HLANEWS

COLLABORATION
SPECIAL H EDITION

COLLABORATION
HLI/HLA joint conference 2014

THIS SPECIAL ISSUE OF HLA NEWS includes papers and posters from the Joint Collaboration Conference 2014 – Health Libraries Australia (ALIA) Annual Professional Development Day and 11th Health Libraries Inc Conference – held on Friday 19th September 2014 at the State Library of Victoria in Swanston Street, Melbourne.

POSTERS

34 **Evaluation of the mental health specialist librarian role**

Helen Wilding, Research Librarian, St Vincent's Hospital, Melbourne
Jeremy Taylor, Chief Librarian, St Vincent's Hospital, Melbourne

ABOUT: The mental health specialist role was introduced by St Vincent's Hospital Library Service in November 2012 to raise awareness and uptake of the library's specialist research services and to improve interdisciplinary and interdepartmental collaboration. Statistics showed large increases in mental health staff taking part in educational activities including 45% of survey respondents identified improvement in patient care. Results surpassed expectations, demonstrating that the specialist role had a significant impact on research and collaboration with mental health staff.

35 **Collaboration – Embedding scholarly information literacy in a veterinary science curriculum**

Madeleine Bruwer, Client Services and Liaison Librarian, University of Melbourne
Kathy Fox, Liaison Librarian, University of Melbourne
Rowena Morrison, Liaison Librarian, University of Melbourne

ABOUT: The University of Melbourne development of the graduate Doctor of Veterinary Medicine (DVM) degree provided a perfect opportunity for liaison librarians and Faculty of Veterinary Science academic staff to introduce a systematic, structured and whole of course approach to embedding scholarly literacy into the curriculum. Mapping the Scholarly Literacy program throughout the course allowed the librarians to see where different levels of competencies should be achieved. In 2013, the Veterinary Schools Advisory Committee assessed library learning resources and support for students as part of the successful accreditation process for the DVM, and the panel noted and acknowledged the strength of the Scholarly Literacy program.

36 **Librarians as collaborative research partners – EndNote education**

Danila Durante, Librarian, St Vincent's Hospital, Melbourne

ABOUT: Combining EndNote training and support with the existing literature searching service St Vincent's Hospital Library has created a new research-aligned collaborative service 'package' adding value to the library service.

37 **Tools for Building our Information Future: Emerging technologies vital to medical libraries**

Suzanne Lewis (on behalf of Patricia Anderson, Emerging Technologies Librarian, Taubman Health Sciences Library, University of Michigan), Library Manager, Central Coast Local Health District, NSW
Ingrid Tonnison, Librarian, Central Coast Local Health District, NSW

ABOUT: The Medical Library Association (MLA) identified the most important research questions facing health librarianship and six systematic review teams formed. The Emerging Technology Team (MLASR6) is addressing the question 'What skill sets do health sciences librarians need to be strong partners and contributors in the changing technology environment?' The data from the survey and focus groups enriched the flowchart which now includes over 80 main groups of emerging technologies. The main roles for librarians were identified as that of an organiser and provider of information, guide and teacher.

38 **Victorian Health Libraries Consortium 2014**

Jeremy Taylor, Chief Librarian, St Vincent's Hospital, Melbourne
Adam Clark, Library Manager, Alfred Health

ABOUT: This poster summarises the work of the VHLC, now in its tenth year of operation. The poster provides a statistical analysis of the most popular VHLC packages, using data from the Scimago Journal Ratings Index.

ANN RITCHIE & JANE ORBELL-SMITH

LET'S PROCEED...

Welcome to this special edition of HLA News, co-edited by Ann Ritchie and Jane Orbell-Smith, which has the signal responsibility of serving as the proceedings of the very successful HLA and HLI Joint Conference 2014.

' *... we need to look beyond our traditional boundaries for opportunities to collaborate with new partners in initiatives that broaden our scope and can be mutually beneficial. Collaborators are not natural bedfellows, and it may take a certain curiosity of mind and adventurousness of spirit to set out on this path in the first place ...* '

The inaugural joint conference/professional development day of Health Libraries Australia (ALIA's national health libraries group) and Health Libraries Incorporated (the health libraries Victorian group) was a truly collaborative and synergistic experience. Held on 19th September 2014, this event was the culmination of a week of conference sessions, workshops and meetings at the ALIA National conference in Melbourne (15-18 September). On the final day of the week, we witnessed a synthesis which demonstrated on many levels that 'the whole is greater than the sum of its parts'.

Perhaps the most powerful message that emerged was that we need to look beyond our traditional boundaries for opportunities to collaborate with new partners in initiatives that broaden our scope and can be mutually beneficial. Collaborators are not natural bedfellows, and it may take a certain curiosity of mind and adventurousness of spirit to set out on this path in the first place. Hats off to all parties who contributed to the success of the day.

During the program, we heard from health librarians who had been open to exploring new challenges in a range of situations, for example, moving outside the library to participate in teams, serve new client groups, and stretch the boundaries of normal library activities and functions; partnering within and between professional groups and organisations who, although not naturally aligned, have a shared goal of improving health literacies; crossing state, national, and international borders to forge enduring relationships. The event incorporated a panel session where we asked our vendors who are in the enviable position of being able to span the whole health industry and gain a bird's eye view of trends and issues, for their views about collaborative opportunities.

The eight presentations in this special edition of HLA News (six complete papers and two with abstracts-only) explore a range of variations on the unifying theme of collaboration.

Kate Arnold, President of the Special Libraries Association and Information and Support Programme Lead at Macmillan Cancer Support, UK, delivered the keynote address, entitled 'Collaboration: is it a mindset, a skill or just the latest fad? And why should librarians be embracing it'. Kate delved into the concept of effective collaboration and the skills involved, and outlined a number of collaborative initiatives in the area of consumer health information that she manages in her current position. Kate's national and international perspectives invited us to have an expansive view of the potential for health librarians' roles and responsibilities.

Kathy Thorncroft, Team Leader, Health Sciences Library at the University of Sydney delivered an inspiring presentation about her role as a research librarian in a national research project. Her paper, entitled 'Part of the Team: A collaborative effort to conduct an Audit of Disability Research in Australia', described the collaboration between the University of Sydney's Library and the Centre for Disability Research and Policy, in conducting an audit and systematic review of the research literature, and managing research data. Kathy noted in her conclusion that this was 'a great opportunity to showcase to the research teams/ centres how librarians can step out of traditional roles and use their expertise to manage data.'

Mary Simons, Clinical Librarian, Macquarie University, co-authored a paper with Christine Yates, Researcher, QUT, and Colleen Cuddy, Library Manager, Weill Cornell Medical College, exploring a collaboration within and between their organisations. Librarians and clinicians at the

Macquarie University Library and Macquarie University Cancer Institute, together with a range of other health professionals, combined their expertise to create a website delivering consumer health information and education materials for cancer patients, their families and the wider community.

Also focusing on the theme of collaborations in delivering consumer health information, Catherine Voutier's paper, entitled 'Health Talks @ Your Library: a health literacy initiative' described a project involving local public libraries and professionals in the Royal Melbourne Hospital. Catherine emphasised the potential for health librarians to be active in this area, stating in her conclusion that 'Consumer health is poorly undertaken by the acute care system but has a heightened profile under new National standards… If we can create relationships between organisations where outreach can occur at grassroots level, positive results may occur.'

Daniel McDonald, Darling Downs Hospital and Health Service, Queensland, described a simple yet powerful methodology to demonstrate the value of hospital libraries in a collaborative initiative within an organisation. In his paper, entitled: 'A Shared Language? – the who, what, and why of health library use', Daniel documented a way of measuring, reporting and demonstrating the value of health libraries' activities in the language which is meaningful in the business of health care, i.e. in the terminology of patient-care activities according to Diagnostic Related Groups (DRGs). This model could be replicated in a much larger collaborative research project. Daniel noted that in addition to reporting activities which make evidence-based content available to our users, to 'derive meaning and examine value and enhance collaboration further elucidation is required of the intersections between this library activity and the hospital's staff and patients'.

In their joint paper, entitled 'Integrating a librarian into hospital-based research office and tertiary academic facility (education)' Caroline Yeh and Professor Kim Walker, St Vincent's Private Hospital, Sydney and the University of Tasmania, explored a collaboration on a number of levels within organisations and between organisations - the library, a hospital based research office and a tertiary academic facility. The authors concluded that the collaborative activity 'builds capacity to understand research needs and deliver services that appropriately support the practice development, research and educational requirements of clinicians.'

Pursuing the theme of interstate collaborations, Rolf Schafer, St Vincent's Hospital, Sydney, outlined the lessons learned from a collaborative interstate program in which the hospital library supported the University of Tasmania's nursing course. The success of the venture is attributed to factors such as planning and review, with the addition of 'an element of goodwill and a cooperative nature.' (The abstract for this paper is reproduced in this issue.)

Finally Maggie McCafferty, Suzanne Hannan, and Jenny Price, library managers from three regional health services crossing two states, described their experiences in collaborating across state and system borders, with particular emphasis on the implementation of their shared Library Management System. The imposition of geographical dispersion and regional distances, and operating in different health systems, can present barriers to effective collaboration, and the lessons learned by these three librarians will be instructive to librarians in similar situations.

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KEYNOTE ADDRESS
Collaboration: is it a mindset, a skill or just the latest fad?

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Kate Arnold is Information and Support Programme Lead at Macmillan Cancer Support, where she oversees the charity's information and support strategy and innovations to support people affected by cancer.

She has over 25 years' experience of providing and managing the delivery of specialist information and research services to a wide variety of users. She is based in the UK, and has worked across a variety of sectors, including the media (at the BBC and a national newspaper), health care (in the National Health Service), and not-for-profits (Cancer Research UK, National Children's Bureau and Macmillan Cancer Support). Kate is currently President of the Special Libraries Association (SLA) a global organisation of information professionals and their strategic partners. She is in fact the first non-North American president of SLA, a sign, she says of "...the importance of the international perspective to the information profession".

ABSTRACT
Librarians and information professionals have always collaborated, in fact you could argue it's part of our DNA, but we've never been that good at publicising this. So what does effective collaboration look like and how can we ensure our skills are effectively used in our organisations? What can we learn from other sectors and countries that can help us improve our collaboration?

BELOW – Michele Gaca, HLI President, and Ann Ritchie, HLA Convenor, welcome delegates.

PART OF THE TEAM
A collaborative effort to conduct an Audit of Disability Research in Australia

ABSTRACT

In 2013/14 the Centre for Disability Research and Policy at the University of Sydney won the tender for the Audit of Disability Research in Australia. This was funded by Disability Policy Research Working Group (DPRWG) with an aim to provide a comprehensive picture of the current state of disability research in Australia. The data found would inform and assist decision making about future funded research projects and initiatives. Because of the complex nature of processes involved in searching for information for the audit (which was basically a systematic review), they budgeted for a librarian to assist them. The Centre approached the University of Sydney Library to second a librarian to create search strategies in consultation with the group and run them. Overall this was an extremely positive step for the library. To be involved in a collaborative project such as the Audit has shown us how we can be more involved in research teams and projects. It was also a great opportunity to showcase to the research teams/centres how librarians can step out of traditional roles and use their expertise to manage data.

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In June 2012, a tender was offered by the now former Disability Policy and Research Working Group for an Audit of Disability Research in Australia. The aim of the report was to provide a comprehensive picture of the current state of disability research in Australia and determine any gaps in which future funding could be directed. The tender was won by the Centre for Disability Research and Policy, from the Faculty of Health Sciences at the University of Sydney. The core research team consisted of five people (one of whom was a University of Sydney Health Sciences librarian); the larger research team consisted of academic staff from the Universities of Sydney and Melbourne and representatives from the National Disability Services and Non-Government Organisations. There was also an Advisory Group overseeing the project which included stakeholders from Government and Non-Government Organisations. At the moment, the report is being reviewed by the newly formed Research and Data Working Group which is part of the Disability Service Commission.

Because of the complex nature of the processes involved in searching for information for the Audit, the tender document had budgeted for a librarian to assist in this task. The Centre approached the University of Sydney Library to second some hours for a librarian to create search strategies in consultation with the group and then run the searches in the different databases. In the end the library did not accept any transfer of funds, as we saw this as a great opportunity to collaborate with the faculty and test the waters for future projects. We treated it as an experiment to see how the library might embark and manage other opportunities.

There has been quite a bit of discussion over the past few years in the literature regarding emerging roles of librarians in the research domain (Auckland, 2012; Brewerton, 2012; Janke & Rush, 2014). Often libraries direct significant resources into teaching and learning, which of course is a key role for academic libraries. However it is interesting to see the discussions that are starting to happen about how librarians can build on the traditional roles to become a collaborative partner in the research landscape. Certainly the Research Libraries UK report (Auckland, 2012) has highlighted how researchers' information needs can be mapped to librarian skills and how libraries are thinking about how they fit into the research environment.

Traditionally the University of Sydney Library has concentrated a lot of our staff resources into the teaching and learning aspects of the university. We have been involved in supporting Research Centres with training and advice in search strategies, reference management, publication and communication of academic research but have not ventured far past this. When we embarked on the Audit there was still the expectation that we would be assisting in translating the conceptual framework into a search strategy in consultation with the group, running the searches and then exporting them into reference manager software. There was also scope that if the team required full text articles that one of the library technicians/assistants could assist with this.

As the project progressed the role of the librarian soon evolved into that of being a collaborative and integral member of the team. The research team knew they were getting a skilled librarian to assist and run the searches, but were unaware of some of the other skills the librarian could contribute to the team. Also in some respects the library was unaware of how our skills could be applied in a systematic review/ information audit.

With the lifecycle of the Audit there were seven main stages in which the librarian participated at different degrees.

1. Applying for tender. At this stage the Library was only playing a small role. The Research Team approached the Library and requested assistance. The librarian had to submit a resume and their name was included on the tender documentation. They were included in email correspondence but did not play a major role in the application for tender.

2. Developing a conceptual framework and defining the limits of the Audit. Once the tender was won, the research team started to develop a quite complex conceptual framework (see Figure 1 below). This was done through regular team meetings and brainstorming sessions with the Research Team and Advisory Group. It was developed from UN, Australian and International Policy documents and contained eight core domains of life surrounding people with disabilities,

their families and carers. They also had to define limits within the scope of the Audit as "disability" is a multifaceted concept and the focus of the Audit was on the social and participation aspects of disability rather than the biomedical. There was quite a short time frame to conduct the work, so they also had to be realistic about what work could be done and how they wanted to define research. Again the Library only played a small role at this point mainly due to not being subject experts. We were invited to the team meetings and included on emails but due to the complexity of the framework we only played a small role.

