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Encouraging the use of eBOOKS in hospital libraries

Joanna Ludbrook shares key ideas from her research into barriers to ebook use as a starting point for librarians hoping to realise the potential of existing ebook collections for supporting evidence-based practice in hospital environments.



Today's hospital libraries are under increasing pressure to provide high-quality information resources to

support evidence-based practice despite operating in environments characterised by reduced staff hours; limited funds; and a lack of understanding about the value of health library services at senior levels¹. Health library users are often time-poor^{2,3,4}; lack information-seeking skills^{5,6}; lack experience in evidence-based practice and access to technology including PCs^{7,8,9}; and may be isolated from physical organisational information resources, particularly in rural

locations¹⁰ making the provision of information resources considerably complex.

Within this context, ebooks offer a number of benefits for hospital libraries, hospital library users and the complex organisations in which they operate including anytime/anywhere access; comprehensive coverage of a topic; no late fines; multiple simultaneous user access; reduced administration (eg handling, shelving etc); reduced maintenance (eg damage, loss etc); enhanced functionality (eg full-text search); potential for increased organisational return on investment; usage statistics to aid collection development; and the ability to update books quickly and frequently in rapidly changing fields (ie health and medicine).

Furthermore, an ebook collection provides an opportunity to develop the library's information

resources and services beyond the physical boundary of the library and meet the evidence-based decision-making needs of health professionals at the point-of-care to become part of the individual workflows of staff and students throughout the organisation¹¹.

Unfortunately, it is not uncommon for ebook collections

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Librarians can play an important role in addressing issues surrounding the discoverability and usability of ebook collections by ensuring that they meet the unique information needs and information-seeking behaviours of users and potential users.



in hospital libraries to be underutilised¹². Research shows that the key barriers to the use of existing ebook collections fall into one of two broad categories: discoverability and usability¹³ and include a lack of awareness; a lack of time; too few access points; complicated authentication requirements; multiple platforms; a lack of technological infrastructure; and a lack of user skills.

Librarians can play an important role in addressing issues surrounding the discoverability and usability of ebook collections by ensuring that they meet the unique information needs and information-seeking behaviours of users and potential users. Underlying propensities in regard to information use and information-seeking are powerful¹⁴. Successful approaches to encouraging the use of ebooks must not require users to change their patterns of behaviour. Rather, they must accommodate the existing information-seeking behaviours of users and potential users in order to encourage use and thereby realise the benefits of the ebook format.

UNDERSTANDING INFORMATION NEEDS AND INFORMATION-SEEKING BEHAVIOURS

A good understanding of the unique information needs and information-seeking behaviours of existing users and potential users will provide the evidence-base for identifying approaches to encouraging the use of ebooks throughout the organisation. Information needs (or 'wants' or 'demands') may be related to patient care, professional development, academic development, technological knowledge or administration¹⁵ in the wider context of supporting evidence-based practice. Information-seeking behaviour may be considered broadly as the purposeful activity of looking for information to meet a need, solve a problem or increase understanding¹⁶ and will vary markedly both within organisations and from one organisation to another. Even user groups with the same occupational groups cannot always be treated as homogenous. For example, in comparison with other nurses, Emergency Department nurses have quite unique information needs and information-seeking behaviours¹⁷.

Gathering information about the information-needs and information-seeking behaviours of existing users and potential users may be undertaken formally via a 'needs assessment' or relatively informally. Ideally, a combination of quantitative and qualitative data about relevant aspects of the environment should be sought from a range of sources: users, non-users, colleagues, stakeholders, other libraries, suppliers, clients etc. Information gathered may include: users and potential users' information needs and the causes of their information needs; sources of information; information-seeking behaviours; key barriers and solutions to information-seeking; key differences between different user groups; and potential approaches to marketing library services throughout the organisation.

A key feature of the information-gathering process must be the identification of target or niche user groups (by occupation, department etc) in order to identify the specific needs and behaviours that apply to each. Interestingly, research indicates that health professionals do not always have a good awareness of their own information needs^{18,19} and in this regard, the information-gathering process can play an additional role in raising awareness of information needs among health professionals throughout the organisation.

DEVELOPING A MARKETING STRATEGY

Marketing is about finding ways to provide and promote ebooks to match the information needs and information-seeking behaviours of both users and non-users²⁰. Targeted marketing opportunities will accommodate the different information needs of users and the different information-seeking behaviours of users within the organisation and are crucial to the success of ebook collections.

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We know that library users do not distinguish between resources based on platform, provider or purchasing arrangements and it is not appropriate to make that distinction in developing strategies for marketing ebook collections. While librarians may not manage some resources directly (such as those available via state-government funded health information portals) we do have the ability to customise and brand these resources for the benefit of our users²¹. Indeed, research suggests that the inclusion of key ebook titles (eg Harrison's Principles of Internal Medicine available via the Clinicians Health Channel in Victoria) in promoting ebooks across the organisation may contribute to the overall success of marketing strategies²².

