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Editorial – A new dawn, a new day

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It's a new dawn, it's a new day. So sang Nina Simone in the song "Feeling Good". Early January feels like that, the year still pregnant with possibilities, innovations and ambitions still crackling at the forefront of the mind, the football team not yet out of the finals race, the budget not yet completely spent, cataloguing not yet piling up, students not yet monopolising the space, overdue not yet ignored, searches not yet delineated into "for my line-manager, must do immediately" and "its not really a systematic review, it can wait". At least, Januarys used to feel like that... I think... before pandemic fatigue and infodemic fatigue and relentless ill-health and enormous public-finance debt and the constant pressure to carve out a meaningful space for the health library all took their toll and hollowed out hope and eroded energy. Joan Didion wrote eloquently about this many years prior, in her essay "Sentimental Journeys":

I fell not only into the habits but into the moods of the student day. Every morning I was hopeful, determined, energized by the campanile bells and by the smell of Eucalyptus and by the day's projected accomplishments. On the way to breakfast I would walk briskly, breathe deeply, review my "plans" for the day: I would write five pages, return all calls, lunch on raisins and answer ten letters. I would at last read EH Gombrich. I would once and for all get the meaning of the word "structuralist". And yet, every afternoon by four o'clock, the hour when I met my single class, I was once again dulled, glazed, sunk in an excess of carbohydrates and in my own mediocrity, in my failure – still, after twenty years! – to "live up to" the day's possibilities.

So, what to do when the day's possibilities are confronted by the brutal realities of this present moment in health, in education, in civic life? Well, firstly, be kind to yourself. And your colleagues. Its a banal cliché, but it is still true, and necessary. It is hard at the moment, and uncertain, and you don't have enough resources, but you're keeping calm and carrying on, which is actually quite the achievement, especially as the work you do as a health librarian is so valuable. The cataloguing will get done, the overdue will get returned, it's not a systematic review but it is an interesting question anyway, and maybe this really is the year for your football team. And while you are being kind to yourself, know that possibilities are still there, just maybe in a different form. Possibilities like [presenting](#) at the virtual Asia-Pacific Health Law and Special Libraries conference in June. Or drawing inspiration from all of the excellent articles in this issue of JoHILA and [submitting](#) your own piece. As Kurt Vonnegut told students at Syracuse University in his commencement speech in 1994:

Now you young twerps want a new name for your generation? Probably not, you just want jobs, right? Well, the media do us all such tremendous favors when they call you Generation X, right? Two clicks from the very end of the alphabet. I hereby declare you Generation A, as much at the beginning of a series of astonishing triumphs and failures as Adam and Eve were so long ago. I apologize. I said I would apologize; I apologize now. I apologize because of the terrible mess the planet is in. But it has always been a mess. There have never been any "Good Old Days," there have just been days. And as I say to my grandchildren, "Don't look at me. I just got here myself." So you know what I'm going to do? I declare everybody here a member of Generation A. Tomorrow is another day for all of us.

Convenor's Focus | December 2022

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The end of the year is fast approaching and I hope that everyone takes a well deserved break to recoup and recover from yet another tumultuous year for those in health libraries. COVID pressures continued and library staff continued to do amazing work in very tense and fluctuating environments. Well done on your tremendous efforts.

November saw the return of the HLA Conference face-to-face and that was very exciting! The networking opportunities were most welcomed and it was lovely to reconnect with people and meet new colleagues. Thanks to our incredible sponsors for their support, our fabulous speakers, the staff at Westmead Hospital Library for hosting us and the amazing organising committee who pulled it all together. We have uploaded the slides from the presenters to the HLA website <https://hla.alia.org.au/videos/> so check them out for some 2023 inspiration!

We are busy planning for 2023 which includes another smorgasboard of online lunchtime sessions as well as the relaunch of the Health, Law and Special libraries conference. The Asia-Pacific Health, Law and Special libraries conference will take place as a virtual event on 13, 14 & 15 June 2023. It will be an opportunity to join delegates from Australia, New Zealand and beyond as we connect over common interests, explore future trends and learn from the experiences of library professionals throughout the world. The call for papers is now out and closes early January so please consider submitting an abstract <https://www.alia.org.au/EventDetail?EventKey=HLSC>

Collaborative work has continued with the ALIA Professional Pathways project. HLA made a submission as did many other concerned health library professionals. Please take the time to read these <https://professionalpathways.alia.org.au/submissions/>. More consultations will occur in 2023 so keep abreast of what's happening and get involved.

See you online in 2023!

Gemma

Tech Showdown – Trello vs Monday.com

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Tech Showdown is a new, regular feature of JoHILA. Novel products, software, and technologies will be compared against each other to determine who is the winner, based on available features, ease of use, and price. If you have an idea for *Tech Showdown*, or would like to see a comparison of two particular technologies, please email Cass.

How do you manage and organise projects within your team? Perhaps you use a spreadsheet to keep track of tasks. You might have a whiteboard in the office with a simple checklist. Maybe you use a shared inbox and delegate items to team members with labels. Well, there's an easier way – the online project management tool.

In the blue corner, we have [Trello](#), in the red corner, we have [Monday.com](#). Both products leverage the idea of a Kanban board. A Kanban board is a way to visually represent a project. The board has columns, usually titled 'To Do', 'In Progress', and 'Complete' – although the columns can be called anything, depending on your context. Tasks are written on an individual card and the card is moved through the columns, depending on what stage it is in.

Trello and Monday.com boast of their capacity to increase productivity and collaboration, but implementing new systems for a team can be time consuming and doomed to fail if it doesn't suit your needs. Let's compare the two in detail before you sign up for an account.

Round 1: Features

Below are the features for the free plans.

Trello:

- Templates.
- Assign items to users.
- Add comments, images, attachments, and links to cards.
- Integrations with hundreds of applications, including Slack, Gmail, and Microsoft Teams.
- Customised automation. For example, send an email alert when a card is moved to 'Completed'.

- Available as an app for Android and iPhone.

Monday.com:

- Templates.
- Assign items to users.
- Add comments, images, attachments, and links to cards.
- Available as an app for Android and iPhone.

Winner – Trello. Monday.com also has integrations and automation features, but these are not available for the free plan, only the mid-tier and above plans. Interestingly, Monday.com offers integration with Trello. Is Monday.com admitting that Trello is the superior product?

Round 2: Ease of Use

Both Trello and Monday.com are browser-based and do not require you to download anything, which is always a huge plus in environments that require an admin username and password to install programs on work devices.

Trello's interface is uncluttered and simple to use. Drag and drop cards to move them between your columns. Click on a card to expand and read more, add comments, or attachments. Add new cards to existing columns with a single click.

Monday.com, meanwhile, is overcomplicated. You can't drag and drop and all the features and options are laid out on the page, whether you want them or not. Monday.com also offers a messaging system between team members, which seems unnecessary. In a world saturated with emails, text messages, and instant chat, we don't need another way of being contacted.

Winner – Trello. Simplicity is key.

Round 3: Price

Trello:

- Free plan
 - 10 boards.
 - No limit on users.
- Standard plan - \$5 USD/user/month
 - Unlimited boards.
 - Advanced checklists.
- Premium plan - \$10 USD/user/month

- Additional views and security features.

Monday.com:

- Free Individual plan
 - 3 boards.
 - 2 users.
- Basic plan - \$11 AUD/user/month
 - Additional customer support.
- Standard plan - \$14 AUD/user/month
 - Additional views.
 - Automations and integrations are available, but capped at 250 actions per month of each.
- Pro plan - \$22 AUD/user/month
 - Private boards.
 - Additional views.
 - Additional columns.
 - 25,000 automation actions.
 - 25,000 integration actions.

I signed up for what I thought to be the individual version of Monday.com, but received an email notifying me that my free trial will end in 14 days. It turned out I had been given free access to the Pro plan for 14 days, without asking for it. This was very confusing and appears to be a sly method of 'encouraging' users to pay for the product.

Winner – Trello by a knockout. The free account has no limit on the number of users and a more reasonable cap on boards.

Winner

Trello, hands down. Not only is the free account very generous with caps, user limits, and features but the platform is simpler to use.

Also, Trello is a catchier name than Monday.com and deserves a bonus point.

Creating a “no cost” automated database tool for managing ILL requests

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Prior to joining the college, John was an implementation specialist at OCLC.

The project described below was the recipient of the HLA / Medical Director Digital Health Innovation Award for 2022. More information about the award is [here](#).

Overview

Winner of the 2022 *HLA/MedicalDirector Digital Health Innovation Award*, ANZCA's ILLs MANAGER database was developed as a way of processing an increasing number of document delivery requests whilst at the same time automating many of the associated manual processes.

Background

In 2018, ANZCA undertook a project to replace its aging library management system (LMS). The project required us to not only update all our existing services but to completely re-catalogue and re-receive our print and journal collections due to the poor quality of the collection metadata in the preceding system. In order to properly tackle such a mammoth task, we began to look at ways we could free up significant amounts of staff time. Upon reviewing our existing set-up, the most obvious place to make time-savings was in the area of document delivery. At that point in time, the library was doing some 1400-1500 article requests per year, which accounted for some 50-60% of library staff resourcing. It was felt that if the processes associated with our document delivery service could be streamlined and/or partially automated in some way then this would free up the necessary staff time for both this and future projects.

Identifying the problem areas

A review of our existing document delivery processes showed a number of problematic areas:

1. Receiving requests: Even though we had recently instituted a document delivery request form, it was rarely being utilised by our users who found it easier to just copy and paste a citation into an email sent to the library, send a word document with a large number of article citations, or simply take a screenshot off their phone and send that via email. Due to copyright issues, this often involved us having to email back a copyright indemnification form before we could process the request. This process was resulting in clear delays and involved a lot of manual retyping during the search and request process.

2. Tracking requests: Once received, the communication process with our users was being handled entirely from within our library email inbox. This made tracking requests both time-consuming and complicated, especially where multiple requests were concerned. This often led to staff having to print up requests and keep the request sheets by their desk so they could manually annotate requests.
3. Searching for articles: Staff were having to copy and paste article title details for all searching being done as part of the requesting process. Not only was this time-consuming but with such a large volume of requests there were clear OH&S implications associated with all the copying, pasting, retyping and clicking involved as we searched for full-text across multiple systems.
4. Requesting articles: As with the searching above, there were similar issues with the copying, pasting and retyping of all the citation elements when completing request forms – predominantly in *GratisNet* and *LADD* (although we regularly request from several other sources as well).
5. Supplying articles: And finally, when it came to supplying articles, staff would have to hunt through a folder of requests to locate the correct email and then respond back to the requestor with the article attached.

In addition to the above, any solution that we potentially devised had to be created using our existing resources. There was simply no additional funding available to subscribe to any of the existing document delivery management tools on the market. Moreover, we were loath to use any service that would require integration into our existing systems in order to function effectively. We wanted a solution that could be used as a standalone, had portability and wouldn't make us any more dependent on IT than we already were.

Changing the way we receive requests

One "simple" solution to the request email situation, was to gradually remove the ability for our users to submit article requests by any method other than via a request form. Our direct email address was removed from the ILL request page and users who persisted in emailing us direct were politely yet consistently encouraged to use our *LibWizard*-based form. They were told that it was quicker for us to process requests when they arrived via the form as it ensured that we had all the necessary citation elements and was copyright compliant. At the same time, we updated the form so that it provided discrete citation elements for each request and also labelled fields in such a way that the form could also be used for book chapter requests. These updates would then be taken advantage of by our resulting database tool.

We then began the longer-term task of embedding the *LibWizard* form into our new discovery service, as well as our *BrowZine* service – allowing for one-click population of the request form. Once the former was in place, we ceased to accept any requests via standard email. Users were informed that due to copyright reasons we were no longer accepting requests via email and sent a permalink to the article citation in our

discovery service where they could then simply click a request button to populate the request form. By consistent application of this approach, we were able to encourage our users onto our new discovery service – where they could now check for full-text access prior to submitting any request – as well as ensuring we had a clearly-marked request email which could then be shepherded through our library mailbox through the application of *MS Outlook* rules.

Within a relatively short period of time, we were able to change the behaviour of our users, which was to have a big impact on how quickly we could then process their requests.

Automating the rest

The much bigger task was addressing the issue of tracking / searching / requesting / supplying of the actual requests.

For some time, we had been using an *MS Access* database designed by Van Duong and Barbara Slattery – whilst both were at Royal Melbourne Hospital – for tracking purposes. Citations were copied and pasted into the database field-by-field (another time-consuming task) with us then attempting to use this database as our “source of truth” whilst managing the rest of the request. The database had some nifty features: namely linked journals, supplying library and patron tables and the ability to quickly generate usage stats. However, the database also had some very clear limitations:

1. There was no easy way of getting requests into the database (everything had to be copied field-by-field for every single request)
2. There was no way of properly reviewing outstanding requests (the user typically clicked through the request detail screen till they found the correct record they were after)
3. Searching and requesting was still done by copying and pasting the article title into the relevant systems
4. Communication and supply were still done via our library email inbox
5. It lacked portability and usability as the database was split into 2 pieces (which often caused confusion for staff during operation)

On the positive side, use of the database did provide us with the standalone system we were seeking, and *MS Access* was still being – albeit somewhat reluctantly – supported by our IT department. Note: Plans previously announced by Microsoft to “retire” *MS Access* were quietly abandoned once it became clear that *MS Access* filled an important gap in the DBMS market. As of the time of writing, *MS Access* is still fully supported by Microsoft and there are no plans to retire *MS Access* in the foreseeable future.

As I have a background in computer programming (including a familiarity with *Visual Basic*) and knew *MS Access* relatively well, I was able to start redeveloping the core

RMH *MS Access* database functionality to add a suite of new features. Initially this included the following:

1. A switchboard that displayed a list of all outstanding requests and allowed for quick access to any request by simply double-clicking the Request ID
2. The ability to easily import pre-formatted email requests
3. The ability to undertake one-click search operations of our various full-text resources
4. The ability to initiate one-click *GratisNet* and *LADD* requests direct from the database
5. The ability to message the requestor direct from the database (and to supply the full-text)
6. Automated updates to systems checked, status and automated requesting notes
7. Integration of the multi-part database into a single unit
8. Full patron dump from our Admin system and the importing of patron names, IDs, and permanent email addresses into the database

Due to the fact that *MS Access* is part of the *MS Office* suite of products and that *MS Office* is in almost universal use, we were able to take advantage of *MS Access's* inbuilt tools and reference, thus allowing the database to create and send pre-formatted emails using the operators own email system but from within the database itself. Requests could be quickly acknowledged and all correspondence with the requestor could be managed from the database, and details of that correspondence recorded via an extensive Notes field.

This ability to message users direct from within the database was integral to our being able to finally divorce our requesting from our library inbox. Once ingested into the database, the original request emails could simply be "filed away" and need not be referred to again throughout the rest of requesting process. This provided critical time savings, ensured we truly had a centralised "system of truth" and made tracking our requests relatively easy. Staff were then able to focus on actually sourcing requests, rather than the mechanics of managing the requests.

Similarly, the ability to search across an array of web-based services and databases using "one-click" operations effectively eliminated all the copying and pasting that had occurred previously and significantly sped up the process of searching (and requesting).