3. Development of search terms and conducting the searches. The library started to play a significantly larger role from this point on in the process. Once the team had finalised the conceptual framework, the core research team started to develop keywords and concepts surrounding each of the domains. This helped the librarian start to formulate search strategies. As "disability" was the main search term we began by generating keywords around it – this was the most difficult and time consuming part of the search process. This concept was difficult to translate into a search string for a systematic review as they wanted the focus to be on the social aspects rather than the biomedical. We used a combination of keywords and subject headings (where available), and ran a number of pilot searches that the team reviewed. Once we had established our search terms

FIGURE 1: Conceptual Framework (Llewellyn & University of Sydney. Centre for Disability Research and Policy, 2014)
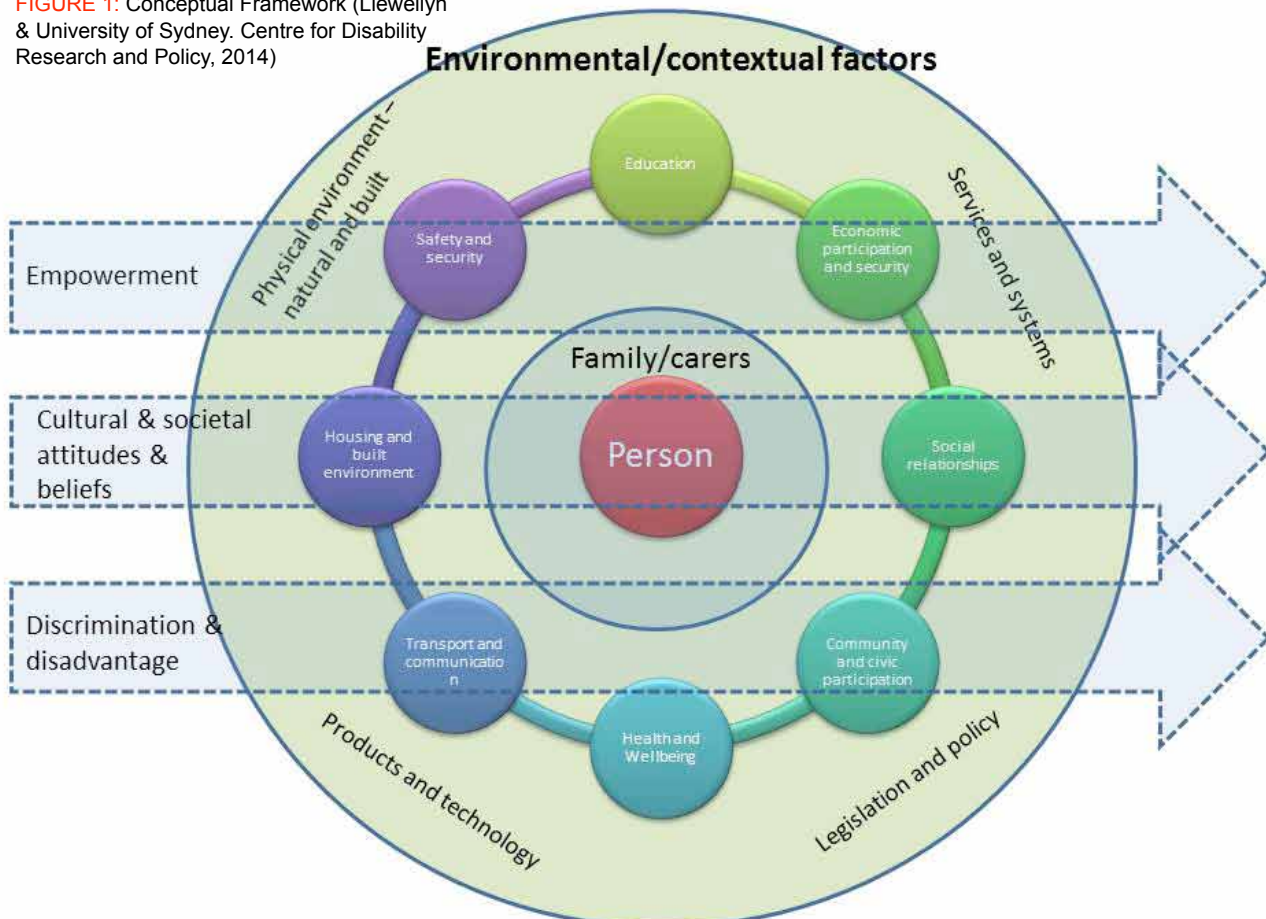
surrounding disability we then looked at each of the life domains separately and created search strings around them. The searches were very sensitive in nature due to the broad domains. The team had identified eight quite broad life domains in the conceptual framework which were Education, Economic Participation and Security, Social Participation, Community and Civic Participation, Safety and Security, Health and Wellbeing, Transport and Communication and Housing. The team then created core concepts and keywords groups for each domain. Our plan was to search for each domain separately so that they would already be coded from the search, saving the researcher time. However, this did not work as we had planned. The task was extremely labour intensive for the librarian who conducted eight searches across eleven databases and then exported each search separately so it could be coded as a group. There were so many duplicates across each domain that there was no way that we could assign one single domain code for many of the articles. In hindsight, it would have been better to conduct just one multifaceted search in each database so that duplicates would be removed before exporting the data.

The Grey literature search proved to be one of the hardest tasks for the team. Initially as they wanted to hand search Federal, State and Territory Departments and Statutory Agencies and Commissions, Research Centres and NGO (relating to disability) websites for research reports. However, it soon became apparent that this was going to be a very arduous task due to inconsistencies in where these reports were located, how they were termed and whether there were adequate search facilities available on the websites. The three team members trying to approach this task systematically were not getting consistent results. The librarian worked with the team to develop a search string that utilised Google domain searching to create a uniform approach to searching the websites. A further benefit of creating a Google domain search strategy was that the research retrieved would be publically available and accessible; one of the criteria for the Audit was that the research needed to be readily available and accessible. The core research team conducted the searches across the websites as they were immediately able to make an assessment of the report and decide if it would be included or screened out. Occasionally the team found that Google would block their searches due to the systematic method of searching employed which Google identified as a robot. The team put their results in an excel spreadsheet, and the results were eventually imported in EndNote.

4. Screening and coding the items. The Library played an important role in the screening and coding stage of the process as well. However, the role shifted out of the traditional searcher role towards that of a data manager. The team decided to use two different products to look after the data. The reference managing software EndNote and a product designed for systematic reviews called EPPI-Reviewer 4. EPPI-Reviewer 4 comes from EPPI-Centre at the Social Science Research Unit at the Institute of Education, University of London, UK. Its main purpose is to manage and analyse data for research and is great at generating flowcharts, frequency tables, crosstabs and reports. Neither product could fully support the needs of the Audit individually, however by using a combination of the two (somewhat manipulated), together they were able to meet the needs of the project.

We initially exported all of the references into EndNote. The librarian was responsible for removing duplicate articles and ensuring that articles imported contained abstracts. Due to the quality of records from some databases, this turned out to be quite a manual task. We had different libraries set up for the scientific literature and each of the grey literature sources as they were going to be coded and analysed separately. The team had decided that they were only screening and coding the items on abstracts. This was mainly due to the nature of the project as the main aim was to provide an overview of the research that had been conducted in Australia, rather than the actual content of what was being researched. Also there was a fairly short time frame allocated for the project.

For the scientific literature the team decided that EndNote was not a suitable piece of software for screening and coding such a large number of articles. We also needed to provide other members access to the data, which a desktop version of EndNote did not allow. The team decided to use a product called EPPI Reviewer 4, which is a web based product available via subscription. Even though this product is not one traditionally supported by the Library, by applying our knowledge and skill using basic reference management software, we were able to familiarise ourselves with the product. The librarian's role continued here as data manager where we downloaded all the articles in EPPI Reviewer 4. The team had devised a coding structure and the librarian helped to input it into EPPI Reviewer 4. Once the screening and coding was complete the librarian also ran quality checks to see that all items had been coded across the different code sets. EPPI Reviewer 4 allowed the team to quickly include or exclude items and code them using check boxes. It was also able to generate flow charts on numbers of items screened or number of items in each code set.

For the Grey literature, we began by using excel to store the data from the webpages as there was a smaller number of article and not as many people trying to review them at once. It was also easier for the team to copy and paste the citation information directly into excel as opposed to EndNote. Once all of the items were ready to be coded, we then imported them into EndNote. We worked across a number of different libraries for each source (Government reports, NGO reports etc) and each library was analysed separately. We manipulated some of the functions in EndNote, set up the codes in the EndNote Term Lists file and then linked them to an unused field in EndNote (such as the call number). The team was then able to work off the same code sets across a number of different libraries to code all of the references. We also made use of EndNote Smart Groups to quickly generate statistics on the different codes.

5. Analysis. The analysis was done by different members of the research team. While the librarian did not undertake any of the analysis, we were involved in setting up the functionality and processes for the team. For the scientific literature as a whole the team found that EPPI Reviewer 4 had some excellent features, such as the frequencies, crosstab and report functions. This made generating the statistics very easy. Some keyword analysis was carried out, however the team found the clunky keyword search facility in EPPI Reviewer 4 limited its potential in this capacity.

The data in the Grey Literature EndNote libraries was analysed by utilizing the smart group function to search for the individual codes. The librarian helped set this up across all of the grey literature libraries.

Some of the reviewers were looking at particular code sets across all of the EndNote libraries. For example, we exported all of the literature from both scientific and grey literature libraries which had the code for Aboriginal and Torres Strait Islanders into a Word document so they were able to analyse the data set.

6. Final Report. The librarian contributed to the final report by documenting the search methods employed and providing some advice in the recommendations. We also generated the final reference list of all articles that were included in the Audit.

7. Dissemination of information. At the time of writing, the final report is still being reviewed by the Research and Data Working Group. Once the final report has been accepted and published, the library will provide advice on repository services and communicating the research to a wider audience. As the Audit was not University funded, we might be limited in our ability to make use of and promote our repository services. However, for future internally funded projects, there are many avenues that we can look at including our digital repository, open access publishing, research data management, social media and altmetics for communicating the research.

Working in such a collaborative partnership had great benefits for the Library, the research team and the individual librarian involved. For the library, it was a big step to dedicate a large number of hours to the project as it had not been done on this scale at the library before. The timing of the Audit was perfect as it was part way through second semester and would run over the long vacation break. While it is not viable to do projects on this scale without additional funding all the time, it did allow us to "test the waters" and see what sort of resources we needed to put into similar projects. It also meant that we have a better idea of what our core services are and what could constitute a request for funding. One of the next steps for the library would be to look at how we could market these services to research groups. As a result of the Audit we are hoping to increase the visibility of the library to academic cohorts. This will include presenting at an information session on translational research alongside other academic initiatives. We have also begun work with another systematic review team for a university wide health initiative.

For the Research Team, there were also significant benefits. The main benefit being that they did not have to conduct the database searches themselves, which left them more time to concentrate on the coding and the analysis. We received some very positive feedback from the team when we asked them what they thought the benefits of having a librarian involved in their project. These included

- Having an expert searcher to carry out all of the searches
- Having someone with familiarity and expertise across databases, their limits and subject thesaurus
- Having someone to manage the reference data and being able to customize fields to suit the review
- Having someone to "test out" different search strategies.
- Even though the librarian had never used EPPI Reviewer 4 before, they were familiar with the functionality of EndNote and could apply those skills to a new piece of software
- Learning a lot about how to search databases and using different functions of reference management software

We also asked them if their expectations were met. They responded that their expectations were met and exceeded. This comes back to the perception of the traditional role of a librarian and the original role they had assigned for them as a searcher. They remarked that the traditional librarian's skills of systematic and classificatory ways of thinking were a great asset to

the project. One of the comments was that it would be useful to involve the librarian more at the application for funding stage to provide some expert advice on time frames. Due to the comprehensive nature of the search performed, the amount of data that was found and thorough documentation of the search processes involved the team did have to ask for an extension past their original report date.

For the individual staff member involved it was a very rewarding experience and a chance to participate actively in the other side of the research process. Often librarians are teaching and offering advice to the researcher, but conducting the searches challenged searching skills and offered insights into the systematic review process. In hindsight, due to the complexity of the searches, it would have been better to involve other librarians for different sections, even just for input on search terms. But due to the short time frame and staff time involved it was not possible for this project. Of course it was not all smooth sailing for the entire project and for the entire team there was a list of things that we would do differently next time. One example is the importance of quality abstracts in the review process. Not all databases have quality abstracts, and in the removal of duplicates process a lot of the fuller abstracts were removed in the EndNote as they were imported in after lesser quality ones.

Getting first-hand experience in being a member of a team conducting a systematic review was beneficial to both the individual and the library. The different processes, which normally the library is not exposed to, gave the librarian insight into all stages of the review. The record keeping side of the review process was very detailed, documenting each search string and reporting on articles numbers. Having staff confident in these processes will benefit future clients coming for research help on how to manage their workflow for a systematic review. Working with a small team of experts in that area was also an eye-opener. They were aware of some articles the searches did not pick up. When investigated, it was interesting to see that core keywords, such as keywords surrounding Australia might have been missing in the title, abstract or keyword. This led to one of the recommendations in the final report of making disability research more prominent and findable.

Professionally, as a result of the project, the librarian involved has had their name listed in the final report and there are also plans for the team to publish a series of articles once the final report has been published with authorship credits. They also had the opportunity to attend and present with the team at a mental health and wellbeing conference.

Overall, this was a fantastic and interesting collaborative project for both the Research Centre and the Library. It was a project where the Research Centre had actually identified a need for a librarian due to the nature of the work involved. There was

the advantage of the additional funding, and projects this intense are not run everyday in the academic setting. It was very resource heavy for the Library to participate, but nevertheless a great project to test out how the library can work collaboratively. While it is not always possible for a university library to participate in such projects without additional funding, perhaps defining core services librarians are able to offer and then seeking funding for the extras might be a way for libraries to participate on projects of this size. It takes a certain type of librarian who is not afraid of a large amount of tedious work (exporting records for a database 500 at a time), who has the necessary skills to be creative with reference managing software and not afraid to push the boundaries to make it work for a particular project. There are so many benefits to all of the parties involved in the process.

Overall this was an extremely positive step for the University of Sydney Library. At a time when we are going through a change management process and trying to refocus on the services we offer to our clients, to participate in such an important project and be so valued by the research team, indicates that we are heading in the right direction. It has shown the library and faculty how we can interact more with our research teams and projects. It was also a great opportunity to showcase to the research teams/centres that librarians can step out of traditional roles and use their expertise in different areas, such as data management to benefit the project. While marketing is going to play a key role in the future of developing these services, reputation is also going to play a major role.

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Collaborating for patient information
– a Macquarie University Library initiative

ABSTRACT

Macquarie University Cancer Institute (MCI), located within the university's medical precinct, supports multidisciplinary services for brain, lung, breast, gastrointestinal and urological cancers. In response to a need detected by clinicians, where people often find inaccurate internet information on their cancer, Macquarie University Library and MCI created a website providing filtered information for cancer patients and their families. This collaboration expanded to include additional staff from the library, medical school, MCI and Macquarie University Hospital as well as university educators and psychologists with expertise in cancer and consumer health education.