MULTIPLE ACCESS POINTS

The library catalogue is a relatively straightforward way of enabling users to search ebooks across all platforms via a 'one-stop shop' in which hyperlinks embedded in the catalogue record allow users to connect directly to the full-text of an ebook²³. Where both hard copy and electronic versions of a title exist, improving discoverability may be achieved by adopting a 'single-record-approach' that serves to link the print copy of a book with the corresponding ebook within the catalogue's search results. Research highlights the role that ebook providers can play in facilitating the process of updating the catalogue²⁴.

In addition to providing catalogue access, the provision of multiple access points has been shown to encourage ebook use by successfully accommodating the different information-seeking behaviours of different users. The provision of ebook access points prominently placed on the library intranet site and external website may increase awareness of ebook collection among existing library users²⁵ whilst the provision of an access-point within the organisation's website may be successful in improving discoverability for non-library users.

Due to a lack of time, health professionals have been shown to demonstrate an increasing preference for accessing resources from home²⁶. Therefore, the provision of access to ebook collections and retrieval tools should be available to users both at work and at home via the Internet.

Research indicates that lack of access to PCs can be a barrier to ebook use by particular user groups^{27,28,29}. It is quite straightforward to create access points to ebooks for smartphone users by implementing QR codes generated using free web-based QR code generators (eg <http://qrcode.kaywa.com/>). Users simply require a free QR code reader application available from the App Store or the Play Store (eg kaywa app). Similarly, library users browsing the shelves may not be aware that some of the library's hard copy titles have a corresponding ebook. Shelf tickets incorporating QR codes may be a useful solution to connect users in the physical library to the corresponding ebook.

'ACTIVE' PROMOTIONAL STRATEGIES

'Passive' promotional strategies such as the provision of multiple access points must be combined with 'active' strategies³⁰ including the development of personal relationships with key personnel across occupational and departmental categories³¹. Two-way, face-to-face communication is an ideal vehicle for encouraging ebook use throughout the organisation and is likely to have a greater impact on encouraging ebook use amongst some user groups than other forms of promotion^{32,33,34}.

Active promotional activities may also reflect a shift in focus from pull-services to push-services customised to the needs of the end-user³⁵. Informed by the establishment of close relationships with key personnel, push-services address a number of barriers to ebook use: a lack of time;

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Research indicates that health professionals, including students, use traditional print-based formats for reading large amounts of material and ebooks for specific bits of reliable information to satisfy questions, facts, and curiosity.





If we can match our collections to the existing needs and behaviours of users we have the best chance of realising the benefits of the ebook format in supporting evidence-based practice in hospital libraries and the complex and changing environments in which they operate.



insufficient information-seeking skills; and a lack of awareness of personal information needs. Library facilitated ebook push-services may include electronic Tables of Contents (eTOC); and new Chapter Alerts.

Push-services may be particularly useful for reaching user groups that do not have experience using library services but may have changing information need as a result of their changing role within the hospital environment. For example, research shows that as nurses take on extended roles and work more autonomously, often without the PC access that is afforded other health professionals, push-services may be necessary to meet their changing information needs³⁶.

End-user education in the form of formal training programs and induction sessions provide an opportunity to actively promote ebooks throughout the organisation³⁷ and exploiting opportunities presented by 'teachable moments' and on-demand requests for library resources and services offer valuable marketing opportunities. Ebooks have enhanced functionality (eg the ability to download tables as CSV files and images as PowerPoint slides) that can be demonstrated to encourage use of the format where appropriate in meeting the information needs of library users. Research illustrates the important role that vendors, publishers and aggregators can play in supporting end-user education ebooks in hospital libraries particularly in regard to the provision of education and training³⁸.

IMPROVING USABILITY

Complicated authentication requirements are perhaps the most significant barrier to ebook use and minimising the necessity for users to remember additional login information for accessing ebooks both from work and from home is an important step in improving usability. Approaches to simplifying login requirements will vary greatly from one organisation to another. For example, whilst some approaches may look at encouraging users to embrace OpenAthens authentication, others may explore the possibility of integrating the authentication requirements of ebooks within existing hospital systems such as the Electronic Medical Record (EMR)³⁹.

Multiple approaches to classification or organising information for storage and retrieval can ensure that users can retrieve ebooks as easily as possible across multiple platforms whether they are searching or browsing, and in ways that suit the different information needs and information-seeking behaviours of different user groups. Subject-based classification schemes (or Department or Occupation-based classification schemes) can be a time-saving device for directing users to the ebooks in which they may be interested with a minimum of effort.

Social classification or user generated 'tagging' is based on the concept that most information-seeking is keyword-based⁴⁰. Ebooks may be tagged once, or many times, to assist users to organise and retrieve them at a later date. Tags can take many forms: they may be descriptive terms concerning the characteristics of an item or its content or they may be personal in nature⁴¹. The tags can be searched by users, either to retrieve ebooks they have tagged themselves or to discover those tagged by other users. Tagging accommodates the existing information-seeking behaviours of users: it taps into an existing cognitive process without adding much cognitive cost⁴². Furthermore, tagging offers an inexpensive means of supporting knowledge sharing activities throughout the organisation.

