THE VALUE PROPOSITION proved EXCELLENT VALUE
– a review of the 2013 HLA Professional Development Day

'The Value Proposition: Research, Marketing, Advocacy' was the theme of the 2013 HLA Professional Development Day held in Adelaide on 19 July, 2013. **Suzanne Lewis** reports that delegates certainly received top value for their time and money, enjoying a full day program of presentations, access to vendors, and plenty of networking opportunities.

Ann Ritchie, 2013 Convenor of the Health Libraries Australia group, emphasised in her welcome that demonstrating value is essential for health libraries, and that to do so requires a three-pronged approach: research to generate the hard data on value; marketing to communicate our value; and advocacy to influence the decision-makers. The first three presentations of the day focused on research.

Andrew McDougall from SGS Economics presented preliminary results of the recent ALIA-directed survey of industry libraries – health, law, government and corporate. This survey was conducted in partnership with HLA, HLInc, ALLA (Australian Law Librarians' Association), and AGLIN (Australian Government Libraries Information Network).

Speaking from an economist's viewpoint, Andrew stated that there are really only two questions that need to be answered regarding health libraries: 'Are they worth the money invested in them?' and 'Do the benefits they generate outweigh the costs of running them?' Analysis of the survey results has just commenced, and the quantitative data will be enriched by qualitative case studies to be conducted later this year. Early indicators suggest a cost-benefit ratio for health libraries of 3 to 1, that is, for every dollar invested in health libraries the return on investment is three dollars.

The second speaker, Dr Ruth Sladek, Senior Lecturer in Medical Education at Flinders University, presented the results of research on the search skills of librarians.

A full report of the research has been published in the *Health Information and Libraries Journal*[1]. A sample of health librarians was randomly selected from the Health Libraries Australia membership list. Each librarian was asked to perform

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ANN RITCHIE

CONVENOR'S FOCUS

One year on – a progress report on HLA's five year Strategic Directions Work Plan, created in 2012

On Friday 19th July we held a successful Professional Development Day that focused on the issues around 'demonstrating value'. I will leave others to report in detail on the contents of the program, but I do want to say a big thank you to our hosts – the library staff at the Royal Adelaide Hospital, and in particular to Mary Peterson, who managed to juggle multiple responsibilities in the preceding weeks and on the day itself, seemed to be in more than one place at once. As is often the case with small-scale, focused events, the day was relaxed and friendly with high quality presentations, Q&A sessions with the participants to stimulate and extend our thinking, and opportunities for networking and talking with our sponsors.

In this column I want to update you on how we are progressing with our 5 year Strategic Directions Work Plan. Created in January 2012, this document has guided the Executive's decision-making and activities for the past year and a half. In the planning process we identified seven critical issues with priority action areas and I am pleased to report that we've made significant progress in a number of these.

The major area of critical importance focuses on implementing the recommendations of HLA's Workforce and Education Research Report[1].
These include identifying education and professional development pathways, collaborating with Health Workforce Australia (HWA) in planning for Australia's health information professional workforce, and strengthening relationships with stakeholders who have an interest in the development of the health library profession. A tall order you may well judge these goals to be, but we are tracking well.

Achievements:
- Official launch of the Health Specialist CPD stream within the ALIA scheme at the HLA PD Day (July 19, 2013) – believe me, there is solid research behind this, and we also wish to thank Judy Brooker, ALIA Assistant Director for Professional Development, for her amazing attention to detail in implementing our goal;
- Meeting with HWA who advised on the HLA Census, the ambitious Anne Harrison research project, ably led by Melanie Kammermann. In line with HWA's Work Plan, the aim is to establish the infrastructure for the initial collection of health library professional workforce data[2], with the intention of running regular updates in future years; HLA to be represented on an HWA reference group; also discussed recognition as a self-regulated professional group[3];
- Signing of partnership agreement with the US Medical Library Association (MLA), includes reciprocal access to professional development events for members of both organisations; we thank Suzanne Lewis for making contact setting this up with our MLA colleagues in the US.

Next steps:
- Work towards a post-graduate certificate/masters course in health librarianship;
- Liaise with HWA on the Census (scheduled for September/October 2013), professional recognition and other issues relevant to health workforce planning;
- Map HLA competency areas against currently offered health-specific educational opportunities, including the MLA course offering; identify gaps which need to be filled and develop new training 'events';

> ' I hope you can see that the HLA Executive has the will to work with our members and partners to build the profession's capacity to work towards HLA's vision of 'knowledge to improve health' … We do need our members on board and active in pursuing this vision. '

BEYOND THE HLA/HCN HEALTH INFORMATICS INNOVATION AWARD

CARESEARCH REVISITED

In 2012, **Sarah Hayman** and the CareSearch team received the HLA/HCN Health Informatics Innovation Award, acknowledging the health information provision work done by the CareSearch Palliative Care Knowledge Network. Here Sarah reports on the professional development she and her colleagues have undertaken following receipt of what she describes as 'this wonderful award' and their hope that they can 'extend the knowledge of the evidence based methodology in our work to benefit the profession more widely'.

CareSearch and search filters

By way of background, I will give a brief overview of CareSearch and its information approach. More information can be found on the CareSearch website [1] and by contacting me or my colleagues via the website. CareSearch is funded by the Australian Department of Health and Ageing to provide a suite of evidence-based information for all those working in palliative care, as well as palliative care patients, and their families, friends and carers. An underpinning principle of CareSearch's service, and a point of difference in our approach from some other health information services that may be found on the web, is the emphasis on high quality evidence-based information. Resources within the CareSearch website have been written or evaluated by expert palliative care clinicians. One important means of delivering palliative care evidence to our users is through the development and application of search filters, designed to search PubMed and link users to palliative care and associated information.

Search filters are evidence based literature search strategies, objectively derived using an explicit methodology and tested using a gold standard test comparison study design. A search filter provides a standardised, systematic search with a known level of performance.[2] Embedding the search filter into a URL for a database such as PubMed gives users access to a highly performing literature search simply by clicking a link.

CareSearch search filters have been developed in Ovid

Medline, using a validated methodology, which has been outlined in several published articles.[3,4,5] These search filters are then translated for PubMed using another validated methodological approach.[6] Validated search filters have been developed internationally for a number of years; however these are largely methodological search filters (intended to find references for certain study designs such as systematic reviews, or references dealing with aspects of health care such as therapy, diagnosis and etiology). The search filters developed by CareSearch (and the project Flinders Filters which has grown out of the CareSearch search filter development work) are topic based search filters; that is, they are designed to retrieve references relating to a specific topic within heath care.

The first search filter developed by CareSearch was the Palliative Care Search Filter. The researchers and librarians within the team developed this search filter in 2006 [3] to enhance access to evidence of high quality. The aim was to facilitate more comprehensive and routine retrieval, for health librarians and for clinicians, academics and researchers. This was done by using an evidence-based search filter, developed with a detailed and intensive research methodology, to enable automated real-time retrieval of relevant literature. Palliative care is a diffuse field involving practitioners in medicine, nursing and allied health, and the literature and evidence about this field are correspondingly diffuse and can be hard to search effectively. The search filter is available free of charge on the CareSearch website where it is part of a suite of services designed to support knowledge translation in the palliative care

- Discuss the proposed review by MLA of their competencies (which form the basis of the HLA competencies).

A second critical issue relates to HLA membership – specifically increasing participation, involvement and communication.

Achievements:
- 2012 PD Day was held in Sydney, 2013 in Adelaide;
- Options paper for developing HLA News has been drafted and executive has endorsed the revised purpose, function, goals and strategic objectives for the publication:

Purpose, Function and Goals
HLA News/National Bulletin is the main communication tool for the HLA group, supporting the HLA committee and members' work in the key areas of professional development, research, networking, advocacy and promotion. The publication functions as a national news alerting service, a historical record and showcase of the achievements of health librarianship and health libraries in Australia.

The Goals of HLA News are:
- to improve communication with and between the HLA membership
- to promote evidence-based practice
- to advance HLA's vision of 'knowledge to improve health'

Strategic objectives for HLA News:
- to improve the quality of the content and to make the publication more research-based e.g. case studies, literature reviews, evidence summaries, maintaining readability/accessibility to practitioners, thereby helping to promote evidence-based practice (Goal 2);
- to increase the emphasis on being a record and showcase for health librarianship in Australia, (still maintaining its news/alerting function), thereby helping to promote and advocate for health librarianship in the wider community and advance HLA's vision of 'knowledge to improve health' (Goal 3);
- to foster interaction, collaboration and professional development for members through the use of social technology tools (Goal 1).

Next steps:
- Proposal submitted for HLA event aligned with the ALIA National conference (Melbourne, September 2014);
- As a result of the HLA News Options paper, a number of initiatives will be undertaken, including
  - an online HLA monthly update
  - an editorial board
  - a 'journal club' to support members' CPD and evidence-based practice (exact format to be decided).

