



JOHILA

Journal of Health Information and Libraries Australasia

Volume 4, Issue 1, April 2023

Table of Contents

EDITORIAL

Medical College Accreditation Project	Daniel McDonald	2-3
---------------------------------------	-----------------	-----

NEWS

Convenor's Focus	Gemma Siemensma	4-5
------------------	-----------------	-----

ARTICLES

Tech Showdown – Canva vs MS Sway	Cassandra Gorton	6-8
Bibliometric Analysis of Dental Informatics via Pubmed	Cameron P Smith, Shahrukh Khan, Silvana S Bettiol	9-27
Browser Extensions for the Stretched Health Librarian	Rob Penfold	28-33
Lismore, Floods, and Renewal	Lynette Frazer	34-39
Twilight Talks: engaging health consumers with public lectures	Daniel McDonald, Sheree Conroy	40-48

MEMBER SPOTLIGHT

Yacca Library, North West Hospital and Health Service	Keith Stalling	49-52
---	----------------	-------

Editorial – Medical College Accreditation Project

Daniel McDonald

Librarian, Darling Downs Health | Editor, JoHILA

HLAnewsed@alia.org.au | <https://orcid.org/0000-0001-8385-3671>

Hmmm... What to write about in an editorial? I could highlight the excellent articles in this issue, but their quality speaks for themselves, and they don't need my further commentary. It is best just to read them.

I could highlight different aspects of the journal itself, but there will be a presentation about JoHILA at the imminent [Asia-Pacific Health, Law, and Special Libraries Conference](#), which I'm sure all readers will be attending.

I could talk about all of the great new wonderful innovations swirling about health librarianship, but maybe it is best to leave some powder dry for the [Health Libraries Australia conference](#) in Melbourne in October, which I'm sure all readers will be attending.

I could write a jeremiad lamenting all of the woe artificial intelligence will bring, or I could write effusive praise for all of the improvements artificial intelligence will bring, or I could write an honest confessional inferring that I have no idea what to think about artificial intelligence, apart from the fact that the "artificial" should be emphasised every bit as much as the "intelligence". But think pieces on AI abound at the moment, and maybe some of them are even written by actual fingers on a keyboard. Better to read much more intelligent people in much more prestigious journals, like [this piece](#) from JAMA, or [this piece](#) from the New England Journal of Medicine. Or attend the professional development event hosted by Health Libraries Australia, [AI Tools for Information Professionals](#).

I could write about "Succession" and the poisoned well it depicts when media companies flood public discourse with misinformation and disinformation. But, honestly, I'm not sure any of us want to spend more time with these brutal and depressing characters.

I could write about facts, and their importance, and how they are celebrated and even glorified at trivia nights, including the one my team attends each Thursday night, where two weeks ago we started modestly with 9 points, but then scored two perfect rounds of 12 points, one of which we had chosen beforehand to double, scored three points in a bonus quiz, finished with rounds of 9, 10, and 11, resulting in a team record 78 points... and still only finished second. So too soon to delve any further into why we knew Mount Erebus was on the continent of Antarctica, but answered Europe.

I could indulge my shadow pretend alternative career as a sports writer, and describe the best finish to a basketball game I have ever seen, where a week ago the underdog Miami Heat were down 2 points with 3 seconds to go but were awarded 2 free throws which was then upgraded to 3 free throws and they made all 3 free throws which put them 1 point up with 3 seconds to go, with a victory ensuring their progression to the finals, whereupon the Boston Celtics inbounded the ball and immediately hoisted a three point shot which rattled around the hoop and bounced out, only for the inbounding Celtic player to rebound the ball and lay it in as time expired, winning by 1 point the most improbable of matches and tying the series 3-3. But the links to health librarianship are very tenuous. And besides, the sporting event we should all be focused on is the imminent FIFA women's world cup, where we can all pay due deference to our true sovereign, Sam Kerr.

Actually, what is most worthy of attention, and is far more important than TV finales or basketball finals, is the work being undertaken to demonstrate the important role health libraries play in Australian medical training programs. [Here](#) you will find an overview of the medical colleges and associations which have medical training programs with specific library requirements highlighted. Based on a review of documents with inconsistency and vague terminology, the below benchmark statement covers off requirements that Colleges and Associations should include as they update their accreditation requirements. HLA endorses the following Recommendations:

There is access to a curated collection of high-quality information via a health library with online access appropriately configured for physician training.

