.g. patients smoking in bed);
- by a long held belief that was not questioned (a procedure done in a particular way); or
- being evidence-based (finding, appraising and applying the best research evidence with clinical knowledge for the best patient outcomes).

Familiar to many of us, Patrick O'Connor discussed the importance of formulating clinical questions, and explained the different types. Background questions (who, what, when, where, why) can be answered by summaries in evidence based textbooks (e.g., UpToDate, BMJ Clinical Evidence). Foreground questions are most often asked by experts, the answers being found in a variety of tools. The preferred way to arrange such questions is by using the PICO(T) format.

Both novice and experienced librarians need to carefully prepare before searching for answers to clinical questions, being mindful of keywords, acronyms, variations in spelling, jargon, terminology, the types of study design and the most appropriate databases and resources to use.

Nicky Foxlee then went on to differentiate the types of studies, e.g., therapy, aetiology, etc, while Catherine Clark walked us through the freely available Answering Clinical Questions (ACQ) Guides that have been prepared for the University of Western Australia students. <http://libguides.library.uwa.edu.au/content.php?pid=46791&sid=344772>. (They also have

a template to assist in planning a clinical question.)

This very productive morning was continued with a workshop format. We were grouped at tables according to a clinical question that we had provided on enrolment. An experienced librarian facilitated each table and explained the question without giving us the exact wording. We each had to write it in our own words, choose the type of question, then identify the best study design to answer it. From there we then identified the terms and phrases using the PICO format, listed inclusion/exclusion criteria, and chose relevant databases.

One person wrote our progress on butchers' paper and another searched the Cochrane and PubMed databases. We all had input at every stage and the facilitator tried hard to encourage us without giving us the answers. Each group posted their butchers' paper on the walls and attendees were able to walk around and view them, a concept referred to as the Philosopher's Walk. A representative from each table explained the process and

Continues on p6..



answered questions, similar to poster style at conferences.

For many of us the morning's session provided a useful overview, reinforcing the basic concepts of EBP so essential to practice. The hands-on workshop was an opportunity to test and improve our skills and knowledge within a framework that, if not already in use, could be readily adopted.

The afternoon session was tagged as an 'Advanced Seminar' and began with a panel of Queensland Health librarians explaining the various ways they embed EBP within their services.

Following this Cheryl Hamill gave an overview of advanced PubMed techniques, which featured many important and useful elements. You can review these in her PowerPoint slide which is available on the QULOC website.

Via video link, Carol Lefebvre from the UK Cochrane Centre

explained new features within the Cochrane Library and fed us useful tidbits of information. For example, Cochrane is updated monthly online but quarterly in DVD format; if you select Diagnostic Test under the Systematic Reviews you can see what else is in there; there are also Overviews of reviews and Special Collections, e.g. acupuncture or influenza.

Carol felt it particularly important that we read two chapters from the Cochrane Handbook in order to keep one step ahead of our clinicians:

- Chapter 8.6 – risk of bias tables
- Chapter 11.5 – summary of findings tables.

In addition, Chapter 6 on searching for studies would be relevant to us.

It is also worth noting that there are podcasts and downloadable Powerpoint slides with key figures and tables available from the Cochrane Journal Club (<http://www.cochranejournalclub.com>). After a panel discussion on critical appraisal Prof Chris del Mar

talked us through filling in the GATE Form (Graphic Approach To Epidemiology; designed by Rod Jackson, NZ) with respect to an article we were asked to pre-read. Chris uses this to teach medical students to critically appraise evidence.

We learnt the EBP takes practice to understand and interpret. With confidence we can offer a value added service to our clients. Rather than give them a list of citations we can group these into guidelines, randomised controlled trials, systematic reviews, case studies, etc. This will assist our clients to appraise and evaluate the information and, in turn, raise the profile and value of our services.

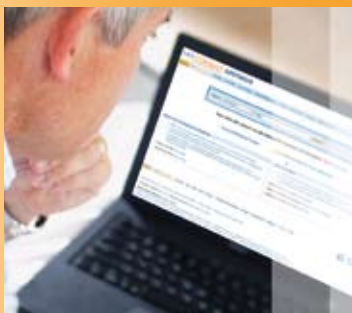
Veronica Delafosse
Librarian, Health Sciences Library
Caulfield Hospital
V.Delafosse@cgmc.org.au

NOTE: Presentations from the Evidence-based practice in health for librarians can be accessed at <http://www.quloc.org.au/index.php/31>.

