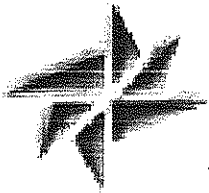## September/ October 1999

National Newsletter

Health Libraries Section
Australian Library & Information Association

Time for change? ALIA takes time to re-shape and regroup

The ALIA renewal process is currently underway, the aim is to 'take the Association towards a new peak body for the library and information sector' In this newsletter some of the issues are discussed. Rather than sit back and let it all happen, read about the issues here and on the ALIA web site at
http://www.alia.org.au/review/charter/charter.of.renewal.html

ALIA branches, sections and the proposed restructure
By Cheryl Hamill, previous National President

Cheryl prepared the following paper for a joint ACLIS/ALIA meeting in Perth in February 1998. Many of the issues raised are pertinent today.

I am not convinced that we need state branches at all, as I think our responses on all sorts of issues are sectoral in the main. This is not to ignore that we are all librarians deep down, but the reality is that my responses to almost any issue you care to name are shaped by my health industry orientation. I agree that there are commonalties between the sectoral interests on matters of common professional interest such as cataloguing, reference, library promotion, professional development and the like.

I would like to see more funding flowing direct to the state sections rather than to the branches and then being redistributed from there. It would be useful to have a state council that shares information and is made up of the state presidents of each division/section. I think its role should be limited though as the majority of the work for the members of the association tends to be done from the sections. I see the state council being funded by the sections/divisions and concerning itself only with co-ordination of cross sectoral issues, and with information sharing on professional development matters and so on.

I also think that General Council in Canberra should be made up of the national presidents of each section/division and not elected general councillors - there seem to be too many elections, and the general councillor positions are the only ones that attract some competition and prestige while the national presidents are sidelined. I think there should also be one general councillor from each state, elected from the membership of the state council. I think the effect of these moves would be to make elections at the local level more significant as they can potentially put the state presidents in competition for election from state council to general council and the national presidents would also be seen as having influence and this would make that level of election more competitive.

Allied to that point, I do not think national presidents for sections should just rotate

around the states like orphans in search of parents but should be truly national searches for someone with the drive and ability to lead. There is nothing to stop that happening now at a sectional level but this would seem to be the time to shake up old habits. Finally, I obviously think that health is a big enough sector to stand as a separate division/section. I am not sure what to do about obvious inequities in size between sectors - i.e. should public librarians have more members on general council because there are more of them (I assume there are anyway)?

"Investigating the use of the Internet and other Information sources by health professionals : a report on the application of a research tool"

This report explains the methods involved in undertaking a research project, namely the investigation of Internet use. It includes a questionnaire that I developed for my thesis. The report explains how to undertake the study and how to analyse the results.

Available from Lorennna Smirneos for $10.00.

Cheques to be made payable to me *S.L. Smirneos*

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EDITORIAL

Hooray, I survived Strait to the Future in Hobart, a conference well worth attending, well done everyone who helped to make it such an excellent event. This was a good opportunity to get out and discuss the issues, and to see what other health librarians are up to.

Many of the topics discussed in Hobart have also been carried forward into this newsletter. I hope that they stimulate some thought and debate, especially the changes that are taking place within the Association When one digs a little deeper, some contentious issues raise their head. Instead of taking my professional organisation for granted, I am now starting to have a think about the direction it is taking.

One issue that is always around is the changing role of librarians. In this issue, this is highlighted with an article by Sue Shaw on Web design and the proposal for a national steering group looking at continuing professional development needs for evidence based health care.

In this issue we have also included a questionnaire to elicit your views on continuing professional development. Take some time out to think about what direction you would like to take, and what training and skills you will need to make it happen. We would like to hear from you so that we can get a good national picture.

Following on from Strait to the Future, I am sure that there are many of you who would like to follow up on many of the topics raised throughout this event. If you would like to report back to the Group or just give us your views, let me know.

Gabby Fennessy

The Health Libraries Section and ALIA : what future? A personal viewpoint
By Stephen Due

Many readers of this newsletter will by now be aware that ALIA is undergoing a process of change, masterminded by a group known as the Renewal Working Group. This process has occupied a great deal of my time as President of the Section, not, unfortunately, as a participant, but as an increasingly frustrated commentator and protester.

