

HLA NEWS

NATIONAL NEWS BULLETIN OF **HEALTH LIBRARIES AUSTRALIA**, A GROUP OF THE
AUSTRALIAN LIBRARY AND INFORMATION ASSOCIATION • ISSN 1448-0840

ICML – A history of COOPERATIVE WORLDWIDE medical librarianship DEVELOPMENTS

In 2009 Australia will have the honour of hosting the 10th International Congress on Medical Librarianship (ICML). In the lead up to the Congress, Heather Todd and Lisa Kruesi have used previous history papers and recent reports to compile a fascinating history of the ICML.

▲ Heather Todd



We are proud to announce that Australia will be hosting the International Congress

▲ Lisa Kruesi



on Medical Librarianship, in Brisbane, Queensland from 31 August to 4 September 2009

(<http://www.icml2009.com/>). This will be a landmark occasion to celebrate the tenth anniversary and fifty-fifth year of the Congress, being held for the first time in Australia. Since the inception of the ICML in 1953 in London, where over 300 librarians first gathered, through to the ninth Congress held in Brazil in 2005, the status and issues confronting medical libraries, especially those in developing countries, has been raised by the ICML throughout the world. The Congress is held every four or five years giving the health library sector an opportunity to meet together to address major issues confronting the profession.

There are some excellent papers^{1,2,3} available which document the history of the ICML available from <http://www.icml9.org/archives/hist.htm>.

Some of the issues that stand out when examining the history of the ICML that we still confront today include the high cost of journals, developments with library education, administration and operations and utilisation of machines for bibliographic purposes.

Following the *Converge on London* website initiative a brief summary of the previous (and the forthcoming) ICML, in reverse chronological order, is shown in the table at the bottom of page 4⁴. The table details themes and locations.

POSITIONING THE PROFESSION, 2009

The theme is *Positioning the Profession* and the 10th ICML will embrace a range of areas central to health libraries throughout the world. The Congress will be held in the centre of Brisbane, (capital of Queensland, known as

Australia's sunshine state) at one of the world's most prestigious convention centres⁵. It will be an opportunity to report the impact of information specialists upon organisations and best means to position the health library and information profession for the future; status and ongoing development of international and local partnerships and collaborations in the twenty-first century; health informatics and the medical librarian; evidence-based health care and libraries; health library research, education and training; marketing and promotion; and integration of the latest

[Continues on p4...](#)

Inside

• ICML history – Heather Todd & Lisa Kruesi	1
• From your Convenor – Cheryl Hamill	2
• Clinical patient care – Louisa D'Arrietta	3
• EBLIP – Suzanne Lewis & Lisa Cotter	7
• EBSCO product updates	8
• Victorian Health Libraries Consortium – Stephen Due	9
• Health Technology Assessment conference – Caryl Armstrong	10
• Left field – Jennifer Tieman on knowledge11	11
• HLA Executive contact list	13
• University of Queensland job ad	14



CONVENOR

Health Libraries Australia Symposium 2007, thoughts from click06 and new HLA convenor from 2007

Planning for the HLA Symposium satellite to Online 2007 (2-3 February) is well underway with a submission now before the ALIA Board of Directors. My thanks to Jane Hardy and Sue Hutley at ALIA and to the Online organisers, Kay Harris in particular, for their assistance. The symposium looks feasible with strong interest from our trade partners who are keen to connect with health librarians and present their products and services. The TAFE librarians are also planning a symposium and we will be able to share a trade exhibition space. Once we have the go ahead, the advertising will begin.

It has been valuable to have the click06 ALIA conference in Perth to relearn some of those lessons about conference organisation that are quickly forgotten after involvement in earlier times. It is also a reminder to me of how valuable it is to network with colleagues and how useful and interesting (sometimes unexpectedly) the papers are at conferences. I thought I'd share a couple of thoughts from click06.

One of the most entertaining addresses was from Jason Clarke of Minds at Work (also love their website <http://www.mindsatwork.com.au/>). Some of his observations on creative thinking and innovation in the world of work were very thought-provoking. Some strategies he's noticed in people working around those who are prepared to experiment and innovate: ideas that work and attract praise – stand nearby; ideas that fail – run away; ideas that fail badly – don't stand near the fan! Creativity and dynamism can

be destabilising and a threat but are necessary for growth – “new thinking blooms on the fringes of existing thinking”. Many ideas suffer from “premature evaluation” – from “ideas assassins” who will counsel “it's been done”, “it's never been done”, and will throw up what he called “squid ink” to challenge progress. He discussed the journey of new professionals who need to move from “fresh to ripe”, from “Skywalker to Yoda” but who all too often encounter “energy vampires”. He critiqued the realm of “thoughtless places”, of reactive and unconsidered fears and asked if that just led to the era of “the dark ages with broadband”. Many quotes in this little report but it gives the flavour of a very interesting address that is hard to convey without some of his very pithy phrases.

There were some very interesting papers on the potential, implications and use of new technologies such as blogs, wikis, rss feeds, pod and vodcasts, web conferencing, instant messaging, and rfid tagging. I had the pleasure of chairing a session where one of the papers was presented by a health librarian, Tabitha Merrell, on *The role of partnership libraries in New South Wales Health – The Centre for Rural and Remote Mental Health Library experience*. Tabitha was fighting a very sore throat and failing voice but made it to the end in admirable style, presenting on the many challenges involved in coordinating with many different organisations to provide a quality professional service. The papers are going up on the internet as they become available (I've edited my batch!). <http://conferences.alia.org.au/>

[alia2006/conference_papers.html](http://www.alia2006/conference_papers.html)

I'm off to New Norcia on 26 October to participate in a panel session that goes along with the annual New Norcia Library Lecture which this year is being presented by Sister Veronica Brady. I understand they are always very interesting days and I'm ashamed to say I haven't ever been to the lectures before. Anyone visiting WA however is very much advised to visit Australia's only monastic town, one and a half hours north of Perth. It was founded in 1846 by Dom Rosendo Salvado of the Benedictine order and today houses 18 monks, a bakery, an olive grove, a museum, art gallery and of course a library. <http://www.newnorcia.wa.edu.au/>

Finally, I'm pleased to say that Heather Todd has agreed to take on the role of Convenor of HLA from 2007 and Lisa Kruesi has agreed to join the committee. Both are from the University of Queensland – the sponsor for the International Congress of Medical Librarianship that will be held in Brisbane from 31 August to 4 September 2009. Their involvement with the HLA committee is most welcome and appropriate as we head towards a significant international event that HLA and ALIA more broadly has already welcomed.