The collaboration between expert areas within the university has created a relevant, accessible information service for cancer patients, their families and the wider community. Promotion of the service by health professionals will be pivotal to its ongoing success, although the potential for expansion will depend upon available funding. Challenges remain in achieving uptake of the website by hospital and clinical departments working independently of the MCI team.

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SETTING

Macquarie University in Sydney incorporates a rapidly expanding health and medical precinct that in 2011 included the first Australian university-owned private hospital on campus alongside a postgraduate medical school and medical research facilities. Within this structure Macquarie University Cancer Institute (MCI), was established to provide multidisciplinary clinical services for specific cancers including brain, lung, breast, gastrointestinal and urological cancers. Multidisciplinary care at MCI involves the collaboration of specialist physicians, surgeons, radiologists, pathologists, speech pathologists, physiotherapists, nurses, psychologists and librarians within the patient care team. Librarians attend the multidisciplinary team meetings (MDTs) and carry out literature searches and updates as required. In response to a need detected by clinicians concerned by the prospect that patients often find inaccurate internet information on their cancer, the librarians and MCI created a website providing filtered information for cancer patients and their families. A catalyst for the Macquarie University patient website occurred in 2013 with a visit by the Clinical Librarian to the Myra Mahon Patient Resource Center of the Weill Cornell Medical College (WCMC). The library was established in 2006 through a grant from the Arthur and Myra Mahon Foundation. It is funded by the Weill Cornell Physicians Office and staffed by a qualified medical librarian and volunteers. The library serves over 2,600 users per year and provides a number of services including online and printed health information materials, computers and wireless access, health and wellness events and a Library, Reading Room and lounge area. The Center's mission is "to serve as a health information resource center for patients and families to encourage and enable them to make informed decisions about their healthcare."[1]

Macquarie University Library's clinical librarian and services librarians recognized a need to create an Australian cancer information service for patients of Macquarie University Cancer Institute using similar principles to those of the Myra McMahon Patient Resource Center of WCMC. Collaboration on the Australian patient information service has expanded since the WCMC medical library former director's relocation to Sydney where she has a role as consultant.

The MCI patient information website's objective is to offer value-added information for specific groups of cancer patients, their families and friends by creating a personalised and targeted service that can be accessed at their point of need. Specifically, the website:

1. Informs and empowers cancer patients and carers as well as providing information for the wider community through its web-based availability
2. Provides filtered and original information developed for appropriate reading levels, created by a team of clinical, educational and information experts

3. Delivers accurate, reliable information that can allay confusion and fear and increase users' understanding and decision-making capacity.
4. Encourages healthy lifestyle choices during and beyond the treatment phase through targeted programs included on the website
5. Undergoes modifications to stay current and address user feedback.

In the long term many users can become empowered health consumers within the wider community as their newfound knowledge facilitates management of their condition and educates them to tackle health risk factors and promote healthy lifestyle habits beyond their treatment phase.

BACKGROUND

Patient libraries, associated with hospitals began to appear in the United States during the early 1900s. These early patient libraries were focused on providing reading materials to patients as patient therapy.[2] A shift began in the 1970s with the rise of consumer culture, patient rights, and increased public health campaigns.[3] In 1981, CAPHIS (Consumer and Patient Health Information Section) was established and became an officially recognized section of the Medical Library Association in 1986.

In 1991, the National Library of Medicine charged its network libraries to focus on consumers, beginning a long tradition of innovative funding and programming for consumer health. CAPHIS authored the article "Librarians' role in the provision of consumer health information and patient education" in 1996 to highlight the important role of librarians in providing consumer health services[4] and patient resource centres began forming and solidifying their mission. With the explosion of the Internet in the 1990's a huge influx of information on health and health conditions was available to consumers and new ways for all libraries, including patient libraries, to reach customers became available. 1998 marked the announcement of MEDLINEPlus,[5] which became a world-renowned database for consumer health information.

Over the past fifteen years several large studies were conducted on the information seeking behaviours of consumers using the Internet for health information. A study conducted in 2006 found that about eight million Americans go online for medical advice on a typical day but three quarters do not consistently check the source and date of the health information they find online.[6] A 2013 survey found that 59% of US adults who use the internet have looked online for health information in the past year; and, 35% of US adults say they have gone online specifically to try to determine what medical condition they or someone else might have.[7] However, there is a dearth of reliable health information on the internet. A BUPA international survey of over 12,000 respondents, including Australians, found at least six in ten used the internet to search for information on health, medicines or medical conditions. They observed that online health information is a trade-off between empowering users and misleading them as many cannot determine the trustworthiness of the information they find. The authors concluded: "... the full potential of the internet will only be realised if sufficient attention is paid to investment in high quality, accurate health content tailored to specific needs" [8]

In 2006 a study of 114 paediatric neuro-oncology websites found that only 11% of sites rated as excellent or good, whereas 60% were rated as poor or very poor due to insufficient details to enable consumers to judge the validity of the information.[9] Few sites offered information in languages other than English, and readability statistics showed an average required reading level above that of most adults.

ACTIONS AND CHALLENGES

The project initially required collaboration between the clinical librarian, MCI staff and clinical care teams but soon expanded to include the expertise of other university staff. The team submitted a grant application to fund a position to co-ordinate the service, gather patient demographics, monitor feedback and maintain the website.

Two librarians created, maintained and revised the website as needed. The website was initially piloted at the MDT meetings where staff could view it. Clinicians and allied health staff, including nurses, provided feedback and supplied resources, such as video clips and patient fact sheets. The team produced a brochure for outpatient clinics, wards and day treatment centres to promote the website to inpatient and outpatient users and their families. University marketing staff advised on the design and layout of such resources. Education experts advised on the suitability of information for consumers and library staff checked the content for copyright issues. The website was created using principles of design, content validity, motivational health content and literacy needs described by Whitten and colleagues' study of breast cancer websites.[10] The website was designed to be visually engaging with immediate display of topics of interest, and tabs offering easy navigation to guide the user to trustworthy websites. See Figure 1 (next page).

Consistency in design was maintained by the use of the University logo, font size, colours and standard size images. Navigation became easy with tabs placed at the top of the page and topics ranging from general to specific. Page scrolling to read content was kept to a minimum. Librarians accessed the websites of well recognised organisations and used search engines to retrieve relevant websites. Once websites had been found and evaluated by the library team they were reviewed by relevant clinical or hospital staff. Australian content and information

relevant to Macquarie University's services were placed high on each web page, as well as the use of clinician or nurse-created resources. Copyright clearance was sought, and references to material were included where required. A disclaimer was included on the homepage.

The website includes not only information on cancer as an illness but also offers practical tips on living with cancer. For example information on how to tie a head scarf, support programs such as "Look good, Feel better", and survivor programs. A recent study reported that the use of visual cues enhances satisfaction with the information presented on the website, and the use of non-complex language improves recall.[11] Images that both lighten and inform the text were suggested. Patients uniformly agreed with the following comments: "I need to have hope, I like the idea of images that are not too depressing" and "I'm a visual person and including images would make it more interesting and keep me involved". The Life After Cancer Program at MCI and patient stories are embedded into the website to encourage healthy behaviour through positive behaviours and role modelling.

Patient literacy was an initial concern. Whitten's survey of breast cancer websites found that only 7% of information on three random website pages was below eighth-grade reading level graded by Flesh-Kincaid assessment. [11] Macquarie University's Director of Medical Education recommended "Readable", a reading level assessment tool to assess the average reading age required for reading and comprehending the website. The assessment found the reading level of the website too high at grade 8 or above. The text was minimized and

simplified, point form used where appropriate and any acronyms or medical terms explained. Links to an online medical dictionary with a pronunciation guide were included. Subsequent readability scores were lower and patient feedback on readability improved.

OUTCOMES

The website has undergone and will continue to undergo improvements in design, content and readability resulting from user feedback. A user feedback form on the website was continually checked for feedback and suggested changes were incorporated where possible. For example, clinical staff asked that key contacts are located on the homepage and information pathways be created for specific patient cancers. Others suggested making the website more visible on a Google search. A patient's video clip on gamma knife treatment was included under the Gamma Knife tab and patient requests for a homepage with less text were incorporated.

The university marketing department published an overview of the service in its staff newsletter to raise awareness. This led to a request for collaboration on a patient information service from another University's oncology unit. Negotiations are underway with hospital management to link the website to patient internet screens at each bedside in the hospital's oncology ward and the day treatment centre. Discussions are taking place with hospital marketing staff to create links to the website via an app for the GP community, thus providing an accessible pathway for patients and families during treatment and their return to home life.

The team submitted a joint grant application in late 2013 in an effort to acquire additional funding for
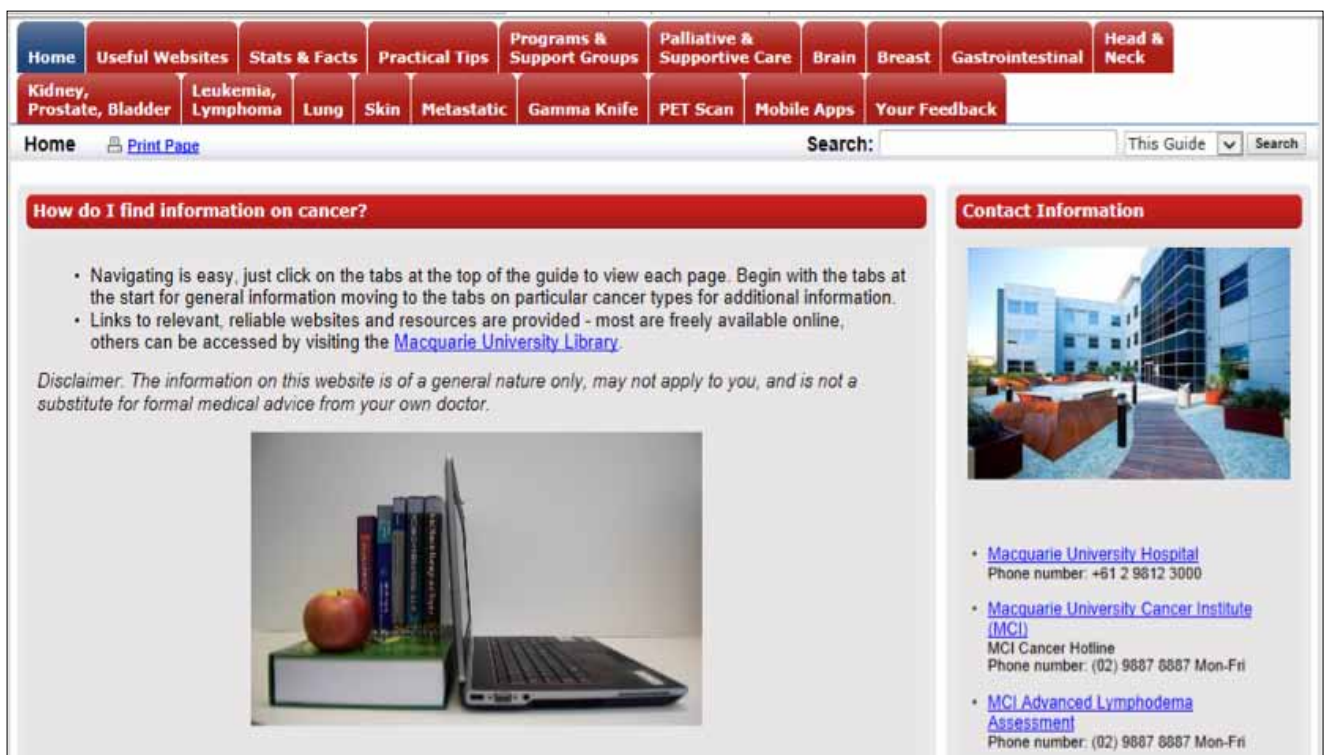
FIGURE 1: Macquarie University Cancer Website.

the creation of a position to co-ordinate the service, gather data and maintain the website. The process of developing the grant application helped consolidate the project goals and unite the team. Although the funding was not awarded the team moved forward and created a smaller, sustainable service for specific patient groups. Costs were kept to a minimum as services were provided within existing staffing resources.

EVALUATION

Initial evaluation of the service through survey feedback has been mostly positive and constructive. In close collaboration with clinical staff, useability testing with patients, families and carers took place with 20 respondents who completed the online survey attached to the website.

The respondents consisted of outpatients (35%), inpatients (5%), carers/relatives (25%), friend (5%), and other (30%) included clinical staff and cancer survivors. Most users found the site easy to locate and all said the information was either easy to understand or mostly easy to understand. 82% of users said the information was very helpful and 12% found it a bit useful, whilst 95% percent of users said they would recommend the site to others whilst 5 % said they might recommend the site to others. (Figure 2). User comments varied from saying there was too much information to too little information. Other changes made in response to feedback included additional content such as melanoma, palliative care and gamma knife pages, re-arrangement of content and fewer tabs to simplify navigation. Ongoing evaluation and modification of the website is important and other ways of obtaining feedback will be explored. Usage statistics and user surveys will continue be monitored with changes made where appropriate. Interviews and focus groups will be conducted among patients and their supporters to monitor the site's design, content and utility.

Whilst the brochure raised awareness of the website, other promotional activities are being considered. Plans are underway to create posters that can be placed in suitable areas throughout the hospital and clinics as well as notices in the hospital magazine.

CONCLUSION

The collaboration between expert areas within the university has created a relevant, accessible information service for cancer patients, their families and the wider community. However there were some challenges to be managed. As with many academic projects, collaboration between departments, teams and professionals can become a lengthy process as everyone strives to reach agreement on key components of the service, for example the brochure had several revisions. Another challenge is obtaining funding to maintain and improve the website and

FIGURE 2: Online survey questions and responses among 20 participants.

Q4 How useful was the information?

- very useful
- a bit useful
- not very useful
- not at all useful
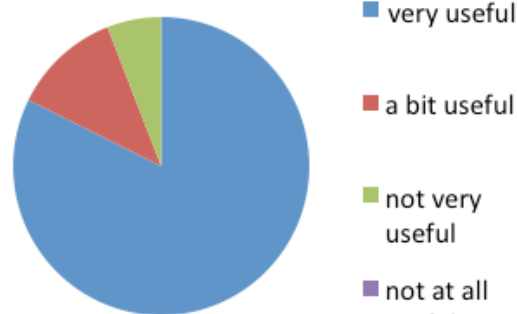
Q5 Would you recommend the site to others?

- yes
- no
- maybe
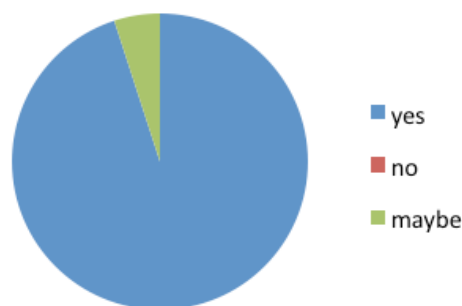
expand services. Service tasks such as monitoring usage, receiving and collating feedback, changing websites designs and promoting the site are handled by existing staff within their current roles.