The health library is staffed by qualified librarians with expertise in literature searching and research practices who provide training and individualised support to trainees undertaking research.

The site shall provide access to a physical health library space with current and relevant resources, study space and computing facilities equipped with supportive software for research.

Convenor's Focus | April 2023

Gemma Siemensma

Library Manager, Grampians Health | HLA Convenor

Gemma.Siemensma@bhs.org.au | <https://orcid.org/0000-0002-2817-1528>

It's amazing how quickly time passes. I know from chatting with HLA members that workloads have increased and libraries seem to be busier than ever before. It highlights just how important health libraries are and how the various roles and activities undertaken support organisations and their information governance needs.

At HLA we have had some changes. After many years of involvement Ann Ritchie has stepped off the HLA Committee to pursue other interests. Ann has held several roles at HLA including Convenor and National Manager. We cannot thank Ann enough for her time and enthusiasm, and all she has given over many years. Her passion for health libraries is embedded within HLA and we hope to continue much of the work Ann pioneered. Thankfully Ann won't be too far away and is willing to be pestered still when needed!

We are excited to welcome Michele Gaca to the role of HLA National Manager. Michele has worked in health libraries for many years and is ready to hit the ground running on some HLA projects. This includes some work on strengthening NSQHS accreditation for hospital libraries and work around the HLA guidelines. Welcome aboard Michele!

The Global HIDDIN Workforce Census will be run again soon. The Census aims to capture the data about the specialist digital health workforce, including health librarians. This is vital to ensure we are counted as part of the Health Information Workforce. When released please take the time to fill it in and be counted. Together we are stronger and we can demonstrate this through research such as the Census.

HLA is committed to supporting ongoing Professional Development. Many online sessions have already taken place but more are coming. Pop these dates in your diaries and register now:

June 13-15: Asia-Pacific Health, Law and Special Libraries Conference - https://www.alia.org.au/Web/Web/Events/Event_Display.aspx?EventKey=HLSC
(Held over 3 lunchtimes – packed full of health content)

June 21: Visual design made easy (with Canva) - <https://hla.alia.org.au/visual-design-made-easy-with-canva/>

July 25: AI Tools for Information Professionals - <https://hla.alia.org.au/ai-tools-for-information-professionals/>

Aug 2: An introduction to measuring research impact: how and why we use social media to increase research impact - <https://hla.alia.org.au/an-introduction-to-measuring-research-impact-how-and-why-we-use-social-media-to-increase-research-impact-02-aug-23/>

Aug 15: Automation Tool Workshop: Improving the speed of designing and writing a systematic review - <https://hla.alia.org.au/improving-the-speed-of-designing-and-writing-a-systematic-review-may-aug-2023/>

October 19-20: HLA/HLi Joint Conference (Face to Face in Melbourne): <https://hla.alia.org.au/call-for-abstracts-hla-hli-joint-conference/>
(***Abstract submission open***)

See you online or face to face soon!

Gemma

Tech Showdown – Canva vs MS Sway

Cassandra Gorton

Manager, Access & Discovery | Monash Health

Cassandra.Gorton@monashhealth.org | <https://orcid.org/0000-0002-7438-8218>

Tech Showdown is a 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.

Promotions and marketing are core components of library services. Posters, brochures, and social media posts can be an effective means of promoting our services, resources, and expertise, but snazzy graphic design skills aren't taught in library school. Furthermore, as a society, we've moved away from Word Art and comic sans. These design choices stopped being chic the moment Clippy, the helpful paperclip, tearfully left Word, and our lives.

So how can we create stylish and inviting promotional materials that reflect our modern services?

In the blue corner, we have Canva, the red corner, we have MS Sway. If you haven't heard of Canva before, I can only assume you've been living under a rock. Essentially, it is an online tool used to create appealing graphic designs based on templates, but what about Microsoft's design competitor, MS Sway? Sway is more limited with its design outputs, which are called 'Sways', but perhaps it's simpler to use? Let's compare the two in detail before you sign up for an account.

Round 1: Features

Canva:

- Thousands of editable templates based on style, format, size, or medium.
- Export to PNG, JPG, PDF, GIF, MP4.
- Upload an existing design to edit.
- Recommended complementary colours – a boon for the colour blind!
- New AI features, including the Magic Replace tool, a copywriter that can generate text from a prompt, a translator, and a Magic Design tool, which can create personalised templates based on an uploaded image.