The third area of critical importance relates to facilitating research, improving marketing, communicating value, and advocacy for health librarianship.

Achievements:
- The theme of our 2013 PD Day was 'The Value Proposition', exploring the connections between a three-pronged approach to demonstrating value – research, marketing and advocacy;
- HLA supported the SGS Economics value study of special (industry) libraries, and Andrew McDougall from SGS was our invited keynote speaker at the PD Day;
- The HLA/HCN Health Informatics Innovation Award was conferred on Narelle Hampe and Suzanne Lewis for their project which evaluated the use of eportolios to support librarians' professional development. By recognising excellence in health librarianship, this award promotes the profession amongst employers and the wider community.

Next steps:
- Case studies of health libraries' value for patient care and other outcome/impact measures will be used to flesh out the findings of the SGS Economics value study;
- Results from the SGS value study and the HLA Census will be incorporated into future marketing and advocacy campaigns.

So I hope you can see that the HLA Executive has the will to work with our members and partners to build the profession's capacity to work towards HLA's vision of 'knowledge to improve health'.

We do need our members on board and active in pursuing this vision.

My suggestions for how you can contribute – please consider

- registering for the Health specialism in the PD Scheme and becoming an active and reflective professional
- encouraging your colleagues to join HLA and being on the mailing list for HLA News and the soon to be launched monthly update
- bookmarking the HLA webpage – http://www.alia.org.au/groups/HLA to keep in touch with our activities, and
- you may also like to nominate as a member of the Executive.

Ann Ritchie
Convenor HLA
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1. Health Librarianship Workforce and Education: Research to Plan the Future Final Report. May 2011. http://www.alia.org.au/sites/default/files/documents/our-communities/Healthlibrarianshipworkforcereport.pdf

2. See Health Workforce Australia 2012 Work Plan, page 47' inclusion of self-regulated and unregulated professions data' - one of the key activities in HWA's statistical data collection. https://www.hwa.gov.au/sites/uploads/hwa-work-plan-2012-13-approved-SCoH-20120810.pdf

3. 'Self-regulated professionals: professions where the assessment of an individual's suitability to practice is conducted by peers, rather than by an independent agency or government. In such cases, regulation processes may be conducted by a professional association or similar body.' https://www.hwa.gov.au/sites/uploads/hwa-wir-strategic-framework-for-action-201110.pdf

A COLLABORATIVE CONFERENCE REPORT

ONE HEALTH

Information in an interdependent world

The Medical Library Association (MLA) held its Annual Meeting and Exhibition between 3 and 8 May 2013 in Boston, Massachusetts, USA. This year's meeting was unusual in that the rich content of MLA'13, with its programs and continuing education, was combined with the 11th International Congress on Medical Librarianship (ICML), the 7th International Conference of Animal Health Information Specialists (ICAHIS), and the 6th International Clinical Librarian Conference (ICLC). A number of Australian health librarians attended the meeting and this report has been written by four of them – **Suzanne Lewis, Heather Todd, Rolf Schafer,** and **Glennys Powell** – each offering a different perspective on the event. A fifth Australian delegate, Fiona Russell from Victoria, has separately written about networking, also in this issue.

Registrations for the One Health meeting totalled 1751, with 181 of these from outside the United States and Canada, representing 32 countries. This included a small contingent of 12 Australian health librarians. E-conference registrations were taken up by 171 individuals who could not travel to the meeting, yet were still able to be part of the meeting community via online access. A total of 190 contributed and invited papers combined with 287 poster papers were presented over the four days of the conference. Continuing education courses offered during the conference numbered 24 onsite courses with three eLearning courses covering a range of professional competency areas. The Exhibits Hall attracted 112 companies and vendors who displayed their products and services.[1]

As Rolf Schafer, Manager of the Library Services at St Vincents' Hospital in Sydney reports, 'the theme of this year's meeting, One Health, was to take a holistic look at health from many perspectives: human and animal health, public and environmental health, climate change, food safety and production, international policy and international collaboration. The meeting theme offered an exciting platform for MLA and international partners to explore the interconnectedness of global health information, interdisciplinary research, teamwork and collaboration – all trends we are seeing in our profession and in our workplaces.'

Heather Todd, Director, Scholarly Publishing and Digitisation Services, University of Queensland Library, co-convenor of the 10th ICML and co-chair of the 2013 National Program Committee, describes how the combined meeting came about. 'As many of you know the

10th ICML was held in Brisbane in 2009 and was hosted by the University of Queensland Library with generous support from many health librarians both nationally and internationally. While ICML is sponsored by IFLA it does not receive funding and support is supplied from the host organisation. In 2010 the IFLA Health and Biosciences Section decided that holding ICML in conjunction with a major conference would be advantageous. It was fortunate that MLA was willing to host ICML as part of MLA 2013, and so the planning began.

One of the first tasks was to ask the conference convenors of ICLC and ICAHIS if they wanted to be involved. Of course they said 'yes'. I was invited to be co-chair of the 2013 National Planning Committee (NPC) with J. Michael Homan, Mayo Clinic as chair. Other members included representatives from EAHIL, ICLC and ICAHIS. Arranging an international congress meant that many MLA conventions had to be modified - from the date of the call for papers to the inclusion of library tours. The NPC used Skype for its monthly meetings which worked really well considering the range of time zones involved. It was very pleasing that One Health attracted

LEFT – The 30 presenting countries

Editor's NOTE

Well, this issue we say adieu to our wonderful Executive member, Cheryl Hamill. I say "adieu" as I hope we will see her back with us in the future. Cheryl is the source of much of our 'titbits' and I greatly appreciate her knowledge and willingness to share. Thanks Cheryl!

Now, I wasn't able to get to the PD Day myself, but by all accounts it was another good one. I'm pleased to see that there is quite a bit of content in this issue as a result of the day – thanks to all our contributors.

This issue really strongly focuses on the importance of participation in professional development oportunties here and abroad, so we have elected to keep these articles as a set and to defer publishing the responses to the daily library challenges posed by staff of Townsville Health Library in the June issue. This is good news for those slow off the mark to share how they too would have responded to the scenarios, so please consider revisiting that issue and contributing to the discussion. Contributions to your journal are welcome at any time – I'm always on the look out for items of interest to our readers. Now, on with this issue…

Jane Orbell-Smith
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ACKNOWLEDGING CHERYL HAMILL'S CONTRIBUTION

Received with thanks

Ann Ritchie pays tribute to retiring committee member Cheryl Hamill. Cheryl is stepping down from the HLA Executive after more than 13 years' of much valued service on this committee.

We were sad to accept Cheryl's resignation, but understand that she has many absorbing interests (including her nephews) and she will now be able to concentrate more on the other parts of her life which are currently demanding her time.

Cheryl was part of the team which in 2001 established the inaugural national ALIA group for health librarians, when the ALIA self-nominating groups were re-formed. She has held various positions and been responsible for a number of portfolios on the executive, and until last year was the Secretary, a position she had held for the previous two years.

Cheryl has consistently been one of the first to participate when an advocacy role has been needed. Her writing skills and ability to convey complex ideas in a logical framework are exceptional and she has either been the lead author or a contributor for many of the health submissions which HLA has created on ALIA's behalf. She was one of the research team for HLA's two year research project into workforce and education for the health librarian of the future.

She has always had a strong interest in professional development and has organised seminars and conferences locally and nationally. The focus of most professional development activities has been on teaching advanced search skills to fellow health librarians and clinicians, and imparting skills for electronic resources management and delivery. She is a regular contributor to our quarterly HLA News bulletin and has presented at numerous conferences, including forums for health information management professionals in related fields.

Managing funds can be a thankless task. However Cheryl once again was proactive and managed the process of keeping the Anne Harrison Award funds secure, ensuring their smooth transition from WA term deposits and bank accounts to a separate secure ALIA home.

Cheryl has had a long career in health librarianship, and for most of this time she has been on the national health libraries groups in their various incarnations as well as playing a leading role in the WA health group. Cheryl graduated in 1979 from the WA Institute of Technology (now Curtin University) with a Bachelor of Applied Sciences (Library Studies). She was awarded a Master of Arts (Public Policy) in 1998 from Murdoch University, with a Major Thesis entitled *'Information Needs for Evidence Based Clinical Practice in a Hospital Setting: Implications for Policy'*.

Cheryl started her career in libraries at Mental Health Services (WA) in 1978 as a library assistant, and became librarian there in 1980, before moving to Fremantle Hospital Library in 1984, and she has been the Library Manager at Fremantle since that time. Her prowess with information technology emerged when she took the reins developing web services not only for her library but for her health service. She only recently relinquished this leading role. In 2002 Cheryl was awarded the WA Special Librarian of the Year Award.