At the ALIA AGM in Sydney on 10 August, a small group of about 250 specially-collected voters carried a motion to wind up the Association. ALIA has, incidentally, over 7,000 members. Repeated pleas by me and others that the issue should be put to a postal vote of all members have been refused. The existing Association will be wound up by the end of the year.

Meanwhile the renewal process is continuing. A draft constitution has been decided on by the RWG. A review of the divisional structure of ALIA is being undertaken by a subcommittee appointed by the RWG (as a divisional president I have argued repeatedly that I have a right to be formally involved in this review but this has been rejected).

The renewal process is undemocratic, and the RWG is determined that it will remain so. There will be no plebiscite of members to determine their wishes on any aspect of the new association. To make matters worse, the level of debate is woeful. The people controlling the change process have a marked tendency towards the modern vice of argument by silence i.e. they simply ignore awkward points raised by others to which they are unable to think of a reply.

Under these circumstances, it is not possible to regard the process with much enthusiasm. I have tried to enlist the support of other section presidents, but the level of disillusionment is high. A small group of us is now considering the prospects for setting up an alternative association, which would represent the interests of information professionals and librarians working independently or in small libraries. The rationale for this is that ALIA is evidently destined to continue to be dominated by academic and public librarians who have no interest in our views.

The idea of an Australian chapter of SLA has been floated, and recent talks in Hobart, Sydney and Melbourne between a number of librarians, including me, and the visiting SLA President Susan DiMattia, have established that an Australian chapter is feasible. However a number of senior health and special librarians favour the idea of a new, independent Australian association.

As far as the HLS is concerned, the opportunities presented by the renewal process are (or were) two in number. First to gain some control over our membership fees, some proportion of which should come back to the Section as a per capita grant, and some proportion of which should be set aside for project funding. Second, to gain a role in the government of ALIA. I have set out my reasons for these two objectives in emails to the ALIA lists and in my report to the HLS AGM. They have already been rejected out of hand by the ALIA hierarchy, even though the divisional review, in which we are admittedly not allowed to participate, has yet to be completed. The National Executive of the HLS receives no funding from ALIA. All our funds must be raised by us, through the biennial conference, and sale of publications. We cannot even get a grant of few hundred dollars from membership fees to help finance our newsletter. The little we can expect to achieve under these circumstances is done more in spite of the ALIA hierarchy than because of it.

This situation is unacceptable to me as National President. At present the running of the HLS makes excessive demands on the voluntary labour of a few dedicated office bearers. It is also heavily subsidised by the organisations in which we work, whose computers we use, whose office space we use, whose telephones we use, whose mail rooms we use, and so on. But much more is needed from us if we are to achieve even a fraction of what might be done by the Section on behalf of its members. Making progress on these issues is impossible under the present regime.

Is there any point in continuing to pay high fees to an Association which gives your Section office bearers no say in its affairs, and no money to provide a service to you? An Association which does not allow you to vote on fundamental issues regarding its future? An Association which is apparently oblivious to your existence? As a person who has devoted

	June 1999

Making Websites User-Focused

Producing web pages seems to be an essential part of library and information work But whether or not you know JavaScript, PhotoShop, or cascading style sheets, I believe our existing skills mean we already have much to offer in web development. Skills in information organisation, searching, understanding user requirements and presentation skills are often overlooked by those who produce websites. That's where we come in.

The web has such a brief history (less than a decade) that research is only now being done on how people use it and how 'usable' they find it. Most of this has been motivated by e-commerce, by businesses wanting to know if it is easy for people to buy things from their site and what makes them want to return.

User interface engineering and human computer interaction experts have moved into assessing user web behaviour and advising on good web development techniques. Web usability specialists, such as Jakob Neilsen from Sun Microsystems, are generously making their expertise available via informative websites such as **useit.com**.

I believe that information specialists also are well-placed to work in web usability and I would like to arouse your interest in this area with a brief look at user-centred aspects of web development.