MS Sway:

- Few templates. The existing offerings are text-orientated and limited to newsletters, presentations, portfolios, and blogs.
- Export a Sway to Word or PDF.

- Add content directly from your OneDrive, SharePoint, Power BI.
- A 'remix' feature which randomly picks a colour for the style. My first 'remix' chose an especially lurid Barbie hot pink colour.
- Curated styles are available but look dated.
- Embed easily into an email – see a snapshot of the Sway and click on the link to view online.
- Generate content from Wikipedia. Auto insert text and images from Wikipedia based on a topic. I started with the suggested 'Dinosaur' topic and MS Sway pulled in images of birds.

Winner – Canva, of course. With thousands of templates, you're bound to find one that fits your audience and is visually appealing.

Round 2: Ease of Use

Canva:

- What you see is what you get. You're able to edit a template directly and it will be the exact same as what you print out.
- New AI features make creating a design easier than ever before. I wanted a particular image of strawberries in a glass bowl, and instead of trawling Google Images for something that might match but have dubious copyright or quality, Canva generated one for me.

MS Sway:

- Your text and image inputs are not in the same area. You need to switch between Storyline (editing) view and Design view to check if the changes you've made look as you intended them too.
- MS Sway claims to be interactive. The only evidence I can see of that is when you view a Sway, the text appears with an animation.
- Most importantly, using MS Sway doesn't feel fun. It feels like doing work, perhaps because it has that distinct Microsoft suite look. Using Canva feels like an explosion of creativity. It's very easy to get caught up in Canva for hours.

Winner – Canva again! Switching between two views continuously in MS Sway is tiresome.

Round 3: Price

Canva:

- The free version of Canva includes access to thousands of designs and templates, but there will be the occasional one that you need to pay for, if you decide to use it.
- The Pro version of Canva is \$164.99 per person per year. It includes access to additional templates and images, the Brand Kit, where you can upload your logo and colours, and Magic Resize, the option to change the size of your design instantly.

MS Sway:

- MS Sway is available with Office 365 subscriptions, which is great if you have it available through your workplace. If not, it will set you back \$139.00 per person per year.

Winner – Canva. The free version of Canva is still extremely useful.

Winner

I will declare my conflict of interest and state that I have been a Canva user since 2016. Although I may have a little bias toward Canva, I was interested to see Microsoft's competitor. Unfortunately, it had little to offer that was relevant and exciting. Bring back Clippy.

ALIA HLA is offering training sessions on using Canva. Register [here](#).

Bibliometric Analysis of Dental Informatics via Pubmed

Cameron P Smith

Tasmanian School of Medicine, College of Health and Medicine, University of Tasmania, Hobart, Tasmania

cpsmith0@utas.edu.au

Mr Cameron Smith obtained a combined undergraduate degree in Business and Science and completed a Master of Public Health in 2019 at the University of Tasmania. During his master's program, he conducted a research thesis under the supervision of Dr Silvana Bettiol in dental health informatics. After graduation, Cameron joined the Tasmanian Department of Education. Currently, he is pursuing his Master of Education degree.

Shahrukh Khan

Melbourne Dental School, The University of Melbourne, Melbourne, Victoria

shah.khan@unimelb.edu.au | <https://orcid.org/0000-0002-6695-4013>

Dr Shahrukh Khan is a qualified dentist who obtained his PhD from the University of Tasmania in 2020. He completed a Graduate Diploma of Digital Health from the University of Melbourne in 2021. Dr Khan's work in the field of oral health in Australia has been instrumental in bringing attention to the challenges faced by rural and remote communities in accessing dental care services.

Silvana S Bettiol

Tasmanian School of Medicine, College of Health and Medicine, University of Tasmania, Hobart, Tasmania

s.bettiol@utas.edu.au | <https://orcid.org/0000-0002-4355-4498>

Dr Silvana Bettiol is a Senior Lecturer and researcher in public health and communicable disease at the University of Tasmania. With 30 years experience in teaching and learning and pedagogy development, she has demonstrated a strong commitment to education and advancing knowledge in her field. Her current research interests focus on the social determinants of health and advocates for policy and practice changes in dental public health and community health.

Acknowledgements: We thank the Tasmanian School of Medicine, Master of public health team members for their valuable feedback.

Statement of Conflicts of Interest: The authors declare no conflicts of interest.

Funding Source: Not funded externally.