In conclusion, on behalf of the HLA executive, I would like to thank Cheryl for the gift she has given us all – the generous donation of her knowledge with no expectation of reward. Her depth of experience in health librarianship and the broader health industry, her study, research and reading have given her an expansive view of the field, and we have all benefitted from the outcomes. Cheryl is what I would call an 'information omnivore', having an inquiring mind and keen interest in gathering and piecing together the information that helps us make sense of our world and contributes to achieving our goals of equitable access to health information and knowledge. More often than not Cheryl has been the first to share the latest information through the health elist about developments in our field. As a health librarian through and through, we hope she is never too far away from being able to share her expertise and knowledge through the elist, or personally when we call on her for advice. The committee will miss her wisdom, vision and expansive ideas.

We are not alone in seeking to acknowledge Cheryl's contribution, and as one of her staff has stated, 'it would be wonderful for Cheryl to get some recognition for everything she has done for the profession. I am truly privileged to have had Cheryl as my Manager for the last ten years – she has been an inspirational role model and leader'.

Ann Ritchie
Convenor HLA

PHOTO – Cheryl (far left) with members of the 2012 HLA committee

MLA & ICML CONFERENCE REPORT

MLA NETWORKING:
Why pressing the flesh matters

Fiona Russell, medical librarian at Deakin University in Victoria, attended the recent ICML conference and annual MLA meeting in Boston, USA. Here she reflects on how effective networking proved a major benefit at such a colassal and complex event, one that boasted thousands of delegates from 40 countries.

Networking is, by its very nature, both spiderlike and serendipitous – it involves following leads, and a little luck.

The International Congress on Medical Librarianship (ICML) was held in Boston, USA in May in conjunction with the annual Medical Library Association (MLA) meeting. I'd been excited about the prospect of the 2013 ICML after attending ICML 09 in Brisbane, of meeting other health librarians and finding new ideas. With 40 countries represented and accounts of anywhere between 2500 and 3000 attendees, this was an enormous conference, far larger than anything I'd previously attended.

There were important keynote speakers, provocative presentations and interesting poster sessions, yet networking also proved to be one of the beneficial elements of this conference for me.

Opportunities are what you make them, and at a conference such as this, it is very easy to get lost in the crowd. It is the micro-encounters that can grow into something bigger. A comment to a colleague at an information desk becomes an Australian contact. A chance encounter at an evening event uncovers the New Zealanders who become important people to bounce ideas around with. A conversation at a poster leads to a contact with dynamic speakers from the US who may otherwise have been difficult to track down. A meeting leads to a dinner, which leads to the personalities behind the email addresses of a special interest group, and results in generous offers of support.

My recommendations for networking at such a large event are to take every opportunity that you're offered. Sign up for the 'Buddy' system if there is one available, and follow up with your contact before the conference begins. Arrange to meet for coffee or lunch. You are likely to meet others through them, and they may very well become good friends as well.

Be brave. Sitting with known contacts in presentations will help you to bond further with those people, however sitting and talking with complete strangers may open up connections that you can't have foreseen. Go to events. Introduce yourself. Ask questions about others' interests and institutions. Take your business cards (or QR coded contact details), and distribute liberally. When you receive a card, make a note of the context. This will help when you follow up when you get home.

Meet up with people that you already know. You'll get to know them better when you're all in a new context, and they can introduce you to their contacts. Return the favour. Facilitate connections.

Dip your toe into the Twitter whirlpool. By making a comment or two and contributing to the conference conversation, it may be possible to identify others who are tweeting and have similar interests to your own. Perhaps arrange to meet in person. Not every exchange will be fruitful, but when you have a whole packet of seeds, you only need a couple of the trees to grow to make planting worthwhile.
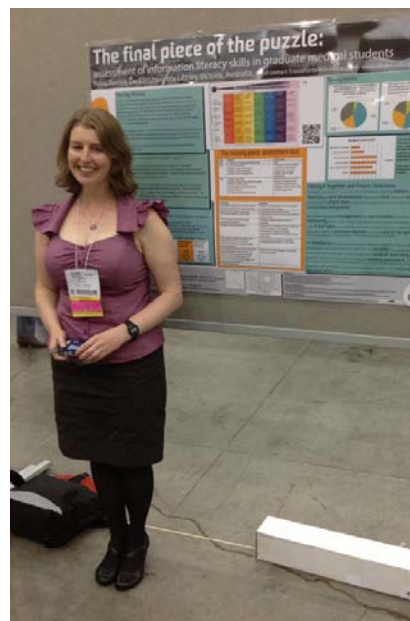
ABOVE – On this, her first visit to the USA, Fiona also presented her poster, *The final piece of the puzzle: Assessment of information literacy in graduate medical students,* at ICML.

Of course, there are journals, blogs and the increasingly ubiquitous Twitter to keep on top of things, yet there is still something very special about face to face networking – a spark, or a connection can be formed that is much harder to develop through online contact alone. The benefits of these contacts are to broaden our experiences and ideas further than our own institutions and our own countries. We become less isolated. We can begin to identify trends across the world and we can share solutions to common issues. Networked, we become stronger.

Fiona Russell
Medical Librarian
Deakin University

NEW E-HEALTH ENVIRONMENT, NEW RULES

Australia is stepping up to the new e-health environment. With this comes new legislation and new demands on information security.

The expanded functionality of e-health and the increased legislative requirements, coupled with new uses of technology, means that enhancement of existing security practice will be necessary.

In *Does the PCEHR mean a new paradigm for information security?: Implications for health information management,* Patricia Williams analyses the new operating environment for Australian healthcare and the legislation governing it, and highlights the changes that are required to meet this new context. Individuals are now more responsible for security and organisations should be prompted to review their security measures in light of the new demands of legislative compliance.

Read the full article now http://search.informit.com.au/fullText;dn=353414 121869155;res=IELHEA

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SURVEY: ROI OF SPECIAL LIBRARIES

ALIA, the Australian Government Libraries Information Network (AGLIN), the Australian Law Librarians' Association (ALLA), Health Libraries Inc and Health Libraries Australia are collaborating on an initiative in conjunction with SGS Economics & Planning to assess the return on investment of government, law, health and corporate libraries. The project is especially important in the current, tight financial environment, with special libraries facing strong competition for funding. The final document is now available and we and are seeking contributions from specials/corporates to be case study libraries. Your participation will help build a stronger case for library and information services, which will benefit everyone who works in special libraries across Australia.

Please help us to develop the business case for special libraries by participating in the project. The template is quite brief and should only take 10-15 minutes if you have the information to hand.

For more information and to obtain a copy of the template document, please contact Tania Barry on taniabarry@optusnet.com.au

field. The filter can be used with one click to search for all palliative care information, or for more than 60 special topics within the field. It can also be used as a base for users to build their own customised searches, and instructions are supplied for this.

CareSearch and the associated Flinders Filters Project have continued to develop search filters. Current search filters now include: Palliative Care, Heart Failure, Lung Cancer, Primary Health Care, Residential Aged Care, Contraception, Dementia and Aboriginal and Torres Strait Islander Health Care. The Bereavement Search Filter is under development. The search filters may be found and used on the CareSearch website or the Flinders Filters website.[7]

The Flinders Filters project grew out of the CareSearch project as a result of the need to support and further this work as an area of research.

Professional development for and by CareSearch and Flinders Filters librarians

As the specialist librarian within the CareSearch team, I have, together with my librarian colleagues in the Flinders Filters team (Raechel Damarell, Mikaela Lawrence and Yasmine Shaheem, with assistance from Bronwyn Lloyd, Sarah Reed and Sonia Witzmann), continued to create topic-based search filters and to develop and research aspects of the methodology we employ to do this. We do this under the leadership of Dr Jennifer Tieman (CareSearch Director and Chief Investigator of Flinders Filters) and Dr Ruth Sladek, (Chief Investigator of Flinders Filters).

The new search filters, developed since the award, include: Aboriginal and Torres Strait Islander Health; Contraception; Residential aged care; Dementia and Bereavement (under development). We have continued to extend our understanding of the methodology employed and to investigate different aspects of the search filter development process.

We document all the development work we undertake and aim to publish articles on each search filter developed. The articles are of two broad types. The first type is aimed for users, to promote awareness of the search filter now available for their topic of interest and to provide information that explains the complexity and validity of the process used to develop the search filter. It is important for users to understand both the usefulness and the trustworthiness of the search filters and their associated topic searches.

The second type of article produced by members of the CareSearch and Flinders Filters teams is a scholarly detailed paper on the methodology of the search filter development process. There is a list of these articles available on the CareSearch website.[8] They are time-consuming and challenging to write, as they are submitted to peer-reviewed journals; however they are an important part of the evidence-based process of search filter development. Our search filters are transparent and open to scrutiny by our expert peers within the field of bibliometrics. The time lag in publishing these articles also means that while the search filters can be made available very quickly after development, the literature about the search filters may not appear for some time afterwards. However, the research and writing process is a very important part of the search filter development work undertaken at CareSearch and Flinders Filters and is a significant aspect of professional development for librarians working in our teams.