Whilst these enhancements freed up enough staff time to move forward with our new library systems implementation, there were many short-comings we wanted to address – not the least of which was the database's inability to effectively handle diacritics. Thus began an extended period of additional development which led to the following features being added:

1. An updated switchboard that now included a summary of outstanding book chapter/book loan requests and provided additional request details (like urgency)
2. Import functionality for structured request emails from *Ovid* databases (*Medline* and *Embase*) and quasi-formatted request emails from services such as *Read by QxMD*
3. An extended suite of email templates to cover all possible communication scenarios with the requestor
4. Additional requesting and supply options for *Subito* and *NLM Relais*
5. Standard handling of diacritics (which often prevented searching and form population due to their use in names, and which meant that for a long period this information was still being copied and pasted into the request screens for *GratisNet* and *LADD*)
6. The ability to do a "one-click" *Google* search
7. The addition of *PubMed* and *Google Books* API lookup features that allowed for the repopulation of incomplete/inaccurate article and book citations
8. A full ingest of the NLM journal catalogue which was integrated with the *GratisNet* journal listing to provide an exhaustive list of journals
9. "One-click" DOI and *LibKey* lookups for potential full-text supply
10. The ability to send an URL for supply purposes when an article was available from an accessible subscription database (as in the "one-click" DOI and *LibKey* examples above)
11. Updates to the statistics reporting and display options

Further changes were instituted following the receiving of the 2022 *HLA/MedicalDirector Digital Health Innovation Award*. In addition to the API lookup and diacritics-handling features mentioned above, the back-end of the database was extensively reworked to remove many of the "hard-wired" ANZCA-specific settings and to make these configurable options via an extensive settings menu. Where previously the database was locked to *GratisNet* and *LADD*, the database can now be configured for any document delivery and ILL service allowing for OpenURL population of requests. A full user guide was also written, and a micro site created from which the database and guide could be downloaded. This work was all done with a view to making the ILLs database freely available to other health libraries.

Regrettably, one issue that we have as yet been unable to successfully resolve is the correct population of *GratisNet* requests. As the *GratisNet* form is not OpenURL compliant, we have only been able to achieve partial population of the form during requesting. Currently, there is a workaround in place that transfers all the "missing" elements into the DOI field where the user can then drag-and-drop them into the correct request form fields. Whilst this isn't ideal, it provides a viable workaround whilst we work on potential solutions at the vendor end.

The impacts

The impacts on our turnaround times were immediate and resulted in long-term time-savings for both our users and for staff.

The average turnaround time for articles has dropped from 2-3 days in 2018 to under 1 day for the majority of 2022. This means that the bulk of our supply is essentially "same day". In fact, since implementation, the major factor affecting article turnaround times has been the staff training necessary when we replace team members. As a result, we have received consistent praise from our users as regards our turnaround times, and the service has become a "lifeline" for our users after we lost a major journal at the beginning of 2022. In addition, the statistics functionality embedded in the database allows us to not only quickly report on volume and turnaround times but our "top 10" most requested journals. This can then be fed into collection management decisions.

More crucially, the actual time spent by staff on undertaking requesting-related operations has dropped dramatically. On average, staff now spend 1-2 hours per day undertaking the same volume of requests that used to take them 4-5 hours. This has had a significant impact on the types of duties being undertaken by library staff. By reducing the time spent on repetitive tasks and making more efficient use of their time, staff have been freed up to the point that they are now able to participate in a range of projects and endeavours. We have been able to address cataloguing and donations backlogs, now have more time for training, and staff are enjoying a much more varied work experience in general.

Closing thoughts

Whilst some may see *MS Access* as somewhat dated technology, it has the virtue of being essentially standalone and functionally rich. This has allowed us to create a durable solution that has significantly sped up document delivery turnaround times and dramatically increased operational efficiency, and it has done so without any additional outlay in subscription costs and IT resourcing. These latter points were significant considerations for us, as we felt that creating a "no-cost" easy-to-use solution would also be attractive to other health libraries such as ourselves with small staffs and limited resources.

Download your own copy

A free copy of the ILLs database and accompanying user guide can be downloaded from the ANZCA library website: <https://libguides.anzca.edu.au/illsdatabase>. The user guide covers both configuration and usage.



ANZCA Library Manager, John Prentice, during a live demonstration of the ILLs database at the 2022 HLA Conference in Westmead.

Graduated Success: Monash Health Library's Cadetship Program

Nga Man Wong | Library Systems Manager, Eastern Health Library

Saara Kahkonen | Clinical Librarian, Northern Territory Department of Health Library

Eunice Ang | Library Cadet, Monash Health

Monash Health Library service is actively supporting the development of new health librarians through a Cadetship position open to new or soon-to-be graduate librarians. In this workplace training program, new librarians benefit from a supportive environment that is designed to bridge the gap between education and practice, while managers and the hosting library enjoy the dynamism of fresh perspectives and skills. On a library sector level, the role promotes pathways into health and special libraries and sustainable development of the health library workforce.

Through five questions this article shares the experience of the people who have lived the program. It includes words from three librarians who have undertaken the training:

- Nga Man Wong, current Library Systems Manager at Eastern Health Library
- Saara Kahkonen, current Clinical Librarian at the Northern Territory Department of Health Library
- Eunice Ang, current Library Cadet at Monash Health.

Their words highlight the myriad benefits that workplace-based training brings to individuals, library teams and industry. It is an inspirational story for other libraries who may consider offering workplace training programs.

The five questions were put to Nga Man, Saara and Eunice. Their answers follow.

Would you recommend a temporary cadetship placement to other library graduates?

- **Eunice:** Absolutely! The 1-year contract is short but the experience you get, especially being a new graduate, is invaluable. Use the time limit as a form of motivation to push yourself and try to gain as much skills and experience as you can. Even if you have prior experience working in other libraries, a cadetship in a health library will still add to your existing skills and experience. I did my work placement at Monash Health before joining as a library cadet. The cadetship is like an extended work placement and the best part is that it is paid. Instead of being just a visitor, you'll get to be truly part of the team and contribute to library goals. On top of that, you'll make personal and

professional connections in the industry. The cadetship at Monash Health has been good to me and I have gotten a lot out of it. Health librarianship is also a specialized and niche field, so this is one of those rare opportunities to get experience in the industry.

- **Saara:** Short answer: yes. Ultimately it offers new graduates a much-needed foot in the door. Graduate positions have the benefit of acknowledging recent academic qualifications within an environment for building professional experience. I recommend the Cadetship to new graduates who are particularly interested in health, special, or research libraries. I also advise the candidate to be flexible and proactive in the tasks that they complete as there are both Librarian and Library Technician tasks involved, and at times it is hard to find your feet in that ambiguous space between the two. Professional development opportunities are enthusiastically encouraged; however, it is important to be your own advocate as well as it is a fixed term position and you will have to move on in a year. This graduate position is set up in a way that can be moulded to suit your interests – an adaptability which is another huge benefit of the initiative.
- **Nga Man:** I enthusiastically recommend library graduates who are keen on working in special libraries to start with a temporary cadetship placement. The high-quality training offered by the program helped me appreciate the full picture of the special library industry, and especially the work of hospital libraries. The cadetship provided me opportunities to learn from and collaborate with library specialists in the team and beyond. Furthermore, taking initiatives and having hands-on experience from project to project allowed me to build knowledge and discover areas of expertise. This program serves not only as a solid foundation for new graduates' career path development, but also allows new librarians to discover their areas of interest and expertise they might want to develop.

Did the cadetship change or impact on your career plans?

- **Eunice:** I always knew that I wanted to do something that was focused on research support services. Because of that, I was interested initially in the tertiary education sector. However, the cadetship has changed my mind, and I can see myself in hospital libraries in the long-term. The opportunity to be involved in the industry was the deciding factor – you never know until you try it! I have been impressed by the focus on expert searching and the collaborative approach to research support in the health care sector.
- **Saara:** Definitely. I may not have worked in health libraries without the Cadetship experience. My first love is public libraries and I had anticipated

remaining in that sector, however, I was keen to learn about other types of libraries and special libraries interested me. But translating interest into experience can be difficult, particularly when thinking about special libraries where there tend to be fewer openings. I am still learning about health care and supporting health professionals, though it is undeniable that the experience opened doors for me in research support, training, advanced searching, special collections, and marketing which now benefit me in my new position. Indeed, the biggest impact it had on my career was that it enabled me to secure a higher level librarian role (in a Health Library) in a much quicker timeframe than I had dared hope for. I now plan to stay in the Health Library sector for years to come.

- **Nga Man:** My experience as a Library Cadet changed my career plans. I was always interested in working in special libraries, but I only had slight experience of specials from working in a law library overseas and expected to complete the internship at the Australian Parliamentary Library secured at the end of my Masters degree. I had been expecting to go down the path of law librarianship. But then the Cadetship provided me with insight into how hospital libraries work and medical librarian career paths. It allowed me to combine librarianship with my previous career in nursing, which was another huge bonus. The impact on my career path has been beyond my expectations, and it linked me to my next career opportunity. My supervisors were very encouraging and showed great support for my career development.

What were the biggest benefits for you in undertaking the Cadetship?

- **Eunice:** The flexibility offered by the cadetship at Monash Health allowed me to build on my existing skills (e.g. customer service, training, marketing) in my work while also developing new skills in tasks and projects that interests me (e.g. collection access and discovery, advanced searching, research support). The cadetship also gave me insight into health and special libraries and the issues and challenges faced by these libraries. I have also appreciated being able to work in a collaborative environment with an incredibly supportive team. In a short span of time, I have built lasting connections with colleagues, which has perhaps been the biggest reward. Working in a small library team means I have the opportunity to work on a little bit of everything, which is something that I recently realized I have really enjoyed! I especially loved learning how to build advanced literature searches in health science databases and I won't be able to go back to basic searches again.
- **Saara:** The biggest benefit for me in undertaking the Cadetship was gaining marketable and varied professional experience beyond the library customer service desk. Beyond securing a salaried position, my other biggest criteria

coming out of my degree was to be able to perform duties away from the information/reference desk – as I had a few years' experience of that already from public libraries. The graduate position enabled me to build skills and experiences in a huge variety of areas and it was flexible enough to accommodate my own personal interest areas. The Library Director listened to my creative ideas and motivated me to implement them in the Health Library context. The position does as it should by providing a space where the new graduate can build a relevant, varied, marketable and expert set of skills, knowledge and experiences which act as a springboard for bigger and more experienced positions. On an interpersonal level, another major benefit was being surrounded by innovative and forward-thinking library leaders who instilled in me a real sense of the importance of professional development and sector involvement for continued library (and librarian) excellence. The strong connections I made with professional peers while at Monash Health have been a real asset since I moved to a physically remote team which can make networking with other Health Libraries difficult.

- **Nga Man:** The biggest benefits came from collaboration, professional development and career opportunity. In terms of collaboration, the Cadetship provided me with the opportunity to join an inter library committee for our library management system. I learned from and collaborated with experienced medical librarians and information specialists across Victoria. It provided a sense of involvement and belonging. In terms of professional development, attending conferences and webinars made me reflect on the importance of technical skillsets for the library industry. It motivated me to build my technical skills, such as coding and systems management, and those skills have become very useful in my day-to-day work. In terms of career opportunities, the Cadetship has set me up with a broad view of the library sector and technical skills grown from innovative projects. Through these experiences the Cadetship has provided a solid foundation for my future career development.

What keywords best describe benefits of the program?



Do you have any other comments about the program?

- **Eunice:** The cadetship has created a safe space for learning and trying new things and I am very thankful for the opportunity to grow personally and professionally. The program is a success thanks to the library team's enthusiasm and willingness to share ideas, knowledge and experience. It is good to come in with an open mind and a good attitude. Being proactive and asking a lot of questions goes a long way. If you are a new librarian, be sure to observe and shadow your colleagues to gain as much experience as you can.
- **Saara:** The traineeship bridges the gap that I and a lot of my peers felt upon graduating. Given the choice between a new graduate librarian and a librarian with several years of experience, employers often chose the qualified and experienced candidate. I also found that where an employer was willing to take on a new graduate with little library experience, I was still overlooked in favour of candidates who had made a career change and thus had existing professional skills from their past jobs. As the old adage says, how can we gain experience if we aren't given the opportunity to build it? The Cadetship solves this problem and as such I can't recommend it enough to employers in the library sector. The employer benefits from the initiative as well, as the library team gains a qualified and enthusiastic team member who is looking to put what they've learnt into practice. I will be forever grateful for this valuable initiative and the opportunity it gave me to grow!
- **Nga Man:** I am very thankful for the Cadetship opportunity, which allowed me to begin my library career. I am particularly appreciative for the team's support. Without the supportive team environment, my experience would have differed and my achievements would have been impacted. The success of my Cadetship depended on my own attributes and willingness to learn, but this is not enough when it stands alone. The provider also has to be driven to make the experience vibrant and to demonstrate great leadership and listening skills. I felt valued and listened to throughout my experience of the program.

Key Takeaways

For learners:

- Have an open mind and be curious, it will let in new and worthwhile ideas.
- Question everything, even yourself. It is not about being right, but about understanding.
- Be engaged in professional development and own your career. Be your own advocate.

- IT knowledge and systems skills are essential for every single library role from graduates to managers. Systems skills need to be seen as part of the standard library toolbox.
- Embrace challenges and be prepared to venture from your comfort zone. Raise your hand for projects that will expand your skill set.

For managers:

- Listen. If you are not listening, then you are not learning. The best ideas can come from the most junior member of staff as easily as from the most senior.
- Trust. Just because someone is new to the sector, it does not mean that you need to micro-manage them. You are leading the person, not their tasks.
- Support, guide and teach. There are considerable rewards in developing the next generation.

The experiences described above indicate that the success of workplace training depends as much on the incumbents as the supervisors. From the trainee's perspective, coming in with an open mind and a willingness to learn positively impacted the experience. Similarly, managers should be flexible in the leadership approach and be prepared to listen to the new librarians to help them explore their ambitions and gain skills that fit their interests.

This program has positively highlighted the rewarding work undertaken by librarians in health care environments. It celebrates a rich career pathway to current and graduating students of librarianship. In addition, there are benefits for the team and established librarians who also experience the program. We hope that the perspectives shared here encourages new relationships between health libraries and librarianship students.

In the words of Benjamin Franklin:

*Tell me and I forget
Teach me and I remember
Involve me and I learn*

Work experience in a health library: what's in it for you?

Dee Mahoney | Library Technician, St Joseph's College (NSW)

What do Punch and Judy shows, police balls and egg drives have to do with running a hospital? And why are we reading about such things in JoHILA? The answer lies in a fantastic collaboration between the Northern Sydney Local Health District libraries and TAFE NSW Ultimo, which is giving students a work placement experience like no other.

In 2021, I started a Diploma of Library and Information Services through Ultimo TAFE in Sydney. A big attraction in doing the diploma over a certificate was having a work experience component attached to it, as I knew that would give me not only the valuable experience itself, but something to add to my CV when it came time for job-hunting. So the extended Sydney Covid lockdown from June-October 2021 was crushing in more ways than one.

It looked like we would have to wait until the start of 2022 to complete our work component, but then our wonderful work placement teacher at TAFE NSW Ultimo, Sharon McGregor, started investigating other options. As a result, I was lucky enough to take part in an online work experience with Barry Nunn, the library services manager of the NSLHD, based at Royal North Shore Hospital. Barry had found a fantastic project that needed doing, which was going to be too time-consuming and potentially costly for staff members to undertake, but was perfect for TAFE students.

During a reorganisation at the Ryde Hospital library in 2021, Barry realised it was time to do something about two big leather-bound scrapbooks containing clippings of the history of the hospital from the 1920s. The scrapbooks were in a terrible condition - falling apart, unable to be viewed and disintegrating rapidly. Barry thought that TAFE students would be able to digitise the clippings, and come up with an archive that could eventually be offered to the Ryde Library system for its local history collection, as well as be of interest to anyone using the Ryde Hospital library.