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UPDATE: Librarians at the forefront of

CLINICAL PATIENT CARE

Following the success of the Clinical Medical Librarian (CML) Service trial at the Gold Coast Hospital's Southport Campus, Louisa D'Arrietta, Library Manager, outlines how the trial has been expanded to include the Hospital's second campus at Robina, and reports some preliminary results.



The trial of the Clinical Medical Librarian (CML) service initiated at the Gold Coast Hospital, Southport

Campus in 2005 (D'Arrietta 2005) by the Library was extended to the Hospital's Robina Campus in late July 2006. This report is a brief summary of our experiences during the first nine weeks of the trial.

Why we extended the CML Trial to our second hospital campus

The Robina Campus is currently undergoing a major transformation with a development project underway which includes a new Emergency Department, an ICU/CCU, an expanded Renal Dialysis unit, and expanded pathology services due to open in mid 2007. The development has seen the size of the Campus already increase to 185 beds and the government is also committed to further redeveloping the Robina Campus to create an additional 179 beds over the next three years.

Accordingly, the existing library service to Robina is currently undergoing a transformation which will see a librarian provide a full time consultancy service from the newly designed information hub on the Robina Hospital Campus. Acting as a consultant, the librarian will be free to be on-call when and where needed on the campus, and will be based in, but not restricted to, minding a physical information hub. This will be a significant improvement from the situation over the last couple of years where

a librarian was only on site two days per month to meet the need for library services.

The CML program is being conducted for a trial period and will help to determine whether the service is of value to clinicians and outcomes for patient care and also whether the new librarian position should incorporate such a role. The CML delivery model chosen for the trial was determined by the clinicians in consultation with the Library and is based on a librarian accompanying the multi-disciplinary team of clinicians on, before or after the actual ward round.

Originally the library was invited to participate in two CML sessions per week on different days using two CML delivery models. One session was to accompany the clinicians from bed to bed on the actual ward round. The other was to provide 'live' information at the medical team meeting before or after a ward round. As these two sessions were to be for two different medical teams it was our goal to be able to report on the effectiveness of the two models. However, due to library staff time restraints we have only been able to accommodate one session per week and it was mutually decided that we would accommodate any of the variations on the ward round model as required by clinicians on the day. In this way the librarian has become part of the multidisciplinary team consisting of a consultant, registrar, nurse, occupational therapist, physiotherapist, speech therapist and dietician.

The one hour rounds are held on a Wednesday and are attended primarily by one of two of our four library staff on a rotational basis. The rotation is for the purpose of

ensuring our small team remains flexible in the provision of all library services where required and that the CML service itself is built around the library and not a specific library staff member.

Questions are recorded on our Ask a Librarian form by the librarian as they are asked by the clinicians and clarification is sought by the librarian where it is needed. After the round the librarian has access to a private office on the ward with full internet and word processing facilities and commences retrieving the required information.

Here the librarian either 'PICO's', or otherwise handles the clinicians' questions, and uses both the on-line information resources and the staff and resources of the library back at the Southport Campus to find the required information. The delivery mode for the information to the individual clinician or group is determined on the day and varies from face to face to electronic and is usually provided on the same day. In some instances the group will come together for a debriefing with the librarian to find out what information was found and just as importantly how that information was found. This last aspect adds another dimension to the CML role as that of educator and trainer.

CML impact on clinical management – what we have discovered so far

Data gathered during the first nine weeks of the trial indicate that 12 clinicians generated 68 clinical questions during the course of the one hour ward round held once per week over nine weeks, an average of almost six questions per one hour ward round.

[Continues on p6...](#)

technologies with service delivery. Tours of architecturally designed and award-winning libraries will be organised for delegates. MLA accredited trainers will provide continuing education. Sight seeing and unique tourist events will be available for both city and outback experiences.

COMMITMENT TO EQUITY, 2005

In September 2005 the 9th ICML was held in South America for the first time, located in dazzling Salvador, Bahia, Brazil. This Congress joined with a number of regional and national meetings, including the 7th Latin American and Caribbean Congress on Health Sciences Information, CRICS VII. The theme was *Commitment to Equity*, with the focus on the need for equality in access to and mastering of information and knowledge as essential for improving the health and quality of life of individuals and communities. Over 1,000 participants from more than 50 countries attended.

At the closing session participants agreed to the *Declaration of Salvador – Commitment to Equity* which defines a global commitment with equality of access to information and knowledge⁶. The declaration is available from: <http://www.icml.org/channel.php?lang=en&channel=91&content=438>

CONVERGENCE, 2000

The theme for the 8th ICML held in London during 2000 focused around the library and information profession becoming closely joined as information

technology capabilities have merged computing and publishing together. The Congress explored the practicalities of this trend, and the ways in which it has changed the nature and philosophy of our profession⁷. A break from tradition occurred with the proceedings of the 8th ICML being published in full on the ICML web site and not in paper form. All the papers were published in full on the ICML web site. Held in the Queen Elizabeth Conference Centre in London, the Congress attracted more than 1,400 delegates from 79 countries⁸.

HEALTH INFORMATION FOR THE GLOBAL VILLAGE, 1995

Subthemes of the 7th ICML included the impact of culture, language and history on health information; education for health information delivery; measuring the effectiveness of health information on patient care; role of the government in health information delivery; standards for health information; medical informatics and telecommunications; and legal and ethical questions in the delivery of health care and health information⁹. The evolution from “medical libraries” to “health information” and “the world” to “global village”, since the 1963 ICML, was evident at the 7th Congress¹⁰.

HEALTH MEDICAL LIBRARIES – KEYS TO HEALTH INFORMATION, 1990

More than half of the papers presented at the 6th ICML held in New Delhi, India, were by representatives from developing countries, compared to the 1st

Congress when only one delegate represented Africa¹¹. “At this ICML Arabic Countries, Africa, India and Latin American reported inadequate coverage of their medical literature in international databases...Attempts to develop networks and resource sharing among medical libraries in China were reported...Most libraries in developing countries [were reported] to confront problems of distance, lack of resources, poor communications, inadequate facilities and insufficient budget for daily operations.^{12”}

MEDICAL LIBRARIES – ONE WORLD: RESOURCES, COOPERATION, SERVICES, 1985

The 5th ICML was held in Tokyo, Japan and covered issues of information transfer and technology, bibliographic control, cooperation, services and medical librarianship. Sixty-four countries were represented at the Congress. Crawford, indicates that China presented one of its first congress papers on problems of acquiring foreign journals, language differences in searching the literature and quality filtering in Medline¹³. Problems raised at previous Congresses such as cooperation in many developing countries, isolation of libraries, inadequate resources and poor communication were discussed.

