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COMPETENCIES for Health Librarians

Our series on workforce requirements for Australian health librarians started with a call for the development of a Scope of Practice. Supporting a Scope of Practice would be a competency framework. In this article, part two in our series, Suzanne Lewis examines competencies and the long overdue requirement for a competency framework in this country. The author summarises definitions, existing frameworks and some of the challenges involved in developing such a framework.

In the last issue of HLA News, Patrick O'Connor proposed the creation of a scope of practice and competency based standards for entry to and revalidation in the health librarian profession. Patrick proposed that '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 recognizing an advanced scope of practice' [1]. HLA would take responsibility for developing health-specific competencies supporting an advanced scope of practice in health librarianship and, ultimately, high-level health competencies supporting an extended scope of practice.

This three-tiered approach would formalise the ad hoc pathway from generalist to specialist currently experienced by most health librarians, whereby specialist skills and knowledge are acquired on the job and via professional development opportunities as, and if, they arise [2]. If we ask ourselves what specific skills and knowledge librarians need, above and beyond that acquired during their Library and Information Science (LIS) qualification, in order to specialise as health librarians, we would probably frame our answer in terms of competencies.

What are competencies? The Federal Library and Information Center Committee (FLICC) of the Library of Congress defines competencies as 'the knowledge, skills, and abilities that define and contribute to performance in a particular profession'. Furthermore, 'competencies create a common bond of understanding and a common language for defining professional standards' [3].

The Chartered Institute of Personnel and Development (CIPD) in the UK makes the distinction between competencies and competences (although others tend to use the terms interchangeably). The CIPD definition of competencies as 'the behaviours that employees must have, or must acquire … in order to achieve high levels of performance' focuses on the person, whereas its definition of competence as relating 'to a system of minimum standards' focuses on the job [4].

Both the FLICC and the CIPD use the keyword **performance** in their definitions of competencies, as does Judith Broady-Preston:

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FROM YOUR

CONVENOR

Welcome to the December issue of HLA News for 2010.

In the last issue, Patrick O'Connor from the Toowoomba Clinical Library Service examined health workforce development in Australia in his paper, 'Scopes of Practice – Health Librarians in the Health Workforce Jigsaw'. Patrick presented this paper at the Health stream of the ALIA Access 2010 conference in Brisbane in September. In it he proposed the creation of a Scope of Practice and Competency Based Standards for the health librarian profession. In this issue, I take up the theme with a discussion of competencies for health librarianship based on the presentation I gave at ALIA Access, following on from Patrick. Ann Ritchie and Gill Hallam will complete the series in the next issue with a discussion about revalidation and the requirement to undertake continuing professional development to remain a certified practising librarian.

Being involved in this Project, and presenting a paper on competencies, has caused me to think about the skills, abilities and knowledge we acquire through experience as health librarians, and how this value is lost when library staff resign or retire. Nicky Hayward-Wright addressed this issue a year ago in this publication in her article on knowledge retention and the departing employee [1]. In August 2010 Nicky facilitated a Knowledge Café on the topic of knowledge retention as part of a professional development day for NSW Health librarians. The Knowledge Café participants focused their discussions on practical strategies for knowledge retention and transfer, with an emphasis on overcoming organisational barriers. I've summarised the main findings below. I'm sure much of it is familiar to many of you in your own workplaces.

The participants identified different types of knowledge as important in the context of health libraries, including explicit, tacit, organisational, critical, valued, shared and accessible knowledge. Critical knowledge, which should be the focus of knowledge retention and transfer strategies, was generally considered to be tacit and/or organisational knowledge, not easily captured. The importance of recognising knowledge gaps was highlighted.

A wide range of knowledge retention and sharing techniques and processes was identified by the participants including: a key contacts list, mentoring, shadowing, conversation/questions, a shared drive, a procedures manual, blogs and wikis, multiskilling, job rotation, an online Project Library, a website or intranet or online portal, and journaling.

Several themes emerged from the Knowledge Café data. 'Not reinventing the wheel' was important, with a strong subtext of frustration at the amount of time and energy wasted when critical knowledge is not transferred. Equally important was 'who's who'- knowing the stakeholders, key contacts, customers, champions or supporters, 'go to' or 'fix it' people in the organisation – in other words, 'who to call'. This subset of tacit knowledge was highlighted as particularly important knowledge that needed to be learnt or transferred as quickly and effectively as possible.

Finally, the theme of flexibility in approaches to knowledge transfer was highlighted. The Knowledge Café participants could all recognise the complexity of the knowledge transfer process. They also recognised that multiple strategies were needed which could be adapted to particular environments and rolled out or scaled back as circumstances changed.