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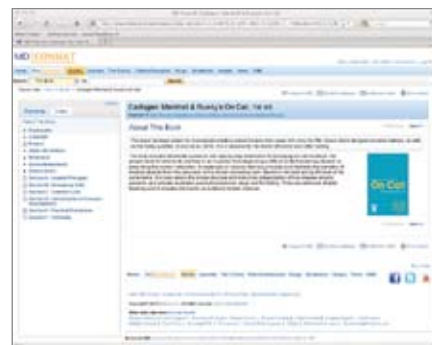
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**PRESENTATION OF THE
HLA/HCN HEALTH INFORMATICS INNOVATION AWARD**

WEB 2.0 CLOUD rains innovation

The ALIA Health Libraries Australia group, in partnership with the Health Communication Network (HCN), offers an annual award, the HLA/HCN Health Informatics Innovation Award. The Award, launched in 2009, aims to encourage Australian health librarians to showcase innovative projects which use health informatics or web technologies to support best practice in the health information field.

The 2010 winner, Terence Harrison, was presented with the Award at the health librarianship stream of the ALIA Access conference in Brisbane on 2 September. Terry is Clinical Librarian, Health Sciences Library, Royal Melbourne Hospital, and the driving force behind the (virtual) Centre for Evidence Based Practice Australasia (CEBPA). CEBPA is an evolving Web 2.0 'cloud' built using open-source Joomla and Moodle platforms. Registration with the site is free (<http://cebpa.info>), and once registered and logged in, it is possible to explore the impressive range of resources available. CEBPA was initiated by Terry in partnership with Professor Russ Gruen (The Alfred Hospital), and Associate Professor Peter Greenberg and Professor Peter Morley from Royal Melbourne Hospital.

Allison Hart, HCN's General Manager – Knowledge Solutions presented the Award on behalf of the Award committee. Allison emphasised HCN's ongoing commitment to the Health Informatics Innovation Award as one means of supporting innovative practice in health librarianship. She described CEBPA as "an outstanding health innovation, providing virtual access to a range of EBP resources, engaging in an inclusive framework, and designed for dynamic collaboration. CEBPA is useful for all clinicians,



ABOVE Allison Hart of HCN with Terry Harrison, winner of the 2010 Innovation Award.

information experts, health policy experts and health consumers".

Terry was presented with a certificate, a lovely set of cufflinks in support of his international travels and \$2,500 towards continuing professional development. Terry's next engagement after the Award presentation was a flight to Taiwan where he was invited to speak about CEBPA. Terry thanked HLA, HCN and the Award committee, and acknowledged the technical support provided by Duncan Pilcher (Systems Librarian) and Andrew Oldaker (IT), Royal Melbourne Hospital,

in development of CEBPA. He predicted the continuing expansion of CEBPA as more information specialists, clinicians and medical academics around Australia and New Zealand contribute resources to the CEBPA 'cloud'.



**For more information
about the HLA/HCN Health
Informatics Innovation
Award visit <http://www.alia.org.au/awards/merit/hla.hcn/>**

Health Libraries, Law Libraries

PARALLELS & REFLECTIONS

notes on a paper delivered at ALIA Access 2010



Following the Health Stream, which was held on the first day of the ALIA Access Conference,

it was useful to attend papers from other sectors. For example, we share parallels with our law colleagues. I could identify with Alison O'Connor, from Blake Dawson (Vic.), as she observed that her library is facing a danger of reduced visibility. Most of her clients access library services online and probably fail to realise that the library is supplying and paying for the information. A recent initiative of hers was to bring her Finance Officer to a meeting with a supplier, to help justify expenses.

Alison noted we need to partner with our clients and remarked that there are several levels of service: just in case (an older model where libraries collected a wide range of resources); just in time (core resources plus an effective document supply service); just for you (analysing the information before presenting it to the client); and just with you (being involved in planning for a project from the beginning rather than later down the track). I concur with Alison that most of us work between the just in time and just for you modes.

Challenges include:

- The library can be invisible to decision makers (i.e. the senior partners) as it mainly services graduates at junior level who undertake the 'research'. The library then loses relationships with juniors when they leave the organisation.
- More senior level recruits do not directly use the library: they may use online services or ask junior staff to do research for them.
- The library staff need mentoring and training programs for law

otherwise they will not inherit the required knowledge and expertise.