HEALTH INFORMATION FOR A DEVELOPING WORLD, 1980

At the 4th ICML, held in Belgrade, Yugoslavia, three major sub-topics featured: infrastructure for health services; new technology applied to health information services; and cooperation through

YEAR	LOCATION	CONGRESS AND THEME
2009	Brisbane, Qld, Australia	Tenth – Positioning the Profession
2005	Salvador, Bahia, Brazil	Ninth – Commitment to Equity
2000	London, U.K.	Eighth – Converge on London
1995	Washington DC, USA	Seventh – Health information for the global village
1990	New Deli, India	Sixth – Medical libraries – keys to health information
1985	Tokyo, Japan	Fifth – Medical libraries – one world: resources, cooperation, services
1980	Belgrade, Yugoslavia	Fourth – Health information for a developing world
1969	Amsterdam, The Netherlands	Third – World progress in medical librarianship
1963	Washington DC, USA	Second – To foster the development and improvement of medical library service throughout the world
1953	London, UK	First – Survey the current position and activity of medical libraries throughout the world

health information systems. Pizer reports that a major concern raised at this Congress was the long interval between the third and fourth Congress. From the first Congress it was envisaged the ICML would be held every five years. This had not been sustained by 1980. In 1977 IFLA was reorganised and the Biological and Medical Sciences Section was formed. This Section was identified with responsibility for providing support and continuity to the organisation of the Congress¹⁴. The World Health Organization (WHO) held a special program for librarians working in its regional offices, who attended the Congress. From the meeting onwards WHO and the IFLA Section of Biological and Medical Sciences would become permanent co-sponsors of the Congress¹⁵.

WORLD PROGRESS IN MEDICAL LIBRARIANSHIP, 1969

Held in Amsterdam, the 3rd ICML included a symposium on regional and national systems in both developed and developing countries. Conditions in Southeast Asia, Latin America, the Middle East and Africa were described. Many of the presentations portrayed lack of facilities, funds and difficulties cooperating with other countries. A plea for assistance from the WHO was made by an Indian delegate, who noted the WHO had spent millions on eradication of diseases and for public health but not for libraries¹⁶.

TO FOSTER THE DEVELOPMENT AND IMPROVEMENT OF MEDICAL LIBRARY SERVICE THROUGHOUT THE WORLD, 1963

The 2nd ICML held in Washington, DC, focused on library organisation including emerging medical libraries in developing countries, library resources and interlibrary cooperation, education and training worldwide, medical subject bibliography and history of medical libraries¹⁷. The National Library of Medicine presented the

newly emerged MEDLARS project. Technology opportunities for libraries of all sizes emerged as a theme from the Congress¹⁸.

SURVEY THE CURRENT POSITION AND ACTIVITY OF MEDICAL LIBRARIES THROUGHOUT THE WORLD, 1953

Control of the world's medical literature was an important topic raised at the 1st ICML held in London¹⁹. The meeting was organised by leaders from medical libraries not long after World War II. Around this period the Armed Forces Medical Library (USA) was being transformed and would eventually become the National Library of Medicine in 1956²⁰. Topics included library education, administration and operations, the high cost of journals and the history of medicine. UNESCO had established an international exchange of publications in medical libraries which was helping those countries impacted by war to re-establish medical library services. At the inaugural meeting the "difficult state of libraries in Asia, Africa, Australia and Latin America was of great concern."²¹

LOOKING FORWARD

The organising committee for the 10th ICML look forward to living up to the impressive history of the ICML in Brisbane during 2009. Fundamentally the spirit of our services has not changed. Medical Libraries are still based on cooperation throughout the library sector to provide health information and biomedical research to help improve patient care and raise health standards throughout the world. As you are still aware, a wide disparity between rich and poor information communities still exists on an international scale. Forums such as the ICML have helped to address the health information needs of developing countries to reduce the imbalance. In addition, the 10th ICML will embrace the latest issues to position the health sciences library profession in the future. We hope you will all become ambassadors and commence promoting the Congress at every

opportunity. Over the next couple of years we will keep you posted and we hope to inspire your involvement to make the event a huge success.

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FOOTNOTES

- 1 Pizer, Irwin H. The International Congress on Medical Librarianship - Thirty Years of Evolutionary Change. Viewed 29 August 2006, <<http://www.icml9.org/archives/pizer.htm>>.
- 2 Crawford, Susan Y. The International Congress on Medical Librarianship, 1953-1995: Goals and Achievements. Viewed 29 August 2006, <<http://www.icml9.org/archives/crawf.htm>>
- 3 Groen, Frances. Health Information in the Year 2000 - Towards the Millennium in International Medical Information Viewed 29 August 2006, <<http://www.icml9.org/archives/groen.htm>>
- 4 Converge on London, ICML website, Viewed 29 August 2006, <<http://www.icml9.org/archives/hist.htm>>
- 5 Brisbane Convention Centre at Top of World Ratings, 08 August 2006, viewed 27 August 2006: <<http://www.bcec.com.au/www/index.cfm?fuseaction=news.view&newsid=77>>
- 6 Jakobsson, Arne. News from our Colleagues: 9th International Congress on Medical Librarianship, International Congress on Medical Librarianship, 20-23 September 2005, Salvador Bahia, Brazil. Journal Of The European Association For Health Information and Libraries, Vol.1 (4), p. 12 Available: <<http://www.eahil.net/newsletter/newsletters.htm>>
- 7 Converge of London - ICML -2000, Viewed 27 August 2006, <<http://www.eahil.net/newsletter/49/49-4-eng.htm>>
- 8 Blenkinsopp, John. "What the doctor ordered." Viewed 27 August 2006 <<http://www.la-hq.org.uk/directory/record/r200009/article3.html>>
- 9 Crawford, Susan Y. op. cit. p. [4]
- 10 Groen, Frances. op cit. p. [2]
- 11 Crawford, Susan Y. op cit. p. [4]
- 12 ibid
- 13 ibid, p. [3]
- 14 Pizer, Irwin H. op cit [p. 4-5]
- 15 ibid [p. 6]
- 16 Crawford, Susan Y. op cit [p. 2-3]
- 17 ibid [p. 2]
- 18 Pizer, Irwin H. op cit [p. 3]
- 19 ibid [p 2]
- 20 ibid
- 21 Crawford, Susan Y. op cit [2]

Each clinical question was documented on an Ask the Librarian form. The results were given or sent to the clinician and in most cases were accompanied by an Ask a Librarian Information Request/Evaluation Form (Figure One). Twenty seven evaluation forms have so far been received by the library, a response rate of 40 per cent.