An aspect of our approach to professional development has been to investigate how elements of the technical search filter development work that we do at CareSearch could be more widely applied to

searching generally for the library profession and in particular for health librarians. Searching is a very significant part of the work of health library professionals and they have a recognised high degree of expertise in it.[9] However, as Lasserre has stated "The search may be expertly performed; however, this cannot be assumed if the librarian has no accredited search qualifications, no requirement for ongoing knowledge and skills-based professional development, no obligation to follow validated standards, guidelines and transparent reporting processes, or need to undergo independent evaluation."[10] We believe that any level of expertise can be enhanced by the application of some evidence-based techniques. Importantly we also believe that the application of an evidence-based approach to test and validate searching effectiveness can result in useful evidence that librarians can use to demonstrate their expertise. In these times of tight funding and a need to demonstrate return on investment this could be a very useful addition to a librarian's armoury of evaluation tools.

With all this in mind, and as part of my own professional development as well as providing some for my professional colleagues, I have presented sessions on searching at the HLA Professional Development Days in 2012 and 2013. In 2012 I presented a session on evidence based systematic searching, where I gave an overview of important aspects of systematic searching. I introduced search filters and the idea of an iterative approach to developing a search strategy using some elements of our search filter development methodology to test and validate strategies.

In 2013 I presented a session looking in more detail at search filters: what they are; how they work; how they are developed and how they should be used. I also looked in more detail at four key elements of the process of search filter development and suggested that aspects of each of these components could be taken and applied to the development and validation of an expert search in general library practice. Note that it is very important to distinguish between an objectively derived search filter that has been developed using the validated and published methodology and an expert search, which may been developed using only some elements of the full search filter development model.

The next step in our professional development journey, following the receipt of this award, is to develop some online learning modules for librarians that we will make available via CareSearch or Flinders Filters. These will be available free for the use of health librarians, other librarians, researchers and anyone interested in developing and enhancing their searching skills. They will look at each of the four components of the search filter development process that we have identified as of potential applicability to general literature searching. These are:

1. Collaboration with expert advisors

In the full search filter development model, an expert advisory group is created, consisting of clinicians, researchers or policymakers with expertise in the topic in question. This group provides advice on scope and boundaries of the topic; relevant terminology; key data sources; key published works and journals and also ratifies the choice of a gold standard reference set. They also undertake screening of references for relevance throughout the search filter development process.

We suggest that even one expert in the field of your search question can provide useful advice about information sources, terminology, and key references that can be used to guide and validate a search. An expert (or several) can provide you with references that your search should retrieve. If your search does not retrieve them you can analyse why it did not and adjust your strategy. The expert or experts may also be prevailed upon to screen a sample set of retrievals to help you assess the precision of your search strategy.

2. Development of a representative reference set

In the full search filter development model, this step is the creation and use of a gold standard set of references that are confirmed (by the expert advisory group) as representative of the field for the topic in question. This set is divided onto three subsets (the term identification set, the filter development set and the filter validation set) in order that the filter can be built and tested in different datasets, to minimise bias.

We suggest that the creation of a reference set for your search, or references that you have had externally validated as relevant (perhaps by an expert, perhaps a set of references from a seminal published text) can assist you in developing and testing a search strategy. If you can demonstrate that your search strategy retrieves a high percentage of a set of references that are known to be relevant, then you can demonstrate the sensitivity of your search strategy.

3. Term identification and frequency analysis

In the full search filter development model, we do extensive analysis to determine the candidate terms for the search filter. These terms are then exhaustively tested, singly and in combination, to derive the best performing combination.

Without following the full model, it would be possible to develop a set of likely terms by using frequency analysis software (e.g. Concordance or Writewords) and identify the terms that appear in the literature of your topic with high frequency. We will demonstrate this in the online module.

4. Testing and validation

Iterative testing and validation is at the heart of the search filter development process we use at CareSearch and Flinders Filters. We

undertake many testing approaches, including the following: testing a set of retrievals for relevance by sending them to members of the expert advisory group; analysing items in the gold standard set that were not retrieved by our draft search strategy; "NOTing out" items retrieved by one strategy and comparing them to those retrieved by another; calculating the percentages retrieved within known sets to measure sensitivity.

We suggest that elements of these testing and validation approaches can be applied to any expert search development process and we will demonstrate examples of this in the online modules.

As these modules are created, we will be keen to receive feedback on them in draft form from our colleagues in the health library profession. We will let people know via the HLA mailing list and other channels that they will be available for testing and comment. If you are interested in being involved as a tester and critical friend, please contact me (see details below). We would be delighted to have your input so that we can make these as useful as possible to the profession.

Finally, I would like to say that the opportunity of enhancing our professional development as a result of winning the HLA/HCN award has enabled our whole team to benefit in unexpected ways. We already talk regularly amongst ourselves as we wrestle with knotty problems in understanding and exploring the methodology in this evolving area. Being librarians, we always enjoy a collaborative approach and we are aware that we are very fortunate to have the luxury of investigating in depth information retrieval which is at the heart of our profession. However this question of how we can share our knowledge more widely with the whole library profession has caused us to reflect much more deeply on our practice and how it can potentially assist others. Ideally, of course, what we hope to offer are techniques for improving searching practice that can be used by librarians, researchers and clinicians generally, leading to the important result of better health outcomes for all.

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UPDATED TRANSFER CODE OF PRACTICE
for journal transfer released

The UKSG Transfer Working Group released Version 3.0 of its Code of Practice for journal transfer for public comment on 12 July (http://www.uksg.org/transfer/Code). Key updates in Version 3.0 deal with new content types, HTTP redirects, subscriber types, nomenclature, and communication. Public review and comment by 6 September 2013.

The Transfer Code of Practice is a set of voluntary guidelines for publishers involved in any journal transfer. It covers thorny issues including ongoing access provision to online content, exchange of subscriber lists, DOI and URL transfer, as well as perpetual access rights to journal content.

Over the last year the Transfer Working Group has revised and improved upon the current version of the Code (Version 2 was released in September 2008). The Transfer Working Group is inviting comments on the Code through the Transfer website (http://www.uksg.org/transfer), where the Code of Practice, a summary of changes from Version 2 to Version 3, a glossary of terms, and other information can also be found.

After the public review period, the Transfer Working Group will review the comments and decide if any revisions are needed to the Code in light of comments received. Once this is done, the Transfer Code of Practice v3.0 will be formally released, and publishers will be asked to agree to follow the new version. Publishers agreeing to align their procedures with the Code, and to apply them in practice when working with other, similarly aligned publishers, will be considered 'Transfer Compliant'.

The Transfer Code of Practice is a response to the expressed needs of the scholarly journal community for consistent guidelines to help publishers ensure that journal content remains easily accessible by librarians and readers when there is a transfer between parties, and to ensure that the transfer process occurs with minimum disruption.

If you would like more information about the Transfer Code of Practice, please contact Alison Mitchell and/or Elizabeth Winter, Co-Chairs of the Transfer Working Group via email – a.mitchell@nature.com or elizabeth.winter@library.gatech.edu

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two search tasks in Ovid Medline in the subject area of Aboriginal and Torres Strait Islander health. Each participant's results were then evaluated against a gold standard set of articles. Sensitivity or recall (correctly finding relevant articles), specificity (correctly excluding irrelevant articles) and precision (out of everything, how many are relevant?) were calculated for each search strategy. Mean sensitivity was 53.2%, mean specificity was 97.4% and mean precision was 83.3%. Discussion of these results focused on implications for health librarians' claims to be, if not expert searchers, at least competent searchers, particularly as the participants consistently rated their search competence more highly than the objective results indicate. Ruth posed a number of questions to challenge the profession: how well do I search? When does it matter? How do I know how well I search? How do I improve my searching? Who should assess my competency? Are process measures enough? Are we effectively teaching incoming information professionals how to search? Once in the profession, how systematically are our skills developed? Ruth indicated that it may be possible to make gold standard sets available for librarians, against which they could test their search skills and this idea was well-received. One particularly positive outcome of the research has been the development of an Aboriginal and Torres Strait Islander health search filter which is now available on the Lowitja Institute website (http://www.lowitja.org.au/litsearch). As always, Ruth's presentation was interesting and challenging, and gave us much to think about, with discussion continuing into the break.

Cheryl Hamill, Head of Library and Information Services at Fremantle Hospital and Health Service, presented the final paper in the research stream: 'One tribe – many tribes? Mapping the boundaries and our population'. This was a version of a paper Cheryl presented earlier in the week at the HISA conference, also in Adelaide.

She mapped out what we know about the health librarian profession in Australia, highlighted the gaps in our knowledge, and described how the HLA Census project will fill many of those gaps. The Census project is being run by Melanie Kammermann, past Convenor of HLA and now resident in Hong Kong, and Lindsay Harris, Manager of the Queen Elizabeth Hospital Library in Adelaide. It is anticipated that the Census will go live in October and all health librarians nationwide are strongly encouraged to participate. Our profession needs strong, reliable workforce data in order to be counted in health workforce mapping – if we are not mapped and identified we will miss out on professional status and the benefits that come with it. An invisible profession is a profession in danger of disappearing altogether. As Cheryl pointed out, workforce planners are looking for role substitution and role merging, and our traditional sphere of activity is blurring with health informatics and information technology.