In this issue of HLA News, Sharon Karasmanis, Faculty Librarian and Team Leader (Health Sciences) at La Trobe University addresses the problem of critical knowledge transfer. Sharon presents a case study of La Trobe University Library, where two new librarians with no experience in health were appointed within a few months of each other. At the same time, a new subject on evidence based practice was introduced for medical students and the new health librarians had to be brought up to speed very quickly. Sharon describes the process by which she and her team identified the competencies required by the new library staff and set about addressing the skills and knowledge gaps.

Also in this issue, Deanne Barrett presents an update on the activities of the ALIA Special Libraries Advisory Committee and Ann Ritchie gives a progress report on the ALIA/ HLA Workforce and Education Research Project. There is also a call for applications for the 2011 HLA/HCN Innovation Award. This Award, open to all ALIA members, both individuals and teams, is 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. I am delighted to announce that, due to the generous sponsorship of the Health Communication Network, the Award has been increased for 2011 to $3,000. This may be used by the winner to support their professional development. I encourage you all to consider applying.

The HLA Executive met by teleconference in October. Issues

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Where have all the health librarians gone?

Strategies implemented to create a NEW HEALTH TEAM at LA TROBE UNIVERSITY LIBRARY

The Learning and Research Services (Health Sciences) at La Trobe University's Library has developed a comprehensive induction and instruction program for its librarians in response to the move to discipline based teams, staff changes and new curriculum requirements. Sharon Karasmanis outlines the development of the new program and its content.

The Faculty of Health Sciences at La Trobe University is one of Australia's leading providers of health science education, with a long and distinguished history in the education of health professionals [1]. Schools and Research Centres [2] in the Faculty comprise clinical vision, podiatry, physiotherapy, speech pathology, nursing and midwifery, public health, health information management, occupational therapy, social work, prosthetics and orthotics, dietetics and deaf studies. Courses range from undergraduate students who commence with the common first year through to students undertaking a Masters or PhD, overall approximately nine thousand students with five hundred academic and research staff. The Faculty has been undertaking ongoing curriculum reform since 2009 which included a move to enquiry based learning and extension of the clinical teaching networks. Students are based on campus, off campus, at the Austin, Mercy, Alfred and Northern Hospitals, the City Campus in Melbourne, and off shore in Singapore. Although the Faculty of Health Sciences encompasses five regional campuses, the focus of this article is the Melbourne campus at Bundoora.

As well as curriculum reform, the University started a functional review during 2009, and as a result faculty librarians within Learning and Research Services at Bundoora were structured into discipline based teams. Prior to the restructure, health sciences librarians were responsible for specific schools, and worked individually with their schools and research centres in providing information literacy teaching and liaison support. The move to a more formal structure provided the opportunity to adopt a team approach to providing services. Librarians in the team work within their subject areas and across other health disciplines to support and build knowledge in all health areas. The retirement of an experienced librarian in the health team plus a new position created as a result of the restructure, resulted in the need to recruit two health sciences librarians at the same time. It was clear that the existing induction program would not be sufficient to build the depth of experience, critical knowledge and skills that was required; therefore a more comprehensive approach was planned.

The new team structure provided the opportunity for an audit of discipline responsibilities, and the opportunity for existing staff to assume responsibilities in new subject areas if they chose. As part of the audit, an investigation into school requirements was undertaken and this accounted for factors such as the number of students per school, the number of higher degree and research students and staff, and the clinical nature of the school. This informed the level of maintenance (low, medium or high) required in terms of the information literacy instruction, research support and academic liaison. The split of responsibilities throughout the team also ensured that each faculty librarian had a range of undergraduate through to masters and PhD students and research staff, and included both low and high maintenance schools.

A further challenge to the team and as part of the continuing curriculum reform was the introduction of a new subject in 2010 for second year students titled 'Integrating evidence into practice'. This required faculty librarians to teach evidence-based practice in first semester to health students in their tutorials, with content prescribed by the faculty academic staff. Apart from the sheer scale of student numbers in second year (~1200) and some schools requiring multiple sessions, there was a need to ensure all librarians in the team were competent enough to teach systematic searching within Medline, CINAHL, Clinical Evidence, the Cochrane Library and other specialist databases in order to deliver a high quality teaching program.

The existing health sciences induction program [3] covered discipline specific knowledge including subject content, liaison responsibilities and opportunities,

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REBLs spread the message

On 26th Nov 2010 Veronica Delafosse (Convenor, REBLs... with a cause) presented "Finding the evidence" to 60 rehabilitation nurses as part of the Victorian/Tasmanian Chapter of the Australasian Rehabilitation Nurses Association (http://www.arna.com.au/chapters/vic_tas.html) Study Day held at Caulfield Hospital.

Following a brief overview of evidence based practice (levels of evidence and filtered/unfiltered resources) Veronica described foreground and background questions and ways to form clinical questions using PICO (Patient, Intervention, Comparison, Outcome). She then demonstrated a search on hip replacement using CINAHL and highlighted ways to save the search strategy and citations.