Key words: dental informatics, health informatics, bibliometric analysis

Abstract

Introduction: This study examines the main characteristics of dental informatics research using bibliometric analysis of articles in the online journal database PubMed, to identify the main trends of research in dental informatics. The study aims to identify trends, geographic distribution of papers and authors, rates of collaboration, and performances of journals and institutions.

Methods: Information on dental informatics was extracted solely from the PubMed online journal database from January 1989 to September 2019. A three-phase search approach was employed. Bibliometrics was used to examine the growth and progress of dental informatics over time.

Results: A total of $n=236$ papers on dental informatics were identified, with an average of 7.9 papers per year. The trend of papers published increased over time with 41 countries represented in this study. There were only 15 countries which had 10 or more representatives, seven of which came from Europe. North America produced the most research in dental informatics, with 149 paper affiliations and ten were cross regional, in 61% of the total papers.

Discussion: The topic of dental informatics began in the mid to late 1980s, with the most productive years in the last decade, reaching a high point in the mid 2010s. There was a low level of international collaboration, and few conducted across different continents.

Conclusion: There is steady increase in the pace of research in dental informatics, with growing interest in exploring various implementation methods. Collaboration has become a product of a globalised world, with the potential to share data and exchange ideas using cutting-edge technologies. As these trends continue, the field of dental informatics may see further growth and development, with more technology available to provide communication and share data points and methods becoming widespread.

Introduction

The recent advances in computing have given rise to the discipline of health informatics and health information technology (HIT) that has grown steadily over the past few decades, coinciding with the vast increase in power that computing has been able to achieve in a relatively short amount of time (Eysenbach, 2000; Gandhi, Khanna & Ramaswamy, 2016). The literature indicates there is a great and growing diversity in sub-disciplines of health informatics, including medical informatics and clinical informatics.

One of the more recent areas of technology integration in healthcare has come in dentistry. Progress in dentistry relies heavily on progress in information technology. The term "dental informatics" was coined by Zimmerman et al., in 1968. Dental informatics is a subfield of health informatics that focuses on the application of computer and information science to improve dental care, research, education, and management (Chhabra et al., 2016). It encompasses a wide range of areas, including electronic health records, clinical decision support systems, telemedicine, imaging technologies, and data analytics. By leveraging technology and data, dental informatics seeks to improve patient outcomes, enhance the efficiency and effectiveness of dental practices, and advance the field of dentistry as a whole. Among the more recent breakthroughs in dental informatics are diagnostic tools, computer-aided design and manufacturing, digital acquisition of 2D or 3D images, and computer-assisted surgery (Islam et al., 2018; Schleyer, 2003; Benoit et al., 2022). Due to the high importance of dental health, there is a constant need to improve patient care, as well as training and education for future dental practitioners (Masic 2012).

With the progress of IT has come a reduction in the size of medical devices, as increased power has also coincided with a decrease in computer size (Hovenga et al., 2010). Many computing advances have been made over the last decade, with the technological landscape now being dominated by both user-carried smart devices, as well as non-invasive implantable devices (Hovenga et al., 2010). Similarly, during the COVID-19 pandemic, there was a growing realisation of the potential usefulness of Information Technology (IT) tools in providing remote clinical services and educating patients, where appropriate (Golinelli et al., 2020). This was also seen in dentistry, where there was a changing view of the workforce during the pandemic as dental health practitioners contributed to the public health practice of testing, monitoring, tracking cases and staffing in healthcare services. It was also an opportunity to reflect on competencies of dental practitioners in the HIT and the interoperability of electronic medical and dental records (London & Boroumand, 2022).

Currently, the most used technology is electronic patient records. Maintaining accurate records is a vital responsibility from both a professional and legal standpoint. Nevertheless, investigations globally demonstrate that standard requirements for clinical record keeping face barriers, including countries and regions such as the UK, Australia, and Scandinavia (Sittig et al., 2020; Sheikh et al., 2021; Rexhepi et al., 2021). Any application of dental informatics should prove its practical value by enhancing the standard of care and accessibility, improving management, promoting efficiency and safety, empowering and enabling patients, facilitating medical research, and promoting sustainability.

Healthcare in itself is a highly resource heavy sector, and due to its importance, there is a constant need for the resources to be available for use (Grosskopf et al., 2006).