Sharon introduced Barry and me via a Teams meeting to discuss the project and what I heard piqued my interest. As a former journalist, I was intrigued by the fantastic wealth of information from newspapers that no longer existed, and as a Ryde local I was fascinated about this institution that was integral to the lives of so many of us in the area. The Ryde District Soldiers and Memorial Hospital opened during the Depression, on May 12, 1934, with capacity for 56 beds, but was first proposed 16 years before that, as a memorial to the soldiers who had fought in WWI. The clippings in the books ran from the early days of the hospital proposal, through to the building of the hospital and the early days, and on to the 1990s.

Barry and I met outside the Ryde Hospital cafe in September 2021 for a masked handover of the precious scrapbooks. Barry advised me just to look through the clippings and think about how to proceed, then we agreed we would have weekly Teams meetings to work through any issues that arose.

My TAFE student predecessor on the project, Courtney Smith, had already set up the core records for the first 450-odd clippings, dating from 1922 to 1938, on the eHive collection cataloguing system. My job was to start photographing the clippings, tagging them and uploading the records so they could be viewed, adding links to the original articles on Trove if they existed. I was studying a subject on digital repositories at the same time as doing this project, and was initially overwhelmed by the responsibility of it. We were learning the gold standard in what to do as far as photographing and tagging were concerned, and the more I read, the less sure I was about where to start and how to proceed.

However, at my first weekly Teams meeting, Barry did away with my fears, saying: 'Look Dee, the scrapbooks are disintegrating. They're useless as they are. They have no function apart from gathering dust and decomposing. If we do nothing, we'll end up with nothing at all. But if the collection's digitised we can do things with it. If someone's writing, or researching, the clippings will be there. Let's just get them up there and if we need to go back and change anything later on, that's what we'll do.'

My mentor's perspective unlocked the mental barriers for me. I realised he was right - time was of the essence and, rather than overthinking it, action was needed. At the first couple of weekly online sessions we'd discuss the mechanics of the project - for instance, should we use MeSH or natural language subject headings when tagging the articles? We opted for the latter, as the articles were in local newspapers and were written for everyday readers, rather than medical experts, and we were thinking about who might be using the archive in the future (anyone!), and how they would be searching.

We discussed whether the resolution of the images of the articles was clear enough (in the main, yes), and how I would go about searching for lost articles that we knew had once existed but were no longer extant.

Very quickly, however, once the nuts and bolts of the project were sorted out, I started looking forward to our weekly catch-ups just to share with Barry all the quirky things I was finding out about the hospital - and the people who used to run it. In its early days, the hospital ran on the smell of an oily rag. It had no X-ray machine and no heating, there were frequent callouts for fridges and furniture for the patients, and local schoolchildren held egg drives, bringing in eggs from home to feed the patients. The community was an amazing support, and the local newspapers responded by publishing patients details every week - including their names,

addresses and ailments!

Fundraisers were very popular, with the proceeds of card nights and police balls helping the hospital afford the expansions it quickly needed. This eventually extended to open-air carnivals that ran for weeks, featuring baby shows, Punch and Judy shows, boxing matches and an ugly man competition!

The most fascinating find came close to the end of my time on the project, when I came across some fantastic clippings pertaining to a diphtheria immunisation campaign Ryde Hospital undertook in the 1930s for local schoolchildren, bussing schoolkids from nine local public schools to the hospital for their round of four injections. The parallels with the Covid immunisation campaign we were living through nearly 90 years later were incredible. The same health concerns, the same efforts, the same arguments and backlash. The more things change, the more they stay the same!

The discussions I had with Barry as we unearthed all this information ranged from health politics to human nature to world affairs – and of course the importance of libraries as repositories of information! I learned so much from him in these weekly sessions – about people as much as anything else, and about approaching work and life with humour, compassion and curiosity.

My time on the project wrapped up in November 2021, but since then it has gone from strength to strength with other TAFE students. I was replaced by Tony Walker, then Juny Lucin took over from him, putting up photographs of the scrapbooks themselves onto the eHive and arranging the tags in a readily accessible 'cloud' for researchers. Others have taken over from them, all bringing their own skills and ideas to this wonderful project, and ensuring this interesting part of our history has come to light as plans are proceeding for a new Ryde Hospital, being developed on the existing site.

How work placement helps students, mentors and TAFE

After the project, I finished my diploma and started work first at the library of the Sydney Mechanics' School of Arts, then in the library at St Joseph's College, Hunters Hill, in Sydney. My mentor Barry was not only my referee for these roles, but has been an invaluable sounding board over the past year. The big lessons I learned from my work experience was not to be afraid to step outside my comfort zone. I was very wary of tackling a digitisation project, and was concerned about doing the wrong thing. But as Barry told me: anything is better than the nothing we have now. Don't overthink it, and we can work it out as we go along.

I became so invested in this project, learned new skills, and gained a wonderful mentor and friend in Barry. He is a calm, kind, humorous and very knowledgeable mentor - having worked for years in the NSW State Library before moving to health,

he had a lot of bigger-picture perspective to accompany the minutiae of what needed doing. He was also very open to ideas, and wonderful in letting students take the running of the project. I can turn to him for advice about anything library related and we have stayed in touch since I finished the project 12 months ago. I know he has the same relationship with past mentees, and that has made a big difference to all of us.

I've also been in touch with a couple of my successors on the project and it's wonderful to see how we've all added something to the eHive collection, and feel a sense of pride in creating something that will last. Students, take every opportunity you are offered, and make the most out of it - use it to gain knowledge, skills and contacts, and to find out what areas of library work you are interested in. Even if you don't find or choose a job in the same area of libraries that you undertake your work experience in, you will have gained valuable new skills and, most importantly, confidence in making suggestions and learning how to work with others. In my case, although I didn't initially feel I was across all the technicalities of digitisation, I love what such projects can do - open up access, help us connect to the community, and so on. I am fascinated by them, and feel I now know a lot more about what is involved, and what is possible. In libraries, as in life, everything is connected and the more you know, the more you can contribute.

For employers weighing up whether to host students for work placement, I say: please do! Think laterally about the sort of projects you can get students working on. Is there something you've been wanting to do for ages but can't afford to spend staff time on? TAFE students may be the answer. Set aside any ideas you may have about who the students might be, and any worries about their lack of experience. Although TAFE students are new to libraries, many of them have spent years in the workforce already in other roles, and bring their skills in problem-solving and new ways to look at an issue, which may cast new light on a project. The exchange of ideas a placement student brings can breathe new life into a workplace. You will also have the wonderful feeling of being able to pass on your years of knowledge and experience to someone who is just starting in the field, and helping to shape their future contribution to libraries.

As for Library and Information Services teachers, having industry ties makes your courses more valuable to students and to employers, and keeps the faculty up-to-date with what's going on in the library world. TAFE NSW Ultimo has excellent industry ties, and it's brilliant for the teachers to be able to say to prospective students: if you come and study with us, you'll undertake valuable work experience and, even if you don't wind up with a job from that, you'll get the skills and knowledge and contacts that will help you into your new career.

Search the Ryde Hospital archive at <https://ehive.com/collections/201378/ryde-hospital-newspaper-archives>



[Ryde Hospital Newspaper Archives | eHive](https://ehive.com/collections/201378/ryde-hospital-newspaper-archives)

Ryde Hospital located in northwest Sydney, Australia originally known as the Ryde District Soldiers' Memorial Hospital, opened its doors to the public on 12 May 1934 with facilities for 56 inpatients. With planning under way for a new Ryde Hospital, two cracked old leatherbound scrapbooks of newspaper clippings related to the hospital from the 1920s to 1990s are being digitised in a joint ...
ehive.com



Memory Room Project – Dementia-friendly libraries

Kay Pisel | Library Customer Service Team Leader, City of Newcastle
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Kay Pisel received the 2019 NSW Public Libraries Association's Colin Mills Scholarship for the project 'Creating dementia-friendly library services'. More information available at <https://www.newcastle.nsw.gov.au/library/experience/library-projects/the-memory-room>

Did you know dementia is the second leading cause of death of Australians and the leading cause of death for women. In 2022, there are over 487,000 Australians living with dementia. Without a medical breakthrough, the number of people with dementia in Australia is expected to increase to almost 1.1 million by 2058.¹

Why does this matter to public library services? It matters because most people with dementia live in our communities, and they want to continue to access and use their local services. The greatest challenge facing people who live with dementia is the lack of awareness about the disease in the community and the stigma and social isolation this creates. Dementia Australia's 2021 report, "Discrimination and dementia – enough is enough", draws attention to this widespread discrimination and challenges us, as individuals, organisations, and communities to shift established attitudes.² Libraries can be leaders in this area by creating inclusive services and spaces for those who live with dementia and assist them to remain included, accepted and connected to their community.

The Colin Mills Scholarship provided an opportunity to learn about dementia, assess the needs in our local Newcastle community, and design and deliver programs to meet this need. The areas of inquiry included:

1. Staff training

Access to education videos through the Dementia Friends program (dementiafriendly.org.au). Newcastle libraries partnered with Dementia Australia to provide free staff education and training in an effort raise awareness of the challenges of living with dementia, and to develop a dementia-friendly service.

2. Program delivery

The Memory Room program was created to serve those living with dementia and their families and carers. The fortnightly sessions are offered both in library spaces and in various locations in the local community. The aim of the Memory Room program is to:

- Provide free social inclusion opportunities for people living with dementia and their carers

- Engage with members of this community in a familiar, safe, and welcoming environment
- Encourage conversation opportunities using visual stimuli to recall memories
- Provide online engagement activities for the dementia community

3. Physical spaces

An audit of Newcastle libraries spaces using dementia enabling environmental principles to provide ease of access and use (as part of a broader library access and disability action plan).

The report following on from this context-setting provides a synopsis of the project including the background to its development, collaboration and partnerships, and the impact of COVID-19. It includes details of the multifaceted provision of activities including the facilitated sessions, the development and use of memory kits, a podcast series called "Laughter and Tears", and the acquisition of interactive technology specifically designed for people living with dementia. It also considers the programs sustainability and opportunities for growth and future collaboration.

Nearly all of us have a family member, friend or neighbour who is affected by dementia. A diagnosis should not be a life sentence of social isolation and inactivity. Public libraries can create inclusive services and spaces and play a vital role in helping those with dementia to remain included, accepted and connected to their community. Let's change the narrative around dementia and help improve the quality of life for the growing number of people living with it.

(Note: The statistics in the report reflect 2021 statistics. The foreword provides the updated 2022 figures from Dementia Australia).

1. Dementia Australia (2022). Key facts and statistics [online] Available at: <https://www.dementia.org.au/sites/default/files/2021-03/2021-Dementia-Key-Facts-Stats.pdf>
2. Discrimination and dementia - enough is enough Dementia Action Week Report 2021. (2021). [online] Available at: <https://www.dementia.org.au/sites/default/files/2021-09/DAW-2021-Enough-is-enough-report.pdf>



Newcastle
Libraries

The Memory Room Project

NSW Public Libraries Association
Colin Mills Scholarship
Report 2021

Kay Pisel

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1. Background

1.1 Colin Mills Scholarship

The Memory Room Project, the focus of this report, was created due to the opportunity offered by the Colin Mills Scholarship. This scholarship provides the opportunity for public library staff to fulfill a professional development need that is outside of their library's normal staff development training resources and demonstrates value for the broader NSW public library network.¹

1.2 Project focus and goals

In my role as Home Library Service team leader for Newcastle Libraries, I lead a small team to provide resources to members of our community who cannot access the physical library due to age, illness or disability. Working in this service, I have gained an insight into the difficulties that living with dementia present to those who wish to continue to enjoy their public spaces and cultural centres and remain active members of their local community.

It is timely and necessary for public libraries to engage in dementia service provision. With increasing life expectancy, there will be a significant increase in people living with dementia. In 2021, there are an estimated 472,000 Australians living with dementia. Without a medical breakthrough, the number of people with dementia is expected to increase to almost 1.1 million by 2058.² In the Newcastle LGA, 2021 estimates indicate there are 3212 cases of dementia and the rate is expected to increase to 5250 by 2058.³ It is becoming a growing health and societal issue as our population ages. Dementia Australia's 2021 report, *Discrimination and dementia – enough is enough*, draws attention to the widespread discrimination endured by people living with dementia and challenges us as individuals, organisations, and communities to shift established attitudes.⁴

70% of people with dementia live in our communities and want to continue to access and use their local services.⁵ A diagnosis of dementia increases a person's feeling of social isolation. Libraries can create inclusive services and spaces and playing a vital role in helping those with dementia remain included, accepted and connected to their community. There is a clear gap in our service provision to this group.

The Colin Mills Scholarship provided an opportunity to learn about dementia, assess the needs in our local Newcastle community, and design and deliver programs to meet this need.

Areas of inquiry:

1. Partnering with Dementia Australia to provide education and training to staff to raise awareness of living with dementia to develop a dementia-friendly service.
2. Establish a continuing program in our libraries to serve those living with dementia and their carers.
3. Auditing our libraries' physical spaces using dementia enabling environmental principles.



70% of people with dementia live in our communities and want to continue to access and use their local services.⁵

1.3 Knowledge base

The Wicking Dementia Research and Education Centre, through the University of Tasmania, provides preeminent research and support for issues confronting people with dementia and their carers. The centre offers a series of free online courses that provides an opportunity to learn about the latest research in dementia risk and protective factors and engage with the perspectives of a global dementia network. The courses, *Understanding Dementia and Preventing Dementia* were completed to build a foundation on which to develop the public library programs.

The information provided on the Dementia Australia and Dementia friendly communities websites has been an invaluable resource as have the opportunities to learn through the personal support of educational specialists at Dementia Australia - Hunter Region and the Greater Newcastle Dementia Advisory Service.

1.4 Collaborations - Dementia Australia

Building a strong relationship with Dementia Australia (Hunter area) was instrumental in gaining an understanding of the services offered in the region and where gaps lay. Dementia Australia is the peak body in Australia and supports an estimated half a million people living with dementia and almost 1.6 million people involved in their care. It provides information, education and support services, and advocacy. An initiative of Dementia Australia is the Dementia-Friendly Communities program. This program encourages the development of grass roots community initiatives by providing access to grant funding for local projects and by formally recognising organisations creating change. The Memory Room Project was designed to meet the aims of this program.

1.5 COVID-19

This project has been heavily impacted by lockdowns and restrictions during the COVID-19 pandemic. 6 months of in-person engagement was lost and the program was moved to an online platform. Notably, with the easing of restrictions, the program has bounced back to full participation and sufficient numbers to start a second group.



2. Project outcomes

2.1 Staff training

Newcastle Libraries staff undertook a dementia education course as part of its core customer service focus. The training selected was the Dementia Friends program, an initiative of Dementia Australia. It is a series of short educational videos designed to increase knowledge of the disorder, and of the challenges that people face when living with dementia. The training provides an overview of what a dementia-friendly community looks like and how to build essential community connections. Training was undertaken in both large groups and individual online sessions.

Approximately 90 percent of staff have completed the training. It is offered to all new recruits. Access to the training is through the following link.



Video examples from course.

By learning about the disease, library staff are provided basic tools to help someone with dementia remain connected and engaged with their local library and community. Ongoing refresher training is available through the site.

2.2 Memory Room Project

The Memory Room is a program designed specifically for people living with dementia and their family members. The aim of the Memory Room program is to:

(a) Provide free social inclusion opportunities for people living with dementia and their carers

(b) Engage with members of this community in a familiar, safe, and welcoming environment

(c) Encourage conversation opportunities using visual stimuli to recall memories

(d) Provide online engagement activities for the dementia community

The fortnightly sessions are facilitated by a local art therapist, Alice Ropata meeting with a maximum of 12 participants in each 1½ hour workshop. Each session follows a similar format:

Welcome morning tea

Set the scene for the discussion using images and memorabilia provided

Provide opportunities for all participants in the program to view and touch items and to add to and enhance the evolving conversation. (Alice is instrumental in facilitating the gentle development of the discussion).