- Compounding these challenges is the issue of rising costs, especially given the perception that information on the internet is free.

Alison encouraged all libraries to do a SWOT analysis. Once the Strengths, Weaknesses, Opportunities and Threats are tabulated it is easier to see how to plan your future. In her case there are three areas of focus for 2010:

1. Being proactive by looking for opportunities to increase engagement with clients. Going to the clients instead of waiting for them to come to the library (when it is usually as a last resort after they have exhausted all their options).
2. Fostering a learning culture within the organisation. This could consist of hosting a professional development week or including a certain number of library training sessions as part of mandatory Key Performance Indicators for clients.
3. Becoming the trusted advisor in the forefront of users' minds. The more you are trusted the more users will refer you to their colleagues and involve you

early in their decision making.

Alison's "embedded" librarian suggestions include:

- providing training at the client's workplace
- attending client's group meetings
- collaborating with the client
- being a mobile research librarian

Does this sound familiar? The "embedded" librarian goes out of the library, which is not as far reaching as our "clinical" librarian mode but is a good start to altering the problem of increasing invisibility. Passion, enthusiasm and interest are needed to ensure that everything we do is client focussed. Linking our goals to those of our organisation will assist in fostering relationships with our clients.

Thank you, Alison, for a well-delivered, thought provoking presentation and a recommendation to read *The Trusted Advisor* (<http://davidmaister.com/books.ta/>).

Veronica Delafosse
Librarian, Health Sciences Library
Caulfield Hospital
V.Delafosse@cgmc.org.au

NOTE Alison's paper entitled 'Building Relationships' can be read in its entirety at http://conferences.alia.org.au/access2010/pdf/Paper_Fri_1140_Alison_OConnor.pdf

Partnering for Success

Congratulations to Veronica Delafosse for winning the Caulfield Hospital staff performance award in the category of Working in Partnership and Cooperation.

In a presentation reminiscent of the Oscars – think red carpet, voice over introduction, drum roll and sealed envelope – Veronica was nominated with the following comment:

"Veronica has provided fantastic support and assistance to staff involved in research, evidence based health care and continuing professional development activities. This has been provided at an

extremely high standard for many years and is important to the optimal performance of many aspects of clinical care".

Veronica graciously accepted the award commenting that the library service was a team partnership, and involved both staff members at Caulfield Hospital and also those at The Alfred Hospital.



PRESENTATION OF THE

2010 Anne Harrison Award to KAYE LASSERRE

The winner of the 2010 Anne Harrison Award is Kaye Lasserre from the University of Queensland for her project entitled "The current state of play of expert searching in Australian health librarianship". This project aims to determine the perceptions, views and practices of Australian health librarians in relation to expert searching (as defined by the Medical Library Association) and to identify professional development activities to enhance expert searching knowledge and skills.

Kaye was presented with the Anne Harrison Award at the health librarianship stream of the ALIA Access conference in Brisbane on 2 September. The presenter was Bronia Renison, HLA executive member and Anne Harrison Award administrator. Kaye thanked HLA and acknowledged the support provided by the Award in covering the cost of the project and assisting her completion of a Masters of Information Studies (Applied Research) at Charles Sturt University. She emphasised the current lack of a clear learning pathway for new graduates (and more experienced health librarians) that would enable them to attain competency in expert searching, a skill fundamental to health librarianship practice. Anticipated outcomes of the project include better understanding of the views, perceptions and practices of health librarians in relation to expert searching, and current (and desirable) professional development activities needed to support this skill. Kaye invited input from health librarians into the project, particularly in relation to development of the survey phase which

will commence shortly. Kaye can be contacted at k.lasserre@library.uq.edu.au.

The HLA executive thanks Bronia Renison, Jane Shelling and Majella Pugh for their contribution as administrators of the Anne Harrison Award. Jane Shelling has recently been awarded a Churchill Fellowship to investigate provision of information resources to community based alcohol and other drug workers. Her award includes travel to Canada, the USA and the United Kingdom next year. Jane and Majella are retiring as administrators and expressions of interest are invited for administrators of the Award. Administrator duties are not onerous and are a great opportunity to contribute to HLA. More information can be obtained by contacting Bronia Renison via email (Bronia_Renison@health.qld.gov.au).



LEFT to RIGHT
Anne Harrison Award administrator Bronia Renison with this year's recipient, Kaye Lasserre.