The website service has developed to a point where it can become a catalyst for related services. It could accommodate online peer-to-peer support using social media, such as a patient blog that may be monitored by clinic staff. The website could also lead to a dedicated space within the health precinct for patients and carers similar to the Myra Mahon Patient Resource Center. Promotion of the service by health professionals and the hospital marketing team as well as librarians will be pivotal to its ongoing success.

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Collaborating for patient information continues from p15...

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FIGURE 3: Website brochure cover.

Health Talks @ Your Library
– a health literacy initiative

ABSTRACT

Melbourne Health is a large metropolitan hospital system comprising the Royal Melbourne Hospital (RMH), North Western Mental Health and the Victorian Infectious Diseases Reference Laboratory (VIDRL). The RMH Library services staff and affiliated students at the Royal Melbourne and Royal Women's Hospital, the VIDRL and mental health staff in the public sector across Victoria. The Melbourne Health catchment includes five public library systems: Hume, Melbourne, Moonee Valley, Moreland and Yarra.

Consumer health is poorly undertaken by the acute care system but has a heightened profile under new National standards. Health literacy programs in the past have been typically run by organisations working in isolation, resulting in duplication of effort and siloing of program results. Collaborative relationships such as this have potential benefits for all parties: providing public access to health professionals in a non-threatening environment, practice for health professionals in speaking with consumers, encouraging collaboration between organisations with common interest areas, greater exposure of health topics important to the local community... This is an ongoing exploratory project with early encouraging results. If we can create relationships between organisations where outreach can occur at grassroots level, positive results may occur.

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Melbourne Health undertakes varied health literacy activities. These range from departmental patient education sessions, patient and consumer information handouts, and public seminars. Some of these activities involve collaboration with outside organisations. An example of an early collaborative partnership is Healthwise, a series of public workshops organised by the RMH Health Sciences Library, the Cochrane Consumer Health Network and the State Library of Victoria.

Healthwise was an initiative of Terry Harrison, former Clinical Librarian at Melbourne Health (MH) in collaboration with the Cochrane Consumer Health Network and the State Library of Victoria (SLV). This initiative (supported by an advisory group at MH including the RMH Community Engagement manager) was a series of two hour workshops for the public held at SLV and seminars for specific patient groups at the Royal Melbourne Hospital. The workshops were held in March 2010 to mid 2011. A companion electronic education package was built around the workshop content by the University of Melbourne Bioinformatics department which was used in conjunction with some workshops to electronically record feedback. Sessions were well attended at first, with encouraging feedback. However, as time went on, attendance levels dropped. There were a number of reasons for this. Initial advertising was geared mainly toward patient advocacy groups and repeat attendance from these groups did not occur. There were difficulties with arranging advertising in the SLV events brochures and there was a change of staff at Melbourne Health which meant there wasn't a smooth project handover. There are no Healthwise events planned for the near future but this remains a possibility.

The content of the electronic package has been moved from the University of Melbourne to local storage at the Health Sciences Library at MH, to be updated and relaunched at some future date. Meanwhile, the new Clinical Librarian (Catherine Voutier), the former Cochrane Consumer Health Network representative (now the co-Chair of the HTAi Patient Consumer SIG) and the RMH Community Engagement Manager continue to discuss outreach opportunities.

One of these opportunities came about after the Clinical Librarian attended the combined MLA/ICML conference in Boston in 2013. There were a few sessions focussing on consumer health information and one of these was an audit of Consumer Health activities offered by all types of institutions that briefly mentioned hospital/public library partnerships. This type of partnership isn't uncommon in the USA. Could it be possible in Australia?

In late 2011 to early 2012, the Australian Commission of Safety and Quality in Health Care (ACSQHC) conducted a stock take of health literacy activities in Australia. This work was to give a broad idea of what sort of activities were being conducted. The Clinical Librarian was approached to discuss Healthwise but no formal submission about the program was submitted. The organisations who did submit were academic institutions and health services. Only one city council submitted a report on a single health literacy activity which did not include the public library service.

Public libraries are well placed to offer health literacy activities to their constituents. Working closely with the communities they serve means the accumulation of knowledge about cultural groups, age groups, income and education levels, community services available, and what sort of topics are likely to interest community members. Public libraries host a variety of events and are often used as a conduit for advertising community health activities.

The MH catchment includes five public library systems: Hume, Melbourne, Moonee Valley, Moreland and Yarra. The Clinical Librarian contacted each library system by email to ask about the types of health literacy activities each provided and proposed a meeting to discuss possible collaboration activities. Moreland and Melbourne responded, with Yarra indicating that they didn't have any health literacy activities at the present time but they were interested in outcomes of any Melbourne/MH collaboration. The Program Manager at Melbourne and the Clinical Librarian met in November 2013 to brainstorm collaboration ideas. The Clinical Librarian had a meeting with the Program Manager at Moreland the following March. Both Melbourne and Moreland suggested a series of health seminars as an initial collaboration.

The Health Talks series held 6 times a year (bi-monthly) focus on areas each city council has indicated are important community health issues or on issues that the community would be likely to attend if there were planned events. The Clinical Librarian sources health professionals at MH institutions and associated or nearby organisations to give a talk to the general public at a library branch about an issue selected by the public library. Health professionals are also encouraged to volunteer to talk about a topic they think could be of community interest.

Sourcing staff to give community talks is ad hoc. The Clinical Librarian receives topic suggestions from the Program Managers and the Clinical Librarian also suggests topics. When given topic lists, the Clinical Librarian uses her contacts to locate appropriate health professional staff volunteers. Sometimes the Clinical Librarian will broach the question to health professionals that have contacted her on a different matter. This second way often leads to referrals (in one instance, pointing to a community resource that wasn't thought of by either the Clinical Librarian or the Program Manager).

When the health literacy partnership idea was developing, the ACSQHC drafted a discussion paper detailing the background of health literacy activities in Australia. A consultation process asking for submissions around ideas for future activities and sustainable processes followed on from that and these are being incorporated into the final document to be launched in August 2014. The current document, 'Consumers, the health system and health literacy: Taking action to improve safety and quality' demonstrates that there is a real need to deliver a sustainable, multi-faceted and multi-disciplinary on-going program. The message is: health literacy is everyone's business. Libraries are not specifically mentioned in this document, but are included under the 'Education and Training Organisations' umbrella.

Health literacy falls under the ACSQHC Consumer and Patient Centred Care standard. As part of accreditation activities, MH is addressing each standard and quality indicator in a systematic way. The Consumer and Patient Centred Care quality standard has four main targets: dignity and respect; encouraging and supporting shared decision-making; communicating and sharing information; fostering collaboration between health services and service users. The Community Engagement department have developed the MH Partnerships in Care Strategy. When it was being drafted, the health literacy partnership idea was still in an early stage with no concrete plan. In the final strategy document, the idea is described as a scoping exercise. Last month, the annual MH Quality of Care document was being put together and the executive asked for contributions from all managers addressing five quality indicators, of which 'Consumer, carer and community participation' is one. The health literacy partnership initiative was submitted.

All this high level activity indicates that there is a strong desire to bring health literacy to the forefront. The health literacy partnership initiative has initial support from the director of NWMH, and the Director of the University of Melbourne's Clinical School and further support for the idea has been expressed by managers and staff in various departments across RMH, RWH and RCH. The task now is to translate this support into generating more volunteers for health talks. The advertisement of the initiative in the MH Quality of Care report and in the Partnerships in Care Strategy may have positive outcomes also.

Collaboration is a relationship and as with any relationship, time needs to be taken to develop, nurture and foster it if it is to become strong and yield positive outcomes for all participants. Despite some early problems (staff changes, low numbers of volunteers to start the project, inappropriate talk topics), the response from attendees has been positive and although numbers have been small, interaction has been high. No formal evaluation has been conducted at this point of the project as it is too early to make any judgements. When the health literacy collaboration is well established, a formal evaluation will be undertaken.

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A shared language?
The who, what and why of health library use

ABSTRACT
Collaboration occurs in embarking on novel projects, introducing innovative services, and forging new relationships. It also exists in the quotidian activities a library provides to a hospital. The library of Darling Downs Hospital and Health Service sought to capture this activity systematically and code it with hospital-centric criteria. This context-sensitive activity was then used to "map" library mediated information across the hospital's variety of departments and services and staff and patients. Such a map is useful for depicting who uses a hospital library and for what. It also generates a shared language which is useful for assessing broader questions on why a hospital library is valuable.

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SETTING

Who uses a health library, and for what? The elemental purpose of the library is to facilitate collaboration between these two masters, the who and the what, the client and the content. The content side of this ledger has typically occupied the greater focus of library activity – how to fund its purchase, decide what is collected, describe and discover it, organise and deliver it, keep and discard it. Library research literature has captured and examined this activity at length with techniques ranging from work sampling[1] to comprehensive reports[2]. Though not to the same extent, clients of libraries have also been analysed and differentiated since at least the 1950s, when Nicholson and Bartlett of M.I.T. asked simply "Who Uses University Libraries?"[3]. More recently this same question of "who" has been asked of interlibrary loan and document delivery services[4], and of liaison librarian programs[5]. Booth went in search of the mythical "typical library user", finding the concept problematic and in need of rigorous re-evaluation[6]. Larson even went beyond the hospital library's primary clientele of clinicians in seeking to correlate hospital utilisation, specifically fluctuations in patient volume, with search requests[7]. While a thorough understanding of either of these domains is important, it is the intersection of both content and client that is worthy of substantial examination as it is through this articulation that the collaborative power of the library and the hospital can be evaluated and demonstrated.

The library serving the Darling Downs Hospital and Health Service (DDHHS) has sought to map these articulations both comprehensively and in hospital-centric terms. This "map" depicts specific library activities within the contexts of patients and clinicians, and also captures the pattern of library use across the varied hospital departments and services. It is hypothesized such a finely-detailed map can create a shared language which would provide a richer and more nuanced picture of where and how and why the library collaborates with its hospital. This in turn should open avenues for dialogue around the value and impact of mediated information on healthcare[8].

PURPOSE

Why is such a shared language necessary? In a discussion of embedded hospital librarianship Kenefick reminds readers that 'a library is always a part of a larger institution and exists to serve that larger institution or community' and that 'a librarian's only job is to serve the institution and its users'[9]. Booth goes further, challenging the sacred cow that librarians know what their users need by examining 'how confident we may be that we are sufficiently sensitized to the needs of the population we serve'[6]. Libraries are characteristically very good at documenting activity internally and measuring this activity against agreed benchmarks and performance indicators. Explaining what a library does and why that is important in the terms and metrics of health is more daunting, but is crucial for visibility and sustainability and effectiveness. Any health library's claim to be "worth every cent"[10], any defence of

budget expenditure or employee positions or strategic importance, can only be reinforced by better aligning its narrative of activity with the hospital service it is a part of. Explicating the particulars of library-hospital collaboration not only enables meaningful conversations about the relevance of the library, but more broadly about how evidence can be best translated from the bench to the bedside and how the biomedical literature can best be used to support patient-care decisions. Morgan captures the essence of this purpose in suggesting:

> 'The library that is integrated into the parent organisation has the best chance of managing change successfully. The building of active partnerships and alliances within organisations which form the cornerstone of the integrative process provide a synergetic strength. It is through such strength that the library is able to avoid the dangers of becoming peripheral, marginal or, ultimately, superfluous whilst retaining individuality and independent spirit. The results of integration are likely to lead to a more stable and secure funding position, increased funding for collaborative projects and the continuous application of innovative ideas generated through the sharing of knowledge and expertise. Libraries are integral to the communities they serve. They need to ensure that this centrality is maintained, reinforced, and developed.' [11]

ACTIONS

The library created this shared language by adopting fixed reference points that are meaningful to health, then determining ways in which these reference points might be coded against library data sets. Firstly the Diagnosis Related Groups schema (DRG) – a measure of the care received by patients and the costs associated with that care – was mapped against literature searches conducted by library staff. Secondly individual library clients (ie hospital staff) were assigned from controlled lists to broad and specific professional divisions and service areas, which were then mapped alongside library activity received by each individual client.

The most obvious place to start looking for health-specific reference points is the patient. To the hospital the patient is clearly a person requiring intervention in the course of their injury or illness. The DRG classification system categorizes similar types of patients into groups that reflect the amount of care required. Hospitals are then reimbursed for the activity associated with that care with a predetermined amount set by the Independent Hospital Pricing Authority[12]. Though the economic and pragmatic mechanisms are complex, in its most simplistic form: Px = DRG = $$.

Literature searches conducted by library staff are also generally drawn from patient care activity. With occasional licence it is possible to correlate search topics to a DRG, thereby linking a core library activity with a meaningful measure of patient care. Though this thesis is far from exhaustively proven, in its most simplistic form: Search = DRG = $$. To explore the implications this analysis might have, the DDHHS library retrospectively assigned a DRG code to each of its 1600 literature searches conducted between July 2010 and June 2014.

Along with patients, hospitals have a highly skilled workforce assigned to specific areas in order to treat patients and manage their care. Again, these assignations are part of controlled schema that are easily available and independent of any library determination. For staff in Queensland Health, professional divisions are made at a broad level (Medical; Nursing; Health Professional; Operational etc) and within those at a specific positional level (eg nursing – AIN; EN; RN; CN; CNC; NP etc). For service areas, the DDHHS has a one page document outlining the structure of services and functions. These are likewise divided into broad areas (eg Toowoomba Hospital – medical; surgical; women & children; ambulatory & support) and within those more specific descriptions (eg Medical Services – general medical; regional cancer; admission discharge & transfer; renal; geriatrics & rehab & stroke). DDHHS staff in these position types and service areas use the library to request books and articles and searches. Therefore by coding the staff who make these requests against their broad and specific professional and service divisions it is possible to map the library-sourced information use of the DDHHS.

The DDHHS library has records associated to client names for: articles provided from all sources; books loaned from all sources (excluding e-books); searches conducted. The library has retrospectively pooled all of this "library-sourced information use" from July 2010 to June 2014 against a unique record for each individual library client (resulting in 1150 client records), and then assigned each of those library clients a broad and specific "position type" and a broad and specific "service area". As with correlating searching and DRGs, there is undoubtedly some fuzziness at the edges of this approach to data collection and coding, but the library is confident errors and omissions and confounders are well under 5%. With these entwined data sets the library is able to interpret its activity with respect to the health service in varied combinations that produce numerous finely-detailed pictures and reveal richly-enhanced collaborations. These can be generated by the library but, just as importantly, can come from engagement with clinicians and administrators as to what is meaningful to them.