Table One indicates that for almost 93% of questions the information confirmed planned management/practice, 85% confirmed the diagnosis while 7% led to a change in diagnosis. Seventy four percent (74%) confirmed routine diagnostic testing while 11% led to a change in diagnostic testing. In the case of the need for referral 30% confirmed the need for a referral and 30% eliminated the need for a referral.

Meaningful data? QUANTITATIVE

The response rate to the evaluation forms is 40% which leaves a non-response rate of 60%. Therefore, we have not received feedback forms from clinicians for the information we provided to them for 41 questions. We will try to ascertain the reasons for the high non-response rate as we continue the trial. It may be that they simply haven't had time or that they weren't given an evaluation form in the first instance. Given the small amount of data that we have gathered to date it would be dangerous to extrapolate

at this stage of the trial

QUALITATIVE

Clinicians have commented that the benefits of the CML program include the availability of a librarian for consultation on a variety of issues such as: basic technology issues for accessing electronic resources and information; database awareness; selection of appropriate databases for content; and search techniques particular to specific databases and electronic resources. Therefore, as well as supporting Evidence Based Practice (EBP) in the immediate clinical environment, the librarian is also seen as a resource person for continuing professional development (CPD).

What now?

We will continue the trial till the end of 2006 during which

time we will continue to collect data that addresses questions to evaluate the service and also actively seek to achieve a higher response rate by clinicians to our evaluation forms. By the end of the trial we should have the evidence to determine whether we will incorporate the CML concept into our *modus operandi* at the Robina Campus in 2007.

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REFERENCE

D'Arrietta, L 2005, 'Librarians at the forefront of clinical patient care', *HLA News*, Dec, pp.1,4.

COUNTDOWN to the close of early bird registrations for ALIA Information Online... (30 January to 1 February 2007) Register before 10 November for great savings!

TABLE ONE
Results of data compiled from responses (n=27) to the Ask a Librarian Information Request /Evaluation Forms

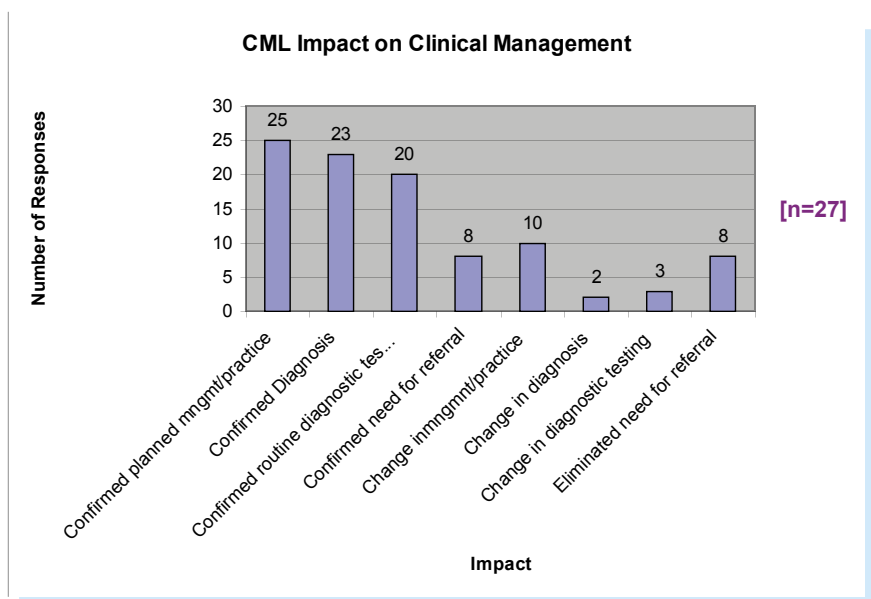


FIGURE ONE
The Ask a Librarian Information Request/Evaluation Form requests the clinician to respond to the following:

Please indicate by ticking the appropriate response/s if the information led to one or more of the following:

<input type="checkbox"/>	Confirmed planned management/practice	<input type="checkbox"/>	Change in management/practice
<input type="checkbox"/>	Confirmed diagnosis	<input type="checkbox"/>	Change in diagnosis
<input type="checkbox"/>	Confirmed routine diagnostic testing	<input type="checkbox"/>	Change in diagnostic testing
<input type="checkbox"/>	Confirmed the need for a referral	<input type="checkbox"/>	Eliminated the need for a referral

If you thought the information you received was unsatisfactory, please supply details of those aspects/areas not adequately covered or give details of known references missed. Do you have any other comments?

Evidence-based library & information practice – MODELLING WHAT WE TEACH

Suzanne Lewis and Lisa Cotter report how an appreciation of the benefits of evidence based practice drove library staff at Gosford Hospital and the University of Newcastle to organise two highly successful evidence based practice seminars for librarians. These high achievers used the seminars to unveil “PEBL - a Project methodology for Evidence-Based Libraries ... a stepping stone between a theory and its practice”.

For many years health librarians have supported evidence-based healthcare, but have not always modelled what they taught (Ritchie 1999) when it came to their own professional practice. Now, however, more and more librarians from all sectors are applying the principles of evidence based practice to their own work, with exciting results.

Librarians from Gosford Hospital Library, part of Northern Sydney Central Coast Health (NSCCH), and The University of Newcastle, attended the ALIA sponsored 3rd International Evidence Based Librarianship Conference in Brisbane last year. This provided a greater appreciation of the benefits of evidence based practice for librarians and led to NSCCH organising an event for librarians in the Sydney/Newcastle region of New South Wales in June 2006.