PLANNING: The first step in developing a website is planning. This includes establishing the goals of the site, the number of pages, how they will be arranged and linked. Research shows that many companies or departments neglect to do this planning; producing a website which doesn't meet anyone's needs. Coaxing web developers to perform strategic planning is a worthwhile exercise.

Identifying who will be the audience (usually more than one group) and planning for their requirements is crucial. Some groups may be much more computer literate than others. Stakeholders of the organisation are a very important user group.

HOME PAGE: Usually the first view of your site. Make an impact but not at the expense of utility. You need to provide links to everything you have to offer and your navigation system should be clear. Offer options for all the different types of users who may come to your site. You can learn much from good and bad homepages you have seen.

DESIGN: I am talking about aesthetics here. Some librarians have design skills; some don't. That's OK because you can outsource design aspects or draw on talent within your organisation. If not, just keep it simple. Copy ideas from web pages that work.

Good design takes time, so is it worth it? Research by Tim Skelly of Microsoft shows that a "seductive user interface" enhances the user's experience and increases the length of time that people stay at a site, and the likelihood of them returning. Attractive design teamed with your corporate identity can give positive impressions of your organisation.

Print design and content don't necessarily work well on the web. In fact they probably won't because browsing and reading behaviour differs on the Web, and because of the limitations of this medium. Text is not as clear, colours vary on different screens, and page appearance may differ in Netscape vs. Internet Explorer. There is no guarantee that a page will appear as designed, because of users' customisation; differences in screen resolution; window size variation.

Keeping design clear and simple facilitates identification of relevant content and navigation methods. Design is inextricably connected with functionality on web pages, for example with navigation, menus, logo placement, hyperlinking. Look at CNN or The Age on the web and see how much the homepage must link to while still looking attractive.

NAVIGABILITY: which means clarity in being

able to determine "Where am I?" and "Where can I go next?" Keep in mind that someone may enter a site at any point, say from a search engine or a bookmark.

Ideally any page on a website will indicate:
- whose site it is
- where you are within the site
- a way to the homepage and previous pages
- a way to lower level pages
- a way to the next page, say, in an article
- a link to send comments to the webmaster
- link to the Search engine, if available
- a site map or table of contents

Here information specialists are able to make valuable inputs: advising on clarity of linking, establishing user requirements and packaging information appropriately. They could also undertake some testing with 'real' people to determine how 'usable' a site is, and what changes may be required.

CONSISTENCY: It has been found that people tend to think of the Web as a coherent whole. They don't keep mental maps of the layout or boundaries of sites as those who create them do. Consistency has been shown to enhance users' sense of self-efficacy, reduce their frustration, and enable a transfer of existing skills to a new site. Use buttons and navigation consistently. Have a consistent overall look and feel for a site. Don't expect people to know to click on an image map if it doesn't say so. Have text links for those who have the graphics function turned off.

At the same time, I have seen some unconventional artistic websites which do unusual things e.g. have pages which scroll sideways; have multiple extra browser windows pop up. I wouldn't want these effects 'outlawed' but then again, I wouldn't want them on an informative site such as CNN.

READABILITY: It has been found that people mostly just scan content on the web, and do not read in depth. Current inadequate screen resolutions do not render fonts crisply, making screens harder to read than print. Eyestrain also results from trying to read text which stretches the width of the screen.

Placing content on the web needs to be done keeping in mind what research has shown:
- DON'T just put large Word documents on the Web. Content needs to be specifically written or adapted for the Web, with:
- short sharp writing
- the main idea in the first sentence of paragraph
- frequent use of bulleted lists
- eye catching section headings
- Have short scannable versions of articles, with links to more detailed information (as CNN does)
- have a screen readable version of an article, limited to 40 to 60 characters wide to reduce eyestrain, and link to a less paper-consuming printable version.
- Don't use text which is too small
- Avoid colour combinations which are hard to read on-screen, e.g. red on black

If you use fonts other than basic ones in web design, these will be changed to basic fonts by many PCs, which may detrimentally affect layout. Go for clarity on-screen, primarily, rather than the font you REALLY want. Provide alternatives in your HTML for unusual fonts if you do use them.