OUTCOMES

The library has now established a method of capturing its activity that also reflects the contextual

details of who is receiving this activity. This method is efficient to maintain and robust to interrogate. Through relatively straightforward queries the library can now determine much more substantially who it is collaborating with and how. Building on this knowledge the library can further improve services, concentrate efforts, target marketing, examine impact and explain value.

Using the searches = DRG correlation the DDHHS library has been able to group its searches against broad DRG delineations (Neurological; Ophthalmological; Respiratory; Circulatory etc) and then present this graphically. Such a graph showing where searches fall diagnostically is considerably more meaningful to library staff and clinicians and hospital administrators than simply search totals on their own. Also, DRGs are coded against reimbursement prices, which allows for speculation as to the value of literature search provision. Hypothetically, if the DDHHS library's searches contributed 2% to the income earned from each DRG, only for the number of searches performed against each DRG, it would have earned $54753 a year through its searching alone. This is roughly equivalent to 1 FTE librarian position. Allowing for numerous untested assumptions, this seems significant.

The second major action, coding core library activities against staff disciplines and hospital departments, allows for interrelationships and comparisons to be interrogated and presented in many different forms. Some specific examples are included in Figure 1. More comprehensively, the library has used Prezi to graphically "map" library-mediated information use across the different department and service areas of the hospital (Figure 2). The URL for this map is http://prezi.com/ouzjnknkz6eb/?utm_campaign=share&utm_medium=copy&rc=ex0share

Such a quantitative map gives a clear indication of the scope and scale of the library's contribution to the hospital and to healthcare more broadly. It also enables examination of gaps in service delivery and evaluation of strengths and weaknesses in collaborative relationships within the structure of the health service.

While poring over this data can be fascinating, its real power lies in the stories it can tell and the impact it can show. In addition to its overall service obligations the DDHHS library has established dedicated liaison roles with some specific hospital departments. One of these is with oncology and palliative care. From this mapped quantitative data it can be determined the library has provided "an activity" to 50 oncology / pall care staff, which is 4.4% of all staff for whom the library has provided activity. It has leant 160 books, which is 4.3% of all loans, 1215 articles – 7.1%; 158 searches – 10.3%. Clearly the

FIGURE 1 (FOUR TABLES BELOW): Specific examples of coding core library activities against staff disciplines

The following table compares the percentage of position type by FTE in the DDHHS, and the percentage of position type by library client:

Position Type	% DDHHS	% Library
Medical	9	27
Nursing	46	35
HP / Profession	10	33
Operational	22	1
Administrative	12	3
Trade	1	1

The following table compares the number of library clients from each specific profession from the Health Practitioner Position Type:

Specific Position Type	# Library Clients
Dental Therapist	3
Medical Education	2
Nutrition / Dietetics	23
Occupational Therapy	57
Pharmacy	14
Physiotherapy	36
Podiatry	3
Psychology	75
Radiation Therapy	1
Radiography	12
Social Work	40
Speech Pathology	25

The following table compares information use of library clients from two specific position types:

Position Type	Loans	Articles	Searches
Occupational Therapy	55	872	94
Physiotherapy	29	478	64

The following table compares information use of all staff from two specific service areas:

Service Area	Loans	Articles	Searches
Emergency	126	885	29
Critical Care	253	1060	102

FIGURE 2 (BELOW): Welcome screen

dedicated liaison role generates an outsized number of articles and searches for the percentage of staff served, which indicates the time spent attending ward rounds and journal clubs and office consults is effective. More significantly though, these numbers convert to consequential results for the clinicians the library helps. In-depth interviews with several oncology and palliative care staff who receive this service provide qualitative confirmation that librarian input results in time saved and therapies confirmed and research undertaken and education achieved. To extrapolate these positive qualitative responses across the volume of recorded activity undertaken is to demonstrate with unambiguous clarity the strength of the collaborative relationship the library is capable of establishing with clinicians caring for patients.

EVALUATION

The DDHHS library has begun a process which it feels is significant, but which it hopes to refine and mature, and also match with other forms of evaluation. Nevertheless, even now this process has generated evidence which clearly articulates library activity with patient care carried out by the hospital workforce in its service areas. This in turn demonstrates the dynamic, comprehensive and substantial collaborative efforts the library undertakes on behalf of the information needs of the hospital.

There are limits and caveats to the utility of this mapping exercise. It must be acknowledged some activity has not been incorporated into this approach, for example information skills and tools training provided by the library. Also, only library-mediated services are recorded, which may not be a true reflection of a library's influence over and contribution to information accessed throughout a hospital. As well, the data capture and coding is mostly not automated which can lead to greater propensity for errors and omissions. It is also labour-intensive when attempted comprehensively.

Moreover, the categorisation of large and multifactorial datasets is inherently problematic at the edges. Organisation structures and descriptions of functions change over time. Some staff occupy multiple positions or have ambiguous roles. DRGs

are not designed for search topics and so do not always correlate neatly. As well, the conceptual linkage between DRGs and search topics needs more detailed informatic and economic analysis. These confounders can be overcome or accounted for, but they do need recognition and careful management.

LESSONS

Through the use of extant descriptors of health activity, health practitioners, and health services it is possible to create a map of library mediated information use in a hospital and health service. This map can serve as a shared language that identifies who uses the library and what they use in a way which is meaningful to both library-centric and hospital-centric measures. To capture context-sensitive collaboration systematically and present it cogently has the potential to be profoundly important in dialogue about the value of the library, and the impact of evidence on patient care. In this way the who and what are put into service of the more significant question of why.

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Integrating a librarian
into hospital-based research and education

ABSTRACT

St Vincent's Private Hospital Sydney (SVPHS) and St Vincent's Hospital Sydney (SVHS) are co-located hospitals in Darlinghurst. Both are facilities with St Vincent's Health Australia, a Catholic health and aged care provider. The Private Hospital is a 270-bed acute medical and surgical hospital, and received Magnet recognition in 2011. The Walter McGrath Library, St Vincent's Hospital Sydney, provides library services to the St Vincent's Private Hospital Sydney (SVPHS).

The purpose of the SVPHS Nursing Practice Development & Research Council (PD&RC) is to develop, promote, conduct and evaluate practice development research activities throughout the nursing and clinical services directorate.

The Council is multidisciplinary in membership and the Client Services Librarian (CSL) was invited to join the steering committee in 2008 and is a member of the current Council.

The Client Services Librarian's role has been to participate in the Council, to support clinicians at SVPHS undertaking research, projects and further education, and to promote and tailor library services to meet their needs. The CSL currently has a secondment as Research Assistant to the Professor of Healthcare Improvement, Research Office, SVPHS for 2 days a week. The University of Tasmania funds this position.

This is a valuable collaborative activity between the library and a hospital-based research office, supported by a tertiary academic facility. It builds capacity to understand research needs and deliver services that appropriately support the practice development, research and educational requirements of clinicians. It also provides for the professional development of a library staff member to undertake research and build knowledge of evidence-based practice needs.

PRESENTED BY

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SETTING

St Vincent's Hospital Sydney Network includes the public hospital and Sacred Heart Health Service at Darlinghurst and St Joseph's Hospital at Auburn. These hospitals come under the auspices of St Vincent's Health Australia, a Catholic health and aged care provider with 27 facilities across New South Wales, Queensland and Victoria.

The Walter McGrath Library currently provides library and information services to St Vincent's Hospital, Sacred Heart, and St Joseph's Hospital and has a contract for service provision with St Vincent's Private Hospital Sydney. The library is a department within St Vincent's Hospital Sydney and has a staff establishment of three librarians and two administration assistants.

The hospital campus is a complex one with relationships with many entities including the tertiary institutions of the University of NSW (UNSW), University of Tasmania (UTas), University of Notre Dame Australia (UNDA) and the Australian Catholic University (ACU); professorial appointments for the chairs of healthcare improvement (UTas), nursing (ACU), allied health (University of Sydney) and palliative care (UNDA and UNSW) who are all based in the hospital; and research bodies such as the Garvan Medical Research Institute, Kinghorn Centre for Cancer Research, Faces on the Street (Mental Health) and the Cunningham Centre for Palliative Care.

St Vincent's Private Hospital Sydney (SVPHS) is co-located on the Darlinghurst campus with St Vincent's Hospital Sydney, and is also a facility with St Vincent's Health Australia. The Private Hospital is a 270-bed acute medical and surgical hospital, with approximately 22,000 adult admissions annually. Patient care units include orthopaedics, neurology, oncology, gastrointestinal, cardiac and vascular, cardiac catheterisation, acute stroke unit, intensive care unit, renal transplantation and urologic services. A Young Mental Health Unit was opened in 2012 and provides care to patients aged between 16 and 30 years of age. The Private Hospital received Magnet recognition in 2011. It is the first, and currently only, private health facility in Australia to be conferred this prestigious award for nursing excellence.

The University of Tasmania has two campuses in Sydney offering nursing degrees. One is at Rozelle

and the other is on the St Vincent's campus in Darlinghurst. The Bachelor of Nursing is a fast-track degree that is completed within two years of full-time study (3 semesters each year). This year, SVPHS in partnership with UTas has introduced a professional doctorate program. The Professor of Healthcare Improvement and the Clinical Research Fellow are UTAS con-joint appointees/honorary staff and are responsible for the Research Office of SVPHS and the professional doctorate program on the Darlinghurst campus.

PURPOSE

As Client Services Librarian – a role I commenced in 2007 at the Walter McGrath Library – I have responsibility for providing library services to SVPHS. When I started in the role I operated from a small library based in Nursing Administration of SVPHS on 3 afternoons a week and undertook all the tasks required in a library service. As the Private hospital is co-located with St Vincent's Public Hospital on the Darlinghurst campus this was a feasible arrangement.

In 2008 Level 8 of the Private Hospital was designated as a Practice Development Unit (PDU) in partnership with the University of Notre Dame Australia. The unit aimed to extend the boundaries of, and generate innovation in, practice. It also aspired to act as an example within the hospital and to influence wider policy and practice. I was invited to join the steering committee of the PDU and to assist staff with specific projects. The steering committee was multidisciplinary in its membership and included nursing academics from the UNDA and ACU, a surgeon, SVPHS clinicians from allied health and nursing and the Practice Development and Research Co-ordinator.

Practice development is a

> Theoretical and practical discipline focused on the improvement of care and services for the patient within real practice environments. The key characteristics are: patient focus; actively engaged staff; multidisciplinary; evolutionary.
>
> (2010 Practice Development Report 2009 St Vincent's Private p.2)

A year later SVPHS decided to undertake the "journey to Magnet" recognition. The Magnet Recognition Program, which was established in 1993 by the American Nurses Credentialing Council, is a quality award that acknowledges excellence in patient care services in settings that support professional practice, the delivery of exemplary nursing and the dissemination of best practice in nursing services (2014 ANCC Magnet Recognition Program overview). The program has 5 model components of which Structural Empowerment, Exemplary Professional Practice and New Knowledge, Innovation and Improvements have enhanced the practice development, research and education environment in the hospital. Magnet has been and remains a highly influential element in the provision of patient care services.

By 2010 practice development had become well established and projects were being undertaken in nearly all the clinical areas in the hospital. As a result it was decided to cease having the PDU meetings held on Level 8 and introduce the Practice Development & Research Council as the body to foster and support practice development and research across all clinical units.

The current Nursing Practice Development & Research Council (PD&RC) reports to the Nursing Executive Council. Its purpose is to develop, promote, conduct and evaluate practice development research activities throughout the nursing and clinical services directorate of SVPHS. The Council continues to have a multidisciplinary membership. The coordinators are the Professor of Healthcare Improvement, the Clinical Research Fellow and the Quality Coordinator. The current members include the librarian/research assistant, a nursing unit manager, a dietician, a medical advisor, the UTAS Darlinghurst campus associate head of school, a nurse educator and practice development facilitator, and a consumer representative.

The Council meets bi-monthly and the functions include providing mentoring and support; providing information about upcoming events, conferences, workshops, grant monies; review of all projects for ethical and research governance issues; defining and monitoring indicators for research governance for ACHS accreditation and to provide six monthly reports on Council activity to the Nursing Executive. The PD&RC partners with other organisations as appropriate to achieve these aims, and these have included National Heart Foundation, University of Tasmania, Monash University and Griffith University.

Projects undertaken include:

- Improving venous thromboembolism (VTE) prophylaxis in medical patients using educational outreach visits
- Rapid Response and Rescue: Enhancing the detection and management of the deteriorating patient at St Vincent's Private Hospital
- Perioperative nurses' knowledge, attitudes, perceived barriers, and use of evidence-based practice: A cross-sectional survey
- TOP 5- Evaluation of the integration of carer knowledge to improve inpatient care for dementia patients
- Pain management in intensive care post cardiac surgery audit
- Field Testing of Indicators for Quality Use of Medicines in Australian Hospitals 2013
- St Vincent's Private Hospital Practice Environment Survey 2012

ACTIVITIES

As the Client Services Librarian my role has been to participate in and support an interdisciplinary team that oversees practice development and research activities, support clinicians at SVPHS undertaking research and projects, and to promote and tailor library services to meet the needs of SVPHS. I am a full member of the PD&R Council and have a responsibility to work with my colleagues to achieve the aims of, and contribute to, the outcomes of the PD&RC.

As one of the activities of the Council is to review research proposals, several of the Council members, including me, undertook the Monash University online ethics training course designed to assist members of Human Research Ethics Committee (HREC) to understand their role and responsibilities. Although the projects before the PD&RC are deemed to be of low or negligible risk, they usually involve people either as researchers or subjects and so ethical considerations might be raised in the review process. Although I have a graduate certificate in applied ethics, assessing research proposals was a new responsibility and I wanted the confidence that I understood the ramifications of the task. The Monash course, along with Council discussions, has been beneficial in developing my capacities.

I have participated in specific projects such as the practice development project to enhance dialogue about everyday ethical issues in clinical practice in 2010, funded by the Mary Philippa Brazill Foundation. As a member of the working party the librarian and the PD Facilitator met with staff from each of the units to explain the project and to identify and seek instances of ethical issues that the clinicians had faced in their work. These were then worked into scenarios that were used in workshops to promote engagement with and understanding of ethics in the clinical setting. I also found relevant literature and websites to support the creation of an ethics resource kit.

Literature searching for staff is one of the main activities that I undertake in supporting their research and education. The requests from SVPHS make up about one third of all the literature searches that are conducted by the librarians annually. Research consultations are also another service I undertake. These can encompass many things although increasingly the needs are focused around the search strategy process – how to create, record and report it. In addition creating strategies that retrieve specific research designs are increasingly of interest and reflect the changing requirements of postgraduate study and research. The consultations often include looking at specific databases and their features, discussions on Boolean logic, and managing the results. We also tailor our subscription databases so that an online article request form is embedded for staff to use.

Another service that has positive feedback is the weekly SDI email. This email is generally targeted at the clinical nurse educators, selected senior clinicians such as risk and quality, and the research office, however I may adapt the distribution depending on content. I use journal and subject specific alerts to scan for relevant literature from proprietary databases, as well the grey literature, to find material that might be of interest for projects, patient care, education, management or research.