Research indicates that health professionals, including students, use traditional print-based formats for reading large amounts of material and ebooks for specific bits of reliable information to satisfy questions, facts, and curiosity⁴³. Federated search tools that enable users to search the full-text of ebooks across multiple platforms are important for meeting these information needs and also in accommodating the preference that some user groups demonstrate for a single 'Google-style' query^{44,45,46}.

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Lack of technological infrastructure and hardware and software requirements must be addressed not only within the bounds of the physical library but throughout the organisation and not only for those accessing ebooks via PCs but also for those accessing ebooks via mobile devices. Research shows that the provision of mobile devices preloaded with relevant titles can increase use of ebooks by removing some of the main barriers to use⁴⁷.

There is no one-size-fits-all approach to encouraging ebook use. In some instances, barriers to adoption will not be immediately surmountable: time will be a factor in the adoption of ebooks. However, librarians can play an important role in addressing issues surrounding the discoverability and usability of existing ebook collections by ensuring that they accommodate the unique information needs and information-seeking behaviours of users and potential users. If we can match our collections to the existing needs and behaviours of users we have the best chance of realising the benefits of the ebook format in supporting evidence-based practice in hospital libraries and the complex and changing environments in which they operate.

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ABOUT THE AUTHOR

Joanna Ludbrook worked as a data analyst in the market research industry before pursuing a career in librarianship and completed the University of Canberra's Master of Information Studies specialising in Records Management and Librarianship in 2014. As part of the requirements for the award she undertook a research project aimed at encouraging the use of ebooks in hospital libraries for which she was awarded the University of Canberra's Dean's Excellence Award.

Research for the project drew on academic literature and examples of best practice within the sector and looked at the information-needs and information-seeking behaviours of existing users and potential users to inform an approach to addressing barriers to ebook use. This article presents some of the key ideas of her research and is intended to provide a starting point for librarians hoping to realise the potential of existing ebook collections for supporting evidence-based practice in hospital environments. Joanna extends warm thanks to Janet, Marion and Heather at Peninsula Health for their generous support in completing her project.

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ANN RITCHIE

CONVENOR'S FOCUS

I am keeping this report short and sweet, as there is plenty in the rest of this issue to whet your appetites on 'things HLA'...



Your hardworking Executive met on Friday 13th February, for an action-packed and productive annual planning day. Enjoying the beautiful environs of LaTrobe University Library, we extended our discussions into the Emergency marshalling area, capitalising on a timely mid-morning fire drill exercise. Always good to take in the fresh air and lighten the debate! Thanks to our hosts, Jennifer Peasley (University Librarian), Fiona Salisbury (Deputy Director, Learning and Teaching), and Sharon Karasmanis (HLA Treasurer, and Manager, Learning and Teaching).

We are finalising the outcomes of the day, suffice to say that we are planning an exciting year, with a general thrust towards locally-based activities and working in collaboration with state-based groups, as well as developing online options. We realise that not everyone has a sizeable travel budget, and we need to make all efforts to bring events to people. So please look out for these, and if you have ideas please get in touch with our HLA Executives in your location.

And this brings me to my next point – we realise that we don't have local representation in all capital cities, so we are now calling for Expressions of Interest in joining the Executive. In particular, we would like to hear from health librarians who are located in Sydney, Hobart, Darwin, and Canberra, and of course any regional locations where you feel you have something to offer and there is a 'critical mass' of health libraries.

Finally, we are very sad to accept Laura Foley's resignation from the Executive. Laura has been on the committee since the early 2000s and was until 2013, our Treasurer. We are deeply indebted to Laura for her loyalty and steadfastness in helping HLA to make the transition into a national group. For a number of years Laura has also led the annual HLA/MedicalDirector (was HCN) Innovation Award, and along with the rest of the Award committee has overseen the process of developing and managing this prestigious event. She leaves the Award administration lead role in the capable hands of another of our Executive, Jeanette Bunting.

BELOW (L-R) – HLA executive members Catherine Voutier, Ann Ritchie, Kathleen Gray, Jane Orbell-Smith, Diana Blackwood, Laura Foley, Suzanne Lewis, Sarah Hayman, Sharon Karasmanis, Bronia Renison and Jeanette Bunting.

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FAIR

Freedom of Access to Information and Resources

Welcome to FAIR, a major new initiative from ALIA, which launches at the ALIA Information Online 2015 Conference in Sydney on 5 February.

Fairness underpins our professional ethos and it's this value that sets us apart from other organisations that occupy a similar space. People can buy books from bookshops, they can search for answers through Google, they can meet in a wifi-enabled cafe, but none of these other providers of content, information, space and technology comes with the same brand of equity and fairness.

So FAIR was a natural fit when we were seeking a way of bringing together all our advocacy initiatives. It worked both as an acronym and as a sentiment that encapsulated our objectives.

Once we had the title, the rest quickly followed.

What do we want to achieve with FAIR?