> It is useful for health librarians to speak to non-librarian audiences to help spread the message of our worth within the clinical setting.

As time restrictions prevented showing the downloading of full-text articles Veronica promoted libraries and suggested the nurses check with theirs to register for 24/7 access and ask for training. A useful reference included: Asking the clinical question: a key step in evidence-based practice. American Journal of Nursing. 110(3) March 2010, 58-61.

Veronica found it interesting to listen to some of the other presentations from Caulfield clinicians, especially those where she had previously been involved in the literature searching. This was the first time a librarian had presented at an ARNA Study Day.

It is useful for health librarians to speak to non-librarian audiences to help spread the message of our worth within the clinical setting.

Did you know?

You can earn ALIA CPD scheme points writing for HLA News. You will earn one point for each hour spent on article preparation,up to a maximum of 10 points per year. For more information visit http://www.alia.org.au/education/pd/scheme/

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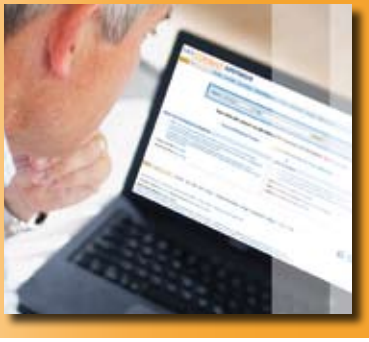

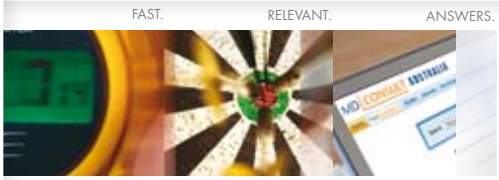

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ALIA SPECIAL LIBRARIES ADVISORY COMMITTEE

As a subset of Special Librarianship health librarians have typically taken an active interest in the work of ALIA's special libraries group. After several dormant years, the ALIA Board of Directors established the ALIA Special Libraries Advisory Committee. Deanne Barrett, current Chair of the Advisory Committee, outlines the work of the Committee since its establishment.

Established in May 2009, the role of the ALIA Special Libraries Advisory Committee is to advise the ALIA Board of Directors on the development of a strategic program for members working in special libraries or with interests in special librarianship. The Committee's terms of reference can be found on the Committee's website, http://www.alia.org.au/governance/committees/special.libraries/

Committee members are: Deanne Barrett (Chair) (WA), Caryl Armstrong (SA), Cathy Brady (ACT), Emma Datson (ACT), Gaik Khong (ACT), Andrew Meier (Vic), Joanna Ruxton (Qld), Louise Segafredo (Vic) and Rosa Serratore (Vic).

There have been several key projects that have been completed by the Committee.

Guidelines for Australian Special Libraries

A review has been undertaken of the Guidelines for Australian Special Libraries. The resulting document has been designed to be used as a general guide, rather than providing detailed descriptive guidelines. An updated version of the guidelines is available at http://www.alia.org.au/policies/special.libraries.html

Special Libraries Wiki

In May 2010 the Committee launched its Special Libraries Wiki. The wiki has been designed to act as a resource sharing tool for the special libraries community and is managed by the Committee. The Committee hopes that the Wiki will become a useful area for special libraries to share resources, information tools and case studies. We encourage you to provide feedback and contributions to help us build the Wiki – http://www.alia.org.au/governance/committees/special.libraries/wiki/pmwiki.php

Advocacy Project

The Advocacy project focuses on the value that special librarians and special libraries bring to an organisation. The Committee has produced a series of documents focusing on special librarians to complement the Guidelines for Australian Special Libraries. The documents have been posted to the Special Libraries Wiki and the Committee is seeking feedback on the value, role and competencies of special librarians.

Conferences and Professional Development

Members of the Committee, in partnership with AGLIN and Special Libraries (Vic) created a special libraries stream for the ALIA Access 2010 Conference. With the success of this initiative the Committee will continue to look for conference and PD opportunities. After the conference a survey regarding conference preferences and PD opportunities was conducted in October to help guide future directions for the Committee.

Profiling Australian Special Libraries

One of the Committee's terms of reference and our current major project is to generate a profile of Australian special libraries. The survey was conducted in November 2010. As well as analysing and disseminating the results through ALIA publications and events, the Committee intends to develop advocacy and promotional material using the data to promote the role and value of Australian special libraries.

elist

Our elist has been renamed aliaSPECIALS and I encourage everyone to join the list (http://lists.alia.org.au/mailman/listinfo/aliaSPECIALS/). The discussion list is to promote the interests of special libraries.

Directory

There was some discussion about the need for a special libraries directory but the Committee decided not to recreate DASL (Directory of Australian Special Libraries) but to encourage all special libraries to add their library details to the Australian Libraries Gateway – http://www.nla.gov.au/libraries/.