The theme of the next stream was marketing health librarianship as a profession. The stream began with the official launch of the ALIA PD health specialisation by Judy Brooker, Assistant Director Professional Development at ALIA. Judy gave us information about the health specialisation and concurrent changes to the ALIA PD scheme as a whole, and answered questions from the audience. More information about the changes, plus the link to register for the health

specialisation, can be found on the ALIA website (http://www.alia. org.au/professional-development/ alia-professional-development-scheme). The opportunity available to health librarians to register for, and work towards, the health specialisation is valuable in today's health environment in which other health professions have compulsory certification and revalidation based on a program of continuing professional development. The ALIA board is to be congratulated on accepting the recommendations of the HLA research into current and future skills and competencies for health librarians, and particular acknowledgement must go to Judy who recognised the value of a health specialisation and has worked hard to turn it into a reality.

The marketing theme was continued after lunch with the presentation of the HLA/HCN Health Informatics Innovation Award for 2013. I was very fortunate to win this award, with my colleague Narelle Hampe, for a project on using e-portfolios to support professional development. This is the fourth year that the award has been generously supported by the Health Communication Network (HCN) and Allison Hart, Manager, Knowledge Solutions at HCN presented the award together with a gift to us both. This award is a wonderful opportunity to market our profession and showcase the exciting projects happening in health libraries around the country. Please consider applying for the award

in 2014. Not only does the winner receive $3000 to be used to support professional development, but all the entries are recognised and publicised via *HLA News*. Narelle and I delivered a presentation on our project, focusing on the element of reflective practice. Continuing professional development is a cyclical process involving learning, recording, reflecting on the learning, and applying the learning in practice. Reflection turned out to be the most challenging part of the process for some of our library staff, and the most interesting for others. It is also an integral element of the ALIA PD Scheme which requires members to not only record and provide evidence of their CPD, but also to actively reflect on the learning derived from the activity.

Our presentation was followed by one from Sarah Hayman, representing the CareSearch team, winners of the 2012 Innovation Award. Sarah described the search filter development process and the implications for practice. CareSearch, in partnership with Flinders Filters, has produced search filters for palliative care, heart failure, lung cancer, residential aged care, dementia, Aboriginal and Torres Strait Islander health, primary health care and contraception, with bereavement under development. What are search filters? Basically a pre-constructed, validated search strategy that, as Sarah described it, filters in the good stuff and filters out the bad stuff. Sarah's presentation resulted in an interesting discussion of the difference between an expert search and a search filter. Ruth Sladek, who is part of the Flinders Filters team, described an expert search as being analogous to a literature review, based on expert opinion, and a search filter as analogous to a systematic review, based on a strict methodology. Sarah suggested that health librarians can apply some of the techniques from the search filter development process to improve searches and demonstrate search effectiveness. Flinders Filters is developing online modules to

support this process which will be available to all librarians – coming soon!

Megan Neumann, Client Services Librarian at The Prince Charles Hospital, Brisbane, presented on an initiative in her library to build and make accessible pre-defined searches on a range of topics relevant to clinical activity at the hospital. Megan stressed that these are expert searches, not search filters. The searches can be run in Ovid Medline, PubMed and CINAHL. The value of these searches lies in the fact that librarians have constructed them in consultation with key clinicians, have created different strategies appropriate to different databases, and have provided single click results which save clinicians time. Megan acknowledged that the searches are also a valuable marketing opportunity for the library.

Creating expert searches and search filters relies on core librarian skills. Liz Walkley Hall, Open Scholarship and Data Management Librarian at Flinders University Library, described how the establishment of a service to support research at the University has resulted in traditional library skills being repurposed to provide an e-research service. She identified new roles grounded in core skills, including digital repository management, researcher liaison, metadata creation, copyright verification and authority control.

The final stream of the day was advocacy, in which Sue McKerracher, Executive Director of ALIA, pulled together the content presented during the day in an interactive discussion around branding libraries and crafting key messages to be presented to the decision-makers, the policy-makers, the funding bodies, the media and the public. The strong take-home message from Sue's session was that demonstrating the value of libraries must be based on sound research carried out independently, so that it is not perceived as 'librarians talking about libraries'. She pointed out that the first speaker, Andrew McDougall, an economist and not a librarian,

referred to 'industry' libraries, a much more meaningful term than 'special' libraries, which is not understood by anyone outside the library sector. She praised the changes to the PD scheme as inspired, as we have now put a label on our professional status.

The gold sponsor for the event was Wolters Kluwer Health - Ovid whose ongoing and generous support for Health Libraries Australia events is greatly appreciated. Jon Ward gave an overview of some exciting developments at Ovid including acquisition of Joanna Briggs Institute content; multimedia on Ovid which will be available with the release of OvidSP 3.9; and Ovid SP tools and services including widgets, landing pages and top articles. Information on all of these is available from the Ovid resource centre (www.resourcecenter.ovid.com) or by contacting Ovid at support@ovid.com . We also heard from silver sponsor the Coop about new services including list building and moves into e-books. Bronze sponsors included EBSCO, McGraw Hill Education, Emerald, Oxford University Press, Elsevier Health, JR Medical Books and M&L Medical Books. Thanks must go to all the sponsors whose support makes it possible for HLA to hold events such as this.

I would also like to acknowledge ALIA's support and, of course, the hard work of all the HLA executive to organise the event. Program, catering, venue, exhibitors, registration … the list of tasks goes on and on and this year's Professional Development day was a great team effort. And finally, thank you to Mary Peterson and the library staff at Royal Adelaide Hospital for hosting the event and making us all so welcome.

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presenters from 30 countries (including the USA) and over 200 international attendees made this a truly international conference.

Another departure from the normal MLA program was the introduction of Lightning Talks, which were brief presentations of new research services or service implementations. There were fifteen talks in seventy-five minutes, with each talk allocated five minutes and a maximum of three slides. It was a very interesting and fast paced session – with two Australian presenters.

Where will the 12th ICML be held? This is an agenda item at the next business meeting of the IFLA Health and Biosciences Section in Singapore in August'.

Rolf Schafer is a long-standing member of MLA and regular attendee at the annual meetings. He is also active in the International Cooperation Section (ICS) of MLA and writes about the role of the ICS at One Health. 'The International Cooperation Section planned a variety of activities to coincide with this year's meeting. The activities ranged from the Section Program consisting of five contributed papers, an Open Forum where attendees shared their experiences and ideas on international projects, to social gatherings like the International Visitors Reception, ICS Dining Circle and ICS Connection for ICS members and international attendees to mingle. ICS Connection paired-up 14 international attendees with ICS members for informal networking and orientation to the One Health meeting.

The ICS Business meeting was held on May 6, 2013 at the Sheraton Boston Hotel. Following Committee and Officer Reports for 2012-2013, discussion on the 2014 ICS program and Section priorities for the coming year took place. Some of the topics discussed include reducing

the cost of MLA membership for international librarians from developing countries; sharing information about the architecture of library associations around the world, and the need for members to contribute stories and news items to the blog and ICS newsletter. Next year, ICS turns 25 with special activities planned to mark the Section's anniversary at the MLA annual meeting in Chicago.

Fiona Russell (Deakin University, Geelong, Victoria), Glennys Powell (Eastern Health Library Service, Victoria) and myself (Suzanne Lewis, Central Coast Local Health District, NSW) were all first-time attendees at MLA'13. One of the most valuable aspects of the event was the networking opportunities available. Fiona has written about 'pressing the flesh' at MLA'13 elsewhere in this issue.

I was fortunate to have the opportunity to catch up with health librarians I had met through previous conferences and professional development activities, as well as making new contacts. I was also delighted to be able to meet with Carla Funk, Executive Director of MLA, to initiate discussions about a formal partnership between ALIA and MLA (see our Convenor's Report by Ann Ritchie in this issue for more information on this initiative).

As for the meeting itself, it was larger and more complex than any I had previously attended. There was so much on offer it was difficult to decide which sessions to attend and at times I must admit

I found it overwhelming. However an online meeting scheduling tool made the task of planning each day manageable. The days were long, beginning with sunrise seminars and ending with social events. Events such as the New Members/First-time Attendees Breakfast and the International Visitors Reception were a great way to meet other delegates and MLA members including past and present directors. The Hospital Librarians Section Business Meeting and Ice-Cream Social provided an insight into one of the many MLA special interest groups and sections. Many of the sponsors hosted breakfasts, lunches and dinners, such as the excellent EBSCO Lunch and Learn session I attended.

There were a number of plenary sessions featuring distinguished speakers including Richard Besser, senior health and medical editor at ABC News, who spoke about the importance of accurate information dissemination in public health and the first law of risk communication – 'Be first, be right, be credible'. Joanne Gard Marshall, alumni distinguished professor, School of Information and Library Science, University of North Carolina, Chapel Hill, gave the Janet Doe Lecture. (Janet Doe was arguably the first evidence-based librarian, having published research about the US Army Medical Library in 1943).