Provide an opportunity to make an art piece based on the theme and conversation

Initially, Ms. Ropata delivered a program using images and items from the Local Studies collection and current exhibitions from the library's Lovett Gallery to encourage discussion, sharing of stories, laughter, and connection.

Participant feedback and collaboration has seen the program evolve. Sessions are held in the library as well as in a variety of community spaces such as local art galleries and museums, surf clubs, parks, and cafes.



Alice Ropata facilitating a Memory Room session



Participants engaging in an art activity



Memory Session at Newcastle Art Gallery

Memory Room session at the Warwar exhibition at the Newcastle Art Gallery;
Woven art activity based on the sculptures



Memory Room session at Nobby's Beach

Sensory stimulation activities at the beach.

"You made my day! Paddling in my tin is sand and seawater ... and a couple of seagull feathers, was magic! Closest I've come to walking on the beach in a long time."

Margaret Mowbay, participant and carer

The "Memory Room" project – online

An alternative online option was created during the first Covid lockdown period and continues to be offered. The library website provides access to selected historical images. Each image has a short narrative and conversation starter questions to encourage dialogue between viewers such as those living with dementia and their family and/or carers. The images are selected from the Local Studies 'Hunter Photobank' and other collections.

The repository of images continues to grow. They are included both on the website and reproduced on A3 presentation board for face-to-face sessions.



Example of some of the images and narratives



Evaluation

To date effectiveness of the program has been measured by:

- (a) Attendance at sessions
- (b) Verbal and written feedback from participants
- (c) Waiting list for sessions
- (d) Website click statistics

Attendance

The program attendance is limited to ensure opportunities for everyone to fully participate. It has been at capacity for several months. Most of our participants have been regular attendees. Given the unpredictable nature of dementia and the ability for carers to support family members to attend, the program endeavours to be as flexible as possible.

While initially using Eventbrite as an online booking tool, it was found to be a barrier for several members, particularly the older participants. After the first 3 months of the program, it was abandoned for phone and email bookings.

The program has been marketed through the libraries' online channels, and e-newsletters, and flyer placement in Newcastle's 10 libraries. Networks through Dementia Australia, The Hunter Ageing Alliance and Hunter Health have assisted in its promotion. The Greater Newcastle Dementia Advisory Service has also provided presentation opportunities through their dementia carers support groups.

Qualitative evaluation

Feedback has been overwhelmingly positive and has emphasised the lack of social engagement activities for people living with dementia.

Waiting list

The program initially was limited to 12 participants. This has increased on occasion depending on the activity and location of the session. There is sufficient interest to grow the program to a second group and further marketing opportunities to consider.

Examples of responses

"What a wonderful program! This program fills a gap in community services for an often forgotten group. ... Full marks to both Kay Pisel of Newcastle Library, and Alice Ropata the facilitator - you have created a relevant, very welcoming and relaxed environment, and successfully engaged a group who can be challenging to engage, all with great respect. The topics (and obvious preparation before each workshop) have been interesting informative and stimulating. So nice to arrive, enjoy a cuppa and little treat. Therapeutic for carers! It's fun too. That these dates exist is enough, in what can be an isolating journey for both the people with dementia and those who walk beside them in the journey. An accessible meeting venue has been a real plus, and a necessary consideration, as this "client group" can have changing capacities to access mainstream facilities, and continuity/ familiar surrounds become important."

– Margaret Mowbay

"Your kind thoughts are most appreciated. Knowing lovely friends are thinking of us is keeping me strong. Graham did enjoy the Memory Room and even though he was quiet he would comment on the discussions at home. It was a lovely diversion for him."

– Lynn Flanagan

"A few weeks ago, we visited the digital library in the new premises of the Newcastle City Council and saw pictures of the Newcastle 1989 earthquake which were digitally displayed on one of the walls. This was most impressive, and everyone expressed an interest to revisit the digital library again. These images trigger memories for those with Dementia and we have had some wonderful discussions. We also have found some new artists amongst us!!! We have also been to the Newcastle Art Gallery for a morning's experience and had a morning tea at a local Motel on Newcastle Beach."

– Cath Claydon

"I know that Bob and I have only attended one of the memory sessions, but I just want to say thank you for organising them. I think that Bob really enjoyed the session, and I am so sorry that we haven't been able to repeat it and it looks as though that it might be a few weeks before we can. I hope that as my involvement with the group progresses."

– Meryl and Bob Bishop

2.3 Story Wall

Newcastle Libraries opened its 11th library in September 2020. The new Digital Library showcases its digital collection and several new technologies including a digital Story Wall. This platform enables visitors to engage with unique Newcastle stories and local history in new, interactive ways.

Memory Room sessions have been held in in the Digital Library. Participants have accessed images, video, and sound recordings on the story wall as an interactive tool to stimulate memories and conversation. For example, the Newcastle Earthquake series created an emotive stimulus for group discussion. The Story Wall also features the Google Earth application. Participants were fascinated to journey to favourite local, national, and global destinations and visit these sites at street level.

Local images used in the Memory Room sessions have also been loaded to the Story wall. Visitors to the wall can interact with the images through the enormous touchscreen. Touching an image allows the user to increase its size, read the accompanying narrative that promotes reflection and conversation, and listen to a short conversation about the image. The accompanying sound recordings have music and audio effects that enhance the user's experience. The Story Wall has been a valuable addition to the program offerings.

2.4 Life Scripts

In August 2021, the second COVID lockdown prevented all in-person programs and events and Newcastle Libraries again pivoted to deliver some of its programs online. Life Scripts utilised Zoom to connect with Memory Room participants. In each online session, Ms. Ropata, engaged with a person living with dementia and a family member to create a written timeline and narrative of their life story highlighting major events and milestones. The script is secondary to the conversation and recollection of memories for the participants. Some sessions were recorded and the audio made available to participants and family members as a keepsake.



2.5 Memory Kits

Newcastle Librarians have created memory kits to complement the Memory Room project. Each kit includes curated resources such as pictorial books, music CDs, DVDs, puzzles, tactile games, and activity cards specifically designed to stimulate memories, encourage conversation, and provide entertainment for people living with dementia, their families and support workers. Examples of kits include:

Our Aussie Birds

In the Garden

Building, Building

In the Kitchen

Memories of Childhood

Popular Music of Yesteryear

They are available for loan to participants in the program and to the general library membership as part of the library collection. As the program grows, the kits will also be available for use in aged care facilities for (a) general use by activity officers and (b) in conjunction with memory programs offered by the Newcastle Libraries outreach team.

Detailed information about each kit is available on the library website and through the library catalogue.



2.6 Podcast Series – Laughter and Tears

Dementia Action Week occurs in September each year. Creating a podcast series provided an excellent platform for information sharing about dementia and promotion of the library programs. Hosted by ABC broadcast journalist, Dan Cox, the Laughter and Tears podcast series invited members of the Newcastle community living with dementia to share their experiences of love, loss, courage, and hope.

It provided current information from medical experts and looked at dementia services available in the Hunter region and beyond.

Three episodes were produced:

-
1. How do I know If I have Dementia?

 2. Dementia Australia: here for you

 3. The Memory Room – Your libraries and dementia

Guests included Professor Sue Kurrle, Australia's pre-eminent academic in dementia research and care, Gina Haywood, a local Dementia Australia support specialist and Alice Ropata, the Memory Projects art therapist and facilitator, and community members Rob and Alison Board, Wilhelmina and Ian Chalmers, and Kevin and Catherine Claydon.

The podcasts can be accessed through the library website.



Details about each podcast is available in Appendix B.

Podcast response

The podcasts have been accessed 241 times in September/October 2021 period. Opportunities to promote the podcasts across health networks will be considered to increase audience participation.

2.7 Tovertafel

A **Tovertafel** (Dutch for magic table) projects interactive light onto a table to stimulate and engage people with dementia and other cognitive disabilities or dementia. As the colourful objects respond to hand and arm movements, participants play with the light images reflected on the table. The interactive games stimulate both physical and cognitive activity and encourage social interaction. The series of games are specifically designed for these groups and are available in different levels of complexity. The Tovertafel's success is demonstrated in its growing use in aged care homes across Europe and the successful integration into programming in public libraries in England and Ireland.^{5,6}

To value-add to the Memory Room program and create further opportunities to engage with the dementia community, Newcastle Libraries undertook a trial using a Tovertafel. Demonstrations and 'play' sessions were arranged for groups including the Memory Room participants, groups living with disability, aged care activity officers and lifestyle consultants, dementia support specialists, health care professionals, library staff and members of the community. The sessions were lively and when evaluated by participants, the feedback was overwhelmingly positive.

The successful outcome of the trial led to the acquisition of the device for Newcastle libraries to be used in dementia specific programs as well as freely available for members of the community. The Tovertafel will allow Newcastle Libraries to be a 'destination' for visits from residents of aged care homes, people living with dementia and their family members and support workers.

2.8 Building relationships

The Memory Room project further developed its relationship with the dementia community and with Dementia Australia. Newcastle Libraries now provides free spaces to Dementia Australia to run some of their face-to-face programs. To date, these information sessions include:

Understanding Dementia

Dementia care navigator – a better way to connect with services and supports

Blokes in a caring role

EDIE for family carers – VR technology

Presentations about the program have also been delivered to participants who are supported through the Greater Newcastle Dementia Advisory Service.



2.9 Physical spaces

While Newcastle Libraries follow the Australian Standards for buildings for access for people with disabilities, participants of the Memory Room have provided insight into how people living with dementia view and use the spaces. Their observations have been limited to the City Library spaces including the Library Lounge, the Lovett Gallery, and the Digital Library. Generally, the spaces have been appropriate for use with some exceptions. They include:

The lack of easily accessible disability parking spaces at both library locations. It has required some participants to be dropped off and assisted by staff while appropriate parking is secured by the family member.

The toilets in the vicinity to the program are poorly designed. The doors are very heavy and difficult to open, particularly if using a walker.

Floor markings that create the illusion of a hole or well for those whose spatial awareness has been affected by dementia

The Memory Room will also move to a new library location in 2022. Lambton Library has undergone a significant renovation, including ramp access, disability toilets, sliding doors and comfortable amenities as well as close parking. It will better meet the needs of the participants in the program.

Newcastle Libraries are also implementing their new Disability Access and Inclusion plan (DIAP). Below are actions that directly relate to the dementia project.

Libraries access and disability action plan 2021-2023 (excerpt)⁷

Key outcome area	Action	Key Performance Indicators
Attitudes and Behaviours	1.1 Include Access and Inclusion awareness training as component of staff PDPs and tie in with CREW statements	80% of staff undertake ongoing access and inclusion training with a learning outcome focus for 2 training sessions per year.
	1.2 Include access and inclusion awareness training in corporate induction of staff and volunteers.	100% of staff and volunteer inductions include access and inclusion awareness training.
	1.3 Inclusion is embedded in Newcastle Libraries planning and delivery of activities, programs, and exhibitions.	An increase in the participation of people from diverse backgrounds in programs, events, and exhibitions.
Accessible and Liveable communities	2.1 Ensure all library branches and sites meet accessibility requirements and design maximises inclusion outcomes.	Full building accessibility and inclusion audit of 100% library branches and sites delivered.
	2.2 Ensure accessibility principles are incorporated into future building works and renewal projects.	100% of designs include documented accessibility principles.
	2.3 Provide accessible and multilingual signage and wayfinding in our libraries.	Library signage upgrade undertaken to include universal access symbols and braille at a rate of 2 libraries per year.

3. Program sustainability

3.1 Considerations

A supportive dementia program has challenges not present in many programs delivered in public libraries. Since its inception, a few important aspects of its delivery require careful consideration.

Selective participation

The Memory Room program is specifically designed for people living with the early stages of dementia. However, dementia can present in a range of physical and social behaviours that may not be appropriate. Receiving general advice from health professionals and family members as well having a thoughtful conversation with a potential member greatly assists to ensure the sessions run smoothly.

Informed departure

Due to the progressive nature of dementia, there may be occasions where a long term and valued participant is not benefiting from the program. This can be complicated by the valuable support that the program provides the carer. These are very difficult decisions that require understanding, empathy, and expert advice.

Death of participants

Participants create close bonds after attending the program regularly. It can be emotional and confronting for all members when there is a death in the group. Expert advice and counselling is recommended.

Target marketing

Memory Room participants with dementia have mainly been men, supported by their wives or partners. Given that there are more women in the community living with dementia than men, it is important the program create pathways to reach male carers and determine how this program could be of value to them, in its current form or an adapted model.

Program size

The value in having limits on the number of participants allows for more opportunities for conversation and reflection. The interest in the program has grown to a point where another session can proceed. There are staff, roster, and budgetary considerations to take into account as the program grows.

3.2 Recommendations

The Memory Room program has demonstrated there is a need in the community for social engagement / dementia programs across the broader public library network. While every library and the community it serves is unique, there are four main points to consider in creating a program.

Understand

Have a fundamental understanding of Dementia, including its causes, symptoms, and ways of responding to the needs of people living with dementia and a consideration for the needs of their family members and carers. As mentioned, there are several free online courses available through the Wicking Institute, Dementia Australia, and other organisations. A sound knowledge of dementia and its impact is essential in creating an environment that is safe and supportive for participants.

Collaborate

Find out about the dementia services available in the community to inform the shape and focus of the program. Every community's needs will be slightly different. Meeting with local dementia services provides an opportunity to develop an overview of service provision in the community and where the gaps may be.

Listen

Those living with dementia and their carers are best placed to provide feedback about prospective programs. Their insight is invaluable and ensures that the program is endeavouring to meet their needs. Use the networks in the local community to meet prospective participants and carers. Focus group sessions for community members and dementia experts are very helpful in guiding the direction of the program.

Adapt

Regular evaluation and participant feedback from participants allows the program to grow and change with the needs of the group.

3.3 Opportunities

The Memory Room project will continue to seek out opportunities to grow and adapt as it is guided by its members. The addition of music therapy is being considered. There is strong evidence to suggest that music improves cognitive function in people living with dementia, as well as a sense of wellbeing.⁶ The program could also be strengthened by providing group support and counselling for carers as a concurrent program. The program will continue to run both in the library and in other public spaces.

Grants such as the Dementia Friendly Communities Community Engagement Program (CEP) can provide up to \$15000 to collaborate with and support local not-for-profit community associations and groups. Partnerships with Dementia Australia and local businesses may also provide both financial and in-kind support.

Volunteers have yet to be utilised in the program. They can offer support in a variety of ways from preparing physical spaces, assisting participants with mobility issues, and performing basic administration tasks.



4. Conclusion

A diagnosis of dementia should not be a life sentence of social isolation and inactivity. Public libraries can create inclusive services and spaces and play a vital role in helping those with dementia to remain included, accepted and connected to their community.