The Committee's first 18 months of operation have been productive with several major initiatives successfully completed. The profile of special libraries within ALIA and the library profession has been raised with the successful specials stream at the ALIA Access 2010 conference, the August issue of inCite which featured special libraries and through the special libraries survey.

Deanne Barrett
ALIA Special Libraries
Advisory Committee (Chair)

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.

The Project is now in its final stages with the Project team and others from the sector conducting interviews with our employers – or 'key informants' – who are drawn from the various health sectors. 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. Engaging with our employers in this way provides them with an opportunity to influence the direction we are taking.

The interviews have been very revealing, and are reinforcing some of the findings from the surveys of librarians and library managers, but they are also opening up new areas for consideration.

The research surveys use 'competency areas' to analyse the health librarian skill set. In both surveys individual librarians and library managers gave the highest rating to the competency area 'to understand and use technology and systems to manage all forms of information' as an area of professional knowledge and responsibility both currently and in the future. Interviews with employers in a range of health environments have also highlighted the need for technologically proficient health librarians who are able to work with clinical staff, systems, applications, content and research data.

In the interviews we asked employers a set of questions in two sections: firstly, about how their health librarians are assisting them in doing their jobs, and achieving their 'mission-critical' goals; and secondly, how health librarians currently, and could in the future, contribute to their organisations. Without going into too much of the detail of the responses, or pre-empting our final report, it would be fair to say that employers have a high level of regard for their health librarians, and at the same time, they are very aware of the potential for them to contribute in a far greater way than currently is the case.

The onus will be on the librarians to explore this potential. As one hospital administrator who is responsible for managing change through corporate support services stated: hospital librarians need to be part of this effort, rather than 'waiting for change to knock them over'. Universities with medical schools highlight the information skills related to managing research information and data, and the practice and teaching of evidence-based medicine. Improving integration of care through information services is noted by one employer with a reference to 'the need for a different infrastructure to have an overlap between university and hospital'. These are challenges for health librarians and educators to explore.

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

From your Convenor continues from p2...

discussed included preparation of the group's budget for 2011 and possible professional development events for 2011. The Executive is also seeking expressions of interest for HLA Office Bearers for 2011, an administrator for the Anne Harrison Award, and a convenor of the REBLs special interest group from 2012. I would like to welcome a new face to the executive – Jane Orbell-Smith from the Primary & Community Health Services Library, Queensland Health. Jane has also agreed to be an administrator of the Anne Harrison Award. Welcome Jane and thank you for taking up the challenge! To anyone who would like to become more involved in our professional association, please consider how you might be able to contribute in any of these roles.

Finally, thank you to the existing HLA Office Bearers for all their hard work in 2010, and for agreeing to continue their roles in 2011. Laura Foley, our treasurer, has undertaken a huge amount of work behind the scenes, particularly in preparing our budget for 2011; our Secretary Cheryl Hamill worked tirelessly to organise the Health stream at ALIA Access this year; Bronia Renison, committee member, has also taken on the role of Anne Harrison Award Secretary; Veronica Delafosse continues as convenor of the very successful REBLs special interest group; Melanie Kammermann continues as editor of HLA News, and her hard work and talent is reflected in the consistently high quality of our group's publication; Ann Ritchie continues as Project Leader of the ALIA/HLA Workforce and Education Project; and Sharon Karasmanis also continues as an executive member. Thank you to all and best wishes to all HLA members for Christmas and the New Year.

Suzanne Lewis
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REFERENCE

1. Hayward-Wright, N. (2009). Knowledge retention and the departing employee. HLA News(Dec 2009), 1, 11-12.

FROM YOUR SPONSOR

Informit Health Collection, one year on – SHARE YOUR FEEDBACK

RMIT Publishing is proud to report that one year on the Informit Health Collection is going from strength to strength. Since its launch in September 2009 the Collection has grown by 33% and now boasts over 160 titles covering nursing, rural health, disability, child health, diet and nutrition, ageing and more. This broad coverage has attracted a large number of subscribers, including hospitals, state libraries, universities and TAFE institutes, from the Asia Pacific and international market. Most recently we are delighted to welcome four core journals from CSIRO Publishing to the Collection – Sexual Health, Australian Journal of Primary Health, Healthcare Infection and Australian Health Review.

RMIT Publishing is now looking for feedback directly from libraries and users as to the content you like and would like to see in the Informit Health Collection. As well as contacting us, you can now join the conversation on Facebook. Earlier this year we introduced the Informit – RMIT Publishing Facebook Page to gather feedback, share new title news and to flag topical events and content to allied health students and professionals. We now have over 1500 fans from around the world using this space to comment on our posts and provide feedback on our Collections. If you haven't joined the conversation already, simply find and 'Like' us on Facebook, and you'll be able to post directly to our wall.