‘Evidence-Based Librarianship in Practice: A Seminar with Andrew Booth’ featured ‘Don’t Give Up Your Day Job’ a workshop presented by Andrew Booth, Director of Information Resources and Reader in Evidence Based Information in the School of Health and Related Research at the University of Sheffield, UK. This was followed by a session showcasing EBLIP (Evidence Based Library and Information Practice) in action locally, presented by librarians from NSCCH and The University of Newcastle. The seminar presentations (including podcasts) are available at <http://www.eblip.net.au/jun06papers.html>.

Nearly 100 librarians attended the seminars held in Sydney and Gosford, representing all types of libraries including special, health,

RIGHT: Guest speaker Andrew Booth, with Julie Mundy-Taylor (left) and Sally Gale (right) from The University of Newcastle, Ourimbah Campus Library, and Suzanne Lewis (centre), Manager, Central Coast Health Service Library, NSCCH.



law, government, school, public, TAFE and university. Delegates participated enthusiastically in the interactive sessions led by Andrew Booth.

Participants were asked to document a current, relevant workplace issue they faced using the SPICE (Setting, Perspective, Intervention, Comparison, Evaluation) format on a Post-It note. The notes were then stuck to the wall to share with the group. After the seminars, the SPICE breakdowns of relevant issues facing practising librarians were transformed into focused and answerable questions and are available at <http://www.eblip.net.au/seminar/SPICEquestions.pdf>. An article exploring these questions has been submitted for publication in Evidence Based Library and Information Practice (<http://ejournals.library.ualberta.ca/index.php/EBLIP/issue/archive>).

Another exercise asked participants to consider barriers to applying an evidence-based framework to their everyday practice. The barriers identified were a mix of management support, a need for professional development, access to relevant

literature and knowledge of the EBLIP process. Lack of management support (including lack of time, cost, resistance to change) was the overwhelming barrier identified (60 out of a total of 98).

The afternoon session at the Gosford seminar gave librarians at Gosford Hospital Library and The University of Newcastle the opportunity to share evidence-based projects they have been involved with and new initiatives being developed. Suzanne Lewis gave an overview of Gosford Hospital Library’s engagement with EBLIP and posed the question, “is EBLIP a supermodel or a wannabee?”. In other words, is it a valid model of professional practice or a passing fad? Celia Munro from The University of Newcastle described a new library cadetship program at the University which includes a unit on EBLIP and involves planning a workplace project using the EBLIP methodology.

Mary Grimmond from Gosford Hospital Library talked briefly about the project to assess the library’s collection of material on treatment of acute stroke. Mary presented

Continues on p8...

the project in poster format at the 3rd International Evidence Based Librarianship Conference in 2005 and won the QUT Award for Best Poster. Ingrid Tonnison and Larnich Harije, also from Gosford Hospital Library, presented 'Adding SPICE to our Library Intranet Site: a Recipe to Enhance Usability', a paper originally delivered at the same conference. This paper outlined a project which examined the usability of Gosford Hospital Library's intranet site.

As a result of these two projects, the Gosford Hospital librarians identified a need for a project planning tool which would incorporate the EBLIP model into standard project planning methodology. A project to develop such a tool - 'PEBL - a Project methodology for Evidence-Based Libraries' - was launched in the final session of the day, delivered by Lisa Cotter (University of Newcastle, based at Gosford Hospital Library). Progress of the PEBL project will be reported at <http://projectpebl.blogspot.com>.

PEBL will be supported by a toolkit of resources, pathways and tools to guide librarians through the evidence-based process to make better decisions in daily practice, collated in 'Libraries Using Evidence - eblip.net.au'. The Libraries Using Evidence Advisory Group, was brought together to oversee development of the 'Libraries Using Evidence - eblip.net.au' web space. Keep up-to-date with its development at <http://eblipnetauupdates.blogspot.com/>

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REFERENCE

Ritchie, A 1999, 'Evidence-based decision making', *inCite*, vol. 20, no.12, pp.33.

FROM THE SPONSORS OF HLA NEWS

EBSCO product updates

EBSCO's Subscription Management Tool Launches to Global Acclaim

The EBSCONET® Subscription Management System, a multilingual web-based tool designed to help subscription staff efficiently manage orders, claims, renewals and more, has launched worldwide.

This intuitively-designed web-based tool features a clean, tabular interface, context-sensitive help screens and streamlined navigation – libraries can access key features including orders and claims within three clicks of the mouse. Other key features include:

Searching Users can limit a search to titles that are available to their location or search EBSCO's comprehensive title file. In addition, every result list includes the original search function, and the result lists display in a clear format that can be used to dynamically sort or filter based on the value within a column.

Title/Order Information The new Title Details screen facilitates comparing available formats for each title via an Alternative Format panel. Access model information, including archival rights and registration details, can be quickly verified via an Access and Registration screen. Title Details also indicates if a title is part of a Publisher Package and if an individual library has an order for that title. Hyperlinks provide quick access to additional information, such as the actual order details and publisher information. An Order Details page includes complete order details, invoice information, claim history and adjustments, all viewable from a single screen.

Claiming My Claims can be used to access and update claim history for the previous two years. Claiming is possible for an individual title within a membership/combination or package, reducing the time spent trying to find a title that comes with a membership or in a package. The follow-up claims management tool, Claim Checker®, includes an export option to facilitate the resolution

of a claim.

Administrative Accounts Each organisation has an EBSCONET administrator who can create logins and control permissions to various functions via the User Administration feature. Accounts can be created and updated in real time.

Languages EBSCONET features 17 native language interfaces including: Chinese, Dutch, English, French, German, Italian, Japanese, Korean, Polish, Portuguese, Spanish, Swedish and Thai.

Initial response about EBSCONET indicates its effectiveness as a comprehensive subscription management tool for libraries in the electronic world.

EBSCO Publishing's Health Library™ Receives URAC Health Web Site Accreditation

EBSCO Publishing is pleased to announce that it has been awarded Health Web Site Accreditation from URAC for Health Library™ through December 2007.

Web sites that receive the URAC Health Web Site Accreditation are evaluated against more than 50 URAC Health Web Site Standards. These standards ensure that the content delivered by the provider meets the highest quality of content and services. When customers see that EBSCO's Health Library has received URAC Health Web Site accreditation, they can be assured that EBSCO has spent many months and hundreds of hours creating an infrastructure that is necessary to ensure the development of quality online health content and services. Most importantly, the accreditation process provides a third-party verification mechanism for compliance so that customers know that the site will maintain its quality content and services over time.