I am regularly invited to give presentations on finding clinical evidence to the research workshops run by Nursing Research Institute. Recently I was invited to present a session on finding evidence-based information to the NSW Operating Theatres Association nurses' education day, following a recommendation made by the surgical services department at SVPHS.

In addition to the activities that I carry out, the Walter McGrath Library provides document delivery and inter-library loan services to the clinicians at SVPHS, as well as supporting intranet library homepages to facilitate access to databases, online journals and requests for service. It is important to acknowledge that in having these tasks carried out by other library staff I have more time and flexibility to engage with the clinicians in their workplace, and was one of the benefits with providing the library service to SVPHS entirely from the Walter McGrath Library.

OUTCOMES

My participation on the PD&RC has created the opportunity to engage with research, education and practice activities. The partnership is still evolving and I think that it demonstrates the truth that good relationships take time to grow. By participating in the Council and related activities I have been able to absorb the language, preoccupations, methods of operation and approaches to practice that the clinicians use on a daily basis. In turn, the library has another avenue in which to raise its profile. This has been particularly significant with the changes in the delivery of library service that have occurred over the last few years. The model of service has moved from a physical part-time presence in SVPHS to a remote service from the Walter McGrath Library based on 20 hours per week. This development allows us the flexibility to partner in different ways but it also means that maintaining visibility, alongside the online service, assumes greater importance.

A further outcome for me has been the opportunity this year to be the research assistant to the professor of healthcare improvement in the Research Office of SVPHS. This position is a secondment for two days a week and is funded by the University of Tasmania. Acceptance of this offer was supported by my Library Manager who viewed it as a valuable professional development opening to learn about research processes and needs. My position of Client Services Librarian has been back-filled with a fixed-

term 12-month appointment of a Grade 1 librarian for 4 days per week, as cover for the two days spent in the Research Office.

In addition I applied for and was offered a place in the Master of Medical Science research degree within the Faculty of Health Science at UTas. The cost of this degree is covered by the Research Training Scheme, which is funded by the Australian Government. Both the secondment and the Masters were unexpected events but it suggests that for librarians working in the health sector there may be other pathways for professional development that could be worth exploring. Previously to my current studies I undertook a Graduate Certificate of Arts (Applied Ethics) along with fellow SVPHS clinicians. It might also be said that the secondment has created a professional development opening for a new graduate librarian to gain experience in a hospital library service.

EVALUATION

My involvement in the Council, as the research assistant in the research office and my ongoing work as Client Services Librarian has been and continues to be prospectively assessed since its inception. It has been particularly successful at an executive level with good relationships having been established with the research office, quality, nurse education, clinical risk and surgical services departments. As well as supporting research and projects, I frequently support policy and procedure development and revision. It has greatly facilitated understanding of the clinical research priorities of SVPHS, as well as understanding of the processes supporting research in the clinical setting.

SVPHS has a commitment as an organisation to achieving excellence in patient-centred care. This attention to excellence includes the recognition of the need for and value of information services and resources. The opportunities for the involvement of a librarian at SVPHS have been facilitated by a number of champions on the senior nursing staff. Support at this level is an invaluable factor in the continued development of my role and the chances to participate in practice development, as is the backing of the Library Manager and the Senior Librarian of the Walter McGrath Library. Research and education are assuming a greater priority across the St Vincent's Sydney campus and the library is actively seeking engagement with the staff and processes involved with achieving those goals.

The Magnet designation is an important factor in the environment of opportunities that have been available to me. In particular the requirement for education and qualifications led to an uptake of postgraduate studies by registered nurses, some of whom were quite senior. SVPHS took the view that the "value add" they wanted from the library was to support these nurses as much as possible with their information needs. As their courses were often undertaken over 12 months or longer, it was possible to build a relationship during that time through the literature searching or research consultations. I have noticed that some of those nurses are now contacting the library when they require evidence for policy or research activities. There is a balance to be had between hospital library and academic library support of clinicians undertaking further study as there also is with student responsibilities to develop independence and skill with research and study. However my experience suggests that playing a part in supporting the clinicians with continuing education can be an important bridge to promoting understanding and awareness of the services, skills and resources the library has to offer.

There is still much scope however to bring information services to the clinicians at a unit or "bedside" level, and to develop awareness, skills and confidence with evidence-based practice. I am still working on making more headway with fostering an ongoing interaction with the clinicians undertaking research or projects beyond the one-off literature search or training session. This has to be tempered by the realities of both library and clinical work demands and staffing, but the continued need to engage with individuals and clinical teams has led to the proposed research I hope to undertake in the Master program. There are, I hope, going to be two parts to this research project. For the Master I am looking at investigating the role of clinical librarians in Australia through a survey and follow-up interviews. I have also submitted earlier this year an application to the St Vincent's Clinic Foundation Multidisciplinary Patient Focussed Grants on "The librarian in the multidisciplinary patient team: To evaluate the acceptability, utility, and impact of an embedded librarian on healthcare professionals' use of evidence-based practice". The proposal is to pilot a librarian (i.e. myself) joining the patient care team in the ICU and to evaluate the effect on evidence-based practice use among clinical staff using a validated evidence-based practice questionnaire.

In some ways I think that time is the critical issue across everything that I have described here. Even with nearly seven years in the position of Client Services Librarian the relationships are still being fostered and developed. It has required that I use my own time to undertake the study opportunities that have come my way. I have needed to be freed from routine tasks such as document delivery in order to participate in other activities such as the Council. If these other activities successfully build demand for service or participation in other projects this has had time management issues for my colleagues and me. I have roles and duties with the other hospitals in the St Vincent's Hospital network that have to be managed in the balance. Clearly integrating into research and education requires an investment and commitment of time, energy and resources, and may

pose challenges if the librarians are solo operators in their institutions.

CONCLUSION

This is a valuable collaborative activity between the library and a hospital-based research office, supported by a tertiary academic facility. It builds capacity to understand research needs and deliver services that appropriately support the practice development, research and educational requirements of clinicians. It also provides for the professional development of a library staff member to undertake research and build knowledge of evidence-based practice needs.

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Supporting a Bachelor of Nursing Program in a Sydney Teaching Hospital
– AN ENDURING LIBRARY PARTNERSHIP

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[no paper]

ABSTRACT

In 2006, the University of Tasmania School of Nursing and Midwifery in conjunction with St Vincent's Hospital in Sydney offered a pre-registration nursing baccalaureate course taught face-to-face at St Vincent's Hospital, located over 900 kilometres interstate from the host institution.

The challenges of delivering information services and resources to distance UTAS nursing students based at St Vincent's Hospital are that students needed more preparation to university study, accessing appropriate information resources and computer literacy skills. Initially, the Walter McGrath Library was under strain in taking on an increased role of a university library with students who have had no previous exposure to university study.

The success of this collaborative venture is attributed to the following key processes that both libraries followed: assessment, planning, negotiation, documentation and review. An element of goodwill and a cooperative nature was also apparent.

COLLABORATING
across health service boundaries

ABSTRACT
The librarians in three regional health service libraries – Albury Wodonga Health, Murrumbidgee Local Health district and Southern NSW Local Health District – in south-western NSW and north-eastern Victoria collaborated to update their library management system (LMS) and formalise delivery of library services.

The project was, and continues to be, a great example of collaboration between three geographically dispersed libraries in regional Australia.

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SUZANNE HANNAN
Library Manager, Southern NSW Local Health District
JENNY PRICE
Library Manager, Murrumbidgee Local Health District

The theme of the 2014 Health Libraries Association conference, 'Collaboration', explores the opportunities, benefits, and practicalities of collaboration. Three librarians, all working part-time in our respective libraries and collaborating together to form the South-West New South Wales (SWNSW) Health Libraries group, have found collaboration a positive experience that has provided many and varied benefits to our health districts, our clients, and to the librarians. Beginning in 2010, we have collaborated on our library management system and cooperated on other library issues. We began the collaboration in a spirit of cooperation, of mutual respect and support, and this has continued.

Who are we? Jenny is based in the Murrumbidgee Local Health District which encompasses the Riverina and parts of the South West Slopes districts in NSW. The Library is located at the campus of the major referral hospital and health service for the region, the Wagga Wagga Base Hospital. Maggie works at Albury Wodonga Health, Australia's first cross-border health service. This health service covers north-east Victoria and southern NSW. Suzanne is from the Southern NSW Local Health District, which encompasses the NSW South Coast, the Southern Tablelands, and the Snowy Mountains. The Library is based in Goulburn, a small rural city located about one hundred kilometres north of Canberra.

The combined geographical area of our three health services is approximately 195,000 square kilometres, equalling about 90% of the area of the state of Victoria. To drive across the region, from the far southeast to the far northwest would cover a distance of around 750kms – similar to a road trip between Melbourne and Sydney, taking approximately nine hours, a little longer than the flight time between Melbourne and Singapore. Within this area there are 36 hospitals, including four base hospitals, fifteen multi-purpose services and around twenty community health centres.

Library services clients include clinical staff, corporate staff, visiting medical officers, students on clinical placements, and students of university clinical campuses. Clinical staff who work in the larger centres are the main library services clients. Staff in the three health services equal about 6,500 full-time equivalent positions.

Historically the three professionally staffed NSW Health libraries were part of the Greater Southern Area Health Service (GSAHS) and shared their Library Management System (LMS). A Library Service icon on the GSAHS intranet linked to the front screen of the health service libraries' LMS. The LMS was the gateway to the catalogue of each library's collection. The front screen provided details about library services, contact details, online resource subscriptions, and other key information. We responded and delivered library services to patrons, according to the geographical boundaries of the former health districts and entities.

In 2009 Albury Base Hospital left the GSAHS to form a cross-border Victorian health service – Albury-Wodonga Health (AWH) – and GSAHS

split into two local health districts, Murrumbidgee and Southern NSW, in 2011. The organisational changes caused uncertainty; it was difficult to determine the structure, geographical boundaries, reporting lines and overarching intentions of the separate entities that would impact upon library services. The librarians, however, saw it as a chance to improve our library services through a service-oriented approach: an opportunity that was empowering, exciting, and daunting, in equal measures. Both NSW libraries were very fortunate to then have a supportive manager. She encouraged the librarians to work towards an ideal service by not abandoning the shared approach completely. Our experience in working together informed our decisions on which services were allocated to co-operative delivery or to individual library provision.

The management and funding for each of the libraries were and are autonomous arrangements. In the past, the area management had required some collaboration regarding the consolidation of the journal subscriptions. From October 2009 until December 2010, a common governance arrangement saw the Wagga and Goulburn Library Services managed under one directorate. This resulted in a positive and welcomed cohesiveness which strengthened our working relationship. In May 2010, another member of the team was welcomed when the AWH Librarian position was filled. As we had evolved into three separate parent organisations, the collaborative approach was necessary to encompass our service development and service delivery planning.

The benefit of increasing resource availability for all of our health service staff through the LMS had already proved to be a very useful vehicle for addressing staff equity and access to resources across our large geographic region. However, the computer application we were then using proved to be highly unstable when operating on our health network. This resulting uncertainty of access became extremely disruptive for library staff and clients. With the split to three separate health entities, the libraries needed an externally hosted LMS, providing access to staff and students when they are outside the intranet.

The collaboration between the two NSW libraries began by conducting a risk and opportunity analysis for the main service areas, such as the LMS, acquisitions, literature searching services, document delivery, client training, and current awareness. Each librarian conducted an analysis. We discussed our opinions and findings before merging our documents. Each had to be prepared to justify their ideas, and also be prepared to concede on some issues. The negotiation process was extremely important at this stage, and required diplomacy and understanding. Each party approached this as an opportunity, motivated to continue collaboration in order to obtain

the best situation for each health district. We had witnessed the benefits of a unified library service and intended it to continue. In some ways, we were chasing the best of both worlds - the benefits of co-operation within an autonomous environment.

The LMS was easily identified as an ideal vehicle for collaboration, and we set about identifying what we needed a LMS to do. The split into three separate health entities necessitated a number of requirements:

- an LMS that could be hosted externally;
- a provider that recognised a shared catalogue of three separate health services;
- an inexpensive system that would provide training and support as required;
- a system that would allow each library to manage its own cost contribution;
- a system that would allow us to share our resources yet maintain individual library identity.

Koha met these requirements. Koha LMS is an open source application, increasingly used by Australian libraries.

A Memorandum of Understanding (MOU) was drafted to ensure each participating library was aware of their roles, responsibilities and rights in relation to the LMS. This document provides the framework for continuing collaboration, regardless of future staff changes, and serves as an historical record of rationale for the selection of the LMS. At the heart of the MOU was the 'spirit of co-operation' that the agreement was entered into, a term emphasised in the document. It is an ethos that will guide any future relationships, and developments and improvements to the LMS and other library functions. It clearly signals our intent for continued partnership, and formally acknowledges the importance of collaboration and a shared belief in its value. Importantly, it reflects the trust each librarian has in the others to support one another in the workplace, to deal with one another with professionalism and respect, and to commit to the principles of best practice in health librarianship.

The senior manager responsible for the NSW library portfolio was highly supportive of the move to Koha, and funded the initial setup, configuration, and training. The manager also facilitated discussion between the Librarians, and the libraries and their respective finance units. Albury Wodonga Health management contributed to training costs, as a show of commitment and involvement in the process. It was very important to have a champion who saw the value in our proposal and helped to steer it through the bureaucracy.

We were kept busy in the summer of 2010/11 while we waited for the MOU to be signed off by the management of all three organisations. Tasks were shared in an informal way, with all three librarians keen to share existing expertise and develop new skills in a supportive environment by taking

responsibility for specific tasks, even those that were new or challenging. We all felt comfortable doing so, knowing we could call on our colleagues if there were difficulties or confusion. We saw the tasks as the means to achieve our new LMS, giving impetus for sustained co-operative work, even when problems seemed quite daunting.

The process of extraction of the records from the old LMS in a MARC format proved to be not possible. This also involved negotiation with the NSW Health IT people as the records were on their server. During this process much help was sought and came from health librarians already using Koha. The vendor support team were persistent in testing for solutions, remained calm, and we successfully uploaded our records. This Koha community is another great example of collaboration and group support.

Many joint decisions had to be made on a range of issues related to the LMS, even on fairly small things relating to the configuration of our public catalogue home page. Bigger issues also raised their heads, such as deciding what would happen to the old LMS and its server, and what we wanted to call ourselves as a group. Each of the libraries found that the change to a new LMS gave us an opportunity to weed our collections and tidy up authority records.

We decided to leave our training day until very close to our 'go live' date, to ensure that we didn't forget things during a long lead-in period. Our training day in March 2011 was an exciting day and we all agreed that the vendor support was excellent. It was held at Wagga, approximately half way between Goulburn and Albury. It was the first time we had met face to face as a group and our networking dinner helped to cement our cooperative endeavour. Learning to use, adapt and modify the LMS meant that we gained ownership of the catalogue and it became ours. These learnings were applied over the next few months as we 'bedded down' the LMS and learnt how to operate the various modules.