Another way we gather feedback from subscribers and researchers across the allied health sector is at library and research conferences. This year these have included VALA (Melbourne), Hong Kong Institute of Education E-resources Day (Hong Kong), National Association of Indigenous Studies Conference (US), CILIP Health Libraries Group Conference (UK), ANZAME

(Townsville), South Africa Online User Group Conference (South Africa), The Conference for General Practice (Cairns), and Chasing the Sun (global, online initiative).

Most recently, RMIT Publishing attended a library conference in Melbourne where we also sponsored a delegate – Vice President of Indigenous Allied Health Australia (IAHA), Faye McMillan:

> "Having been the end user it was fascinating to listen to the amount of work that is undertaken so that I (and many others) can use the libraries, never really giving a thought to how all this material is generated.
>
> "I was particularly impressed with the suite of services that Informit were able to discuss with regards to Aboriginal and Torres Strait Islander people, being the largest provider of research into Aboriginal and Torres Strait Islander issues. There was keen interest from Informit representatives to ensure that there was a representative voice for Aboriginal and Torres Strait Islander publications and other works.
>
> "…The quality of work that is being undertaken on many levels within libraries and databases to provide value to the end user should be applauded."

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RECENTLY ADDED TITLES

HLA News (!)
Advances in Mental Health AJP:
The Australian Journal of Pharmacy
Asia Pacific Journal of Health Management
Australian Journal of Acupuncture and Chinese Medicine
Bulletin – Caroline Chisholm Centre for Health Ethics
Living Ethics
New Zealand Journal of Music Therapy

COMING SOON

Sexual Health; Australian Journal of Primary Health; Healthcare Infection, and Australian Health Review.

Competencies for health librarians continues from p1 ...

'Competencies (or competences), relate to expected levels of individual performance in specified areas' [5]. Broady-Preston goes further and distinguishes between skills, knowledge and competencies – all terms which tend to be used interchangeably. She defines skills as 'can do' lists, achieved by training; knowledge as conceptual understanding, achieved by education; and competencies as desirable behaviours plus some technical skills [6].

The Library and Information Technology Association (LITA) makes a similar distinction, noting that the terms skills and ability are often used as synonyms for competency, particularly in the area of technology competencies. 'Defining technical skills can be too specific and lead to just compiling a list of technologies … without understanding their roles….On the other hand, abilities tend to be too vague. Ability implies potential, which may or may not be actualized in a particular area of work…. Competency relates abilities and skills to the context in which they will be used' [7, p.4].

These are just some of the definitions of competencies available but from this brief overview, the following key concepts emerge. Competencies provide a common language with which to define performance and behaviours within a professional group; they also relate skills, knowledge and abilities to specific contexts.

A substantial amount of work has been done in the United States and the United Kingdom, and here in Australia, on identifying and articulating competencies for health librarians. The Medical Library Association in the US has produced the ***Competencies for Lifelong Learning and Professional Success*** [8] which are grouped under the following seven areas of practice:

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

These competencies were used by the ALIA/HLA Workforce and Education Research Project group's nexus3 survey. In this survey health librarians and health library managers were asked for their views on current and likely future areas of professional knowledge and responsibilities, with the addition of one extra competency area – 'Maintain currency of professional knowledge and practice' [9,10].

Interestingly, only three of the MLA's seven competency areas are specific to health librarianship. Numbers one, four and seven relate to health but remove the word 'health' from number four and it becomes generic to all areas of librarianship. Similarly, the seventh competency on understanding scientific research methods is not limited to health and could apply to librarians in any science, bioscience or social science environment. This highlights one of the most difficult aspects of creating and applying competencies – how and where do you define the professional boundaries between generic and specialist practice? Under the model proposed by Patrick O'Connor, ALIA would develop 'generic entry level professional competencies' and HLA would build on these with health-specific competencies [1, p.13].

The Medical Library Association has also developed expert searching competencies. The MLA's policy statement, ***Role of Expert Searching in Health Sciences Libraries*** [11] uses the terminology 'key skills and knowledge' rather than competencies. The statement includes:

- a definition of expert searching with 13 key skills and knowledge areas identified;
- a background section which describes the rise of end-user searching and continuing demand for expert literature search services;
- a section on transformation of the librarian's role which argues that librarians remain expert searchers but are now also consultants and instructors; and
- a section on where knowledge matters most in decision-making which identifies high impact areas where health librarians' expert searching of the published evidence is critical, including complex clinical cases, quality and safety, research support and key business decisions.

These expert searching competencies emphasise the importance of subject domain knowledge, knowledge of the health and medical databases, knowledge of resources beyond the online databases and generic skills such as 'ability to be mindful and reflective' and 'ability to use both deductive and inductive reasoning'.