TRUST: is a term popularised as a result of e-commerce user research. Cultivating user trust, that is, credibility. This is apparently increased by high-quality graphics, good design and writing, and use of outbound hypertext links. This means not trapping people at a site with frames or by disabling the Back button via web programming.

Web users like to know about the people behind information on the Web. Currency of your information is crucial, as is avoiding dead links. Don't leave your site to run itself; while you're not thinking about it, it's affecting what the world thinks of you!
USABILITY TESTING, already done in software

interface design, is now proving essential in web development. It may be performed very rigorously in 'usability labs' or more informally. You can do storyboards of a website first, and see what a few representative web users think. Take the best and build a prototype site with several pages and test again. It has been found that each iteration increases the 'usability' of the website. Get people who are representative of your target audience, and have them perform real tasks with the site, for example, "find information on Japanese art"; "locate the archive of staff publications".

Librarians are now working as usability advisors full time, and their stories make interesting reading (e.g. Jennifer Fleming). Whether you change jobs to work in this field, or push your skills within your own organisation, we can provide essential input into web and intranet development. I believe we probably have more to offer than we, or our organisations, realise. This means we may have to market our skills and demonstrate what we have to offer. In the case of web development teams/individuals who don't realise the importance of a user-centred approach, we may need to do some educating about the value of web site usability.

Learn more about 'web usability' from websites such as Useit.com. Alertbox, devhead Usability, dotParagon, AskTog and Sun Microsystems. These sites are accessible from usableweb.com. Please contact me if you have any comments or would like some further information. Also notice in the job ads section that Web Usability jobs are fetching about $80k, requiring our type of skills!

Sue Shaw
Information Officer/Web Developer, Monash University,
Sue.Shaw@med.monash.edu.au

Survey on the *Cochrane Library*

The Australasian Cochrane Centre is preparing to send out a short survey to identify the level of knowledge about and use of the *Cochrane Library* in Australian healthcare libraries. We should be grateful for your response, as the findings of the survey will be used to identify training needs of librarians and to assist in identifying appropriate ways of delivering *Cochrane Library* training.

The survey will be mailed to health-related libraries (rather than to named individuals) in early November. If you believe your library has **not** received a copy of the survey, please contact me.

Steve McDonald
Australasian Cochrane Centre
steve.mcdonald@med.monash.edu.au
tel 03 9594 3012
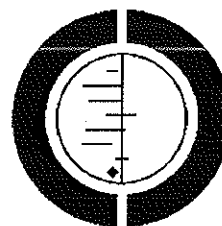
September/ October 1999

"There is a need to develop appropriate training for librarians to support the practice of evidence-based health care..."

Unsurprisingly, this was the message which emerged from the Focus Session on Evidence-Based Health Care held at the ALIA Strait to the Future Conference in Hobart. Our task now is to take practical steps to meet this need, and this is where we are seeking your help and inviting you to become involved.

What follows is a short summary of the Focus Session and the Statement of Action that was endorsed at the Health Libraries Section AGM.

Report of the Focus Session

The purpose of the Focus Session was to discuss the role of librarians in supporting evidence-based health care (EBHC), to begin to identify some of the training needs of librarians, and to explore the options for delivering appropriate support/training. About 40 health librarians attended the hour and a half session. Some of the key issues raised included:
* the lack of co-ordinated training/support in the area of evidence-based health care
* the level of understanding in research methodologies that should be expected of librarians
* the barriers to undertaking professional development activities (funding, distance)
* the possibility of professional accreditation for evidence-based health care skills

Statement of Intent from the Focus Session

"Focus Session participants recommended that a process of continuing professional development on evidence-based health care be initiated. This process shall establish a working group of interested health librarians and seek ALIA Health Section endorsement to identify training needs and training options. A report and recommendations will be posted on the ALIA website."

What now?

We are asking for volunteers to join a Working Group. The goal and remit of the Working Group will be for the members of the Group to agree upon, however, we anticipate that two of the early tasks of the Group will be to:

* identify training needs (both self-identified and peer-identified)
* identify and review existing EBHC training resources relevant for health librarians

We envisage using the ALIAhealth List for discussion and communication A Continuing Professional Development (CPD) webpage at http://www.alia.org.au/sections/health/ will be developed to post the results of the training needs assessment and the resources identified.