We aim to increase the reach and profile of our advocacy for the library and information sector. We want to engage with library users on a particular campaign and use this engagement to create a longer term relationship so they're there when we need them to help champion other causes.

Who is our target audience?

We're looking to ALIA Members and the library and information sector in the first instance, carrying the message through to library users via social media and in-library promotion.

What are the issues?

There are so many areas of concern to choose from. When we launch we will focus on four featured campaigns – school library staffing, public library budgets, copyright reform, and support for government libraries. We will also provide information about the challenges to TAFE library funding, the importance of health information, family literacy, changes to higher education – all the things that put Freedom of Access to Information and Resources (FAIR) at risk.

How can Members be involved?

In general terms, check out our FAIR pages on the ALIA website, subscribe to the free news alert, think about how you can use the collateral we have provided to share the messages with friends and colleagues, encourage your contacts to spread the word to the wider community and follow the conversation on social media. Find us on Twitter @joinFAIR and on Facebook at facebook.com/joinFAIR.

There are individual campaigns on the website with specific actions. Where these especially resonate with you, we welcome your active participation.

The strength of our case for change will be increased by having a critical mass of supporters to draw on.

Where do we go from here?

Our target is to have a base of 10,000 supporters for FAIR by the end of 2015. We have talked to other organisations with shared interests, and you can expect to see even greater collaboration to promote the value of library and information services and the professionals who deliver them.

For more information about FAIR, visit the website fair.alia.org.au or contact us advocacy@alia.org.au.

GRATISNET UPDATE

Katie McKay, Web Co-ordinator on the National Gratis Committee, reports on a recent password upgrade, invites comment on a national structure and notes members saved an impressive \$920,000 in 2014.

The Gratis Network has been extremely busy. In 2014 the National Gratis Network had a total holdings base of 329,497 journal titles (which includes overlap and duplicates).

The National network requested and supplied around 55,000 articles to Gratis members. This demonstrates that we are a hardworking network which represents a significant return on investment. If these requests were ordered through paid networks, based on the core delivery price of \$16.50, we have saved over \$920,000.

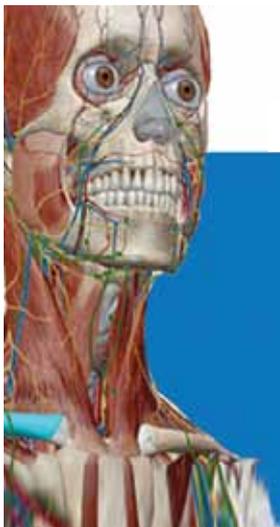
NETWORK PASSWORD UPGRADE

At the beginning of this year, changes were made to upgrade the security of passwords on the GratisNet database. After some discussions, an agreement was made to ensure passwords were changed every twelve months, and that a mix of alphanumeric characters would be used. This will ensure the network is secure, and make it less likely for malicious behaviour to occur. Many libraries were using passwords listed in the Top 25 passwords most "commonly used" for hacking purposes according to SplashData's 2013 report.

TRULY NATIONAL COMMITTEE?

Historically the National Committee role is rotated to each State every one to two years. It is time that we looked at moving to a truly National model. Perhaps moving to a National model would provide more consistency in the GratisNet development and ongoing needs and requirements of the members? It is becoming increasingly difficult to source members who have the ability and or time to hold State positions and attend meetings. We now have the capability to hold teleconferences, utilise Skype and to hold online meetings, thereby making a National Committee made up of members from each State a possible reality. The current National Committee seek responses from the wider GratisNet community, to provide us with feedback on what they would consider a fair and equitable National Committee structure implementation. Please send any responses relating to this structure to the current Committee chair, Mary Grimmond: mary.grimmond@health.nsw.gov.au

Katie McKay
National Committee, Web Coordinator



Ovid's Interactive Anatomy & Basic Science Products include 3D imagery, multimedia, self-assessment and faculty resources for the traditional, integrated or systems-based curricula.

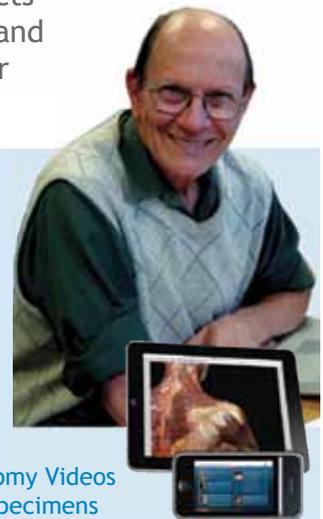
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Essentials of Health Librarianship



ONLINE IN 2015!

Are you looking for a career in health librarianship? Or perhaps you're a reference librarian who wants to be better equipped to help clients navigate the complexities of health information resources? If so, QUT has the course for you!

In 2015, QUT is offering a new online course: Essentials of Health Librarianship. This course has been developed in collaboration with ALIA Health Libraries Australia, ensuring that the program focuses on relevant, contemporary issues in the healthcare sector.