In the UK, Sector Skills Councils (SCC) develop occupational standards for a range of industries and professions. Skills for Health is the SCC responsible for developing standards for the health sector. The Skills for Health website has a total of 32 competencies indexed under "Information and Library Services, Archive Services and Records Management" and 23 indexed under "Health Informatics" [12]. There is considerable overlap in scope between these two sets of competencies. For example, health informatics competencies such as:

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Competencies for health librarians continues from p8 ...

- Search for clinical information and evidence according to an accepted methodology;
- Appraise information and knowledge resources in a health context; and
- Critically appraise clinical information and evidence [12],

are areas of practice that health librarians would certainly claim for their own. Indeed, Andrew Booth has commented that when the skill sets required by health librarians are itemised, 'a worrying aspect … is the observation that very little of this territory is the exclusive preserve of our profession. Indeed in most cases other professions are better at fulfilling individual aspects of this composite skill set' [13].

Booth and his colleagues developed the COMPLIANT skills framework for health librarians as part of an analysis of training needs for the profession. COMPLIANT indicates the following specialist and generic professional domains [13]:

CONTEXTUAL KNOWLEDGE
SPECIALIST

MANAGERIAL SKILLS
PROFESSIONAL

PROFESSIONAL SKILLS
PROFESSIONAL

LEARNING AND TEACHING
PROFESSIONAL

INTERPERSONAL
PROFESSIONAL

& NHS
SPECIALIST

TECHNICAL SKILLS
PROFESSIONAL

A project carried out in my own workplace in 2009 resulted in the development of a competency document consisting of a comprehensive list of specialist competencies and a selective list of core/generic/personal competencies, specifically tailored to the Northern Sydney Central Coast Health library service in NSW. The list was piloted on the librarians at NSCCH and is still under development. It is also being used to underpin a coordinated staff development program [14].

A competency framework for Australian health librarians is long overdue, and is recognised as one of the future deliverables of the ALIA/HLA Workforce and Education Research Project. As well as the Project's research findings, there is much material already available on which to base a set of competencies for health librarianship practice in Australia, as this brief review has indicated. The challenge will be to create a competency framework that is comprehensive and usable. Some of the existing competency frameworks reviewed above outline an ideal for practice but are aspirational rather than practical and measurable. Others, particularly the Skills for Health competencies, are long and complex, which reduces their usability. Patrick O'Connor has proposed a structure consisting of a number of competency domains, each defining a broad area of professional activity. Each domain is broken down into a number of elements that describe more specific activities, with performance criteria and local cues supporting each element [1, p.14]. Related challenges include defining what is specific to health librarianship versus what is applicable to all spheres of librarianship, and deciding how (or whether) to incorporate personal competencies such as communication skills.

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ABOUT THE AUTHOR

Suzanne Lewis works at Gosford Hospital Library in NSW. She is Training and Learning Librarian for Northern Sydney Central Coast Health and recently also Acting Manager of Gosford and Wyong Hospital Libraries. Suzanne's interests include evidence based library and information practice and professional development for health librarians. She is the 2010 Convenor of Health Libraries Australia and a member of the ALIA HLA Workforce & Education project team.

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key resources, selection of resources for the collection, critical appraisal, and levels of database searching, and in particular a high focus on shadowing and mentoring. Curriculum reform in health sciences involved a renewal of the information literacy program starting with a range of online instruction to complement the common first year (and enquiry based learning), and face-to-face tutorials in systematic searching in evidence-based practice in second year, therefore this needed a major focus in the induction program for the new health librarians. The information literacy instruction is mapped to the La Trobe University Information Literacy Framework [4].

Two early career librarians were appointed to the team with minimal health sciences experience. An intensive training program commenced which included introduction to the discipline areas; an existing mentoring program developed in 2008; the document *Competencies for Health Librarians* developed by Suzanne Lewis, Manager of the Gosford and Wyong Hospital Libraries [5]; intensive training and mentoring in systematic searching of the health databases; enrolment in the *Evidence Based Medicine for the Medical Librarian* online course at the University of North Carolina [6]; and a two day health sciences workshop for all health librarians across the five regional La Trobe University campus libraries.

It was also important for the new librarians to become aware of the geographic complexity of liaison within the University and off campus. Consequently there were a number of opportunities for site visits to the clinical schools at the Austin and Alfred hospitals, the City Campus research institutes, and other off site research institutes throughout Melbourne.

The *Competencies for Health Librarians*, developed by Suzanne Lewis was another important resource and gratefully received by the team, as this document was a systematic and thorough layout of core, generic, personal and specialist skills specific to health sciences librarianship. Although written specifically for the NSCCH environment, the competencies were an excellent starting point for beginning and intermediate level practitioners and enabled the team members to systematically work through the competencies. It was also useful to become aware of skills required in a hospital setting to provide ideas of where the team might improve and enhance services to academic staff and students in the university and clinical setting.