ABOUT THE ANNE HARRISON AWARD

Anne Harrison was librarian-in-charge of the Brownless Medical Library at the University of Melbourne from 1949 to 1983 and founder of the Central Medical Library Organization. She 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 Anne Harrison Award was established to commemorate her work, and to encourage others to make their own contribution to the development of health librarianship in Australia. The Award provides financial assistance to enable applicants to undertake a research project which may include an approved course of study or publication. The Award is offered every second year.

For more information about the Anne Harrison Award visit <http://www.alia.org.au/awards/merit/anne.harrison/>

From your convenor continues from p2...

Creating and Sustaining a Culture of Performance: Library Leadership facilitated by Dr Neil Carrington and chaired by Associate Professor Helen Partridge, QUT. (If Helen was surprised to learn that her chairing duties would include role plays, she didn't show it.) Neil Carrington was formerly National Director of the Leadership Centre for the Australian Council for Educational Research (ACER) and has recently taken up the position of CEO, ACT for Kids. Neil specialises in leadership development, executive coaching and performance development systems. Neil challenged us to examine our 'mental models' – the values, beliefs and assumptions underlying our thoughts and actions that often prove to be ingrained, inflexible and resistant to change. The workshop was a fast-paced mix of Neil's presentation, quick small group discussions, role plays by Neil and Helen and real-time feedback from the group via instant polling. Since the workshop I have been reflecting more objectively and insightfully (I hope) on my own leadership style. I have also been looking at ways to redress the balance between leading and managing. An instant poll of the group showed that most of us believe we manage 90% of the time and lead only 10% of the time whereas the ideal balance is 25% managing and 75% leading.

Finally, one of the most thought-provoking sessions I attended included a paper by Katie Hannan, freelance librarian and an Australian Youth Ambassador for Development who spent seven months working as a volunteer in a school library in Vanuatu. Katie raised some disturbing issues concerning the nature of aid, particularly book donations. She highlighted the inappropriate nature of much of the material donated to libraries in developing countries – too old, poor physical condition, culturally irrelevant – and the difficulties of disposing

of this material in a country with inadequate waste disposal infrastructure. My own library used to donate weeded items to an overseas aid program and I always felt uncomfortable that we were donating items judged unsuitable for our own collection to other libraries which did not have the luxury of purchasing new texts. One of the audience members for Katie's paper suggested having a book sale of weeded items and then donating the proceeds to an overseas aid program so that new, up to date, appropriate material could be purchased for libraries in developing countries – brilliant!

I hope I have given you a taste of ALIA Access 2010. Some papers are available from the conference website (<http://conferences.alia.org.au/access2010/program.html>). This issue of HLA News also contains a report from Veronica Delafosse on the satellite event for health librarians – Evidence-Based Practice in Health for Librarians – held at the University of Queensland on 1 September. This workshop, organised by Lisa Kruesi in collaboration with QULOC (Queensland University Libraries Office of Cooperation) was a highly enjoyable addition to the conference experience for a number of health librarians and certainly maximised the value of my trip to Brisbane.

I am sure you will enjoy this edition of HLA News and, as always, thank you to our HLA News editor Melanie Kammermann (Foti) and sub-editor Helen Giltrap for their great work in bringing us such a high quality publication. And thank you also to all the contributors to this issue.

Suzanne Lewis

slewis@nsccha.health.nsw.gov.au

**ALIA
Access
2010**



some final words

ALIA Access 2010 has come and gone. The 'stream' concept worked well with many offerings from Specials, in particular, to add to the content richness. Access 2010 was put together quickly when IFLA pulled out of Australia and moved to Gothenburg, Sweden. With a greater lead time, this model for ALIA conferences can work well for health librarians. There are definitely things that should be done differently next time (greater involvement of 'our' type of vendors, more integrated fringe events and the like) but the opportunity to meet to work through some of the professional challenges we all face was invaluable. We soldiered on despite the 11th hour pull-out from our guest external speaker, Dr Mukesh Haikerwal – yes, literally the Friday before. It would have greatly added to the stream to have a view from outside the profession but the extra time was put to good use in hearing views directly from delegates.

The papers from the conference are beginning to appear on the website and I commend them to you – <http://conferences.alia.org.au/access2010/program.html>.

The HLA Executive would like your views on where to from here with conference planning. Feel free to relay these to me or any others on the executive.