ABOUT THE COURSE

Health librarians are information professionals who work in the health sector, demonstrating a highly specialised knowledge of health information resources and services. Employment opportunities exist in hospitals, community health services and clinics, university libraries, research organisations and centres, government agencies, not-for-profit welfare and social care organisations, health professional colleges and associations, online health information services, and consumer health libraries. In this course, you will explore the Australian health sciences and healthcare environment and learn about the diverse information resources used by health researchers and practitioners. You will be introduced to medical terminology and gain insights into the significance of evidence based practice in healthcare. The unit will provide you with a strong foundation for a career in health libraries.

This course is perfect for:

- professionals who want to make the move into health librarianship
- more experienced health librarians looking for a refresher course
- librarians from other sectors - learn all about the health information environment to help you answer healthcare enquiries more effectively
- LIS students seeking an interesting elective subject*.

BENEFIT FROM QUT'S EXPERTISE IN ONLINE TEACHING

This is not your typical online training course! As a participant in the Essentials of Health Librarianship course you will have a range of facilitated learning experiences, self-paced and in real time, which reflect QUT's flexible approach to learning in the Master of Information Science (Library and Information Practice).

COURSE DETAILS

When: 7 April to 9 June 2015

Online classes will run on Tuesday evenings (6pm-8pm AEST) over 10 weeks: there will be one orientation week, 8 weeks of classes, with a break between weeks 4 and 5. **Can't make a class?** You can catch up with a recording, available through QUT's online learning platform. Participants in Brisbane can also attend classes on campus.

Registration: Places are limited, so register now to secure yours!
Registrations close on 14 March 2015, or earlier if places are filled.

| RATE | DISCOUNT | FEE |
|---------------------------|----------|---------|
| Full registration | | \$2,310 |
| ALIA / HLA members | 20% | \$1,848 |
| Student (any institution) | 25% | \$1,733 |
| QUT alumni | 15% | \$1,964 |
| QUT staff | 25% | \$1,848 |

GREAT VALUE ...

- Exclusive 20% discount for **Australian Library and Information Association / Health Libraries Association** members
- **Students** at any Australian tertiary institution receive a 25% discount
- **Bulk registration discount:** Sending 10 or more staff from your institution? Contact kate.davis@qut.edu.au to discuss your discount.

ALIA / HLA members (personal and institutional): Please email cpe@qut.edu.au to **request a discount code**.

MEET THE TEAM

Course facilitator

Dr Gillian Hallam is Adjunct Professor with QUT. As an experienced educator and trainer, Gillian develops and delivers highly specialised academic and professional programs for the library and information services sector in Australia and overseas. She also provides consultancy services to academic, public and special libraries.

Advisory team

We've designed this course with the help of a team of Health Libraries Australia members. Their contribution means you benefit from the expertise of experience health librarians who understand the skill and knowledge sets you need to succeed in this specialised area of library and information practice.

Course administration and teaching and learning support

Kate Davis is the Course Coordinator for QUT's Master of Information Science. She is an experienced educator with expertise in online learning.

Mentors

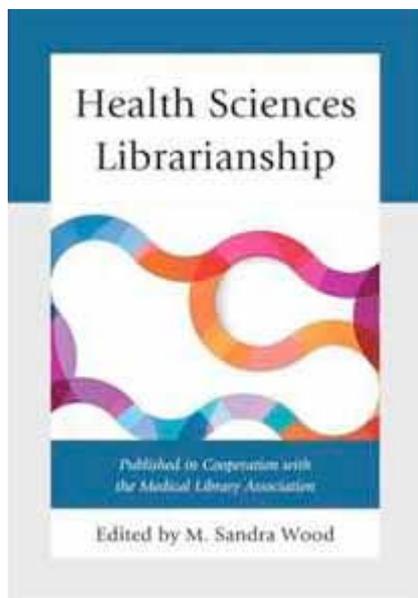
Experienced health librarians will provide mentoring for participants.

Further information: Contact Dr Gillian Hallam g.hallam@qut.edu.au

Note: You have the option of completing assessment to gain formal course credit towards a qualification in Library and Information Studies. Check with your academic institution about options for applying course credit.

BOOK REVIEW

Gemma Siemensma provides us with this review of *Health sciences librarianship* edited by M. Sandra Wood, Rowman and Littlefield.



BOOK DETAILS

Health sciences librarianship
(Medical Library Association Books [Series]), edited by M. Sandra Wood, Rowman & Littlefield, 2014, 448 pp., £44.95 (soft cover), ISBN 978-0-8108-8813-5

REVIEW AUTHOR

Gemma Siemensma
Ballarat Health Services Library
gemmas@bhs.org.au

Health Sciences Librarianship is broken into four parts which focus on the profession; collection services; user services and administrative services. This book is very much US focused but it is still universal in much of what it discusses.

The profession looks at the various roles health librarians perform. This helps to expand your knowledge as health librarians are found not only in hospitals and universities, but also in consumer roles, research roles and specialist roles which shows how diverse we can be. This section discusses what professional associations are available, which specific health library journals are published, the trends in health libraries such as evidence based library and information practice, active learning, research collaboration and technological trends. It sets the foundation from which the rest of the book works off.