Who can become involved? The Working Group is open to anyone with an interest in seeing how health librarians can develop their skills to become competent practitioners in an evidence-based setting. Librarians who have received EBHC training or have experience of training others are especially encouraged to participate.

How to become involved? Simply email your intention to participate in the Working Group to Greg Fowler {fowler.greg@saugov.sa.gov.au}. Include your institutional address, telephone, fax and email address.

Steve McDonald {Australasian Cochrane Centre}, Gabby Fennessy {Centre for Clinical Effectiveness} and myself will be following up those who have already verbally expressed their interest in contributing.

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Minutes of the AGM Held Tuesday 24th August 1999 at 12.30pm in Hobart

1. **PRESENT**
    Stephen Due, President (Geelong Hosp, VIC), Veronica Delafosse, Treasurer & Minutes (Caulfield General Med Centre, VIC), David Lloyd, Correspondence Secretary (Bendigo Healthcare Group, VIC), Gabby Fennessy, Newsletter Editor (School of Information Management & Systems, Monash Uni, VIC), Anne Batt, AHA Treasurer (UWA Medical Lib, WA), Sandra Henderson (National Lib, ACT), Brigitte Glockner (KEMH/PMH, WA), Jo Marshall (Walter & Eliza Hall Inst, VIC), Beverley Hore (Austin & Repat Med Centre, VIC), Ann Andrew (Central Gippsland Health Service, VIC), Greg Fowler (Drug & Alcohol Services, SA), Sue Grimes (Wentworth Area Health Service, NSW), Marjory Taylor (Psychiatric Services, WA), Saing Chou Iv (Health Dept, WA), Elizabeth Gatehouse (Women's & Children's Hosp, SA), Mary McGill (Royal Melbourne Hosp, VIC), Prue Deacon (Comm Dept of Health & Aged Care, ACT), Tessa Sampson (RACGP, VIC), Linda Mulheron (Westmead Hosp, NSW), Steve McDonald (Australasian Cochrane Centre, VIC), Chris Parker (The Prince Charles Hosp, QLD), Kay Vincent (Liverpool Health Service, NSW), Alana Winston (Pfizer P/L, NSW), Christine Monie, Wollongong Hosp, NSW), Glenda Adams (Army Malaria Inst, QLD), Graham Spooner (NSW College of Nursing, NSW), Cecily Gilbert (Sir Charles Gairdner Hosp, WA), Lindsay Harris (The Queen Elizabeth Hosp, SA), Jacqueline Chamberlain (Mater Hosp, QLD), Kerry Allen (Breastscreen VIC, VIC), Norma Worswick (Ballarat Health Service, VIC), Patrick O'Connor (Yangulla Centre, QLD), Jeremy van Dorsselaer (Logan Hosp, QLD), Judy Nicholson (Queensland Health, QLD), Tricia Scolaro (Princess Margaret & King Edward Mem Hosp, WA), Jill Buckley Smith (Dept of Health & Aged Care, ACT), Joanna Boast (Latrobe Regional Hosp, VIC), Jan Weaver (Cairns Base Hosp, QLD), Andrew Rooke (Southern Health Care Lib Network, VIC), Wendy Mallett (West Moreton Health Lib, QLD), Bronia Renison (Townsville District Health Service, QLD), Saroj Bhatia (The Canberra Hosp, ACT), Gillian Wood (NSW Health Dept, NSW), Barbara Mew (New Children's Hosp, NSW), Adele Mascord (Gardiner Lib Service, NSW), Helen Millar (Royal Hobart Hosp, TAS), Kathy Sutherland (The Hobart Clinic, TAS), Mary Fraser (Dept of Health & Human Services, TAS), Cheryll Hamill (Freemantle Hosp & Health Service, WA), Kerry Johannes (Vic Inst Forensoc Med, VIC), Shanti Nadaraja (ANZ College of Anaesthetists, VIC), Sandra Hodgson (St Vincent's Hosp, VIC), Rolf Schaffer (St Vincent's Hosp, NSW), Ian Stubbin (Prince of Wales Hosp, NSW)