Cheryl Hamill

Convenor, Health Stream,
ALIA Access 2010

Cheryl.Hamill@health.wa.gov.au

FROM YOUR SPONSOR

INDIGENOUS HEALTH

must stay on the political agenda

Several ministerial changes in recent weeks have sparked close scrutiny from the health sector and the media of the Gillard government, most notably, a government u-turn involving moving Indigenous Health Minister Warren Snowdon into Veteran's affairs, before re-appointing him his old position just days later.

"Access to evidence and research is more important than ever," were the words of Federal Health Minister Nicola Roxon on ABC's Lateline recently. Current interest and pressure from Australia's health professionals and the public with regards to health funding and policy highlights the growing need for transparency and ease of access to health debates. Minister Roxon has outlined a commitment to demonstrating accountability in relation to Labour health policy on around 70 health issues including Indigenous hospitalisation rates, mental health and life expectancy.

RMIT Publishing's commitment to bringing better access to specialist and regional health information continues with an ever growing list of titles joining the Informit Health Collection. Key titles include *Advances in Mental Health* (Content Management), *Women's Health Issues Papers* (Women's Health Victoria), *Connecting Research and Practice in Relationships: Conference Proceedings* (Australian Psychological Society) and *HLA News*. Meanwhile, *Aboriginal and Islander Health Worker Journal* continues to be one of our most searched and downloaded titles. The latest issue covers diabetes, trachoma and heart failure.

Read more at www.informit.com.au/health.



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Day Surgery Australia
HIV Australia
Journal of Stomal Therapy Australia
Hong Kong Journal of Emergency Medicine
New Zealand Journal of Medical Laboratory Science
Shadows: The New Zealand Journal of Medical Radiation Technology
World Council of Enterostomal Therapists Journal
PS Post Script (Pharmaceutical journal)

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vulnerability. However these risks can be mitigated by addressing skills and knowledge deficits and by moving into changing roles^[7,8]. To mitigate these risks systematically a scope of practice and related competency based standards will help strengthen education for and revalidation in the profession. They will also provide a process to enable new and emerging roles to be developed sustainably.

In the absence of a legislative requirement for regulation of the profession, the role defaults to the Australian Library and Information Association (ALIA). It is proposed that ALIA reconsider the criteria for membership and in line with international developments^[9,10] make membership dependent upon maintaining the currency of professional practice via a credentialing and accreditation scheme based on continuing professional development. The role of ALIA in recognising education for entry to the profession also requires renewal and the current *Re-conceptualising and re-positioning Australian library and information science education for the twenty-first century*^[11] research project provides an opportunity to influence future standards and mechanisms of education for entry and revalidation within the profession.

2. SCOPES OF PRACTICE

2.1. Purpose and definition of a scope of practice for health librarians

The purpose of a scope of practice for health librarians is to inform employers, the public / clients, educators and other professionals of the range of activities undertaken by the profession. As such it is a dynamic document reflecting the changing profession and it articulates with other related documents such as competencies and principles of practice or codes of ethics for the particular profession. It would