Section two focuses on collections. In particular the collection development chapter looks at both print and e-collections and reference is made to Faculty of 1000, a social media site where people communicate and learn about resources. Reference is also made to the RLG Conspectus which is a system used to apply a uniform approach to collection strength and collecting intensities by subject. Technical services is also discussed with talk on patron driven acquisition, RDA replacing AACR2, MESH and tips and tricks employed to make it easier for library users to find resources subscribed to by your library. Technology is also explored such as systems, apps, security, integrating into electronic health records and web scale discovery.

User services focuses on reference queries and user instruction. In particular how a single “teachable moment” can change the information seeking practices of someone for a lifetime. Other learning styles such as case based learning, team based learning and problem based learning with librarian involvement are explained. There are also several chapters devoted to research which focus on conducting literature searches and systematic reviews, helping to organise and manage reference lists and research data management. Much was said of how librarians can influence the integrity of scientific research and how we can aid in data sharing. This included discussions on both data and institutional repositories. Outreach services are also touched upon which included exploring the concepts of embedded librarianship, research postdoctoral associates, information specialists and consumer librarian roles.

The book is brought back together with administrative aspects of health librarianship. It focuses on aligning the library’s vision and mission with that of the parent organisation, the involvement of library staff in committees external to the library, funding and budgetary issues and standards and accreditation. There is also a chapter devoted to physical space, room layouts, functional requirements and non-traditional spaces. The last chapter focuses on the future. Included in this is the emergence of embedded librarianship, research roles, clinical librarians and collaborations.

For me this book helped to reinforce what I do and it sparked new ideas to follow up. It brought to the forefront of my mind ideas that I had vaguely heard about but had long since forgotten. It continually referred back to the critical issue of health librarians making themselves indispensable within the organisation. It focussed on aligning ourselves with the overall mission of the organisation, developing new and innovative services, becoming an integral part of the research process, and most importantly collaborating with others in the organisation instead of just providing a service. This book would be an excellent starting point for library science students or those new to health libraries.

HLA EVIDENCE SUMMARY

| | |
|--|---|
| <p>CITATION</p> | <p>Prorok JC, Iserman EC, Wilczynski NL, Haynes RB. The quality, breadth, and timeliness of content updating vary substantially for 10 online medical texts: an analytic survey Journal of Clinical Epidemiology Volume 65, Issue 12, pages 1289–1295, December 2012</p> |
| <p>AUTHORS' OBJECTIVES</p> | <p>The aim of the study was to evaluate 10 online evidence-based medical texts in terms of quality of evidence reporting, breadth of coverage and timeliness of content updating.</p> |
| <p>METHODOLOGY</p> <ul style="list-style-type: none"> • Subjects and Setting • Study Design | <p>The setting was McMaster University in Canada. The subjects were 10 online medical texts selected on the basis of being available through the McMaster University Health Sciences Library. These were: ACP PIER, Best Practice, Clinical Evidence, DynaMed, Essential Evidence PLUS, Medscape Reference (formerly eMedicine), First Consult, Micromedex, PEPID, and UpToDate.</p> <p>This was a quantitative, cross-sectional study. The texts were evaluated for quality, breadth and timeliness by the following methods: Quality: The researchers used an 11-point quality assessment scale to rate the texts. Each text was reviewed independently against the scale by two researchers, using publicly available information on the text's webpages. Disagreements were resolved by consensus. Breadth: Two researchers entered randomly selected International Classification of Diseases 10 code names (and synonyms if necessary) as search terms into each online text. Based on the search results, the researchers independently assessed whether each topic was 'covered'. Disagreements were resolved by consensus. Timeliness: The same ICD-10 codes were used to select a random sample of chapters within each text. The date of update of the first search result and the chapter title were recorded. Only one researcher carried out this task.</p> <p>The texts were then ranked on each of the criteria and given an overall ranking.</p> |
| <p>RESULTS</p> | <p>There was little correlation between scores against the three criteria, with most resources ranking really well in one area only. Two texts (DynaMed and UpToDate) ranked near the top of each category, while only PEPID ranked consistently low across all categories.</p> <p>In discussion of the results, the authors noted several limitations of their study:</p> <ul style="list-style-type: none"> • Their rank ordering gave equal weight to each evaluated area (quality, breadth and timeliness). Some may disagree with this. • Their results differed from those of a previous study (Banzi et al) despite using similar methodology. • Some features such as navigability, ease of use and cost were not assessed. • Surrogate outcomes were used. • Information on which to base assessment of the texts was sometimes difficult to find or unclear. |
| <p>AUTHORS' CONCLUSIONS</p> | <p>The authors concluded that their study had highlighted the strengths and weaknesses of the texts, and demonstrated great variability between the texts. Since no single online text appeared to be ideal, the authors concluded that clinicians would be well-advised to consult more than one text.</p> |
| <p>HLA COMMENTARY</p> | <p>This study was impressive in many ways. The methodology, which was clearly described, was rigorous. It included the use of a previously validated scale to measure quality, random selection of topics to measure breadth and timeliness, and assessment of quality and breadth by two researchers working independently (with high agreement in their assessments). There was a thorough discussion of the limitations of the study, including potential sources of bias.</p> <p>One question which was not explored was the selection of resources, which appeared to have been done on the basis of convenience of access, with some of those included being questionable.</p> <p>While the researchers went to some lengths to eliminate sources of bias, it could be argued that the very fact that the texts were evaluated by experienced searchers in a university setting, rather than by clinicians (the intended users) produced a biased evaluation of their usefulness in the 'real world'.</p> |
| <p>IMPLICATIONS FOR PRACTICE OR RESEARCH</p> | <p>The take-home message from this study is the desirability of consulting more than one text for a thorough overview of a topic. In addition, the information on the relative strengths and weaknesses of each text may be useful for clinicians and librarians as well as authors and publishers.</p> |