Regular teleconference meetings helped us sort out the myriad issues necessary to ensure that the new LMS reflected our way of doing things. At each of these meetings, we took turns writing the minutes and recording decisions. Tasks were allocated at each meeting and emails also circulated regularly. New challenges, such as HTML writing for the public home page, were shared – by phone – nutting out problems encountered. It was a thrill to see your own work on the screen, knowing that you had created it using your hard-won HTML skills. As each of us undertook a new task or practice, procedure sheets were written and shared so that all of us could master these new skills. This process allowed each of us to develop new knowledge and skills in aspects of service development and delivery.

Initially our meetings were held weekly, so that we could consult together about issues that had arisen and keep abreast of where we all were with the tasks each had. As we got on top of things and found our feet, the regular meetings became less frequent. There is however always something to discuss at our meetings – now held about every eight weeks. The LMS is dynamic and things are always changing.

To increase our health service staff's information literacy skills, we provide them opportunities to become familiar with differing search interfaces, database structures, thesauri and printing/saving functions. This is done through a regular program of trials of significant healthcare eResources currently not available through our portals. The trials of eResources are run on a planned schedule with the associated tasks allocated on rotation to each of the librarians. Tasks include writing announcements for email, intranet and newsletter distribution, creating flyers, advertising training sessions, and gathering information about the pricing, contracts and licensing agreements. We collaborated to create a Survey Monkey account, so we could create and distribute surveys about our trial resources and garner feedback about other library services.

Geographical and professional isolation have a significant impact on retaining clinicians in our rural locations. Many clinical staff work in small multidisciplinary teams and yet are isolated from their professional peers. As a contribution to strategic initiatives for retaining skilled staff, the libraries provide a range of services – literature searches, document delivery, recent literature updates, a relevant collection and information literacy training – and seek to contact these staff as a means of addressing their isolation. The quirkiness of the vast geographical distribution of the staff means that our most regular library clients may never be met face to face.

As there is no intranet/internet 'library' page, we use the LMS to push library services information across the health services. In particular, contemporary patterns of working and learning require patrons to access the library services within their own time as well as at work. Some of our patrons do not have access to the intranets, so a web presence is crucial.

Connections with the facilitators of education, training and orientation programs in each health service allow the libraries to publicise their services. Information about how library services can support clinical work and professional development is delivered in person and via desktop connections to staff. Sharing of training documentation – flyers, handouts, procedures and email templates – offers further opportunities for marketing our services.

Network connection and bandwidth problems are lessening as infrastructure improves and are likely to progress further when rural eHealth policy initiatives receive serious attention. We look forward to library services developing on the coat tails of this.

In the same spirit of many long standing library collaborations, such as Libraries Australia, Gratisnet,

library linkages within NSW Health's Clinical Information Access Portal (CiAP) and our previously combined LMS, ours has given us resilience to organisational changes and budgetary restrictions. It has allowed us to maximise use of and access to the information, resources and expertise available from our libraries.

Today, the LMS continues to be a joint catalogue which encourages the sharing of resources between the three libraries. We actively promote the reciprocal access arrangements and our clients are aware that any item listed in the catalogue is available to them, regardless of the resource's home library. We co-operatively deal with any problems or issues that arise in relation to the catalogue, always in consultation with one another.

The LMS is a sound example of collaborative success but for us, of equal importance, is the sense of belonging and collegiality that has resulted from its creation. Librarians can feel isolated within our unique role in our organisations, but a network of libraries can reduce this isolation. There are huge psychological benefits that result from discussing problems, frustrations, new ideas, and big wins. Gathering ideas and solutions from colleagues who are in similar situations help clarify and justify your own ideas and approaches. It can be challenging to have your colleagues question your intentions or outcomes, but it raises your accountability and helps define purpose and goals. It is equally useful to be able to cite other District libraries as benchmarks or examples of best practice worth replicating. The similarity between our services makes this more justifiable to our respective managements. An added advantage is that we can co-ordinate our leave to ensure that a librarian will be available in at least one of the three Districts on standard working days. This allows us to enjoy our annual leave knowing our clients' services will continue. It also reinforces the concept that libraries are an 'essential service' that staff cannot do without, even for a short period.

There have been a few challenges for the three librarians involved. It is not always easy to form a co-operative. A collaborative and cooperative library entity requires:

- equal commitment to well defined goals and outcomes by all members;
- tolerance and acceptance of the differences of others;
- patience as we wait for responses or actions from the other members;
- extremely good communication skills, where honesty is combined equally with diplomacy.

A clear articulation of both short term and long term goals will sustain motivation and provide a rationale for collaborative actions.

Where to from here? Naturally we will continue with our collaboration on the LMS and the mutual support we give each other. There is much more we can do with our LMS. Our catalogue home page could be further enhanced with links to material more specific to our libraries. Work on adding request forms and 'how to' documents is underway. If our budgets allowed, we would like to offer our clients access to some of the great resources that we have trialled in the last eighteen months. We aim to do more work on engaging with our clients in a mobile environment and to keep pace with changes in technology. Offering videos on relevant topics, such as database searching or evidence-based medicine, would assist our clients, and allow us to add value to our services. Establishing a rural health librarians' Professional Development day could be one initiative, where rural librarians can learn, share and network together, without travelling to the "Big Smoke". Succession planning for the future of the shared library services is, of course, an important task for us to consider. Writing and preparing this paper together has been an ideal example of our collaborative approach – it was all done by phone and email.

What we've done in the last four years is a blueprint for the future – collaborating together to provide the best possible library services for all our clients.

Maggie McCafferty
Library Manager, Albury Wodonga Health
Suzanne Hannan
Library Manager, Southern NSW Local Health District
Jenny Price
Library Manager, Murrumbidgee Local Health District

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POSTERS

Evaluation of the Mental Health Specialist Librarian role

Helen Wilding, Research Librarian, St Vincent's Hospital (Melbourne)
Jeremy Taylor, Chief Librarian, St Vincent's Hospital (Melbourne)

Background

The mental health specialist role was introduced by St Vincent's Hospital Library Service in November 2012. It aimed to raise awareness and uptake of the library's specialist research services and to improve interdisciplinary and interdepartmental collaboration.

The incumbent was Helen Wilding, a research librarian with specialist knowledge in the mental health area. As part of the role Helen was invited to join the Research & Academic Group of St Vincent's Mental Health, supported and collaborated with mental health staff at all levels on a variety of research projects, and distributed a regular current awareness bulletin, Mental Health Update, to approximately 400 staff. In addition, Helen and other library staff continued to offer the library's usual research support services hospital wide.

Methods

The Library Service has collected detailed statistics of service use by approximately 30 hospital departments, including Mental Health, since 2006.

Figure 1

Breakup of professional roles - 80 survey respondents

To measure the impact of the specialist role statistics relating to **mental health staff only** were retrieved, collated and compared for the 12 months before and after the role was introduced. Comparison periods for service use were Nov 2011 to Oct 2012 and Nov 2012 to Oct 2013. Access to online journals was compared for 2012 and 2013.

Additionally, in October 2013, eleven months after the role was implemented, an online survey evaluating its impact was distributed to 380 recipients of Mental Health Update. 80 responses were received over a two week period from a wide variety of professional disciplines (Figure 1).

"Fabulous service by expert staff. Greater research productivity due to involvement and working as a team. Great collaboration and sharing of ideas. Keep up the amazing work."

Results from library statistical comparisons

Statistical comparisons indicate that the specialist role had the following impact on service use by mental health staff:

- Inter library loans increased from 59 to 250 (331%)
- Literature search requests increased from 27 to 79 (193%)
- Database tutorials increased from 7 to 28 (300%)
- Other extended consultations increased from 2 to 54 (2600%)
- Support with systematic reviews increased from 4 to 6 (50%)
- Library orientations increased from 0 to 24
- Total participants in education increased from 9 to 119 (1222%)
- Downloads of psychiatry articles increased from 3882 to 7422 (91%)
- The proportion of psychiatry article downloads compared to total site wide downloads increased from 6.97% in 2012 to 10.23% in 2013.

Results from survey

80 responses were received to the online survey. Responses supported library statistics about increased use of library services (Figure 2) and also indicated other ways that the specialist role positively impacted on the jobs of mental health staff (Figure 3). Other responses indicated that:
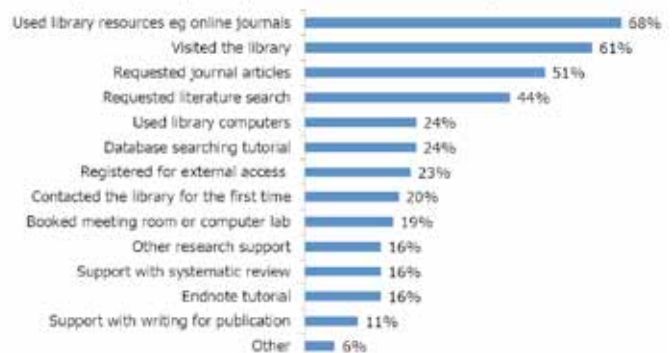
- 98.7% read the current awareness bulletin, Mental Health Update
- 63.8% went on to read 1-5 articles, 15% read 5-10 articles, 5% read 10+
- 93.8% would recommend Mental Health Update.
- 92.4% found the role highly useful or essential.
- 96.3% would recommend others to contact the specialist librarian.

48 extended free text comments also reflected on the value of the role.

"Made academic practices more consistent and easier to fit into the week. My particular work really benefits from keeping informed of the resources available and of the kind of work that others are doing. We also forward these links to others in our team who are based at the University of Melbourne and with other public health services so St. Vincent's is seen as an academic leader and a service that is striving for excellence."

"The staff at the St Vincent's library were extremely helpful in providing a detailed one-on-one tutorial for carrying out a systematic review that I was required to conduct as a part of my research role. This work was fundamental to writing the research paper, which resulted in a publication. Subsequently I have recommended this service the library provides to 4 work colleagues, who have also had similar success."

Figure 2

Have you used any library services as a result of the specialist role?

Used library resources eg online journals	68%
Visited the library	61%
Requested journal articles	51%
Requested literature search	44%
Used library computers	24%
Database searching tutorial	24%
Registered for external access	23%
Contacted the library for the first time	20%
Booked meeting room or computer lab	19%
Other research support	16%
Support with systematic review	16%
Endnote tutorial	16%
Support with writing for publication	11%
Other	6%

"We have been supported by the Mental Health Librarian to initiate enquiry into an aspect of patient care that is not looked at by many mental health services. This has enabled us to take a lead in the field nationally and internationally, with published papers in specialist medical journals and presented at international conferences ..."

Figure 3

What impact has the specialist role had on your job?

Feeling supported by library staff	78%
Increased awareness of what is happening in MH Dept	76%
Increased current awareness of mental health issues	75%
Increased awareness of library resources	64%
Time saved	60%
Awareness of viewpoints previously not considered	49%
Improved patient care	45%
Feeling more included as part of the mental health team	45%
Confirmation of current practice	43%
Awareness of consumer viewpoint	43%
Increased productivity	41%
Increased conversation with work colleagues	39%
Awareness of carer viewpoint	36%
Modification of current practice	34%
Awareness of other staff experiences	34%
More confidence in research skills	31%
Other	10%
No impact	4%

Conclusion

The implementation of the mental health specialist librarian role has been very successful in engaging mental health staff in research and applying research to clinical care. Details of the project have been shared with the wider health library community through a conference presentation (Wilding, 2013) and journal publication (Wilding, 2014).

If staffing levels allowed, it is apparent that this model of library support has the potential to enhance research skills, publication output and enthusiasm across many areas of the health service.

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Acknowledgments

Contacts Helen.Wilding@svha.org.au; Jeremy.Taylor@svha.org.au

Collaboration : Embedding Scholarly Literacy in a Veterinary Science Curriculum

Madeleine Bruwer, Kathy Fox and Rowena Morrison

Setting

In 2011 the Doctor of Veterinary Medicine (DVM), a professional graduate degree, replaced the undergraduate Bachelor of Veterinary Science degree, with a completely revitalised curriculum.

Concurrently, Melbourne's Scholarly Information Future: a Ten–Year Strategy (2008), with the University Library Scholarly Literacy Strategy and Framework, determined the Library's aspirations for learning and teaching.

These circumstances provided the perfect opportunity for academics and librarians to work together to equip our students with the critical, ethical and practical capabilities to effectively use scholarly information.

The Collaborative Process

Collaboration differentiates from cooperation and partnership in that it has three elements:
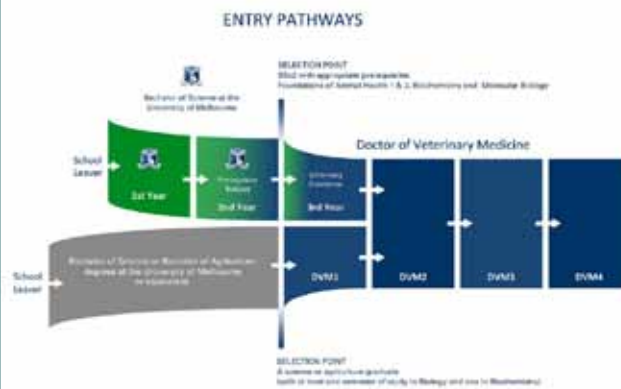- the rationale behind collaboration is to achieve a common goal
- it is defined by a well-designed structure
- it is mutually beneficial (Cook, 2000, p.23)

The DVM program in conjunction with accreditation bodies including the American Veterinary Medical Association (AVMA) aim to produce graduate veterinarians with the ability to solve problems, draw on the substantial body of veterinary knowledge, interpret evidence, make decisions and act upon them within a clear ethical and professional framework.

With common objectives, the academics and librarians used the Scholarly Literacy Strategy to introduce a systematic, structured and 'whole of course' approach to embedding scholarly literacy into the curriculum.

A well-defined structure was provided by the Scholarly Literacy Framework, which is:
- based around six standards, each providing detailed learning outcomes across increasing levels of capability
- drawn from the ANZIL Information Literacy Standards
- incremental and sequentially applied
- non-prescriptive

SUCCESSFUL COLLABORATION

Availability of Standardised Policies
- Scholarly Literacy Strategy and Framework
- ANZIL Framework
- DVM Graduate Attributes
- University of Melbourne Graduate Attributes

Common Goals and Clear Objectives
Embed Scholarly Literacy into the curriculum to produce Scholarly Literate students

Organisational Support
Library Management encourages and facilitates collaboration

Open Communication
- Among Librarians
- With Faculty
- With Library Colleagues
- With Library Management

Timing
Identify opportunity and appropriate time to approach academics and gain support for embedding Scholarly Literacy i.e. development of new course

Willingness to Collaborate
Need supportive and enthusiastic academic staff and course co-ordinators

Mutual Respect and Trust
Need perseverance and to build trust

Availability of Time
- Opportunity for formal meetings and annual reviews.
- Opportunity for informal meetings and opportunities to meet academics – particularly in small specialised libraries.
- Time to develop a Scholarly Literacy Program – librarians need to negotiate and refine activities with academics.