Victorian Health Libraries CONSORTIUM

In this article Stephen Due, Chairman of the Victorian Health Libraries Consortium, provides an overview of the purchasing consortium established and operated by Victorian health libraries.



The Victorian Health Libraries Consortium (VHLC) is a buying group that was set up in 2003 to purchase

online resources. Its main role is to enable health libraries to purchase large packets of full text journals at affordable prices. VHLC operates without the benefit of government funding or the infrastructure of a government department. It is managed entirely by librarians on behalf of member libraries.

As at August 2006, the Consortium has 25 member libraries participating in seven active deals. The seven deals are for packages of journals from BMJ Publishing (27 titles), Oxford University Press (56 titles), Cambridge University Press (39 titles), Elsevier (180 titles), Wiley (25 titles) and Springer (70 titles), plus Embase. Of these deals, three are managed directly with the supplier, and four are managed through subscription agents (two each through Swets and EBSCO).

MANAGEMENT

There is a Consortium Management Group (CMG) comprising ten chief / sole librarians. The CMG meets monthly. Its role is to identify potential consortium deals, contact suppliers, and obtain and evaluate offers. On a daily basis the CMG chairman does most of the administrative work, although it is hoped to move to a more distributed model, with a different CMG member responsible for each deal.

The business of the consortium requires the maintenance of mailing lists, a database of member libraries, correspondence files,

license repository, product data and title lists, and database of suppliers, along with the consortium website. The website is not used as a portal, but as a point of contact for prospective suppliers and members.

SETTING UP

Because the Consortium is a co-operative venture with no corporate structure, deals are set up using a system of expressions of interest and offers. The CMG circulates basic information on prospective deals to a wide range of health libraries and calls for "expressions of interest". Once these are received, offers are sent out along with a closing date by which offers must be accepted. After the closing date, details of members are forwarded to the publisher, access is set up and invoicing initiated.

TITLE LISTS

The Consortium has several 'package' deals and several cross access deals (in which the members' existing subscribed titles are pooled). Cross access has proved to be the most economical in terms of subscription costs, but large cross access deals are complex and time-consuming to set up. The simplest deals to manage are publisher packages, but these tend to contain a significant number of low-use titles that are not of great interest to the libraries.

LICENSE MODELS

The Consortium mainly uses Enhanced Access Licences (EALs). These are e-only licences that give the option to purchase print at Deeply Discounted Pricing (DDP). The price of print with EALs varies from 10% to 25% of the standard

rates. EALs suit the publishers, by encouraging more use of electronic access, while giving libraries more flexibility, including the option to eliminate print entirely if desired. The alternative to an EAL is usually an e-only license that stipulates that the library must maintain its existing print subscriptions for the duration of the licence.

ECONOMICS

The basic principle behind the pricing for Consortium deals is that libraries must spend more money in order to make any proposal viable for the publisher. In order to achieve this it is usual either to lock the libraries into their print subscriptions or else transfer the existing subscription spend to an EAL, and then add a consortium access charge. In some cases the consortium fee is a flat rate, in some cases it is proportional to the library's existing spend, and in some cases it is a tiered charge based on the size of the institution (usually FTEs).

Some companies have unrealistic expectations of how much libraries will pay for consortium deals. These expectations possibly arise from the highly lucrative academic and government purchases of recent years. But health libraries have limited budgets. Moderate fees on top of the existing library budget for purchases from the relevant publishers are the hallmark of successful consortium deals.

ARCHIVES

The publishers now effectively control archival access to the journal literature. Only ten years ago this was entirely the province of libraries. Already some health

[Continues on p13...](#)

PUTTING EVIDENCE TO WORK

Evidence-based HTA librarianship

Caryl Armstrong, Reference Librarian at the Royal Adelaide Hospital and Institute of Medical and Veterinary Science Library Service, briefly reports on the Health Technology Assessment workshop that was held for librarians in July this year.

As part of the extended program for the Health Technology Assessment International (HTAi) annual meeting, held 2-5 July 2006 in Adelaide, the Information Resources Group (IRG) of HTAi organised a pre-conference workshop titled "Putting Evidence to Work: Evidence-Based HTA Librarianship". The convenor was IRG Chair Becky Skidmore, Canadian Agency for Drugs and Technology in Health (who has since moved to the Society of Obstetricians and Gynaecologists of Canada), who was ably assisted by Susan Bidwell from the New Zealand Health Technology Assessment (NZHTA), Department of Public Health and General Practice at the Christchurch School of Medicine.

HTAi supports the development, communication, understanding and use of health technology assessment around the world as a means of promoting the introduction of effective innovations and efficient use of resources in health care.

Health librarians play an important role in Health Technology Assessment. A major aim is to consolidate and develop Health Technology Assessment as a useful

means of informing technology-related policymaking in health policy through the production and dissemination of evidence-based information. This includes systematic literature reviews, support for developing evidence-based guidelines, reports, publications and evidence based assessments. The main conference and the workshop attracted librarians from all over the world.

The workshop was a great opportunity for Australian health librarians to attend an international workshop and was moderately priced to enable as much participation as possible.

At the workshop, presentations were delivered by a variety of international speakers.

Carol Lefebvre

From the UK Cochrane Centre in Oxford (<http://www.cochrane.co.uk>), Carol Lefebvre spoke about the re-design of the Cochrane Highly Sensitive Search Strategy (HSSS) for identifying randomized controlled trials in MEDLINE (<http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=1435857>). Additionally, Carol spoke about the UK InterTASC Information Specialists' Subgroup's work on

developing a web site for and critically appraising search filters (<http://www.york.ac.uk/inst/crd/intertasc/index.htm>).

Catherine Voutier

Catherine Voutier works at the Centre for Clinical Effectiveness, Monash Institute of Health Services Research (<http://www.mihsr.monash.org/cce/>). She gave an overview of Health Technology Assessment information activities in Australia and New Zealand. She discussed the New Zealand Health Technology Assessment (NZHTA) which was established in 1997. NZHTA (<http://nzhta.chmeds.ac.nz/>) produces a range of assessments such as systematic reviews, technical briefs, and horizon scanning. Medical Services Advisory Committee (MSAC) was established in 1997-1998. MSAC (<http://www.health.gov.au/internet/msac/publishing.nsf/Content/home-1>) undertakes Health technology assessments as referred by the Australian Health Ministers' Advisory Council as well as providing advice to the Health Minister. Catherine also referred to other HTA groups in Australia.