The evidence-based medicine (EBM) [7] course is an eight week online course conducted by the University of North Carolina, and focuses on understanding the necessary skills clinicians require to practice EBM, for example how to formulate relevant questions, effectively search the medical literature and evaluate the evidence for validity and applicability to the patient condition. The course also concentrates on the roles that health sciences librarians can play to support EBM.

The two day health sciences workshop was held at the Melbourne campus and attended by librarians from the other four regional campus libraries. The workshop comprised the following sessions: common first year and information literacy; integrating evidence into practice for second year students; advanced searching in CINAHL, Medline and EBP databases; special features of other health databases and resources; outcomes and measurement tools; medication tools, subject guides and evaluation and promotion of new electronic collections. This was an excellent forum for health sciences collaboration, discussion of resources, and sharing of information and expertise. It was also an opportunity to share experiences of teaching information literacy in the health environment, as many of the health disciplines are taught across multiple campuses. There

continues on p11..

RESOURCES

The following is a brief list of some of the books and journal articles consulted during preparation of the program:

Birch, D.W., Eady, A., Robertson, D. et al. (2003). Users' guide to the surgical literature: how to perform a literature search. Canadian journal of surgery, 46(2), 136-141. Retrieved from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2386204/

Burton, M. & Dilts-Skaggs, K. (2009). Teaching levels of evidence: the Santa Project. Journal of nursing administration, 39(10), 412-414. doi: 10.1097/NNA.0b013e3181b92237

Hoffmann, T., Bennett, S. & Del Mar, C. (2010). Evidence-based practice across the health professions. Chatswood, NSW: Churchill Livingstone.

Schardt, C., Adams, M.B., Owens, T. et al. (2007). Utilization of the PICO framework to improve searching PubMed for clinical questions. BMC medical informatics and decision making, 7(16). doi:10.1186/1472-6947-7-16

Wood, S. (Ed.). (2008). Introduction to health sciences librarianship. New York: Haworth Press.

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was also a focus on liaison and outreach to higher degree students and research staff, and discussion on the most effective method of service delivery.

The induction program has continued throughout the year, and it is now ten months since the new librarians commenced. The variety of resources used both online and face to face instruction and orientation, has enabled the health sciences team to flourish and has initiated improvements via a team approach in service delivery to the Library's clients. Another early career librarian has recently joined the team, and is following in the same induction program. This provides the opportunity for evaluation and further improvement of the program for future recruitment and sustainability.

I would particularly like to thank my colleague Jenny Corbin for her valuable and sustained assistance in mentoring and providing instruction to all of the health librarians during this period. With the team approach to many of our initiatives, not only is the workload shared, but it has enhanced and improved the instruction and liaison services we provide to our academic staff and students. I would also like to thank Suzanne Lewis, Manager of Manager of the Gosford and Wyong Hospital Libraries for sharing with us the Competencies for health librarians program.

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3. Available on request from Sharon Karasmanis s.karasmanis@latrobe.edu.au
4. Information Literacy Policy and Framework available www.lib.latrobe.edu.au/about/infolit.php
5. Available on request from Suzanne Lewis slewis@nsccahs.health.nsw.gov.au
6. Information available at http://sils.unc.edu/programs/ebm
7. Available from: http://sils.unc.edu/programs/ebm

ABOUT THE AUTHOR

Sharon Karasmanis is the team leader for Health Sciences in the Library, with liaison responsibility for Nursing and Midwifery in the university and clinical school setting. During 2009, Sharon participated in conducting the Library pre and post-experience surveys of first year health sciences students and usability testing of the health sciences information literacy modules. This study continued with a follow up survey of the cohort in September 2010, and the creation of an inquiry/research indicator tool for first year students which will work as a self assessment formative resource. Sharon's areas of professional interest are in information literacy and evidence based practice for health sciences, with a special interest in tracking enquiry-research skill development from first year onwards. Sharon is a committee member of the ALIA Health Libraries Australia group.

HAPPY HOLIDAYS EVERYONE

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

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ALIA HEALTH LIBRARIES AUSTRALIA

HLA/HCN HEALTH INFORMATICS INNOVATION AWARD

Applications are now open for the Health Communications Network (HCN) sponsored *HLA/HCN Health Informatics Innovation Award* for 2011. The purpose of this Award is to acknowledge excellence/innovation in performance by an individual information professional or team.

This award provides a unique 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 is presented annually at a relevant ALIA event with a health focus.