2. **APOLOGIES**
    Lorena Smirneos, Minute Secretary (The Alfred, VIC), Toni Kennedy-Silson (NSW), Sue Rockliffe (SA), Peter Hansen (NSW), Alan Bourne (NSW), Helen Cotsell (Royal Children's Hosp, VIC), Glennys Powell (Caulfield General Med Centre, VIC), Ann Ritchie (WA), Anne McLean (Austin & Repat Med Centre, VIC)

3. **CONFIRMATION OF MINUTES**
    The minutes of the previous AGM, Adelaide, 27th October 1998, were confirmed. Proposed – L. Mulheron; Seconded – D. Lloyd

4. **BUSINESS ARISING FROM THE MINUTES**
    No business arising.

5. **BUSINESS**
    5.1 Hospital Library Standards
    Hospital Library Standards Committee Meeting was held Monday 23rd August, Hobart. The majority vote was to model our standards on the Canadian ones and to include the best features of both. L. Harris will prepare a draft.

    5.2   Future Revisions of Hospital Library Standards
    Motion: That the 4th ed be trusted to a paid ALIA Project Officer to co-ordinate.
    Proposed – L. Harris; Seconded – J. Marshall. Motion carried.
    5.3 Possible approach to ACHS

Previous committee members have tried this on several occasions. ACHS refuses to deal with any groups.

5.3.1 ALIA CPD accreditation

As we are unlikely to have library services specifically mentioned in EQUiP it would be beneficial to dove-tail ALIA accreditation into EQUiP. Motion: That ALIA constructs a mechanism of accrediting library services in general. Proposed – B. Glockner; Seconded – S. Grimes. Motion carried

5.4   ICML 2000 J. Marshall expressed thanks on behalf of the ICML Cmte for the 9 Australian abstracts submitted out of a total of 410 from 60 countries. The Cmte have worked for 7 years so far. The final abstracts will be decided in London next week.

5.5   ICML 2005

P. Deacon spoke about the attempt to have this hosted in Australia. The Subcmte voted for it to be held in Sydney back-to-back with the Specials/Health/Law Conf. They lost the bid for 2000 but submitted another bid to IFLA in Dec 1998. The decision will be made this Friday at IFLA in Bangkok. Two other bids were from Quebec and Santa Paulia. If it wins it will be a win for Australia with each state having equal input into the planning. Motion: Vote of thanks to P. Deacon. Proposed – J. Marshall; Seconded – L. Mulheron. Motion carried.

5.6   9th Special Health and Law Libraries Conference, Melbourne 2001

A logo (Rivers of Knowledge), colour scheme and t-shirt (modelled by D. Lloyd) have been organised as part of the publicity for Hobart. To be held at the Melbourne Convention Centre, 26-29 August, 2001.

5.7   Key issues and objectives for 2000

The Nat Exec Committee is looking for further proposals to the list on the Agenda and below. It is keen for the Section to be proactive and realises that there will be a lot of work involved.

GST – ALIA has a Project Officer (C. Ormond). We will pursue it for health libraries.

Implementation and impact of computerisation in health libraries – Look at this in the future and try to find a better name for it.

Statistical recording and reporting in health libraries – Aim for one set of national figures. What type of library? Only hospital libraries? Perhaps ask the ABS for help? Move towards outcome focussed figures rather than output ones (ie EQUiP). Number of photocopies made – what is the relevance of this question? Aim to obtain the number of photocopies of articles made on site. G. Wood suggested a large statistical unit such as the one at the NSW Dept of Health may be able to help. R. Schaffer suggested utilizing Gratisnet data.

Library promotion – A stitch in time leaflets have been popular and are still available for purchase. P. Deacon offered congratulations for it being published.

Professional development/continuing education – ALIA is reviewing its entire approach by making it much more professional. The Nat Exec will send a submission to Craig Anderson in order to make ALIA aware that we are pursuing this with a health libraries focus.

National code of ethics – The Victorian draft is specific to health/hospital libraries. Aim to broaden the focus to biomedical/research libraries and to fit in with the Govt Dept of Health ethics.