Malene Fabricius Jensen

Working at the Danish Centre for Evaluation and Health Technology Assessment (DACEHTA) (http://www.sst.dk/Planlaegning_og_behandling/Medicinsk_teknologivurdering.aspx?lang=en), Malene discussed work on a checklist developed for evaluating the reporting of literature search methodologies in health technology assessments and clinical practice guidelines. Her presentation included discussion on the usefulness of such a resource.



ABOVE: Left to right, Catherine Voutier, Carol Lefebvre, Andrew Booth, Susan Bidwell (workshop organiser), Malene Fabricius Jensen and Anne Parkhill.

[Continues on p13...](#)

Knowledge, knowledge management and KNOWLEDGE NETWORKS



Aimed at providing food for thought, Left Field invites authors from outside the field of library and information science to deliver their views on a range of topics of potential interest to HLA members.



JENNIFER TIEMAN has recently been appointed as Director of the Australian Palliative Care Knowledge Network project. This project is developing a web based set of resources that will support the palliative care community within Australia. The project is based at Flinders University. Jennifer was previously involved in the development of the CareSearch website and with research on search strategies and knowledge translation as well as the management of several systematic reviews.

Knowledge is a precursor for decision making in health care but access to information does not simply translate to knowledge that can be applied. In this article, Jennifer discusses the important role knowledge networks can play in promoting knowledge sharing, facilitating communication and fostering a culture of change and development, and how the palliative care community is building its own knowledge network.

In 1959, renowned management thinker, Peter Drucker coined the term “knowledge worker”¹ to describe those who work primarily with information and who develop and use knowledge in the workplace. This idea has spawned new conceptualisations around work and systems including the idea of a knowledge economy where technological capabilities have not only developed new industries but have also changed the way that we view knowledge as both an asset and a commodity. Equally importantly, the knowledge economy differs from previous conceptualisations of an economy as it suffers from abundance rather than scarcity and is a resource that grows rather than diminishes. Those who work in librarianship are all too familiar with the problems and benefits that this abundance brings with one estimate of 2000 Scientific, Technical and Medical publishers producing over 1.2 million peer-reviewed articles each year.²

Knowledge Management focuses on facilitating how knowledge is created, distributed and applied in the organisations and services. This process recognizes that knowledge is not the same thing as a knowledge worker. Individuals acquire and use knowledge at different rates and in different ways. Knowledge that exists in a knowledge management system will not equal that used by an individual knowledge worker nor a community of knowledge workers. Explicit knowledge can remain with a company or a system but tacit knowledge remains the property of the knowledge worker.

Within the health system, knowledge is the building block of decision-making that affects

both services and patients. The application of knowledge that has been acquired and incorporated into a clinician’s practice is an enduring area of interest for health researchers and managers. How individuals acquire and apply knowledge is dependent on many factors. Access to information alone is not sufficient to create knowledge that can be applied. However, it is a necessary precursor step. Management of information systems and bibliographic databases that enable clinicians to track information and evidence are one well known knowledge management strategy but access does not imply automatic utilisation of this information. Increasingly, attention has been given to the social context and its effect on information uptake and knowledge translation. As a result the role of networks and communities of practice in supporting knowledge development and exchange has become a topic of increasing study and investigation.

Knowledge networks bring together the concepts of knowledge with network concepts. Networks can be described as a group of individuals or organisations who interact with each other for agreed purposes. They can promote knowledge sharing, facilitate communication and foster a culture of change and development. Networks can also facilitate exchange across organisational and service boundaries enabling an extended access and communication. Especially as people move beyond routine processes, into more complex challenges they rely more heavily on their networks as their primary

[Continues on p12...](#)

Left field column continues from p11.

knowledge source or reference point for appropriate sources.

Building a Knowledge Network in palliative care

What then are the opportunities and challenges in creating a knowledge network within the health system?

A new project has just begun that is looking at developing a knowledge network in palliative care³. In palliative care where interdisciplinary care is fundamental to optimal care, a knowledge network can be a powerful integrating device bringing together the relevant information and resources from the contributing disciplines. The concept of a community of practice that builds mutual trust and fosters the exchange of not only explicit knowledge that is easily codified in documents such as guidelines but tacit knowledge, which prompts the individual to reflect upon and share their practice, has great resonance in an area of health that exemplifies a team approach to care.

The initial phase of work involves identifying the types of resources and functions that would be useful for the palliative care community. A wide variety of resources has already been suggested. The first set of possible materials relate to specialist information repositories as well as mechanisms to access the formal literature and evidence databases efficiently and effectively. This could include collections of grey literature, summaries of current research activities, online training in database selection and use, prewritten search strategies on topics of recurring interest to palliative clinicians and links to evaluated sites and sources of evidence and information. It could also include a library of existing tools and templates that clinicians and services could use to prevent duplication of effort. For an emerging field of study and practice such as palliative care, consolidation of the best available evidence from both the published and grey literature and current

practice provides particular end user benefits.

Secondly, a knowledge network could support the development of the evidence by supporting and enabling research with tools that assist in grant searching, project development and management, research data collection and analysis, and research dissemination. Thirdly, there is the chance to encourage exchange between those working in the field by providing tools and facilities that enable online communication and sharing. Bulletin boards, chat rooms, virtual learning suites and shared document holding are just some of the functions that could contribute to the sense of community and team that can build and complete new initiatives in palliative care. Supporting lifelong learning and building workforce capacity is a fourth area of potential content for a knowledge network. Again consolidating information about education and training courses is one aspect. Other aspects could include journal clubs, online learning modules or training activities for continuing professional education.

Finally, informing and empowering consumers is a vital new role for knowledge networks. Building consumer understanding of disease and disease management, of treatment choices and of health and community resources are all areas that can be addressed within a knowledge network. Creating packages of information that reflect the information and support needs of particular groups could be an important role for a knowledge network that assists care providers in tailoring patient specific material.