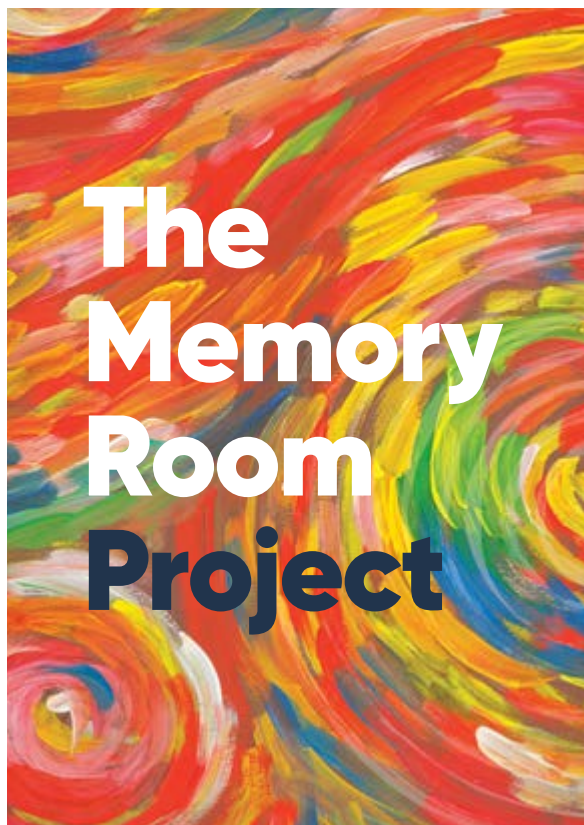
Let's change the narrative around dementia and help improve the quality of life for the growing number of people living with it.

"A dementia-friendly community is a place where people living with dementia are supported to live a high quality of life with meaning, purpose and value."

dementiafriendly.org.au

Appendix A

Project flyers




Newcastle Libraries invite you to take part in the Memory Room project.

Join art therapist Alice Ropata as she draws upon images and items from our Local Studies collection and current exhibitions to enable participants to take a journey back in time.

Tailored for people living with dementia and their carers, the workshops encourage conversation, laughter and connection.

2021 Sessions

2 July	11am - 12.30pm	8 October	11am - 12.30pm
16 July	11am - 12.30pm	22 October	11am - 12.30pm
30 July	11am - 12.30pm	5 November	11am - 12.30pm
13 August	11am - 12.30pm	19 November	11am - 12.30pm
27 August	11am - 12.30pm	3 December	11am - 12.30pm
10 September	11am - 12.30pm	17 December	11am - 12.30pm
24 September	11am - 12.30pm		

Location: Newcastle (City) Library, 15 Laman St Newcastle.
We also venture out for some sessions.

Bookings essential. Please contact Kay Pisel on **02 4974 5302** or homelibraryservice@ncc.nsw.gov.au




The Memory Room Workshops

A photo can evoke more than a memory...

You're invited to take part in the Memory Room Workshops being held at Newcastle Libraries.

Join Art Therapist Alice Ropata as she draws upon images and items from our Local Studies collection and current exhibitions from the Lovett Gallery to take participants on a journey back in time.

Tailored for people living with dementia and their carers, the workshops encourage conversation, laughter and connection.

2021 Sessions

5 February	11am - 12.30pm	23 April	11am - 12.30pm
19 February	11am - 12.30pm	7 May	11am - 12.30pm
5 March	11am - 12.30pm	21 May	11am - 12.30pm
19 March	11am - 12.30pm	4 June	11am - 12.30pm
9 April	11am - 12.30pm	18 June	11am - 12.30pm

Location: Local History Lounge, Newcastle Library
15 Laman Street Newcastle

Bookings essential via the Newcastle Libraries website:
newcastle.nsw.gov.au/library/whats-on
or contact Kay Pisel on **02 4974 5302** or homelibraryservice@ncc.nsw.gov.au




Memory Kit 1

Our Aussie Birds

For people living with dementia, or other forms of memory loss, a remembered moment from the past is a treasured gift. Words, pictures and sounds can trigger memories. They can provide mental stimulation and inspire conversation.

Each Memory Kit contains resources built around a theme. These resources include books, a CD, DVDs and activities. They are designed to stimulate memories along with providing new experiences and entertainment.

We hope you enjoy this kit!

8 items	Title of items
Book 1	1. Amazing facts about Australian birds
Book 2	2. Backyard bird sounds
Book 3	3. Birds of Australia
CD 1	4. Australian creeks and waterfalls
DVD 1	5. Storm boy
DVD 2	6. Lake Eyre
Activity 1	7. Kookaburra kookaburra card game
Activity 2	8. Lacing shapes

newcastle.nsw.gov.au/library

Appendix B

Podcast information

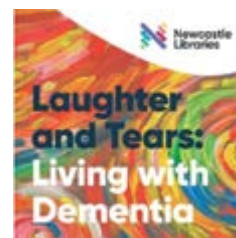
'Laughter and Tears: Living with Dementia'.

Series blurb: Dementia Action Week occurs in September each year. Hosted by ABC broadcast journalist, Dan Cox, the Laughter and Tears podcast series invites members of our community living with dementia to share their experiences of love, loss, courage, and hope. It provides current information from medical experts and looks at dementia services available in the Hunter region and beyond.

Episode 1: How do I know If I have Dementia?

A diagnosis of dementia can be a frightening and overwhelming experience for the individual and their family. It can also provide relief. Australia's pre-eminent researcher in the field, Professor Sue Kurrle will provide answers to many of the questions we have about dementia. As director of the Cognitive Decline Partnership Centre, Faculty of Medicine and Health, Sydney University and Curran Professor in Health Care of Older People, Susan Kurrle places the person living with dementia at the heart of her research and advocacy. Susan will be joined by locals, Rob and Alison Board who describe their journey with dementia so far.

[Biography](#)



Episode 2: Dementia Australia: here for you

Dementia Australia represent the nearly half a million Australians living with dementia and the almost 1.6 million Australians involved in their care. It provides education, support and advocacy for every Australian impacted by dementia. Dementia support specialist, Gina Hayward joins Dan to discuss the array of services that are available to the Hunter community. Gina will be joined by Ian and Wilhelmina Chalmers who share their experiences of using Dementia Australia's services.

[Dementia Australia](#)



Episode 3: The Memory Room – Your libraries and dementia

Libraries connect with community and this special dementia-focused program does just that! Join art therapist, Alice Ropata and Kay Pisel as they unlock the treasures of the Memory room and invite members of the program, Kevin and Catherine Claydon, to share their experiences as the program celebrates its first anniversary. Learn about a new dementia program, 'Playing with Light' about to be launched in our libraries.

[Memory Room](#)



Drop – From 20 September to 26 September 2021

Appendix C

Tovertafel promotion



TOVERTAFEL
the magic table

Tovertafel provides a sense of wonder as it responds to your every movement, creating shared moments of happiness and laughter bringing young and old together

leef.
innovation

Our mission:
10 million moments
of happiness
in healthcare!

Tovertafel Support & Training

We provide training for your Care Team and an experiential session with the residents as part of the purchasing process. We coach your Care Team to understand how Tovertafel is working with their clients, how to use the different games to stimulate cognitive, social and physical benefits with different groups and how to manage sessions with residents to achieve different goals.

We are available by phone and email for your team to discuss using the Tovertafel and to answer any questions as they arise supporting the implementation of this technology into the daily routine.

It is our commitment to your Care Team to maximise the benefits of Tovertafel in every setting it is installed.

If you would like to experience the impact the Tovertafel can have with your residents and care personnel, please contact us directly to request a free demonstration.

✉ tovertafel@leef.com.au
🌐 www.leef.com.au
☎ 13 LEEF

leef.
innovation

Benefits of the Tovertafel Original

 <p>Is proved to be effective in breaking through apathy</p>	 <p>Is the result of scientific research</p>
 <p>Is developed through co-design and therefore fits in perfectly with the target group</p>	 <p>Is hygienic and leaves the familiar environment intact</p>
 <p>Is a pioneer in the market for interactive games for people with dementia. More than 3500 locations in Europe are already playing with the Tovertafel. Now we can offer this to Australia & New Zealand.</p>	 <p>Projects intuitive games that provide immediate positive feedback</p>





TOVERTAFEL
the magic table

The result of scientific research

In 2009, industrial designer Hester Le Riche began her PhD research at the TU Delft. Her ambition was to design a product that helps break through apathy for people with late-stage dementia. After years of research and design sessions with care experts, residents of nursing homes and their family members, the Tovertafel Original emerged.



Dr. Hester le Riche



Tovertafel Original moves people

Doing something fun and active together: it seems simple but for many people with dementia and their loved ones it poses a real challenge. In the later phases of dementia, people can become withdrawn and suffer from apathy. This, while staying active and social interaction is so important for quality of life.

The Tovertafel Original breaks through that apathy in a novel and effective way by inviting people with dementia and those around them to play together with beautiful, interactive light projections. And it appears that you are never too old to play!

Playing with interactive light projections

The Tovertafel is a box, hung from the ceiling, for instance above the familiar dining table. In the box are, among other things, a high-quality projector, infrared sensors, a loudspeaker, and a processor, that work together to project the interactive games onto the table. The device doesn't take up space and leaves the familiar living environment intact.

With a single press on the button, you turn on the Tovertafel and begin the activity. Because the Tovertafel is connected to the internet, new games and software updates can be installed without much effort.



Effects on participating players

- Increases physical activity (3,4)
- Breaks through apathy (3,5)
- Reduces restless and tense behavior (3,5)
- Reduces negative emotions and increases positive emotions (3,5)
- Increases social activity and contributes to more fun (3,5)

Effects on care workers

- Improves the relationship between care workers and residents (4,5)
- Promotes interaction and helps to make contact (4,5)
- Increases work pleasure (3,4)

Effects on family and friends

- Increases fun during visits (4,5)
- Increases possibilities for activities during visits. (4,5)



Continuous development

Co-design: developed together with the target group

We develop and test our products closely together with the people for whom the Tovertafel is made. Our co-design activities consist of creative sessions and game tests with care personnel, therapists, family and people with dementia. We continually translate their practical insights into the (further) development of the games – so that they seamlessly fit in with the target group.

Scientifically proven effective

Research is still an important pillar for the development and evaluation of the Tovertafel. In cooperation with universities all over the world, research is being conducted into how the Tovertafel can contribute to a better quality of life for people with dementia. Various scientific studies show effects for residents, care personnel and relatives. The outcomes for care personnel show that playing with the Tovertafel improves the interaction between the care worker and the resident. This has a positive effect and stimulates the relationship with residents (4,5).

"With the Tovertafel, elderly are activated and stimulated, both in body and mind."

Laurent de Vries - Chairman of the board Viattence

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Museuming: the things museums need to do

Monica Cronin | Curator, Geoffrey Kaye Museum of Anaesthetic History, ANZCA
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Many years ago I went to an exhibition. I can't remember where it was now. But, it was an exhibition of illuminated manuscripts. I was mesmerised. Despite seeing the physical barrier of glass cabinets, I was drawn to try to touch them. To feel the vellum, to touch the unintended relief work the old monks left behind as their colourful paints blinded and poisoned them, to smell the dust and age of millennia. Of course, all that happened was a slight crushing sensation as my fingers hit the glass. But an idea emerged and I realised the only way I would ever be able to appease that feeling was to work in a museum. I would not only be allowed to touch the objects, it would be a necessary part of my job. And, here I am.

Even after many years of working in museums, I still get that same sense of awe and fascination when I visit one. I have a particular fondness for the rambling cabinets of curiosities that museum used to be – so much taxidermy, and so full of arsenical dangers – but I also have an understanding they are really a relic of the past. Museums have a new role in contemporary society but should still aim to inspire that same kind of awe and fascination.

Over recent decades, museums have sought to professionalise their practice. An essential aspect of professionalisation has been to ensure skills and practices are codified, which has seen the development around the world of post graduate university programs designed to educate and train future museum workers. Today's museum professionals come from a range of academic disciplines including history, archaeology, anthropology, fine art, and art history, and an array of sciences. Through museum studies, curatorship programs or cultural heritage studies, they are given a grounding in the practice, legalities, and ethics of working in museums. Additionally, many of them spend inordinate amounts of time volunteering, where they develop the hands-on skills, experience and expertise which complements the theoretical framework.

Professionalisation has involved establishing performance standards, developing skills, and setting a self-imposed code of ethics and conduct, ratified by the peak industry bodies. The industry bodies have arisen to reinforce the codification of practice but also to act as advocates for the organisations, the people working within them, and affiliates, such as university programs.

In the latter part of the 20th Century, museums underwent an existential crisis of sorts. The social and cultural expectations from the communities in which museums were located sought new functions from them, they wanted more than a cabinet of

curiosities. In the 1970s, academics working in this field described the contemporary climate as a challenge between the museum as temple or the museum as forum (Dubuc, 2011). Museums, renowned as sites for subject knowledge experts, reinvented themselves as sites administered by experts but not necessarily for experts. They redefined themselves as information communicators and supplementary educational institutions, sites for informal and nonformal learning, as well as advanced research and, in the most recent reform, social hubs, where collaborative research and curatorship is the norm, as well as a healthy dose of good old fashioned fun. The power of fun to provoke and encourage learning cannot be underestimated. Today's visitor is considered as capable of making meaning as any curator, and in their current iteration, museums can, and should, be both temple and forum.

So, what is a museum?

For the past few years ICOM, the International Council of Museums, has been trying to update the definition of a museum. The process was mired in disagreement and controversy but after international consultations and roundtables, the new definition was released in August this year. ICOM defines a museum as:

"...A museum is a not-for-profit, permanent institution in the service of society that researches, collects, conserves, interprets and exhibits tangible and intangible heritage. Open to the public, accessible and inclusive, museums foster diversity and sustainability. They operate and communicate ethically, professionally and with the participation of communities, offering varied experiences for education, enjoyment, reflection and knowledge sharing." (2022).

The Geoffrey Kaye Museum of Anaesthetic History exists within a larger organisation, the Australian and New Zealand College of Anaesthetists (ANZCA). While it's a not-for-profit organisation, and thereby meets at least one of the criteria for the definition of a museum, ANZCA does not collect, conserve, research or exhibit material or intangible culture. The business of museums is foreign to functions of the larger organisation although ANZCA houses, funds and promotes the museum. At first glance, this has the potential to create a chasm between the work of the museum, and that of the larger organisation within which it belongs.

In 2014, the museum had reached a critical point in its quest to become an accredited museum with the Victorian branch of the Australian Museums and Galleries Association (AMaGA), then called Museums Australia. The Museum Accreditation Program (MAP) has been running for over 25 years and there are in excess of 1000 organisations in the state of Victoria that fit within the AMaGA definition of a museum (a definition derived, though slightly different, from the ICOM definition).

And, it's the only accreditation program in the country, with other states running different programs according to their recognised needs and capacities. As a museum, we operate within both Australia and New Zealand and, while it would be wonderful to be accredited in both countries, New Zealand doesn't have an accreditation program at all.

MAP is aligned to the National Standards for Australian Museums and Galleries (National Standards for Australian Museums and Galleries, 2014, p. 8). The standards are focused on key areas of activity common to organisations that care for collections and provide collection-based services to the community. "Museums and galleries exist in every imaginable Australian setting", as they do elsewhere in the world: "from small regional towns through to busy city centres, from universities to sports clubs", and the standards lay out an industry wide code of practice that takes that diversity into consideration. (National Standards for Australian Museums and Galleries, 2014, p. 8).

One key criterion for MAP is a museum's suite of policies and operational procedures. The accreditation process considers a collection policy, volunteer policy and interpretation policy as core documents. Disaster preparedness plans, evidence of collaborations and involvement with the sector are also examined.

MAP also required a number of procedural changes regarding collection management. Apart from tidying up our collection policy to fit into the ANZCA's style guide, there were some elements of the policy itself that needed to be updated.

In his book, "Inside the Lost Museum: Curating, Past and Present", author Steven Lubar states, or understates, the complexity of collections - they are, he writes, "...a challenging problem" for museums (2017, p. 17). Lubar is a former museum curator and director, and is currently Professor of American Studies at Brown University. "How", he asks, "do you balance the resources for collecting with those for taking care of and making use of collections?" (2017, p. 17).