I was inspired by Professor Marshall's address 'Linking Research to Practice: The Rise of

Evidence-Based Health Sciences Librarianship', as it covered the history and evolution of evidence based library and information practice (EBLIP), in which I have a particular professional interest. Professor Marshall's own journey into EBLIP began at McMaster University in company with a young, vital medical faculty that included Dr David Sackett. Around this time Professor Marshall also heard a talk by Gertrude Lamb at an MLA meeting and as a result started a clinical librarian program, consulted David Sackett for advice about evaluation of the program, and published the results in the Journal of Medical Education in the 1970s. Professor Marshall also traced the research agenda of the MLA over the years, highlighting several previous Janet Doe lectures, the establishment of Hypothesis, the journal of the research section of MLA, the research policy statements of the organisation, and her own research into the value of the medical library – both the original and updated studies[2,3].

Like myself, Glennys Powell was able to combine attendance at an MLA conference with visits to other parts of the US. She writes, 'I was impressed by the warmth and generosity of the host nation and the city of Boston, only two weeks after the Marathon bombings which killed and injured so many people. Although some scars remained on the streets along with various tributes, the mood of the city was "business as usual". As the desk clerk at the hotel where I stayed commented: "We never close, no matter what". The glorious spring tulips highlighted the spirit of this historical US city which has seen so much over the last few hundred years.

The conference program was packed and we were spoilt for choice regarding which sessions to attend. I found myself flitting about to keynotes, trade demonstrations, chance conversations, poster sessions, etc. There were many opportunities for delegates to meet and discuss issues of interest and to swap information. I recall chatting to a Japanese librarian who was interested to learn about the Joanna Briggs Institute in Australia. There were a number of opportunities provided by the vendors to attend functions at some excellent venues.

Library tours are always a wonderful way of seeing the host city's libraries and the MLA conference in Boston was no exception. The library tour guides (fellow librarians) were generous with their time and assistance in facilitating visits to places like MIT, Harvard University and the Boston Public Libraries. Poster sessions are always worth a visit to see what's topical in library research. The posters are great way to encapsulate current research trends without having to wait for a full blown paper. They are usually easy on the eye and, if lucky, you can meet the author/creator and quiz them about their topic and its findings. Deakin University's Fiona Russell presented an attractive and informative poster on Literacy Skills in Graduate Medical Students.

The MLA is a well organized association with its many chapters. The health librarians are keen to forge ahead in uncertain times and have no intention of "throwing in the towel". They show appreciation for their members and acknowledge their achievements. I found that MLA members also have a sense of humour – I enjoyed an "ice cream social" which finished off with a staged play on the hazards of doing away with the hospital library to save money – penny wise and pound foolish! My impression was that no-one thought there were any easy solutions to the future of health libraries and library staff in cost cutting times. However, I came away feeling optimistic that there would be a future given such enthusiastic professionals who really believe in their important contribution to clinical, educational and research work in the health sciences.'

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WORTH A VISIT – Welcome to the German National Library of Medicine

Juliane Tiedt takes us on a tour of the German National Library of Medicine (ZB MED), a multi-site library co-located in Cologne and Bonn. This forward thinking, contemporary library can trace its genesis back over one hundred years and is now one of the largest special libraries in the world.

The ZB MED is the central special library and information center for medicine, health, nutrition, the environment, and agriculture in the Federal Republic of Germany. It was formed in 1973 with origins in the Medical Department of the University Library of Cologne which dates back to 1908. ZB MED is funded by the German Federal Ministry of Health and the state governments under the auspices of the federal state of North Rhine-Westphalia. The ZB MED is a member of the Leibniz Association and works cooperatively with national and international partners.

ZB MED's responsibility was originally limited to the subject areas medicine and health. It was extended through nutrition and the environmental sciences in 2001 and agricultural sciences in 2003. Today, the ZB MED is the world's largest special library with this combination of subjects. The annual budget is 11 million Euro; the number of employees amounts to 123 based in Cologne and Bonn.

As the central information infrastructure facility for science and research the ZB MED collects and provides access to scientific information and literature in all publication formats. Its customers primarily comprise students, doctors, scientists and industry clients. The ZB MED provides access to its holdings through its sites in Cologne and Bonn as well as via the Internet and by email, fax and post.

The library's holdings include a total of 1.6 million books and volumes of journals. It stocks 27,500 journal titles and currently has ongoing subscriptions up to 6,000 titles. Some 7,000 additional journal titles are available electronically at no charge. In 2013, the library's budget for acquisitions is 5.7 million Euros. The library's collection policy is based on guidelines issued by the German Research Foundation (DFG) in 2010. The range of subjects collected by the ZB MED can be found on the webpage: http://www.zbmed.de/en/about-us/collection-policy.html.

The library in Cologne (medicine and health) is open from 9 am to 9 pm Monday to Friday, 9 am to 5 pm on Saturday and on Sunday from 12 am to 5 pm. The library site in Bonn (nutrition, environmental and agricultural sciences) is open from 8 am to 12
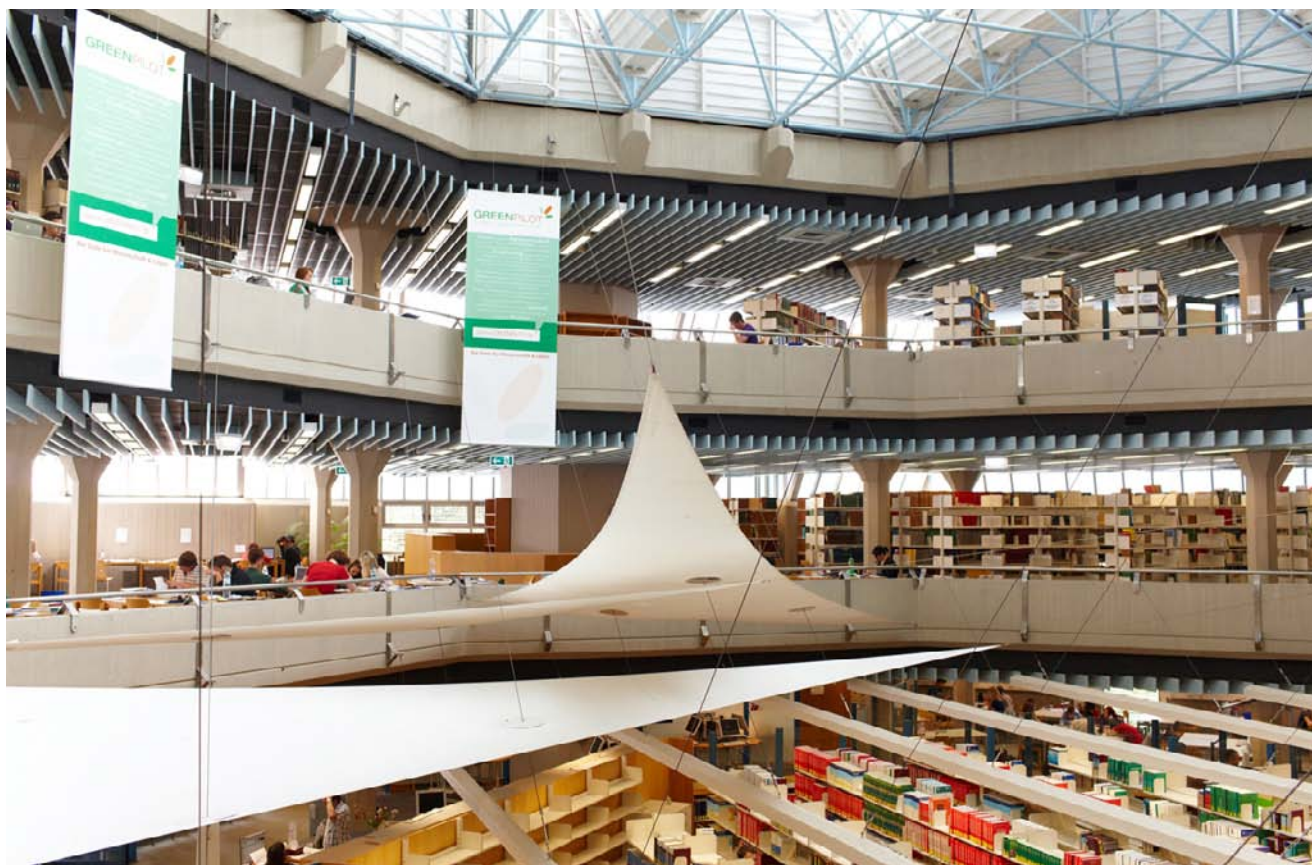
ABOVE – Interior of the Bonn site of the ZB MED. The library houses the subjects nutrition, and environmental and agricultural sciences.

midnight every day. Both sites offer spacious reading room areas, research computers and photocopiers. Reference desk staff in each library provide detailed information about where and how to find literature.