SCOPE OF PRACTICE FOR HEALTH LIBRARIANS IN AUSTRALIA
<p>POPULATION (who) This section describes the recipients of health librarians' services in Australia. For example in Australia health librarians may work with:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Students undertaking formal and ongoing education: <ul style="list-style-type: none"> • Entry level (undergraduate and postgraduate entry), e.g.: GMC, courses • Postgraduate • From tertiary preparation to post doctoral and advanced career researchers <input type="checkbox"/> Clinicians <input type="checkbox"/> Patients, their families, caregivers, friends and colleagues <input type="checkbox"/> General public / community <input type="checkbox"/> Other professionals: <ul style="list-style-type: none"> • Health workers • Educators
<p>SERVICES (what) Health librarians may undertake:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Client assessment <ul style="list-style-type: none"> • Information needs assessment (i.e.: reference interview) • Training Needs Analysis <input type="checkbox"/> Librarian intervention <ul style="list-style-type: none"> • Conducts complex searches on major databases • Research and innovation support including critical appraisal • Information technology network support • Web and intranet development <input type="checkbox"/> Collection Mx and access <ul style="list-style-type: none"> • Collection development, evaluation and management • Copyright management • Electronic licensing / digital collection management • Document delivery <input type="checkbox"/> Peer, clinician and community education <ul style="list-style-type: none"> • Undertakes educational / promotional programs as part of the a team with other health professionals • Teaches clinicians at different levels of practice / disciplines the optimal use of information resources <input type="checkbox"/> Planning, maintaining, delivering services <input type="checkbox"/> Professional development
<p>CONTEXTS (where) A list of the range of organisational contexts where health librarians work in Australia:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hospital settings <ul style="list-style-type: none"> • Acute / Tertiary • Sub-acute • Teaching hospitals <input type="checkbox"/> Universities and research facilities <input type="checkbox"/> Charitable organisations / Non-government organisations <input type="checkbox"/> Industrial / commercial enterprises <input type="checkbox"/> Mental health services <input type="checkbox"/> Community rehabilitation centres
<p>PURPOSES (why) This section describes the intended range of outcomes of health librarians' services. For example:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Improving educational outcomes <input type="checkbox"/> Improving patient care decisions <input type="checkbox"/> Supporting and facilitating evidence based practice <input type="checkbox"/> Educating clinicians about the range and utilisation of information resources
<p>APPROACHES (how) The section provides examples of the range of service delivery methods used by health librarians functioning independently of other professions or in partnership depending up on the situation. Examples include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Clinic based intervention <input type="checkbox"/> Multidisciplinary, interdisciplinary and transdisciplinary teams <input type="checkbox"/> Collaboration and consultative partnerships <input type="checkbox"/> Intensive programs <input type="checkbox"/> Use of natural contexts (e.g.: ward based service delivery) <input type="checkbox"/> Training clinicians to independent information access and use

TABLE 1 (above) – Example of a suggested scope of practice for health librarians in Australia

continues on p13...

also sensitively provide guidance for the development and content of health librarian education programs and act as a reference for practising members continuing professional development.

Essentially a scope of practice may be defined as the rules, regulations and boundaries within which a fully qualified practitioner with substantial and appropriate training, knowledge, and experience may practice in a specifically defined field. Such practice is also governed by requirements for continuing education and professional accountability. Or more succinctly: recording the functions that an individual is trained, competent, authorised and legally able to perform.

Once a profession has a scope of practice documented, there is an ability to consider advanced or extended practice. This allows a profession to develop specific additional skills and abilities in particular areas which can be recognised by the employer or public and may inform career structure.

2.2. Suggested elements for a Scope of practice for health librarians in Australia

Instead of a rigid and narrow list of work tasks /activities that may restrict opportunities for individuals and the profession alike, a Scope of practice for Australian health librarians is a document that sets boundaries for typical practice. To facilitate ease of comparison with other health care professions and to help fit the jigsaw pieces together the terminology and definitions suggested in Table 1 are consistent with other health sector scope of practice documents ^[12]. This is not a comprehensive listing

but an example of what scope of practice for Health librarians in Australia may look like.

3. COMPETENCIES

Instead of a rigid and narrow list of work tasks /activities, that may potentially restrict opportunities for individuals and the profession alike, competencies could determine the standard of staff development, advanced and extended practice. The level of detail can be determined locally to meet local needs but the competencies still provide a structure around determining work levels and work performance because they are linked to the HLA competencies for health librarians.

A set of ALIA endorsed competencies for all librarians could be used as a basis for entry, revalidation and re-entry to the profession. ALIA-HLA could build upon generic entry level professional competencies and would document the specialist tasks and skills required of health librarians thus recognising an advanced scope of practice. For health librarians such an approach to professional regulation, using the auspice of the professional body in the absence of legislation, would be the same as for those health professions who are not regulated by the Australian Health Practitioner Regulation Agency. For example major health professional peak bodies such as Speech Pathology Australia and the Australian Association of Social Workers are already moving in this direction.

Similarly ALIA could develop or endorse competencies for other domains of advanced practice such as public, law and academic librarianship. General professional membership of ALIA could be contingent upon continuing professional development as a

mechanism to mitigate the risk of unskilled professionals, and advanced / extended scopes of practice could be managed through a credentialing scheme. The Medical Library Association (MLA) successfully operates such a scheme, the Academy of Health Information Professionals ^[13].