MEMBER SPOTLIGHT

CATHERINE VOUTIER FAST FACTS

| |
|--|
| HLA member since: |
| I have to say, I forget! |
| First professional position: |
| Technical Assistant at the Ian Potter Art Conservation Centre at University of Melbourne. |
| Current Position: |
| Clinical Librarian at Royal Melbourne Hospital |
| Education: |
| Undergrad at Royal Melbourne Institute of Technology and Masters at Curtin University of Technology. |
| Favourite Website or Blog: |
| Can I say my own? 😊 |

What do you find most interesting about your current position?

It is full of variety and I get to be part of lots of different projects.

What has been your biggest professional challenge?

Overcoming my fears about being a trainer.

How did you join Health Librarianship?

I was a patient and walked past a medical library – the rest is history!

What was your previous employment background?

I've done all sorts of stuff, from cleaning and repairing rust damaged documents to cajoling staff at a the RBG Herbarium to return library items they've had out for years (even decades).

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

I have no idea. Maybe something like records management in a hospital or a museum/gallery curator. I did want to be a conservator at one stage.

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

Advocacy in financially austere times. Tempering the message is

important because lots of areas of society are being affected by financial instability (i.e., we are not the only industry saying we are important and must be preserved).

What is your greatest achievement?

Going overseas by myself for the first time in 2012 – because I am a scaredy cat!

What is your favourite non-work activity?

Travel. I love visiting other countries.

What advice would you give to a new member of HLA or a new graduate information professional?

Networking and reading a variety of industry e-lists and blogs. Get to as many PD events as you can. Most importantly, relax and have fun!

Anything else you would like to share about yourself?

I've started doing Yoga. I like it although my balance is terrible!



RIGHT – Catherine in Bilbao Spain (Guggenheim is in the background) June 2012

REVIEW OF FACTORS AFFECTING SUCCESSFUL COLLABORATIONS IN INTERDISCIPLINARY RESEARCH

HLA EVIDENCE SUMMARY

| | |
|--|--|
| CITATION | <p>D. L. Lorenzetti & G. Rutherford. Information professionals' participation in interdisciplinary research: a preliminary study of factors affecting successful collaborations. Health Information & Libraries Journal Volume 29, Issue 4, pages 274–284, December 2012 (open access) http://onlinelibrary.wiley.com/doi/10.1111/hir.12003/full</p> |
| AUTHORS' OBJECTIVES | <p>This pilot study explores the conditions that support or hinder information professionals' participation in interdisciplinary research teams.</p> |
| METHODOLOGY <ul style="list-style-type: none"> • Subjects and Setting • Study Design | <p>The methodological approach used was grounded theory in which collection, coding and analysis of data happens iteratively rather than sequentially, and data collected early in the study is used to identify new subjects and new lines of inquiry as the research progresses.</p> <p>Four biomedical information professionals working in academic universities and teaching hospitals in Canada participated in semi-structured interviews.</p> <p>All have at least a Masters' degree and between 10 and 20 years' experience working in these settings.</p> <p>Data was collected via semi-structured interviews of approximately one hour in length. These were audio-taped and transcribed.</p> |
| RESULTS | <p>Participants identified the conditions that support or hinder research participation as belonging to four distinct overlapping domains:</p> <ol style="list-style-type: none"> (1) client-level factors including preconceptions and researcher resistance; (2) individual-level factors such as research readiness; (3) opportunities that are most often made not found; and (4) organisational supports. |
| AUTHORS' CONCLUSIONS | <p>Creating willingness, building preparedness and capitalising on opportunity appear crucial to successful participation in interdisciplinary research. Further exploration of the importance of educational, collegial and organisational supports may reveal additional data to support the development of a grounded theory regarding the facilitation of information professionals' engagement in interdisciplinary research.</p> |
| HLA COMMENTARY | <p>Some librarians worked in dual roles so it would have been helpful to know which librarians came from which role. Four does seem a small number; but possibly adequate for a pilot qualitative study.</p> <p>It seems that there is a lot of potential for bias in this paper, especially if the researcher was known to the interviewees.</p> <p>As is required in qualitative research, the philosophical stance of the authors – in this case, the first author – is clearly stated: 'She has personally been involved in a variety of interdisciplinary research studies and is therefore very much a subjective insider'. The paper goes on to describe in more detail her perspective on the topic. If this makes her analysis biased can we trust it?</p> <p>Concern – the lack of information about how the four subjects were recruited.</p> <p>Qualitative research is, by its very nature, biased, particularly in the selection of subjects and the influence of the researchers collecting and interpreting the data.</p> <p>We would have liked to see the core questions in addition to other questions that arose with successive respondents. How were they phrased eg were they leading, were general questions asked before more specific ones?</p> <p>Due to the iterative nature of the grounded theory approach it needs to identify known facts with respondents' thoughts to round out the picture; the researchers may not have thought of some issues so this gave them the opportunity to explore wider ones.</p> <p>The methods were appropriate for the topic, and the results were well-presented and credible.</p> <p>The findings were well supported by direct quotes from the interviewees.</p> |