The ZB MED focuses on innovative and promising services: It has developed the semantic discovery services MEDPILOT and GREENPILOT. MEDPILOT is a medical information portal with an integrated ordering service. Its aim is to provide rapid, user-oriented, multi-database access to specialist medical information. The search portal is accessible online: http://www.medpilot.de/app/?LANGUAGE=en.

The online portal GREENPILOT provides a search engine for the fields of nutrition, the environment and agricultural science. The service brings together national and international scientific information and makes it available to users for free through its online search portal: http://www.greenpilot.de/beta2/app/?LANGUAGE=en. The search portals can also be used to order copies of journals etc. Some 235,000 documents were ordered from the library in 2012 and 90 percent of these were successfully traced and delivered to users nationally and internationally.

To improve its search portals and boost its capacity for innovation, the ZB MED participates actively in the fields of semantic search technologies, intelligent retrieval and open access. It runs its own open access portal 'German Medical Science' (http://www.egms.de/dynamic/en/index.htm) operating as a publisher of online journals, congress publications and research reports. The ZB MED is also engaged in other fields of development, including digital preservation, retro-digitisation, non-textual materials (multimedia applications) and virtual research environments. Much of the impetus for ensuring the library develops its core competencies while optimising its use of resources comes from Goportis (http://www.goportis.de/en/home.html), a cooperative venture undertaken by all three German National Libraries within the Leibniz Library Network for Research Information.

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TOP – The Reading Room and entrance hall of the ZB MED in Cologne. BOTTOM – Exterior of the ZB MED in Bonn.

NEW SEARCH TOOL PREVIEW

CHECK OUT THE NEW SEARCH TOOL
for Aboriginal and Torres Strait Islander health literature

Mikaela Lawrence of Flinders Filters, Flinders University and **Arwen Nikolof** of the Lowitja Institute report on LIt.search, a purpose designed search tool to help make finding Aboriginal and Torres Strait Islander health literature easy.

This project was funded by the Lowitja Institute, Australia's National Institute for Aboriginal and Torres Strait Islander Health Research. The Lowitja Institute is an innovative research body that brings together Aboriginal organisations, academic institutions and government agencies to facilitate collaborative, evidence-based research into Aboriginal and Torres Strait Islander health.

Dr Jennifer Tieman and Dr Ruth Sladek from Flinders Filters led this research adding to a suite of search filters they have developed in areas of national significance. Flinders Filters of Flinders University is a research team specialising in information retrieval. The team develop real world solutions to searching problems including search filters and online search tools.

LIt.search provides easy access, as simple as clicking a link, to the Aboriginal and Torres Strait Islander health literature in PubMed, a freely accessible leading health database from the US National Library of Medicine.

LIt.search features 27 topic searches of importance to Aboriginal and Torres Strait

Islander health. These pre-written searches combine with the search filter on topics related to policy, delivery of care and population health issues. A build your own search feature makes it easy to refine the Aboriginal and Torres Strait Islander literature to your area of interest. The web design for LIt.search developed by the Lowitja Institute contributes to its ease of use.

The Aboriginal and Torres Strait Islander health search filter project aims to overcome the challenges in finding the evidence for decision making in healthcare. Experts in the field of Aboriginal and Torres Strait Islander health including academics, researchers and health professionals provided input throughout the project.

Development and testing of the search filter was undertaken using a research based methodology.

LIt.search is designed to save the user time by providing a pre-written search with a known performance that maximises relevant results and minimises irrelevant material. Always up-to-date, LIt.search provides real time searches in PubMed.

LIt.search is available on the Lowitja Institute website http://www.lowitja.org.au/

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TOPICAL BYTES

Health Literacy: The Solid Facts

(World Health Organization. Regional Office for Europe.)

Abstract: " This publication makes the case for policy action to strengthen health literacy. Evidence, including the results of the European Health Literacy Survey, is presented that supports a wider and relational whole-of-society approach to health literacy that considers both an individual's level of health literacy and the complexities of the contexts within which people act. The data from the European Health Literacy Survey show that nearly half the Europeans surveyed have inadequate or problematic health literacy. Weak health literacy skills are associated with riskier behaviour, poorer health, less self-management and more hospitalization and costs. Strengthening health literacy has been shown to build individual and community resilience, help address health inequities and improve health and well-being. Practical and effective ways public health and other sectoral authorities and advocates can take action to strengthen health literacy in a variety of settings are identified. Specific evidence is presented for educational settings, workplaces, marketplaces, health systems, new and traditional media and political arenas.

Source: http://www.euro.who.int/__data/assets/pdf_file/0008/190655/e96854.pdf
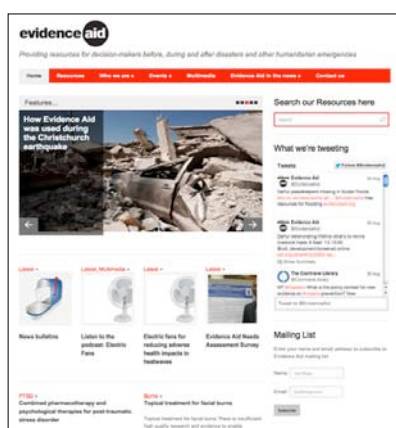
Evidence Aid

The new Evidence Aid website www.evidenceaid.org has a search box on every landing page so resources can be quickly searched from anywhere. Resources are primarily aimed at people wanting to make decisions about health outcomes in the setting of post-natural disasters, humanitarian crises or major healthcare emergencies. Short evidence summaries for each record (currently more than 100 records, primarily Cochrane Reviews) help people decide if a record might be useful to them. Follow on Twitter (@EvidenceAid) for further updates.

Source: www.HIFA 2015.org

Health Technology Assessment Journal

The NIHR Journals Library is a new expanded resource which includes the HTA journal alongside sister publications. The NIHR Journals Library, launched in May 2013, comprises a suite of five open access peer-reviewed journals reporting results from a range of health research areas.

The five journal titles are:
- Efficacy and Mechanism Evaluation (EME)
- Health Services and Delivery Research (HS&DR)
- Health Technology Assessment (HTA)
- Programme Grants for Applied Research (PGfAR)
- Public Health Research (PHR)

The NIHR is the world's first health research funder to publish comprehensive accounts of its commissioned research within its own publicly and permanently available journal series. Reports published in the NIHR Journals Library provide a full account of the research project, including methods and a full description of the results. The full reports complement shorter articles submitted for publication in other peer-review journals which the NIHR actively encourages researchers to do as part of their dissemination strategy.

Source: http://www.hta.ac.uk/research/htajournal.shtml

MEMBER
SPOTLIGHT

KIM GUERRERA
FAST FACTS

HLA member since:	
2007	
First professional position:	
Primary school teacher in Darwin	
Current Position:	
Library Manager, Redland Hospital, Cleveland, QLD	
Education:	
Bachelor of Education (Primary), ACU; Grad Dip in Librarianship	
Favourite Website or Blog:	
Krafty Librarian http://kraftylibrarian.com/	

What do you find most interesting about your current position?

As a sole librarian position you do everything – cataloguing, acquisitions, doc del, ILL, end processing, shelving, staff training – so there is a lot of variety. Also the variety in queries from different health professionals, e.g. nurses, doctors, dieticians, podiatrists, physiotherapists, speech pathologists, psychiatrists, etc.

What has been your biggest professional challenge?

Embedding a health librarian into a small government statewide service in 2010. Through my role with CYMHS, I found out about the new statewide service QCPIMH (Queensland Centre for Perinatal and Infant Mental Health). One of their key objectives was getting information, resources and research support out to health professionals interested in perinatal and infant mental health across Queensland – especially to the 14 specialist perinatal mental health nurses located throughout the state. I approached the team and showcased some ideas about how a librarian could help meet their objectives. They were excited and managed to get me on board (one day a week for two years). It was great to be part of a clinical team, working 'at the coal face'. It allowed me to see firsthand how hard clinicians worked, how busy they are, how dedicated and passionate they are to child and family health. I also saw how they appreciated having someone to find, coordinate and promote specialist information. The staff of CYMHS and QCPIMH were my inspiration for gathering and organizing the best resources I could find.

How did you join Health Librarianship?

In early 2005 when I started looking for library work I found it hard to get an interview as I had no library experience. The library recruitment agencies were also not interested in hiring me without any experience. Having a mother who was nurse, I was interested in health, so I went and volunteered at the nearest hospital library, (The Prince Charles Hospital in Brisbane). I volunteered two days per week for one year. By the end of the year I had learnt so much that the recruitment agencies were willing to put me on their books. The temporary contracts then started to flow. For 18 months I did short contracts at many different kinds of libraries (engineering, transport, education, media and health). In mid 2007 I then gained my first health librarian position at the Royal Children's Hospital in Brisbane. The role was to provide a service, three days per week, to the Child Youth Mental Health Service (CYMHS) in Brisbane and to the Child and Adolescent Psychiatric Register Training Unit.