In many ways, this question points to the very role of a collection policy. In the past, a collection's focus was often dependent on the individual interests of a subject-expert curator. For this reason, museums around the world are currently holding collections that have nothing to do with their purpose, nothing of significance to add to the collection as a whole, and are truly a vanity legacy from a bygone era. It also helps to explain why, for example, some of the world's biggest and best art museums were slow to accept photography as an art form, refusing to admit it to their collections until well into the second half of the 20th Century. Curatorship was the domain of the connoisseur, not the professional, and personal taste and interests

often governed collecting practices. There were no objective criteria by which an individual object could be assessed to determine whether it was “museum-worthy”.

Today, curators, museum registrars and collections managers seek to rid themselves of “lazy” objects (Active Collections, 2016). Objects which found their way into the collection by stealth and haven’t “earned” their place. A lazy object doesn’t meet the acquisitions criteria laid out in the collection policy, nor does it meet any recognised collection themes. Significance is a key determinant in whether an object should be accessioned, and significance incorporates “context, environment, history, provenance, uses, function, social values and intangible associations” (Lubar, 2017, p. 17). These are complex ideas, and are no guarantee of objectivity when in the midst of decision making, but they do provide a benchmark.

Another essential for us, was the introduction of an acquisitions panel. Acquisitions panels are an essential requirement of museums, helping to reinforce significance, remove curatorial indulgence, and maintain professionalism. Professionalism is enshrined in the ICOM Code of Ethics as a distinct principle (ICOM, 2022). The acquisitions committee shouldn’t include anybody with a conflict of interest (for example, an antiques dealer specialising in medical instrumentation probably shouldn’t be on our committee, although could be a wonderful resource for a number of reasons in other capacities), the committee must be aware of its legal requirements (for example, are there shipwreck objects, which are subject to national and international legislation, are there Indigenous objects which are subject to national and international legislation, as well as the UNESCO Convention on the Means of Prohibiting and Preventing the Illicit Import, Export and Transfer of Cultural Property). The list of potential acquisitions hazards is long. And, we kind of go back to where we started, is this object significant enough to be added to a museum collection?

The basic criteria we use for acquisitions are as follows, and they’re a good indication of what to look for in each object:

Relevance - Objects that relate to the museum’s purpose and key collecting areas (Museums Australia, 2016).

Both of these things, purpose and key collecting areas, should also be outlined in the collection policy. This document can be an essential guiding document for the acquisitions process and does its best to remove individual bias, creating a more targeted approach to collections.

Significance - Objects which are significant for their historic, aesthetic, scientific/research or social/spiritual value (Museums Australia, 2016).

As a discipline, history is delving more and more deeply into the social to understand context. The same is true for museum collections. Context is everything and significance can even outweigh condition.

Provenance and documentation - Objects where the history is known and associated documentation and support material can be provided (Museums Australia, 2016). Where did it come from? Who made it/bought it/sold it? How did it come to be in the possession of the person offering it to the museum? Are there gaps in the chain of ownership? Gaps may suggest nefarious activities have brought it to you, regardless of the good standing, or any personal acquaintance with the donor. Ultimately the museum will be held responsible for decision making of this type if a problem arises.

Condition, intactness, integrity - Condition must be taken into consideration. Damaged material will not normally be accepted into the collection (Museums Australia, 2016). Can your museum afford conservation work on an object in poor condition? Does the object have special storage requirements that you can't meet? Storage is a "hidden" cost, but it is a cost nonetheless. But, is this object significant enough to warrant conservation work? Authenticity is another word that could get bandied about in this category. Is the object what it purports to be or is it some kind of cobbled together object masquerading as the real thing? Bits and pieces of various objects brought together to make a whole, don't generally make a "museum-worthy" object.

Interpretive potential - Objects that tell a story that adds to the interpretation of museum themes will be prioritised (Museums Australia, 2016). Every object has a story. Does the object have a story that stems from one of the four elements of significance? Is there a social context that could be explored? What are the stories this object brings with it?

Rarity - Objects may be prioritised if they are rare examples of a particular kind of object (Museums Australia, 2016). How rare is this object? Is there one in every collection in the world? Is this the only one, or one of very few? Storage = space + time + cost. So, if every other museum has one, you don't need one too, that's what loan agreements are for. Save the storage, space, time and cost for something a little unique.

Representativeness - Objects may be prioritised if they are an excellent representative example of a particular kind of object. (Museums Australia, 2016). Does this object immediately conjure a time, place, era, event? Is it a recognisable representation of something, whose stories will immediately make sense to others?

Duplications - Objects that duplicate items already in the collection will not be accepted unless they are of superior condition and/or historic value. In such a case the duplicate may be considered for deaccessioning. (Museums Australia, 2016). The general rule for collections is that one is enough, although sometimes it's an heir and a spare, just like royalty. The only real exception to this may be if there is a need for an interpretative, or prop, collection for handling. In which case, a third example might be useful, but never use your best example. And, it is ok to deaccession. There is such a thing as too much. But, be mindful of the process you have in place to deaccession. Does it meet the legal and ethical standards?

Legal requirements - Objects where the donor/vendor has legal title to the object. (Museums Australia, 2016).

Is the owner of the object the person offering it to the museum? If the owner of the object isn't present, is the person offering the object the legal personal representative of the person who owns the object? Do they have a copy of the original documentation appointing them to the position, which has been certified as a true and correct copy by a lawyer or other authorised person according to local law? This applies whether the object is worth 25c or \$25m. You must be able to substantiate a claim of legal title.

Is copyright legislation applicable? Is the owner the copyright holder as well? Is copyright being transferred to the museum, or is some sort of non-exclusive rights agreement being offered?

What are the terms and conditions on offer? Is the museum able and prepared to meet them? Think about the long term implications of donation conditions as well. And, finally, are they within the legal parameters of the jurisdiction in which you operate?

Museums are difficult spaces to navigate, particularly when they are part of an organisation that isn't in the business of cultural heritage. But, they are seriously one of my favourite places to be, and I pretty much love them all, from some of the disorganised, dusty and slightly frenetic historical society collections and displays I've seen, through to the landmark sites of international renown, with millions of objects stored back of house. But, they are fraught with dangers. What you see or do at the front of house – eg exhibitions, public programming or other events, is a fraction of the work museums should be doing. The important stuff – and, it's almost all of it – happens behind the scenes. It's not as sexy, and it's certainly not a public space but it is the bedrock on which museums should be built.

Discussing and implementing standards, policies and protocols generally elicits a groan rather than any sort of joyous response. They are frequently viewed as inhibiting creativity and process, rather than expanding it. Yet, a well-functioning

suite of standards, policies and protocols can, and should, be viewed as a framework that allows for greater creativity as it draws people, or even different parts of the same organisation, together with a shared understanding of purpose and practice, a shared language, if you will, through which to more readily communicate with each other.

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The Australian Chiropractic College Library

Janiece Pope | Inaugural Librarian, Australian Chiropractic College

Allison Cox | Current Librarian, Australian Chiropractic College

How and when and why was the Australian Chiropractic College started? Who attends the college and what do they study?

Janiece Pope: The ACC is the fruition of the vision of a group of passionate Adelaide chiropractors. They weren't just passionate about their own careers within chiropractic, they were passionate about the field as a whole; and that includes education. Not only were there no chiropractic courses offered locally, but even those located interstate were all offered within the broader context of universities. This group of people had a vision of a local institution that was dedicated solely to chiropractic education.

That included not just solid technique, but also the underpinning history and philosophy, the various schools of thought, and entrepreneurial education for those who want to run their own business one day. They were very well networked with other chiropractors here and internationally, so there was a normal amount of goodwill behind them - some of which translated into generous financial support. The New Zealand College of Chiropractic, which was well-regarded and well-established, gave their curriculum to the ACC as a starting point. This happened in 2016, which was also when they applied for TEQSA accreditation. That came through in 2019, which is also the year they secured a premises and the year I was employed to start up the library.

I had a few months to get started before the first cohort of students was to come through in 2020.

Because this college is very much a passion project, staff/faculty and students were handpicked to make sure that they were aligned with the ethos of the college. So it started off with a very small dedicated group of people, both staff and students - and has since expanded, despite a few COVID hiccups!

Ordinarily the students have to complete a successful prerequisite year of basic health sciences elsewhere (or at the ACC) before they can start the Bachelor of Chiropractic. A lot of them are young (but some of them are a little older); and most of them have previous experience as a chiropractic patient and see chiropractic as a really positive thing in their own lives. So, like the people who founded the College, they are highly motivated to share the benefits of chiropractic with others.

That's in fact why I wanted to work there, because I too believe I have benefited from chiropractic treatment. I couldn't work in such a place if I did not, but nor would they have offered me the job if I had been against chiropractic, or even ambivalent.

What were you doing professionally before coming to the college?

At the time I was employed there I was doing what I am still doing now: working 0.8 in the sexual health sector. So, I picked up the ACC job on my 'spare' weekday.

I came into the sexual health sector as a librarian, but for several years now I have been working in other roles outside of a library (although I still use my library and information skills; for example, I established a sector-wide a current awareness service as part of my sexual health role). At the time the opportunity at ACC came up, I was going through a bit of an identity crisis; and even though I really enjoyed what I did, I was missing working as a librarian. So by taking the 0.2 role at ACC, I could dip my toe in the library waters again without giving up what I was already doing - because I'm really passionate about that too!

My library background was mainly in special libraries - specifically health libraries - which I worked in since the late 90s. The health libraries in which I worked included both hospital libraries and also community settings (the latter being the pathway by which I entered the sexual health sector).

When I worked at the Darling House Community Library (which sadly no longer exists, but that's another story), with the late Ian Purcell, I saw how a library could be so much more than a source of information or entertainment materials. It could also be a safe haven and a home away from home for certain communities. And a librarian could function not only as an information specialist, but also as a welcoming presence and a listening ear for those who had never felt accepted for who they are, or comfortable revealing that truth, in a lot of their everyday spaces. That was very powerful and special, it felt like a privilege - and it informed my love of working in a community setting.

But I was still working out exactly who I was in terms of my career, and after leaving that community setting to return to a hospital one, I eventually realised my heart really lay with community. I absolutely loved how intellectually stimulating work in medical libraries is, and I felt that was very important, the work I was doing there. However I realised that by returning to the community sector I could continue to work as a librarian, but also work with disenfranchised communities, which was perfect for me. No one role or one sector has everything; and sometimes it takes a bit of time for librarians to work out which setting they want to work in, and which is the best fit for their skills and values.

Unfortunately a chain of bizarre events led to the sudden closure of my former workplace, including the Darling House Community Library. I was lucky to get work in another community sexual health library before too long, backfilling a librarian on long service leave. When she returned there was no longer a role in the library for me, as it was a one-person library, but I was then employed elsewhere in the organisation. I'm still working with them now, doing a mix of training and education, current awareness services, and social media, plus community engagement and advocacy. Everything I have done so far in my life has come together to lead me to that mix.

Was the library established in concert with the beginning of the college, or later? What was the process of establishing it like? Were you well supported, involved in decisions, but also autonomous?

The library was a prerequisite for TEQSA accreditation, so I came in fairly soon after they secured a premises. There were a small group of professional and academic staff at that stage, all working out of one room. It didn't have landlines or even computers - the first day I came to work I was working on my mobile! The next week I brought a tablet along to make life a bit easier. We didn't even have Microsoft Office at that stage, so we had to download free software which was similar to our own devices. That's how bare bones it was. It's much more well-equipped now! They were relying on the dedication and the experience of each individual at that stage, to progress things.

One corner of that huge communal room was dedicated to the library at that point (it now has its own room on another floor). There was shelving, already there from the previous tenants: quite enough for library purposes at the beginning. There were also lots of desks.

As well, there were several boxes of books and other materials which people had donated. The substantial goodwill towards the college from established chiropractors resulted in a lot of donated items. As you can imagine, that was both a blessing and a curse.

Of course, I couldn't do anything with those until I had a means of cataloguing them; and I couldn't do that until I had decided what system to use - both in terms of cataloguing/classification and in terms of software.

I was supported as much as I could be by my own boss at that stage, and by those above him, but here's the thing: as I was the only library staff member employed, I was the only one who knew anything about how libraries worked. So as my boss said to me, none of the rest of us know what to do... so we're just trusting you to do it!

Therefore in one way I had absolute carte blanche, which was great. It's wonderful to be able to set something up from scratch in the way that you want it to be.

On the other hand, however, there was no budget at that stage, and I was reliant on free or very cheap solutions for everything. So that kept my wild schemes in check a bit! Fortunately, having worked for a couple of decades in community services, I was used to magicking things up on the smell of an oily rag.

The other thing is that librarians are - and always have been in my experience - extremely collegiate people. Librarians will always help, or co-operate with, other librarians where they can. I have always been impressed by that.

Those two factors really stood me in good stead at the beginning. Plus having networks, even though I hadn't worked in a library for a few years. For example I knew I wanted to work with in terms of software vendors. I knew of the existence of Gratisnet, a wonderful reciprocal scheme, which absolutely saved my life in an environment where the budget would not allow us to directly subscribe to packages. And generally I just knew people who knew people in the library world.

I was also fortunate when I reached out to Stephanie Bacon, a Senior Librarian at the New Zealand College of Chiropractic. She was extremely helpful, and I noted the way they had set things up and the way they were functioning. I also pinched some of their cataloguing records! We discussed the possibility of the Australian College becoming a part of a NZ purchasing consortium, alongside the NZ College and a few others. Unfortunately, that was not to be, due to a few factors outside everyone's control. However, it does show that reciprocal arrangements and helping out other libraries don't have to be restricted to the same state, or even the same country, if you share the same subject matter and a willingness to collaborate.

It wasn't all fun and games in that regards though. Some of the bigger academic libraries with whom we tried to negotiate reciprocal arrangements were simply not interested. I understand that for them they would be giving more than they are getting. Our collection was small, but full of unique holdings and some very rare materials; but that wasn't enough. I understand they have to look out for their own interests and they are not a charity; but I guess I'm just pointing out that it makes it hard to get a foot in the door when the operating budget at the beginning of a library's life is very small.

You have to be creative, and you have to compromise, and you have to be prepared to ask people for favours.

How would you describe the physical space of the library?

The library was initially one corner of a large communal room which functioned as an office for multiple people who worked in different areas. That worked ok in the early days, but as you can imagine was not so ideal for anyone as the college grew bigger.

About a year ago the college expanded onto another floor of the building they are in, and as a result the library got its own dedicated space. It has a workspace and storage for the librarian, as well as enough shelving for the time being. The students wanted it to still be a place where they could work, as well; even though they had other options. That was great, because it meant they saw the library as theirs. You can have the best collection in the world...but if nobody wants to come and use it, and if no one feels that the library space is for them, it's a waste and a missed opportunity. Sometimes, I have observed over the years, librarians almost resent the users, forgetting they are why the collection - and their role - exists in the first place. So there are desks for students to work at, too. Last but not least, there is the obligatory plastic skeleton! Oh and there's also a portrait of one of the founders of chiropractic on the wall, looking very serious and Edwardian - and it looks like his eyes are following you around the room.

The new library is located between one of the lecture rooms, one of the practical rooms, and the student lounge - so it's very visible to the students and gets a lot of passing traffic.

I keep mentioning the students rather than the staff here, because even though the academic staff do very much use the library services, they tend not to work physically in there - their interactions sometimes originate from home, or their chiropractic clinics, or some of the staff spaces at the ACC.

What collection does the library hold? What activities does the library carry out?