Commercialisation of our services – T. Sampson suggested we learn how to market ourselves and do

more entrepreneurial activities.

Costs – M. McGill suggested we develop standard costs for services and find out how the GST will effect us, whether we charge for cost recovery or for profit.

6. OTHER BUSINESS

6.1 Bursary winner

Ruth Foxlee, Herston Medical Library, University of Queensland won the essay competition and SPP will sponsor her attendance at the Health Dinner tonight.

6.2 Outcome of Evidence-Based Health Care Focus Session

Motion: A Working Group of members be established to determine training needs with regard to Evidence-Based Health Care and to identify current and potential training strategies for delivery in light of the ALIA Continuing Professional Development framework. Proposed – G. Fowler; Seconded – S. Bhatia. Motion carried.

6.3 NSW Peak Purchasing Council (from part 14 of previous Minutes)

S. Grimes chaired the Cmte. Tenders to close 1st Sept 1999. S. Grimes will report back through the National Newsletter. Major vendors came forward.

6.4 NSW Awards

S. Grimes noted that the NSW Hospital Libraries moved from being under the Public Service Association (PSA) to the Health Research and Education Association (HREA). The Award ends Dec. 1999. The Union had never previously represented a professional association. M. McGill wondered whether we can pursue this with P. Teece from ALIA.

7. TREASURER'S REPORT

V. Delafosse presented the report. The balance is $4267.64. J. Marshall suggested that we consider a Bursary for ICML.

Motion: That the report be accepted. Proposed – I. Stubbin; Seconded – B. Glockner. Motion carried.

8. ANNE HARRISON AWARD

Adam Clark, Deputy Network Librarian, Southern Health Care Network, Melbourne is the 7th individual recipient. The Award ($3,000 and Certificate) will be presented by S. Due and accepted by A. Rooke, Network Librarian, SHCN, at the Health Dinner tonight on Adam's behalf. There were three applications. The project is to compile and maintain a Directory of Electronic Health Sciences Journals and have it accessible on the web.

9. ANNE HARRISON AWARD ADMINISTRATORS' REPORT

A. Batt presented the report. The balance is $112.90 and there are several investments which total $31,652.49.

10. PRESIDENT'S REPORT

S. Due said that the first 8 months had involved lots of hard work and that the Nat Exec is trying to get the Health Lib Section formally involved in ALIA Renewal process. More details are in the attached report.

Meeting closed 1.50pm

September/ October 1999

ATTITUDE: TO BE OR NOT TO BE (STRESSED)?
THAT IS THE QUESTION!

Toni Silson Lady Davidson Hospital Library Bobbin Head Road North Turramurra NSW 2074

This is Part Two an article that was published in the last edition

15 Steps to a Less Stressful You
View change and day-to-day problems as challenges not threats - try to find what's in it for you. Don't expect more of yourself than is humanly possible - have realistic goals and don't punish yourself if you are unable to attain them. Instead, revise them and keep going. Remember your successes as well as your failures. Don't let others expect more of you than you can comfortably accomplish. Learn to say no without guilt (or at least accept that you will feel guilty, but not feel constrained to act as a result of it) Face problems (or challenges) one at a time. Establish your priorities and don't spend $10 of your time on something worth only $2 (Fortin, 1992:38). Cure what you can, endure what your must, but keep your health despite all the fuss. Remember the prayer: "Dear Lord give me the strength to change the things I can, and accept the things I can't" Learn to fight another day - either for another issue, or even in another workplace (which may be the best solution and often opens up opportunities you don't expect). Separate home from work - leave the troubles of either as soon as you walk through the door. Be detached - treat your problems as if they were happening to somebody else, and you were asked for your advice (Roger & Nash, 1993:55). Pursue professional development and training and encourage personal support systems. (Fortin, 1992:38). Before you act, especially in anger, say to yourself: "Although it may be natural and understandable to act this way, is it useful?