ENTRY PATHWAYS

Collaboration ensured that the program provided detailed learning outcomes across increasing levels of capability and was aligned with the DVM course requirements.

The Veterinary Science librarians and the Biosciences librarian met with the Associate Dean (Curriculum) and DVM subject coordinators to introduce them to the Scholarly Literacy Strategy and associated framework. Potential subjects for embedding scholarly literacy skills were identified, along with subjects in which academics had already incorporated scholarly literacy skills.

With the Scholarly Literacy Framework as a guide, the librarians mapped scholarly literacy attributes to particular learning outcomes. This mapping exercise proved very useful as it assisted in identifying gaps and opportunities for further skills development.

Initially the scholarly literacy program started with a few subjects. Academics and librarians continued to target particular subjects as they became more familiar with the new curriculum. Ongoing review is part of this process and the scholarly literacy program continues to evolve. This includes a formal annual review meeting, which is another way of building relationships between faculty and librarians.

Mutually Beneficial Outcomes

- The Scholarly Literacy Framework became a useful tool in providing a jointly determined common goal between librarians, and between librarians and academics.
- The scholarly literacy program and associated framework are formally recognised by both Faculty and Library Management as a tool for promoting lifelong learning. The strength of the scholarly literacy program was particularly noted following the Faculty and DVM's successful accreditation in 2013.
- The invitation to join a specialist teaching group, the Melbourne Academy of Veterinary Learning and Teaching (MAVLT), acknowledges the librarians as part of the learning and teaching team in the Faculty.
- Over a period of three to four years the librarians and academics strengthened collaborative relationships and increased inter-personal relationships and trust.

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Librarians as collaborative research partners - EndNote education

Danila Durante, Librarian, St Vincent's Hospital (Melbourne)

Background

Staff at St Vincent's Hospital Melbourne had access to the EndNote software and regularly approached the Library with queries for assistance. Librarian Danila Durante identified a need to support the software so in July 2012 updated her knowledge and planned an education and support program. Early in its implementation Library staff were educated on using EndNote to streamline and improve efficiency in delivering existing services.

Clients who approached the Library for assistance received a tutorial and these clients recommended the education to their team members. Reference Librarians conducting database searching tutorials cross-promoted EndNote as a complimentary tool in which clients could store and manage results of literature searches. Demand for tutorials increased and two more Librarians Ann Drummond (St. George's campus) and Angela Morais, joined the education program in 2013 and 2014 respectively. Medical students in the Scholarly Selective stream have requested the Clinical School provide access to the Library's EndNote education program.

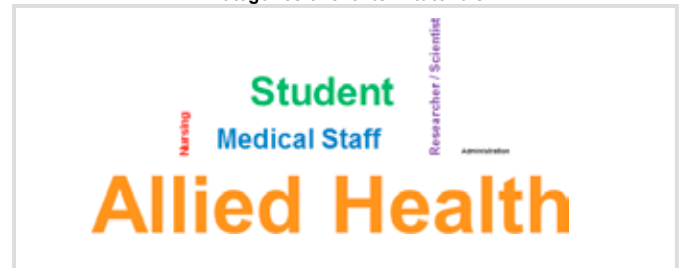**Figure 1**
Participants in tutorials
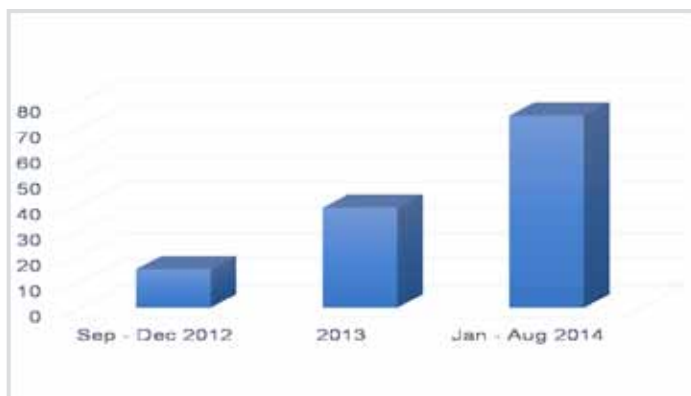
Methods

Preparation for education and support:

- A relationship was established with the IT team to introduce the Library's intention to support EndNote and understand technical issues involved.
- Existing online education support sites at other institutions were evaluated for suitability for clients and the local IT environment.
- Documentation for clients was created and Library Staff were consulted for feedback on select components.
- Tutorials on using EndNote were given to all Library staff. This assisted to streamline Library services, e.g. managing and sharing references for professional reading, sorting and delivering results of database searches to clients, compiling references for newsletters.
- Registered as an EndNote trainer with Thomson-Reuters to receive news on updates, pre-release software, and brochures.
- Created two surveys for distribution to clients post tutorial to identify client category and obtain feedback on satisfaction and impact.
- Reference Librarians agreed to cross-promote EndNote during database searching tutorial.

Education and support comprises:

- One-on-one tutorial demonstrating EndNote lasting approximately one hour with additional refresher session if required.
- Distributing in-house documentation and proprietary brochures.
- Creating and maintaining a section on the intranet for EndNote support showing FAQs, guides, manuals, links to user forum and YouTube videos.
- Talking to client groups during orientation on using EndNote as a research tool e.g. Scholarly Selective stream medical students.
- Providing assistance on request for troubleshooting e.g. creating, editing and sourcing output styles.
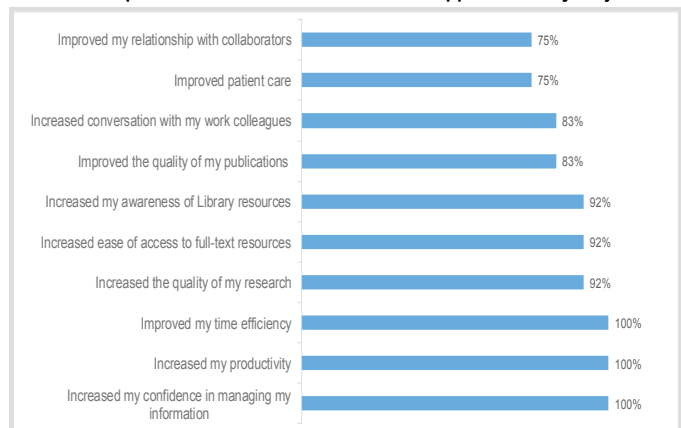
Figure 2
Categories of clients in tutorials

Outcomes and impacts

"My supervisor was very impressed, you made me look good. I showed them my database and I think they will be calling to make an appointment for a tutorial."

Figure 3
What impact has the EndNote education & support had on your job?

"Absolutely brilliant to be able to access tailored teaching when I needed it. Extremely competent delivery by a friendly, approachable librarian. Will certainly recommend to my colleagues. I think it should be highly recommended to all Advanced Trainees (as we all have to do research projects for the RACP) and any other staff involved in research."

"This is a great service you are providing. If I'd known about this before we sent off our paper I would have saved so much time."

"Fantastic service by the librarians."

Conclusion

The EndNote education and support program has been successful in fulfilling an unmet need. Library staff are using their information management skills and making EndNote part of clients' research and administrative workflows. Awareness of the Library's role has been increased. The Library is actively supporting the productivity of research and scholarship and is now better placed in positioning itself as a collaborative partner of St Vincent's Hospital's Research Directorate.

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Acknowledgments

Tools for Building Our Information Future: Emerging Technologies Vital to Medical Libraries

PF Anderson, University of Michigan, <pfa@umich.edu>; Skye Bickett, Georgia Campus - Philadelphia College of Osteopathic Medicine; Joanne Doucette, MCPHS University;
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Tierney Lyons, Penn State Worthington Scranton; Scott McLachlan, Ruskin College; Ingrid Tonnison, Central Coast Local Health District; Lin Wu, University of Tennessee

Research Question

What skill sets do medical librarians need to be strong partners of continuing effectiveness to the changing environment of technology?

Objective

As healthcare professionals steadily incorporate emerging technologies into their practice and education, health sciences libraries need to investigate, adopt, and provide learning opportunities on relevant and forthcoming technologies. This study identifies emerging technologies central to medical librarianship and serves as an exploratory project for research on skills and information structures medical librarians need in this changing environment.

Methodology

To gather insight on the emerging technologies critical to medical librarianship, the authors identified forthcoming trends and newly adopted tools through an online survey and two focus group sessions. First the authors identified tools and technologies of interest to medical librarians and/or their communities, collaborating by using mind-mapping software to develop a flowchart that shows their relatedness. This map informed trends to explore in the survey and focus groups. The online survey and two Twitter-based focus groups, conducted in summer 2013, were distributed through a variety of media (Twitter, blogging, email), targeting medical librarians and healthcare leaders.

Focus Groups and Survey

#MEDLIBS

1,232,841 Impressions
344 Tweets
29 Participants
275 Avg Tweets/Hour
12 Avg Tweets/Participant

Survey

7 Questions
46 Participants

#HCLDR

5,597,359 Impressions
1,605 Tweets
129 Participants
713 Avg Tweets/Hour
12 Avg Tweets/Participant

Consensus between Think Tanks

3d printing
Learning analytics
Additive manufacturing
Big data
Flipped classroom
Games & gamification
Social media
Virtual reality
Wearable technology

Dropbox
Digital curation
Collaboration technologies & tools
Games & gamification
iPads
Mobile
Video

Interesting Overlaps between Groups

Example of Anticipated Outcomes

Database Searched	Number of results	Search Strategy for 3D Printing
PubMed.gov	721	("3d printing"[TIAB] OR "3D printer"[TIAB] OR "3D print"[TIAB] OR ("three-dimensional printing"[TIAB] OR ("three-dimensional printer"[TIAB] OR "three- dimensional print"[TIAB]) OR ("biofabrication"[TIAB] OR "biofabricated"[TIAB] OR biofab[TIAB]) OR ("bioprinting"[MeSH Terms] OR bioprinting[TIAB] OR bioprinter[TIAB] OR bioprint[TIAB]) OR ("additive manufacturing"[TIAB] OR "additive manufacture"[TIAB] OR "hybrid printing"[TIAB] OR "fused deposition modeling"[TIAB] OR ("printing"[MeSH Terms] AND "tissue engineering"[MeSH Terms])

Results

The data from the survey and focus groups enriched the flowchart with additional technologies, also identifying appropriate roles for medical librarians. The flowchart includes over 80 main groups of emerging technologies, some being broken down for more detail about the technologies. The main roles for librarians were identified as that of an organizer and provider of information and a guide and teacher. Collected data was analyzed to determine gaps, most significant technologies, and potential applications.

Conclusion

These technologies have the potential to be used for communication and education by librarians, on the human body, in health care delivery and public health, and in traditional librarianship. Additional research should address barriers for adoption and concerns of librarians for these and other emerging technologies.

Current and Future Outcomes

This project has currently generated one infographic, two presentations, and two posters at professional meetings. A final report as a white paper and a journal article are forthcoming later in 2014. The white paper will include search strategies with highlighted examples of targeted technologies for other medical librarians to use and adapt in their work.

VHLC

Victorian Health Libraries Consortium

Celebrating Ten Years of Collaborating for Better Value

The Victorian Health Libraries Consortium works with publishers to offers health libraries a variety of deals on an opt-in basis. Some deals comprise content customised to the group. Other deals comprise standard packages where consortia pricing delivers significant savings to libraries.

The VHLC Management Group comprises 7 librarians who volunteer their time to propose, evaluate, and manage consortia deals.

In 2014—27 participating libraries, 18 deals offered, totalling 1800 e-journals and 5000 e-books

Working with major publishers:

BMJ Publishing	Cambridge University Press	Elsevier	Informa Healthcare	Internurse	McGraw-Hill
OVID	Oxford University Press	Springer	Wiley		

Percentage of titles in each Scimago journal ranking quartile
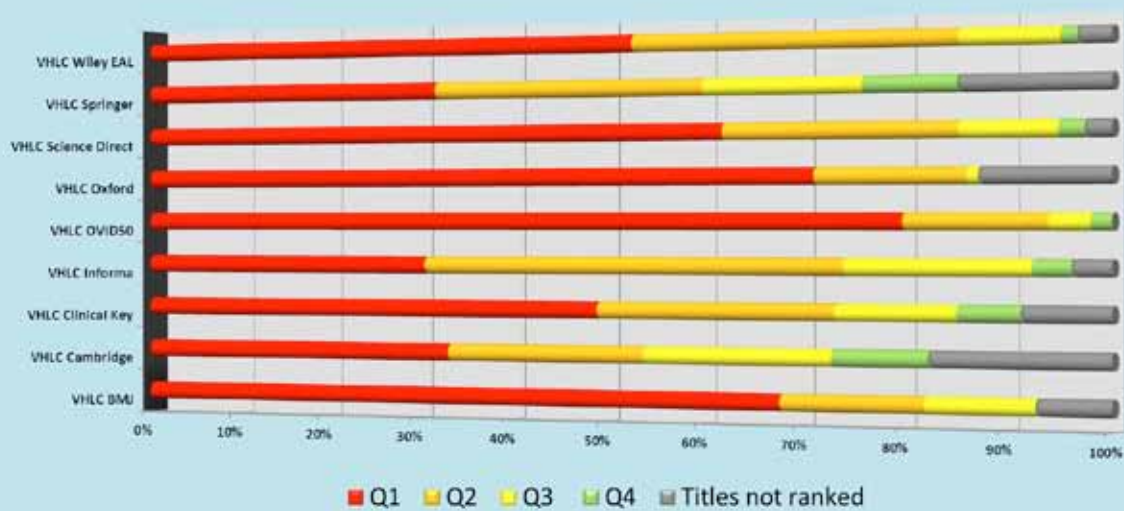
Scimago SJR ratings 2012 for VHLC 2014 packages
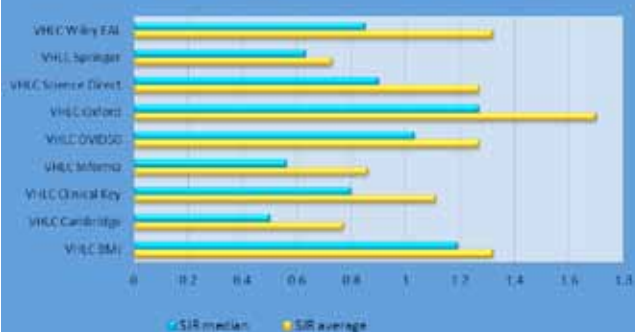
Scimago h-index ratings 2012 for VHLC 2014 packages