The library holds a mixed physical and electronic collection. In terms of electronic materials we tend to rely a lot on free materials, and supplement those through document delivery.

The physical books include new textbooks which are part of the curriculum - apart from chiropractic techniques, there's a lot of anatomy and physiology, quite a bit of basic science, some psychology, and quite a bit of philosophy and history of chiropractic. And there are materials which cater to running a chiropractic business.

The collection also includes a lot of donated materials - some very rare old books, pamphlets, journal issues, and even paraphernalia such as old chiropractic instruments, a real skeleton in a box, and some chiropractic-themed ties!

Every time a donation came in I wasn't quite sure what I would find in the boxes!

Apart from the collection, the library provides a study space, and a current awareness service, and the librarian has input outside the library where appropriate: e.g. as a guest lecturer, and for accreditation purposes, to name a couple. I also had one-on-one sessions some with students regarding things like referencing, and I did some literature searches for staff.

What does the future hold for the Australian Chiropractic College library?

Well at the time of answering these questions, I have just resigned and a new librarian has started. After two and a half years, I was finding that working 5 days across more than one sector and employer was a bit more than I could manage indefinitely. I felt that I had got things up and running, and it was time to hand over to somebody else - somebody who could devote more time to the role as the college grew, which I couldn't do as I was already working in sexual health 0.8. The new librarian also comes from a special libraries background, and is keen to transfer her skills across and for her role to grow with the college. It suits her at the moment to work 0.2, but she will want to work more hours in future, so she is a perfect fit, as the two trajectories will be aligned. It's always been the plan for the library to grow as the college itself grows. So it has a very exciting future.

One thing I really liked about working in the context of the College is that because it's a new and dynamic organisation paving its own way, there were no set expectations of how the library should be, or even how that role should be - apart from obviously complying with professional standards, and accreditation requirements, and covering all bases of what is for now a one-person library. That not only gave me a lot of freedom within the library, but also allowed me to wear some other hats in the College - I was invited to give some guest lectures and tutorials every year.

Sometimes I had my health librarian hat on and talked about evidence-based health practice and evidence-based information practice. As a medical librarian I had a thorough grounding in those principles, and they had always guided my work. So I would present that to first years soon after they started each year.

That was something that I found very interesting and impressive - chiropractic is quite controversial and it gets a lot of bad press. Some people have the idea that it is not at all evidence-based. While there are definitely rogues and crackpots (as in just about any field), they do suck up a lot of the attention and give quite a skewed perspective. The college was very grounded in evidence-based practice, and I felt no conflict at working there as somebody who prioritises that way of thinking in my work. There are a lot of peer reviewed studies being written up, and - at least in

Australia - modern chiropractic education, whether in a university or a specialised institution such as the College, is strongly underpinned by science and evidence-based practice. Because we have robust governance in this country when it comes to higher education, any institution or course simply wouldn't be accredited if it were not based on these as a bedrock. Also, I could never have worked there if that were not the case.

The other lectures I was invited to present at the College were based on some of the training I do in my sexual health role.

So there was never the feeling of being locked into something by expectations, in that role. It felt like a role that was fresh and pioneering and dynamic, like the College itself.

I would encourage all librarians to keep an open mind in terms of the sector or subject matter with which they may end up working. I've ended up working in areas I never would have imagined when I were younger, and really enjoyed it and found it fulfilling. I had always envisioned that I'd be going into council-run public libraries - but as it happened, my whole library career has been spent in special libraries. (Although one of them, as mentioned earlier, was open to the public as well, so it was a hybrid of the two: a community library which was centred around particular topics.) I'm really pleased that things worked out that way. I think being prepared to try things you may not necessarily have envisaged is really important for a librarian. This is particularly the case in an era where librarians are increasingly working outside of libraries, or in roles which encompass non-traditional work. Being flexible and open-minded is definitely an asset for any librarian. And if it doesn't work out, you're not stuck there – and you will always learn things you can take with you into the future.

Allison Cox: I took over from Janiece as Librarian for the Australian Chiropractic College in June 2022.

Working at the Chiropractic College is my first role as a health librarian. Prior to this I worked at the University of Adelaide libraries for thirteen years. I worked in various positions there, my last position being an Arts liaison librarian with a focus on education and music. While a lot of work we did was cross-disciplinary, much of my work still focused on the arts so health is quite new for me!

Coming from a large multi-branch library, I have enjoyed the move to a smaller library. I really enjoy the fact that I do all of the library work myself – from

cataloguing and re-shelving books, to helping the students with their assignment work.

Janiece has done an amazing job setting up the College library and I am enjoying continuing her work. We have recently received some donations with a large amount of historical books and pamphlets relating to Chiropractic which is exciting. One of the most interesting items we have received so far is an LP about chiropractic (my music cataloging background is coming in handy!).

I am really enjoying this position so far, although there have been some challenges. Shortly after I started the role, the College moved to online learning for a term due to Covid-19. This was difficult as I only had one week to meet the students before they went online for 8 weeks!

Next year the College is opening a Chiropractic practice which will mean there will be a lot of relocations within the building. For the time being the library will stay where it is, but in the future it will be moved to another floor. As our collection is quickly growing, I am hoping that it will be a space with lots of shelving! Another new project for next year will be our Book Club. This was initiated by one of the students and I am looking forward to working with her. There are no shortages of books written by chiropractors so we are hoping to get some authors in as well.

HLA Professional Development in 2022

Angela Smith | Hunter New England Local Health District

Frances Guinness | WNSWLHD Library Network

Glynis Jones | South Metropolitan Health Service

David Wong-See | Health Information and Training Institute

Jennifer Nielsen | Gold Coast Health

The highlight of the 2022 Health Libraries Australia professional development program was the return of our face-to-face conference. Held at Westmead Hospital over two days in November, the event saw approximately 100 participants gather to hear from guest speakers and health librarians around the theme of Transformations.

The health sector moves rapidly and libraries must embrace the challenge of continuously reinventing our services to meet ever-changing needs. Our conference theme, Transformations, provided an opportunity to learn more about the ways health libraries are transforming their service delivery models, their library spaces and utilising new technologies to respond to the needs of their clients and organisations. The conference also explored the transformation that is occurring in the scholarly publishing environment, greatly impacting the availability of information.

Day one of the conference opened with Professor Ginny Barbour, the Director of Open Access Australasia and Co-Lead of the Office of Scholarly Communication at QUT. Ginny gave the keynote address and set the tone for the conference by exploring the wave of transformation in scholarly communication and open access. James Humffrey delivered our second keynote address exploring the role of Librarians in knowledge engineering, supporting consumer health literacy and the work of Healthdirect Australia.

The remainder of day one was a chance to hear about the transformations taking place in health libraries via service delivery, space and technological initiatives. Cecily Gilbert and her colleagues from the University of Melbourne explored the role of health librarians in making digital health information accessible to all. The Great Debate was a popular inclusion in the program. Moderated by Daniel McDonald the topic of print vs electronic books gave our speakers from each side an opportunity to passionately and humorously argue their case, with the winning argument falling on the side of maintaining print book collections in health libraries.

The Conference is also an opportunity to acknowledge HLA's award winners. We were delighted to be able to confer awards in person this year. The Ann Harrison Award to Keren Moskell and colleagues from Monash Health Library, and the HLA/Medical Director Health Informatics Innovation Award to John Prentice from ANZCA Library. We look forward to sharing more information about these award winning projects as part of our 2023 professional development program. We were pleased to be supported by our Gold sponsors: Wolters Kluwer, Ebsco, Amboss, and Digital Science, who presented around initiatives being developed of relevance to health libraries. Delegates all enjoyed the opportunity to meet in-person with our Gold and Silver sponsors: Cambridge University Press, Taylor and Francis, Medical Director, Thiem, JR Medical Books, Ollexi Publishing, Springer-Nature, McGraw-Hill, and Oxford University Press.

The second day of the conference saw the opportunity for more hands-on style learning with workshops delivered on systematic reviews by Leila Mohammadi from Campbelltown Hospital Library. Alana McDonald from Sydney Children's Hospital Library helped delegates explore H5P for producing interactive content for online engagement. Slides from the presentations and workshops are available on the HLA website. <https://hla.alia.org.au/videos/>

The highlight of the Conference was the opportunity for those fortunate to be able to attend to meet in-person again. The value of the informal networking provided by these face-to-face events cannot be underestimated. Planning for our conference in 2023 is underway, keep your eye out for information about this event over the coming months.

In addition to the Conference, HLA remained committed to delivering professional development through a variety of webinars and workshops that took place throughout the year. These sessions were free to members or delivered at a low cost to non-members to ensure that as many people as possible had the opportunity to engage in PD activities. HLA had over 1200 participants in our online sessions in 2022 proving that this format for delivering professional development is still popular with those working in the sector. We are developing a calendar of diverse activities for 2023 based on your feedback and look forward to sharing these with you early in the New Year.

I'd like to thank all of the speakers who presented at our PD events this year. We value the support of our health library community and willingness to share initiatives so that we all have the benefit of learning from each other. I'd also like to thank the members of the Professional Development Portfolio Committee for their hard work. This small, committed group of volunteers worked hard to produce an engaging program of activities this year. Thanks to those of you who have supported HLA PD

events this year, we look forward to a great year of professional development in 2023.

Several attendees were asked to reflect on their experiences at the HLA conference...

Frances Guinness: For a regional librarian like me, the chance to attend a conference in the company of other real live librarians is a joy. Yes, we have a small team out here in western NSW, but we are remote from each other, so even social meetings such as birthdays are conducted virtually. And no, I don't particularly enjoy going to Sydney, but it's a small sacrifice to pay for the opportunity to spend nearly two days listening to and learning from colleagues, and contributing questions and thoughts on issues that affect us all. The recent Health Libraries Australia (HLA) conference at Westmead Hospital was just such an occasion, and not to be missed.

There are two main things that stand out for me from attending the HLA conference: learning and networking. No matter the subject, there will always be something of value to take away, even if it is the decision that no, that's not a service we have the resources to offer at present. For example, there have been discussions in other fora where library staff are (quite legitimately) concerned about conducting systematic reviews. After listening to Leila Mohammadi's presentation, "The design of a methodologically rigorous systematic review", I realised that even when our patrons come to us saying that they want help to do a systematic review, a bit of judicious questioning soon reveals that that's not what they need at all. The beauty of attending Leila's presentation is that I now have the detailed information to help my patrons better understand what's involved and to decide on the level of information retrieval they really need.

On a more positive note, Dr Ginny Barbour's keynote address on Riding the wave of transformation in scholarly communication and open access gave a thorough explanation of open access publishing, and that it involves far more than just "free articles". There is a great deal of infrastructure that surrounds the concept, and structural changes are required to ensure fair and regular access to scholarly information. I believe that this, along with data management skills, has become a major pathway forward for our profession.

Another presentation that really got me thinking about things to do in my library space was Alice Anderson's Evolving and re-imagining library space. Twice in recent times I've had to defend library space from being taken over by other health units because they thought that it wasn't being used. Alice's contention is that library space is essentially an education space, and there should be a plan for the space, including future changes. There are some things I can do to improve my library

spaces, while others I'd love to see are more structural and unlikely to happen. Either way, this presentation got me thinking.

Of all the presentations I attended, the most interesting to me was Gemma Siemensma's Measuring impact of a hospital library service. Gemma described the process by which a survey was undertaken to gather local data, and this project has recently been published in *Journal of Hospital Librarianship*. Essentially, I have done a slightly smaller version of her study with the same purpose – to evaluate and quantify impact – and am now analysing my results. It will be interesting to compare Gemma's results with mine. Listening to Gemma, it was nice to realise that I'm not the only paranoid librarian out there!

Now to the networking (some would say that this is more important than the presentations, while others dismiss it entirely, but I think they are of equal value). How nice to be able to put a face (and in these virtual days, a whole body!) to a name. Reacquainting "old" friends, meeting new librarians, and strengthening bonds was done at both formal and informal level. Of most value formally was the Koha (library management system) users group workshop, led by Gnana Segar and Rolf Schafer. As the Koha user community grows, it will be useful to create a more formal Australian users' group, which could help to take the pressure off Prosentient Systems, whom most, if not all, implementations use for the management of Koha. Informal networking happens, of course, at every refreshment break – chatting about the last presentation, general socialising, or buttonholing a speaker. We were well catered for by sponsors who were present at booths on the first day, and who also presented product to the conference.

Overall, the HLA conference was well worth the trip, even if I did forget my credit card and rely on the good auspices of my home-town colleague, mainly to get my car out of hock at the end of each day! Thank you for an on-topic, stimulating and thought-provoking experience, and lovely to see you all.

Glynis Jones: Attending the HLA Conference recently was both a pleasure and a privilege. Having 2 days out of the workplace allowed me to free my mind from the day to day details of my "day job" and to focus on learning new skills and gaining new knowledge. It was also a great opportunity to engage with a fabulous group of colleagues and make new connections. As a bonus it was also the catalyst to get me back into the world of airplane travel and crossing state borders after several years of COVID lockdowns.

So, what did I learn? So many things, but the highlights were as follows:

It was great to hear about the work that is being done globally by librarians to advocate for open access to scholarly research outputs, and locally through our own Open Access Australasia Group. Initiatives such as Plan S in Europe (<https://www.coalition-s.org/>) and the UNESCO Recommendation on Open Science (<https://en.unesco.org/science-sustainable-future/open-science/recommendation>), along with the statement from the US White House in support of government funded research being openly available, are testament to the power of advocacy. I eagerly await the next announcement from Dr Cathy Foley, the Chief Scientist for Australia, on her recommendations for open access to research outputs in Australia. All of this gives me pause to wonder how the shift from "Pay to view" to "Pay to Publish" will impact on our researchers and on our subscription costs.

It was inspiring to hear about the many initiatives within and outside of libraries to support consumer digital health literacy, something that I perhaps take for granted as someone who is skilled in seeking and finding information. I was particularly intrigued to hear about the behind the scenes work at Health Direct Australia via the Australian Health Thesaurus to ensure content on the site is easily discoverable. I use websites so often without giving any thought to how they are constructed although I can certainly be critical when they don't work as I think they should. The work done on search engine maximisation to push Health Direct up the list of results in common search engines was a good reminder to me to be conscious of this when undertaking literature searches for clients on the web. Search engine maximisation for some sites can push relevant results further down a list of results.

The presentation on the Monash Health Library where staff spoke of the Library as providing a sense of sanctuary for clinicians and a clear role in supporting client well-being really resonated with me. With so many of our services rightly online it is nevertheless important not to lose sight of this "other" role that libraries have a place and space away from the busy clinical setting. Given that library spaces are often under threat this dovetailed nicely with the presentation on measuring the impact on a hospital library service which reminded us of the importance of evidence based advocacy for library services through the regular collection of data and feedback on all aspects of library services.

David Wong-See: It was a very interesting presentation by Ginny Barbour about open access and impressive to have someone like her agree to be at our conference. Also it was generous of her to stay after her address and participate and chat with the delegates. James Hummfray's presentation was also interesting and he also stayed to participate and chat.

Other observations

* It was a balanced mix of presentations from the various parts of Australia, not only the various states, but also a mix from regional areas plus capital cities.

* It was affirming to hear that other libraries are also moving more and more to digital – with less emphasis on the print collection.

* The systematic review workshop by Leila Mohammadi helped me to realise how much I do not know about systematic reviews. And also how important the planning is at the very beginning to help with rest of the tasks.

* I realised that the lecture rooms had a monitor at the lectern – which meant the presenter could extend the display to use 2 screens. The display on the laptop can used in the background to prepare , logon, move etc. And then the PowerPoint could be dragged across when it was time to present – which is much more professional than the whole audience watching all the preparation.