While many of the individual elements discussed above are not new, coordinating and consolidating the information and resources for a defined health community is still unusual. This approach does have many things to recommend it. It offers a single point of entry for information and resource needs for all members of the palliative care community. It assesses inclusion against a

core set of quality and relevance considerations and brokers to resources that have been reviewed and evaluated. It provides mechanisms for creating networks of groups and individuals and for developing packages of information tailored to groups or individuals. It would also be available 24 hours a day seven day a week, whenever clinicians or consumers need it.

Building such a Knowledge Network does face many challenges. Locating unpublished literature and research in a diffuse field where authors themselves may not recognize the relevance of their work to palliative care requires sophisticated searching and extensive communication with members of the field. Designing processes, tools and databases that are user friendly and intuitive will be needed to encourage beginning users and to enable rapid and direct access to the needed resource. Ensuring that products and services add value to palliative care clinicians and consumers is a significant issue given the diversity of providers of care and settings of care. Finally, there will be a great deal of investigation required to establish an evaluation plan that tracks both the use and usefulness of an evolving Knowledge Network.

The learning and experience that is gained in developing this Knowledge Network will support other work in knowledge management and knowledge translation which remain core considerations of health services and systems.

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FOOTNOTES

- 1 Peter Drucker, *Landmarks of Tomorrow: A Report on the New 'Post Modern' World* (New York: Harper & Bros., 1959)
- 2 Elsevier's comments on evolutions in scientific, technical and medical publishing and reflections on possible implications of Open Access: February 2004. http://www.elsevier.com/authoried_news/corporate/images/UKST1Elsevier_position_paper_on_stm_in_UK.pdf
- 3 An Australian Knowledge Network in palliative care. Details available at www.caresearch.com.au



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Putting evidence to work
continues from p10 ...

Anne Parkhill

Anne Parkhill of Aptly Information Design in Australia led a session on the research she has done regarding the effectiveness of different training methods for information management skills in the occupational medicine field. Anne emphasised the importance of teaching an understanding of the value of different sources for effective EBP information skills rather than merely the direct "skilling-up" in technical skills for individual electronic resources which often happens in training sessions. (See <http://conferences.alia.org.au/eb12005/Parkhill.pdf> for background details on the Anne's study with 2 OT units in Melbourne).

Andrew Booth

Based at the School of Health & Related Research (SchARR) at the University of Sheffield and internationally known for his work on evidence-based library and information practice, Andrew gave a very interactive afternoon session. He examined and discussed solutions to some of the issues involved in what we know already in evidence based information retrieval. He looked at questions in information retrieval for evidence synthesis and examined the evidence base for specific informational retrieval.

The last topic of a very interesting afternoon was examining the trading costs and benefits of planning a search protocol.

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Editor's note: If you are interested in reading more about Health Technology Assessment see the May 2006 issue of Journal of the European Association for Health Information and Libraries which is dedicated to the topic. http://www.eahil.net/newsletter/journal_2006_vol2_n2.pdf

Victorian Health Libraries Consortium
continues from p9 ...

libraries are disposing of the long print runs that were their pride and joy. A large part of their business, namely acquiring, organising and storing back runs of journals, is therefore at risk. To help salvage at least part of this business, the consortium may one day assist libraries to acquire long digital back runs, but at present the publishers' prices are too high. The typical consortium deal today covers the past five to ten years.

CHALLENGES AHEAD

As the libraries become increasingly dependent on consortium packages, they face a real challenge in negotiating future contracts. The publishers are looking for price increases and more sales every year. If the libraries cannot meet these expectations they may find themselves out on a limb. We are therefore at a point in history where the libraries must take the initiative in presenting creative proposals to publishers regarding pricing and other aspects of consortium contracts. The most logical and transparent form of pricing structure, namely one based purely on usage, may hold the key to future progress. However no publisher approached by the Consortium to date has been able to offer realistic pricing based on usage. Publishing is big business, but it is not always run on rational lines. We need to be working out viable business models and persuading publishers to use them. Whether the Consortium continues in its present form will depend on how it meets these kinds of challenges.

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Letters to the editor

Send your letters to the editor by emailing melanie.kammermann@alianet.alia.org.au. Letters should be no longer than 150 words and must include the writer's name, position and contact details.



LIBRARY

We link people with information

Librarian (HEW Level 5/6) Herston Medical Library, The University of Queensland

The University Library is looking for energetic and enthusiastic people who enjoy providing good service to clients in a busy environment. The Library provides a range of services to its customers, maintaining traditional library services as well as implementing new technologies in service delivery and the provision of information skills programmes to a variety of clients. This position is located within the Herston Medical Library.

Evening and weekend work will be required.

THE ROLE In the role you will advise clients of the range of information resources (print and electronic) available to meet client needs, develop and maintain communication links with designated academic or hospital departments (in particular nursing clients) through effective promotion and marketing of library services, conduct information skills classes and co-ordinate the work of other library staff in designated areas. See position description for further duties.

THE PERSON You should possess a degree and recognized professional library qualifications; professional experience in the information services area of an academic, research or special library, or equivalent relevant experience is highly desirable, the ability to conduct information skills classes, excellent communication, organisational, customer service and teamwork skills, and the ability to promote the library and its services to clients and present a positive image of library to clients. See the selection criteria for further requirements.

RENUMERATION This is a full time continuing appointment at HEW Level 5/6 available within the Herston Medical Library Service. This position becomes available on 22 January, 2007. The remuneration package will be in the range \$54,366 to \$67,269 per annum including employer superannuation contributions of 17%.

CONTACT Obtain the position description and selection criteria contact Suzanne Green on (07) 3365 6209 or email Jobapplications@library.uq.edu.au Telephone Lisa Kruesi (07) 3365 5354 to discuss the role.

Send applications to the Human Resources and Staff Development Coordinator, Library Corporate Services, The University of Queensland Library, St Lucia, Qld 4072, or email Jobapplications@library.uq.edu.au

Closing Date for Applications: 24 November, 2006 • Reference Number: 1263634



**HLANEWS
DETAILS**

Published by

Health Libraries Australia – A group of the Australian Library and Information Association,
PO Box E441, Kingston ACT 2604

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Contributions to this news bulletin are welcome. Please send by email to the editor (details above).

See the news bulletin online at <http://www.alia.org.au/groups/healthnat/hla>

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Some of our EJS team, left to right, Meg Waites, Gary Coker, Oliver Pesch, Rosalind Barclay,