The current MLA competencies ^[14] include a broad range of tasks grouped under the headings:

- Understand the health sciences and health care environment and the policies, issues, and trends that impact that environment
- Know and understand the application of leadership, finance, communication, and management theory and techniques
- Understand the principles and practices related to providing information services to meet users' needs
- Have the ability to manage health information resources in a broad range of formats
- Understand and use technology and systems to manage all forms of information
- Understand curricular design and instruction and have the ability to teach ways to access, organize, and use information
- Understand scientific research methods and have the ability to critically examine and filter research literature from many related disciplines

It is proposed that a set of generic competencies for librarians in Australia at the level of entry to the profession is developed. It is unrealistic to expect an entry level librarian to be competent in all areas without access to a senior / experienced librarian. This is critical in isolated / sole practitioner situations. At any time an entry level librarian in Australia must be able to demonstrate competence in any of the following domains of suggested core practice:

1. Client assessment
2. Librarian intervention
3. Collection Mx and access

continues on p14...

TABLE 2 (below) – Linkage between Scope of practice and Competency

SCOPE OF PRACTICE	COMPETENCY LEVEL
Scope of practice	Entry level competency standards, applicable to all librarians
Advanced Scope of practice – sector / individual specific	Health specific competencies Public library specific competencies Academic library specific competencies
Extended Scope of practice	Highly developed health / individual specific competencies

4. Peer, clinician and community education
5. Planning, maintaining, delivering services
6. Professional development

Each domain is a broad area of professional activity. They are not sequentially ordered and do not imply any stages or isolated steps in the process of practice. The practice of the profession is multidimensional and the numbering of the domains is for reference only.

Within each domain are a series of elements that describe more specific activities. Performance Criteria will need to be adopted in order to be able to infer whether the elements of competency are being carried out to an acceptable standard. Local cues illustrate the knowledge base, practical considerations, actions, attitudes, and some contextual features that are required as evidence of achievement in particular performance criteria. Table 3 illustrates how a competency could be expanded to meet local circumstances.

Related professions such as health informatics are already working on this issue on Australia [15] and some writers [16] have plotted the current significant overlap between health librarians and other health information professionals. Emerging trends such as interdisciplinary education for the health professions increasingly stipulate the generic knowledge, skills and behaviours of the future workforce with respect to common areas of work such as communication, teamwork, ethical practice, non clinical practice.

Competency Domain	3. Collection Management and access
Element	3.1 Collection development, evaluation and management
Performance criteria	Collection is developed to meet client needs
Cue (local workplace)	Collection development policy current, evidence of using standard selection tools, evaluation based on suitable qualitative / quantitative methods etc.

TABLE 3 (above) – Example of a Competency Based Standard showing components down to local cue level.

4. BARRIERS AND RISKS

The barriers to the adoption of the scheme suggested above include:

- Regulation / legislation (participation would be voluntary through ALIA)
- Professional culture (high level of vocation among librarians and low participation rates in current CPD schemes)
- Need for employer engagement to realise the scheme
- Financial (no immediate financial advantage to individuals to participate)
- Lack of competencies
- Lack of support from ALIA
- Competition from other related professions.

The risks to the profession of not responding to the challenges described above could be a matter of survival. Evidence of this risk includes examples such the reclassification of professional positions into administrative positions; encroachment in domains of competence by other professionals because the areas of work have not been recognised as being part of our scope of practice / area of competence; and a lack of professional development / research activity.

5. CONCLUSION AND RECOMMENDATIONS

The lack of a scope of practice and related competency based standards distinguishes

health librarians from other professional groups in health care. The continuation of this situation has the potential to further erode the status of the profession. To maximise the opportunities presented by emerging technologies, role changes and developments such as National eHealth Strategy initiatives involving the integration of decision-support clinical knowledge resources with the electronic health records and the creation of a national health knowledge portal, Australian health librarians need to pursue the following:

- ALIA as the peak professional body in Australia endorse, update and regulate a scope of practice and competency based standards as the benchmark for entry to and revalidation within the profession.
- ALIA to make professional membership contingent upon skills acquisition and maintenance rather than financial obligation.
- ALIA to develop a credentialing system, not a (passive) voluntary CPD scheme to ensure advanced practice. This could be modelled on the MLA AHIP scheme.
- ALIA to maintain a public register of credentialed (health) librarians.

continues on p15...



ABOUT THE AUTHOR

Patrick O'Connor works in the Toowoomba Clinical Library with particular responsibility for services to paediatrics and allied health.

After working in public and academic libraries he has enjoyed supporting better patient care for the past 15 years.