Will it help me attain my goals, or increase my happiness or the happiness of those around me?" Encourage others and delegate responsibilities. Give other staff every opportunity to improve their performance, which will increase your job satisfaction as well as theirs. Be patient and empathetic - be aware that other people (both colleagues and clients) have problems too which may effect their behaviour. Do your best and believe that others are doing the same. Understand their limitations, and remember nobody is perfect. Learn to laugh. See the funny side of disasters. Remember, he who laughs, lasts (Dugan, 1989:)

Don't sacrifice you health or happiness for any job. Refuse to let people upset you. First try to understand them and sympathise with their inadequacies (e.g.. low self esteem). If that fails, ignore them or use your imagination to defuse your feelings with humour (e.g.. imagine dropping a bucket of water on their head).

Conclusion
Although many stressors in the workplace may be unavoidable, and impossible for you to change, you do have the power to change your own attitude and behaviour. Don't let things get you down: go out and enjoy your life and remember you can control your own stress.

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September/ October 1999

ALIA HLS President's Report 1999
AGM Hobart Tuesday 24 August 1999

This is a period of change, both within ALIA itself and in the professional environment. ALIA is attempting to address issues arising from the renewal process. As a profession is we are addressing many issues arising from technological change, especially the transformation of our role from that of custodians of resources to that of information professionals. Many of us work in small libraries, and small libraries are increasingly under threat, often from larger libraries.

The Health Libraries Section is at a turning point. The Executive needs to communicate with members on a number of key issues, and to invigorate the work of the Section. In these circumstances, the burden on the office-bearers is excessive. For this reason the Section needs to be better organised, not only to make the most of the precious time given by office-bearers, but also to lighten their load to a reasonable level. I am therefore proposing that the organisation of the Section be reviewed by me in conjunction with state presidents and anyone else who is interested.

In addition, better funding arrangements are badly needed. We need a guaranteed per capita grant at national level from member's annual subscriptions, and we need guaranteed access to designated project funding, to pay for project officers to carry out tasks such as our national statistical survey, our guidelines review, our promotional projects, our national statistical survey, our CPD project and so on. I am proposing that, preferably in conjunction with other divisions of ALIA, we should prepare a brief for General Council on this subject. And we need to look at ways of generating additional income for the Section from outside sources.

Health librarianship is a highly specialised field. It is, however, in danger of becoming a barren field unless we make the effort to cultivate it and sow it with good seed. We need to find ways of reinventing what we do, of selling our expertise to organisations which need it, of revitalising our educational and training opportunities, of encouraging new graduates to enter the arena. These are our responsibilities as a division of a professional Association, and I encourage all members of the Section to see what they might be able to contribute to keep the profession not only alive, but growing.

I am particularly keen to try to develop new professional paradigms, new ways of describing our work, new ways of training for it. This needs lateral thinking! Who are we, and what do we do that is uniquely our job?

Participation by members in the life of the section is high. We can only admire the efforts of the Tasmanians who organised the Hobart conference, attended by a high proportion of HLS members, and the efforts of dedicated HLS office bearers in all States. All this bodes well for the future of the Section.

Stephen Due

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countless hours of my personal time to ALIA, these questions have a particular importance to me. The answer which is beginning to emerge is - no.

ANNE HARRISON AWARD 1999 Directory of Electronic Health Sciences Journals

by
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I was greatly pleased to receive the 1999 Anne Harrison Award, which was announced during the Hobart conference in August. The Award will support the establishment of a web-based Directory of Electronic Health Sciences Journals.

Over the past two years librarians have witnessed the dramatic emergence of full-text electronic journals on the World Wide Web. This is especially true in the health sciences field, where publishers are competing with each other to create electronic versions of each of their print journal titles. Most health librarians would be hard- pressed keeping up the changes occurring with electronic journals. Even finding out which titles are free, or free with a print subscription, can be extremely time consuming.

The Directory of Electronic Health Sciences Journals will attempt to provide information on a wide range of peer-reviewed journals in clinical medicine, bioscience, nursing and allied health. Areas covered will include web address, full-text content, and cost status. Information will be provided on access systems provided by publishers and subscription agents. Instructions will also be given on the basic steps of online registration used by electronic journal publishers. It is planned to have the website up and running in March 2000.

I hope the Directory proves to be a practical aid for Australian health sciences librarians in managing electronic journals for their clients.