What was your previous employment background?

I grew up in Victoria. After gaining a B.Ed I worked as a primary school teacher in rural and city schools in Victoria, NSW and NT. While being a stay-at-home mum for a few years I went back to uni part time and gained my library qualification. In 2003 my family moved to Brisbane. In 2005 when my youngest child was ready for day care I decided at 38 years young (very scary decision) I would try and start my career as a librarian.

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

I love literature and reading so I think if I'd stayed in teaching I would have become an English teacher in high school or university. Or I would have worked in some area to do with books, such as an editor for a book company or a purchaser for a bookstore.

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

Budget cuts: We have had some severe cuts in government libraries in Qld. It seems we now need to constantly make ourselves visible and 'prove' our worth.

Ageing workforce: It would be good to see some graduate programs being implemented. I worry that when most of the older very experienced health librarians retire much valuable information and training will not be passed on.
Stereotypes: I still often hear the view that librarians and libraries are no longer necessary … clients can 'google' it instead.
Technology. Keeping up with and evaluating new technology to see how it might benefit the service.

What is your greatest achievement?

Personally, seeing my three children develop into healthy, happy and well-adjusted teenagers. Professionally being awarded an Australia Day Award in January 2013 by the Royal Children's Hospital, Brisbane for my work with the Queensland Centre for Perinatal and Infant Mental Health.

What is your favourite non-work activity?

Very boring, all the usual; cooking, travel, movies, reading. I am a closet sci-fi fan. I also love cooking things I have never made before.

What advice would you give to a new member of Health Libraries Australia or a new graduate information professional?

If you can't find work and can afford it, do volunteer work!

MARKETING! Take every opportunity to make the library and the position visible. Be on hospital committees; become an active member on any relevant education or research group; offer your services to the hospital journal clubs; create a list of all the training/presentations you feel confident enough to teach well and send the list out to the heads of the departments...

Anything else you would like to share about yourself?

Follow your passion and listen to your heart – life is so much better when you love what you do. And it is never too late to start. I changed careers in my mid 30's. My mother was my inspiration when at 40 she decided to leave her retail position and follow her dream to become a nurse. She has just celebrated nursing 20 years in Hervey Bay.

BOOK REVIEW
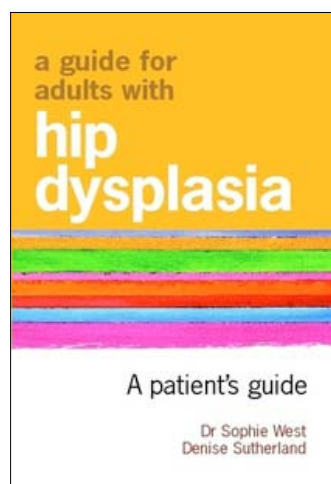
A Guide for Adults with Hip Dysplasia: a Patient's Guide

By Denise Sutherland and Dr Sophie West. RRP $US39.95, paperback. ISBN 97890987215215, 2011

Two self-described "Hippies" wrote this book. Both suffer from hip dysplasia – simply a failure of the hip to develop normally – and describe the text as one they wish they had had long ago.

Denise Sutherland, an Australian whose other books include *Solving Cryptic Crosswords for Dummies* and *Cracking Codes and Cryptograms for Dummies* would seem well placed to decipher the often arcane world of professional medical literature and to tame the confusing morass of (mis)information found online.

She has no doubt been helped in this endeavour by her partner in crime, Dr Sophie West, who has trained as an orthopaedic surgeon in England and was diagnosed with hip dysplasia at 27. She comments that even with her orthopaedic background she had little idea what the diagnosis meant and what surgeries she would be facing. When Denise, through an online support group, invited her to be co-author, she jumped (but probably not that high) at the opportunity, realising she could provide a useful contribution as both a professional in the area and as a patient, experiencing medicine from the other side.

The book aims to be both easy to use and useful, and succeeds very well. It is well structured and starts out with introductory material, options both surgical and non-surgical, and chapters dealing with pain, disability, emotional aspects and other people such as partners and children. It then moves onto several chapters for those who go through hip surgery including useful chapters on preparing for hospital and surgery. Finally it covers recovery, carers, online support and DIY projects such as the Easy Peasy heat pack and crutch decorations. Throughout it is sprinkled with quotes from hip dysplasia patients which adds a personal touch; young children looking up skirts to find the problem; lonely pets protesting while their owners are in hospital; living as a bionic man and so on. It also has quite a few illustrations, abbreviations, a glossary and an extensive reference list. All of these combine to produce an uncommonly accessible text.

Consulting the wisdom of the crowd (aka the Internet) I found it quite remarkable that it received an average of 5/5 stars on every site I looked at – Amazon (6 reviews), Lulu (14 reviews), Barnes and Noble (2 reviews) and GoodReads (6 reviews, including rather cheekily a 5 star review from one Denise Sutherland).

The overwhelming sense when reading this is how down to earth and practical it is, with many lived experiences of hip dysplasia coming through. As such it will be particularly useful for patients and those with a connection to them including family, friends and carers. It will also be illuminating for health professionals in appreciating what their patients are going through; for this reason we will add a copy to our hospital library collection.

Rob Penfold
Library Manager
Nambour Hospital Library

EDITOR'S NOTE – Visit www.lulu.com to check out the new eBook edition which features clickable table of contents, internal links, and index, as well as hyperlinks to websites. Works on any computer or device with a PDF reader. $US9.90.

BRAINTEASER

This issue's health-centric brain teaser is a series of Rebus (pictogram) puzzles. Answers will be published in the next issue of HLA News. Good luck!
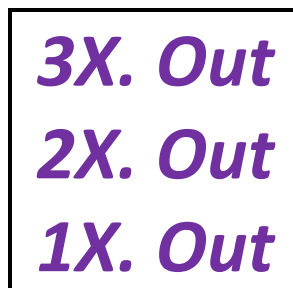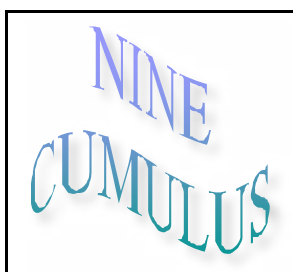
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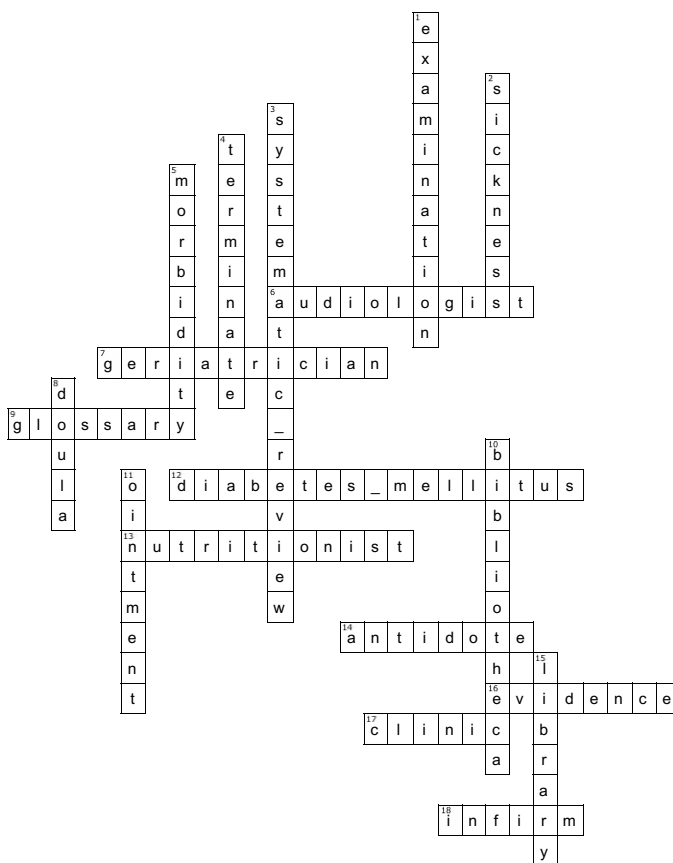TLRIA

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SOLUTION:
JUNE 2013 CROSSWORD

EVENTS TO SUPPORT YOUR
PROFESSIONAL DEVELOPMENT

Full events listing is available on our website at http://alia.org.au/groups/HLA

2013		
IFLA Health and Biosciences Libraries Section	Singapore	17-23 August
Health Libraries Inc. Conference [theme: Health Libraries #vital]	Melbourne	October
2014		
✴ Save the date – ALIA National Conference with proposed Health Stream	Melbourne	15-19 September 2014

HELPGOODWORK

Health Libraries Australia welcomes bequests for our two Awards,
the HLA/HCN Innovation Award and the Anne Harrison Award.
For further information contact the Anne Harrison Award's secretary,
Bronia Renison at awards@alia.org.au

HLANEWS
DETAILS