His interests are in literature searching and evaluating the outcomes of health library services. Contact Patrick via email – Patrick_O'Connor@health.qld.gov.au

Readers are reminded that this paper was first presented at the ALIA Access 2010 conference in Brisbane, Australia (1-3 September, 2010) and is reprinted in HLA News with permission.

February 2011 which will be widely advertised (e.g. via discussion lists, HLA News). Prizes will be offered as incentives to participate. All data will be captured and analysed.

Results

The survey findings will be reported upon in the context of the literature. Conclusions will be drawn and recommendations made. The paper will be submitted to a peer reviewed journal for publication and the document widely advertised to ensure the survey participants are aware of the findings. The study will conclude in July 2011.

The anticipated practical benefits of this study are:

Increased understanding of the perceptions, views and practices of Australian health librarians in relation to expert searching

Do health librarians consider themselves to be expert searchers? How to they measure their performance (e.g. client

satisfaction, audit or peer review)? How do they define/recognise expert searching? How often do they search and for what purposes? What proportion of their role is dedicated to literature searching? Do they consider there to be different types of expertise such as for answering clinical queries, supporting systematic reviews, finding grey literature? Do they use expert searching guidelines? Do they identify any issues for themselves or the wider profession related to expert searching? How do they develop and maintain their knowledge and skills in expert searching?

Identification of professional development (PD) activities to enhance expert searching knowledge and skills

What PD activities are available to Australian health librarians to develop expert searching knowledge and skills? How do new graduates become expert searchers?

Conclusion

The study will provide valuable data to inform future work in

this area and will contribute to discussion about the direction of health librarianship in Australia.

As I review the literature and formulate the survey I would be pleased to hear your thoughts on this topic to ensure the questions are relevant and comprehensive. Please email me at k.lasserre@library.uq.edu.au

Kay Lasserre

Liaison Librarian, Rural Clinical School
Library, South West Region,
University of Queensland, Toowoomba

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Scopes of practice – Health librarians in the health workforce jigsaw continues from p14 ...

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Jane Shelling receives **CHURCHILL FELLOWSHIP**

Churchill Fellowship recipient Jane Shelling outlines how she will use the Fellowship 'To assess methods for providing professional information to community based alcohol and other drug workers'.



I work for the Alcohol and other Drugs Council of Australia managing their major project, the National Drugs Sector

Information Service. My team and I provide a national library and information service to the whole of the alcohol and other drugs workforce in Australia. This workforce has varying information needs because they have a range of qualifications, work under different jurisdictions, have diverse working conditions, help different population groups, and work within organisations that may have varying ideologies.

Broadly, I will use my Churchill Fellowship to find out if there are more efficient, effective ways to disseminate evidence-based information to these workers. I am interested in the information needs of drug workers from other similar countries, the best format that information should take and the most effective way to deliver

it. I will take this new knowledge and combine it with what I already know about Australian conditions in order to improve information provision to those working with people recovering from alcohol and drug problems.

My fellowship will enable me to travel to Canada to look at alternative ways to deliver information over large distances including workers based in remote areas. I also want to investigate the way information is provided to workers helping in Indigenous communities.

In the USA I plan to visit Dartmouth University where they produce Project Cork, an international database of alcohol and drug information, to learn more about the management of this database and how use of the database is encouraged. I will also stop at a number of substance misuse libraries on the East Coast to observe how they deliver information and particularly how they deal with issues of state borders.

Finally it will be on to England where I want to learn how their

alcohol and drug workers are kept informed within both the government and non-government sectors. I will be meeting with representatives from the National Health Service and non-government agencies like Alcohol Concern. In addition, I will also go to Manchester to visit England's largest alcohol and drug library as well as attend an evidence-based librarianship conference where I hope to learn more about how I can implement new methods and measure the impact of information services on alcohol and drug work practice.

Anyone interested in applying for a Churchill Fellowship can find out more at <http://www.churchilltrust.com.au/>

Jane Shelling, AFALIA (CP)
Jane.Shelling@adca.org.au

Established in 1965 the Churchill Trust honours the memory of Sir Winston Churchill by awarding overseas research Fellowships known as 'Churchill Fellowships'. These Fellowships allow an individual to design their own research project, travel the world and further their knowledge in their chosen field, before returning to contribute to Australian society.



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Editor

Melanie Kammermann, Email: melanie.kammermann@alianet.ala.org.au

Sub-editor Helen Giltrap

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