Jennifer Nielsen: First and foremost, it was great to meet in person. Zoom has its place, but ...

The theme was Transformation, and the breadth of presentations was super. My take home favourites were Ginny Barbour's keynote presentation on scholarly communication and open access (OA), Alice Anderson's reimagining library spaces, Monash Health's overview of their state-wide library services, and who could go past the very memorable Great Debate!

Having worked for 6 years in a NSW hospital and health service, it was great seeing so many familiar faces; the various 'minglings' before, during and after the sessions was like a homecoming. Oh my, the food was plentiful and yummy. The other pleasant meeting was with the various vendors, some of whom we already work with and were able to put a face to the name, some we know (face and name) and some totally new (to me).

Ginny's presentation gave international background to the concept of OA (with a Creative Commons licence), connecting the UNESCO recommendations on Open Science, the Open Climate campaign, and policies in Australia and New Zealand. Open Access Australasia has run OA 101 courses for its members, and given the queries from those present, she offered to go back and see if something similar could be done for librarians.

Alice's presentation on library spaces put some 'absolutely' as well as some non-intuitive (for me) ideas on the redesign table. The library should be the heart of the hospital. Growth in digital services is a good reason for redesign and use the book bays as sound buffers around study nooks. Talk about it; design it; apply for it. Keeping this presentation in mind, it was interesting seeing Westmead Hospital

library's redesign. My memories of Westmead library was 20 years old, so I enjoyed seeing its light and bright make-over.

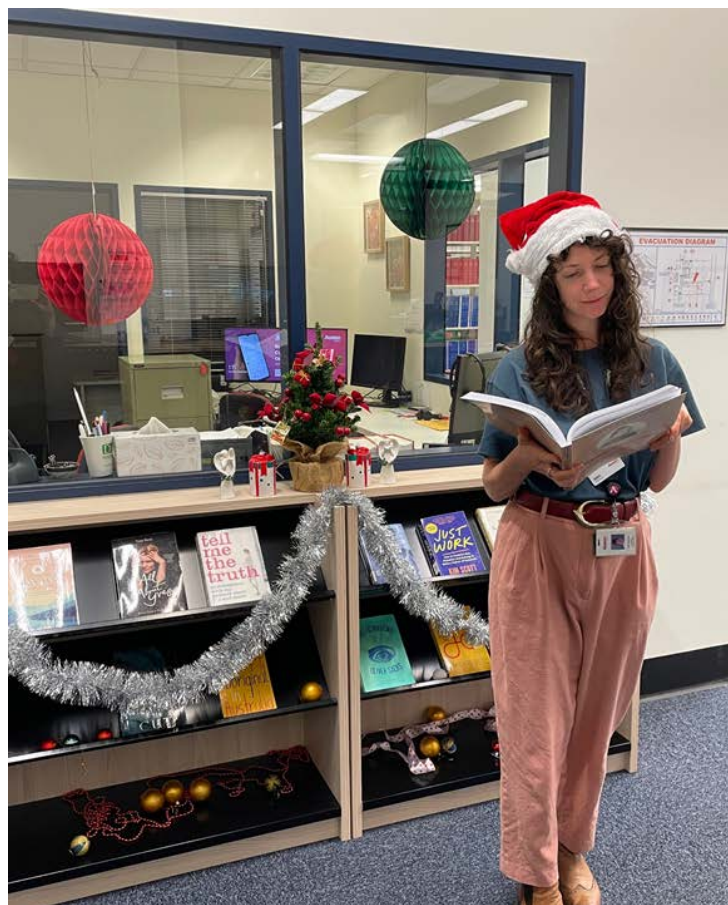
Monash Health has some similarities to Queensland Health so I was keen to hear their presentation. There are 5 campuses, and no print journals. The directories of OA ejournals and ebooks are included in their catalogues, which helps bulk up their collection. They are not afraid of borrowing ideas from public libraries, e.g. they use stickers on spines of physical books to indicate they are also available as ebooks. (Westmead has shelves specifically for 'popular' titles.)

The Great Debate was competitive and fun. The topic print vs ebooks, and the audience got to vote for their choice of winning teams. And the winner ... Print can coexist with ebooks!

Oh, did I mention the food ... ?

Australian Health Library Christmas Decorations

Austin Health Sciences Library



Cairns Hospital Library and Knowledge Centre



Clayton Willington Library, Central Gippsland Health



Canberra Health Services Library



Southwest Healthcare Library



Health Library Staff Member Spotlight

Natasha Bradley

Director, Library and Information Literacy Services – Northern Health (VIC)

Natasha.Bradley@nh.org.au

When did you first start working in a health library?

My first health library role started in 2013, which coincidentally was my first library role ever. I loved every moment of it and am eternally grateful to my first manager for taking a chance on me.

What was your previous employment background, prior to health libraries?

My first career was a digital producer and website manager. I learned so many relevant skills for libraries, information presentation and management through my first career working experiences.

How do you describe your current position?

I am the Director - Library and Information Literacy Services for Northern Health. This role involves leadership of a team of passionate information professionals; promotion of library services to the wider organisation through multiple channels; strategic leadership of library services and resources to deliver to NH organisational goals; and delivery of education, training and resources that support health information literacy for NH staff and students.

What do you find most interesting about your current position?

The whole thing - there are so many opportunities to continually improve and refine as an information professional, a leader and an individual. No two days are ever the same and I'm continually excited by how the library can evolve and expand our support of Northern Health. There are opportunities everywhere, which I find very motivating.

What has been your biggest professional challenge?

I think my current role and my move across to hospital libraries, as distinct from health libraries in other settings would be the biggest professional challenge of recent times. I am delighted to have had this opportunity and I am still in a very active learning phase, there is so much to know and master in health libraries. As a leader, there is also always more to learn and the Director aspect of my work offers a lot of scope for professional growth and development.

What would you do if you were not a health librarian?

Ummmm, I'm going to assume I can still be a librarian. So I would hope to continue my librarian work in a different aspect of libraries. I'm most curious about State Libraries so perhaps I'd try and work in that setting.

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

Questions abound around how we should best qualify and acknowledge librarians as a profession; integration of classic evidence-based health literature sources (journals, bibliographic databases etc) with a changed user information seeking landscape (ie: search engines – general and academic); and the continual challenge of communicating library value and contributions to the health organisations we are part of along with positioning our libraries for growth as our organisations grow.

What is your greatest achievement?

I am passionate about library outreach and I'm most proud of my contribution to the Dementia Australia Library Popup libraries, which grew from one pilot site to an active service across Victoria. It was so exciting to see library resources become available to a broader audience on a regular basis.

Do you have a favourite website or blog?

At one point in time I would have nominated Twitter, which I still find useful for brief library updates from health libraries and libraries of other types, however as Twitter is experiencing changes at present, it is unclear whether this will remain my preferred forum for general library news and views.

What is your favourite non-work activity?

Aside from spending time with my family, I continue to practice my skills as an equestrian. Still so much to learn about horses and horsemanship.

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

Whilst you may think you know which library sector interests you, I urge you to spend some time in other sectors. Each has its own challenges and much can be learned from working in each setting. The experience gained can be repurposed to health library settings, I regularly find my knowledge of secondary and tertiary education libraries informs my thinking and decision-making in my hospital library. All experience give us something worthwhile.



Sponsored Content: Seven Benefits of Employing Dynamic Health in Clinical Settings

Editor's note: Health Libraries Australia receives sponsorship from vendors for various activities it undertakes, including JoHILA. Sponsorship helps to offset the sundry costs associated with hosting and maintaining the journal. Opportunity is made available for a sponsor to share with the readership information that may be of interest or relevance. As with conference presentations and the like this content is provided independently by the sponsor and Health Libraries Australia is not endorsing any particular company or product.

Dynamic Health™, from EBSCO Information Services, is an evidence-based clinical decision support resource designed for quick retrieval of diagnosis and treatment information at the point of patient care. The resource is categorised as point of care tools (PoC). The Dahlgren Memorial Library defines PoC tools as those research and reference resources that a clinician can utilise immediately at the PoC with a patient. They are often built to be easy to use and contain filtered information, curated and maintained by experts. Most of the evidence-based PoC tools include levels of evidence, rating scales or grade recommendations as well as citations back to the original research studies, systematic reviews, or guidelines. Dynamic Health was created to synthesise and evaluate relevant evidence from the most current clinical literature and provide detailed summaries on a wide range of conditions and interventions.

From our end users (clinicians/healthcare professionals), we have captured seven key benefits of employing Dynamic Health in their clinical settings. Those are: clinical utility; functionality, usability and efficiency; impact on clinician-patient interaction; reliability; incorporation into EMR; tailored implementation and system quality improvement.

1. Clinical utility

Many users felt that Dynamic Health was useful for supporting clinical decision-making and standardising patient care. Clinicians were eager to continue using the tools in clinical practice and would recommend the tool to colleagues. The role of Dynamic Health in facilitating communication between clinicians was also noted. Clinicians also reported improved knowledge, confidence and attention to clinical issues as well as reduced mistakes with use of the tools.

2. Functionality, usability and efficiency

Most clinicians found that Dynamic Health was easy to use with an intuitive design and organised format. Increased user confidence and satisfaction was often reported with increased experience and familiarity with the tools. Automated features and interactivity within computer-based systems were generally found to enhance the user experience.

3 Impact on clinician-patient interaction

Users frequently commented on the impact of the use of Dynamic Health on the clinician-patient interaction. Many felt that the tool facilitated shared decision-making with their patients and promoted collaboration and personalised care. In some cases, tools were found to aid patient understanding and increase trust in management decisions.

4. Reliability

Upon analysis of the users' perceptions of the reliability of Dynamic Health, it was found that many felt that the tools provided trustworthy decision support and valued the evidence-based appraisal methodology and continually updated tool content.

5. Incorporation into EMR

Users appreciated the ease of Dynamic Health accessibility through the EMR as well as the efficiency of the auto-population of predictor variables within this system.

6. Tailored implementation

Feedback identified the influence of clinical environment, workflow and culture on PoC uptake. Users suggested that tailoring tools, such as Dynamic Health, to specific clinical roles or settings would assist in accommodating PoC in different contexts. One user highlighted the importance of multidisciplinary buy-in and the facilitation of inter-departmental concordance for the successful implementation of their facility PoC tool.

7. System quality improvement

The importance of system usability testing to inform Dynamic Health development and modification was highlighted by users, as they noted the benefit of the tool's inbuilt user feedback dashboard in guiding re-iteration and refinement of the system.

Dynamic Health Functions

- Mobile app (offline content access, voice activation-hands free topic search)
- Diseases & Conditions (A-Z diseases & conditions indicate Adult or Pediatric clarification)
- Signs & Symptoms (categorized using different biological system, indication of newborn, infant and adolescent)

- Tests & Labs (image, lab tests, assessment and diagnostic procedures with image and videos)
- Care Interventions (22 specialists, including Wound Care: supplies, step by step guidance of each individual procedures and pre-post procedures)
- Skills (Transcultural Care, Patient Instructions and Your Workplace modification also available via Dynamic Health)
- Drug Guide (powered by David's Drug Guide for Nurses with patient teaching information)
- Patient Handout (with both conditions and disease, plus tests information)

Other functions such as geriatric patient teaching guide, CPD accumulation and online editorial/research team interaction also available via Dynamic Health.

You can find more information about Dynamic Health by visiting:

<https://www.ebsco.com/health-care/products/dynamic-health>

Sponsored Content: Solutions for government agencies and funding bodies that span the entire research lifecycle



What do the Centers for Disease Control and Prevention, the US Department of Defense, UK Research and Innovation, the Health Research Alliance, and the Fight for Sight charity have in common?

They all trust and use **Digital Science** to provide a range of versatile solutions suited to their research management needs.

Hundreds of government agencies and funders around the world are currently using Digital Science's data, tools, software, and expertise. That's because Digital Science and our many portfolios cover all stages of the research lifecycle - from ideas and planning, to funding and support, to experimentation, discovery, and dissemination of research outcomes.

Digital Science brings together world-leading software and tools, and configurable data, with technical expertise and a deep understanding of how the research ecosystem works to support government and funding organisations around the world in achieving their missions.

Our company is founded by researchers; we know what it's like to work in labs, to pursue ideas, to seek funding, and to create and share new knowledge with the world. We also understand how and why government agencies and funding bodies operate, and how critical that is to the communities they serve.

We make it our business to help researchers, institutions, governments and funders because we believe research is the single most powerful transformational force for the long-term improvement of society.

Our solutions can assist you with:

- Compliance with open data policies, such as the National Health and Medical Research Council's (NHMRC) Open Access Policy, and the White House Office of Science and Technology Policy (OSTP) or Nelson Memo
- Making strategic, data-driven R&D decisions
- Finding experts and reviewers
- Ensuring grant funding is strategic, targeted and impactful
- Demonstrating, understanding, and increasing public engagement.

We provide:

- Configurable and integrated data, software, tools, and expertise to meet your needs
- Portfolio of data, software, and analytical services capabilities serving millions of researchers and thousands of organisations globally
- Global data, enriched and interlinked
- Configurable solutions to efficiently manage and curate data about your most important assets.

Our team of experts can assist with any type of custom analysis - from horizon scanning to topic modelling, program evaluation, to portfolio analysis, including automated reporting and enrichments to your existing data, classification and coding. Our support comes in many forms, from one-off analysis to onsite support for your teams.

Trusted by hundreds of government agencies and research labs, including:



Hundreds of funders trust our products and services, including:



Digital Science provides configurable solutions to efficiently manage and curate data about your most important assets – staff, experts, facilities and equipment, and awardees. We make it easy to combine your internal data with global data from us and others, to maintain a complete picture of your institution that can be used internally, and shared and promoted externally.

Our tools are innovative and interoperable, supporting your research and research management at every stage.

The Digital Science portfolio includes:



Dimensions is a modern, innovative, linked-research-knowledge system that re-imagines discovery and access to research. Developed in collaboration with over 100 research organisations around the world, Dimensions brings together grants, publications, citations, alternative metrics, clinical trials, patents and datasets. Dimensions' platform provides insights to inform future strategy.



Altmetric is a leading provider of research metrics, helping everyone involved in research gauge the impact of their work. Altmetric serves universities, institutions, government, publishers, corporations, and funding bodies. Its powerful technology searches thousands of online sources, revealing where research is being shared and discussed.



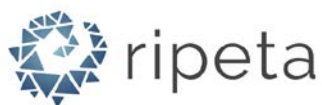
A world leader in digital infrastructure that supports open research, Figshare enables all types of research data to be shared and showcased in a FAIR way while giving researchers the credit they deserve. Their outputs become more discoverable and impactful, with search engine indexing and usage metrics, including citations and altmetrics.



Symplectic Elements is a highly configurable research management system which ingests data from multiple sources to build a truly comprehensive picture of organisational activities (such as funding and project information) and outputs (including publications and datasets). Institutions, departments and research organisations can reduce administrative burden, derive powerful new insights, and showcase the real-world impact of research.



Symplectic Grant Tracker delivers effective, impactful grants management for research funding organisations. With 15+ years of streamlining the management and administration of grant-making, Grant Tracker specialises in empowering mission-driven organisations to make strategic funding decisions. Designed from the outset to meet research funding needs, Grant Tracker includes features to assist applicants, reviewers, committees and funders, and help them to work efficiently and effectively.



Ripeta (the Italian word for "repeat") – a company formed to improve scientific research quality and reproducibility – is dedicated to supporting and building trust in science. Ripeta leads efforts in automating quality checks of research manuscripts.

Find out more about how Digital Science can help you today: www.digital-science.com