The recipient/s will be presented with a certificate and $3,000 to further their professional development. All arrangements are to be undertaken by the awardee/s after approval of 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 available evidence that the innovation has improved access to health information and health care (e.g. practical outcomes). Nominees must address each of the following selection criteria against which applications will be assessed:

1. Contribution to, and enhancement of, the information profession/ industry
2. Outstanding project work, whether by an individual or a team
3. Collaboratively working within or between organisations
4. Originality/innovation regarding services or solutions
5. Excellence/innovation in terms of best practice
6. Evaluation of the project (actual or intended methods and, where available, results)

Outputs

The awardee/s will

- Report on the innovation via an article in HLA News (required for the June 2012 issue – 10th May deadline)
- Report on the professional development activity in HLA News (required for the September 2011 issue – deadline 10th August),

and, in addition,

- All applicants must supply a title and abstract for their project. An abstract of the winning application will be made available via the HLA website as will those of all finalists (follow the link at http://www.alia.org.au/groups/healthnat/

Eligibility

To be eligible to apply for this award

- All professional and para-professional award nominees must be current personal members of ALIA. In the case of an all professional/para-professional team application, one team member, with the exception of the team leader, may come under the organisation's ALIA institutional membership
- Non-professional nominees must work in a library with ALIA institutional membership
- Current Health Libraries Australia executive members, Award Administrators and employees of HCN are ineligible to apply

How to Apply

- Nominations are made by completing the Application Form and submitting to the ALIA HLA Secretary.
- Endorsement of a seconder is required if self nominating.
- The application form can be downloaded from the ALIA HLA website http://www.alia.org.au/groups/healthnat/).

Deadline

Nominations for the award must be received by 31st March 2011.

Presentation of the Award

The Award will be presented at a relevant national event to be announced. Funding will be provided for the winner's travel costs (or team leader in the case of a team application) to attend the presentation of the Award. All other costs must be covered by the individual.

Decision Process

Nominees are considered by a Panel, with two representatives of the HLA Executive and one 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

ALIA Health Libraries Australia
HLA/HCN Health Informatics Innovation Award

APPLICATION FORM

Nominations close: 31 March 2011

NOMINATOR DETAILS

Full name: _____

E-mail address: _____

Contact numbers

Business: _____ Home: _____ Fax: _____

Postal address _____

_____

Current position _____

Working relationship to nominee _____

NOMINEE DETAILS

NOTE: For a team application, Nominee Details must be provided for all team members. Complete the team leader's details in this section and attach an additional sheet listing the details of the other team members.

Full name: _____

E-mail address: _____

Contact numbers

Business: _____ Home: _____ Fax: _____

Postal address _____

_____

Current position _____

ALIA membership number _____

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

Full name: _____

E-mail address: _____

Contact numbers

Business: _____ Home: _____ Fax: _____

Postal address _____

_____

Current position _____

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

SUPPORTING DOCUMENTATION

Supporting documentation should total no more than four (4) pages in length and must include the following:

1. Project title
2. Project abstract (300 to 400 words providing an overview of the project including objectives and outcomes)
3. Response to selection criteria – This Award focuses on innovation and available evidence that the innovation has improved access to health information and health care (e.g. practical outcomes). Nominees must address each of the six selection criteria individually against which applications will be assessed:
   i. Contribution to, and enhancement of, the information profession/industry
   ii. Outstanding project work, whether by an individual or a team
   iii. Collaboratively working within or between organisations
   iv. Originality/innovation regarding services or solutions
   v. Excellence/innovation in terms of best practice
   vi. Evaluation of the project (methods and results)

Nomination forms should be emailed to the ALIA HLA Secretary: Cheryl Hamill, Cheryl.Hamill@health.wa.gov.au

Calling for expressions of interest

Office Bearers, HLA Executive

The current Health Libraries Australia (HLA) Executive is seeking additional Office Bearers to join the committee for 2011.

The role of the HLA Executive is to progress the vision of HLA – to promote, inform, unite, influence, and innovate libraries and information professionals in the health and biomedical sector. This is achieved through various activities, including research, project work, submissions to government, organising professional development and networking opportunities, and publishing.

Members of the Executive teleconference four times a year and work via email to advance the work of HLA.

If you, or someone you know, is interested in contributing to the work of the professional association and advancing health librarianship within Australia, please consider joining the Executive.

Nominees must be members of ALIA.

Please direct enquiries to Suzanne Lewis, current HLA convenor, at slewis@nsccahs.health.nsw.gov.au.

A nomination form can be downloaded from: http://www.alia.org.au/groups/healthnat/.

Calling for expressions of interest

Administrator, Anne Harrison Award

The AHA is an important award established to commemorate the work of Anne Harrison, and to encourage others to make their own contribution to the development of health librarianship.

The Award is managed by three administrators, one of whom holds the position of Secretary.

Nominations are sought for an administrator to join Bronia Renison, AHA Secretary, and Jane Orbell-Smith, for the 2011-2012 period.

Do you have a colleague with an interest in research? Why not encourage involvement with this award? Nominees are not required to be ALIA members.

Please direct enquiries to Bronia Renison, Bronia_Renison@health.qld.gov.au.

More information about this position and the nomination form can be downloaded from: http://www.alia.org.au/groups/healthnat/.

HLANEWS DETAILS

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