Continues on p15...

Smart Searching

– CALL FOR FEEDBACK

Sarah Hayman invites readers to complete a user survey for the Smart Searching website and provides usage statistics for the site since its launch in May 2014.



We are currently conducting a user survey of the Smart Searching website. This site is a free online resource providing some tips and tricks to enhance literature search techniques, for librarians and researchers (especially in the health sector) who are interested in developing and testing their search strategies.

We want to find out some information about the type of people who are using the site, how and why it is being used, and, most importantly, if there are any improvements we can make to it.

The survey is completely anonymous – we will not know who the respondents are, only the nature of the organisation they work for, their role, and the country where they are located, if they choose to supply that information. All answers are optional.

Please take this opportunity to send us your views on the site by completing this short survey and please let your colleagues know about it. It can be found at this [link](#).

Since the site was launched in May 2014, we have monitored usage via Google analytics. By 4 March this year there had been a total of 3247 sessions undertaken by 2163 unique users. Average session duration is just over five minutes, with over seven pages viewed on average each session. Users come from 49 different countries.

Sarah Hayman

Research Fellow (Evidence), CareSearch palliative care knowledge network
Palliative and Supportive Services, Flinders University
sarah.hayman@flinders.edu.au

HLA e-list

Keep up to date with happenings in the Health Information world by subscribing to the aliaHealth e-list.

To register, complete the online form at: http://lists.alia.org.au/mailman/listinfo/aliahealth_lists.alia.org.au

HLA Alerts

Especially targeting the needs of HLA Members, HLA Alerts is a monthly publication sent directly via email. If you are not a member of HLA/ALIA, join online via: <https://www.alia.org.au/groups/HLA>.

HLA Group on LinkedIn

If you are a member of HLA and LinkedIn, you may request to join the Health Libraries Australia group <http://press.linkedin.com/about> for information on LinkedIn.

HLA Evidence Summary: Factors affecting successful collaborations in interdisciplinary research continues from p14...

IMPLICATIONS FOR PRACTICE OR RESEARCH

We can relate to discerning our roles along the research collaboration paradigm – from no collaboration right through to full integration into the multidisciplinary research team - and choosing how much to assist depending on the project, timeframe, level of researchers' needs and abilities, the reason for the research, organisational support/policy, and our own confidence. Showing initiative and a willingness to participate is essential and probably falls under the organisational support domain identified in this article. The authors are at pains to point out that because this is a pilot study only, any conclusions drawn from the data are provisional and could well be changed or even discounted by further research on the topic.

There is not enough data to make any firm conclusions yet but it provides a firm base for further investigation. On first approach, the results look predictable and do not show us anything new or unexpected but it could be worthwhile taking this research further to find out if it really is that predictable. It could be that some barriers cited by librarians are not barriers at all? This study is generalizable to many libraries and librarians, not just particular to health. But in health institutions, research does have a major focus so this study is very relevant.

The interviewees were very candid in their responses and this makes for interesting reading. They believed in the project and its future usefulness and were eager to respond proactively. This helps us to think about our own level of involvement and gives us encouragement to step "outside the square".

HEALTH LIBRARIES

more than just a search engine!

EVENTS TO SUPPORT YOUR PROFESSIONAL DEVELOPMENT

| YEAR | EVENT | LOCATION | DATE |
|------|---|---------------|------------------|
| 2015 | HLA PD Day | Melbourne | 1 April |
| | Health Librarianship Essentials – Online classes | Online | 7 April – 9 June |
| | Medical Library Association | Austin, Texas | 15-20 May |
| | Canadian Health Libraries Association | Vancouver | 19-22 June |
| | International Evidence Based Library and Information Practice conference, EBLIP8 2015 | Brisbane | 6-8 July |
| | HLA PD Day Workshops | Brisbane | 9 July |
| | HIC 2015, Brisbane | Brisbane | 3-5 August |
| | 5 th Australian Evidence Based Practice Librarians' Institute | Melbourne | TBA (late 2015) |
| | CILIP: Health Libraries SIG | TBA | TBA |



HLANEWS
DETAILS

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