There is also a large amount of waste produced from healthcare, most of which comes from either single use objects or hazardous medical waste (Kane et al., 2018). With the steady push for more sustainable healthcare measures as guided by the United Nations' sustainable development goals (SDG) the integration of digital technologies to limit the amount of resources needed by healthcare sectors, including dental care (McCombs & Darby, 2010; Singaraju et al., 2012; Khanna et al., 2022) is evident and supported by the World Dental Federation (FDI). The economic, social and ecological imperative at the heart of innovation is fundamental to societal transformation which support the SDG.

It is important to identify where the primary research is being conducted in the rapidly growing field of dental informatics (Masic, 2012; van Noort, 2012). Research into the current and potential impacts of health informatics has gained significant interest, exploring the history and limitations of the field prior to the digital age. With the emergence of digital technology, there is vast potential in health informatics to not only improve human health but also reduce the environmental impact of healthcare services through minimizing carbon footprints and resource consumption. Despite the documented uses of informatics in other areas of healthcare, there appears to be a scarcity of research on dental informatics, highlighting the need for more investigation in this domain.

This study adopts a bibliometric analysis in order to map out the knowledge structure of health informatics research, a technique proven to be valuable in the evaluation of social science research performance (Van Rann, 2003). This paper also reports a historical review to trace back the evolution of the health informatics concept.

The study aims to provide an illustration and updated analysis of the research that has been conducted in the field of dental informatics, trends in publication, quality, and quantity. With this information we map and evaluate the relevant literature for the purpose of identifying potential research gaps, and knowledge base, exploring the forefront of trends in its development, and exhibiting the boundaries of existing academic work. PubMed was chosen for this source as it is an online literature database and source of information for scientific research spanning the field of biomedicine and health. The NCBI PubMed (Canese & Weis, 2013) database is very important in biomedical literature and data mining (Frisch et al., 2009; Rani et al., 2015). There are more than 35 million citations in PubMed®, representing the largest collection of biomedical literature (National Library of Medicine, n.d.)

We examine the main contributors to the research in terms of countries, institutions and individual authors of papers. Country-specific contributions, degree of local and international research and the impact of the published research. This is revealed by

the cooperation network among various countries, institutions and even individuals in the dental health informatics field.

Methods

Bibliometrics was used to examine the growth and progress of dental informatics over time. All data was extracted exclusively from the PubMed online journal database over a period of 20 years (Jan 1989 to September 2019).

The search was conducted in three phases:

Phase one

The first phase was the initial search for literature. The data were obtained through a keyword search of Dental Informatics and Mesh terms used included dental Informatics, economics, education, ethics history, instrumentation, legislation and jurisprudence, methods, organization and administration, standards, statistics and numerical data, and trends. As the main purpose of this study was to analyse the trends of dental informatics, this is determined as a sufficient method of data extraction. Articles were downloaded into an EndNote database, and then vetted for their relevancy within the study in the second phase.

Phase two

The second phase included vetting the articles for relevancy to the subject. This involved analysing the articles to determine their relevancy in the field of dental informatics. This was completed by reading the titles and abstracts of the articles, as well as analysing the keywords section for the mention of 'dental informatics'. Inclusion criteria considered were articles only in the English language and that they were submitted and uploaded to the PubMed database as late as September 2019.

Phase three

The third phase involved excluding publications from magazine articles, editorials, conference notes and other non-peer reviewed material. After this final stage, 236 articles were remaining for the examination.

All the data used for analysis was manually collected from the articles contained within PubMed. These articles were accessed in electronic form from PubMed, the publisher's database or through the University of Tasmania. Two databases were created in Microsoft Excel 2013 in congruence with the third vetting stage for articles which were entered into the study.

The first database contained information based on the articles overall general information, from which the following information was recorded:

- Author/s
- Year of publication

- Journal of publication
- Institution of research affiliation
- International collaboration
- Geographic region of author/s
- Number of contribution authors

The second database contained information about the contributing authors within the overall dataset, from which the following information was recorded:

- Author name
- Institutional affiliation
- Country
- Region
- Number of contributing articles

To ensure a succinct and accurate analysis, a coding scheme was developed for each of these factors. There were certain factors that did not necessarily need to be coded. For instance, the journal of publication is already listed, and thus could be easily analysed. These data were then coded manually and systematically. As listed above, each paper was given an individual entry into the first database, and then each author was given an individual entry into the second database, irrespective of whether they had authored multiple papers in the first database. This equated to 236 entries in database one, and 671 entries in database two.

For this study, the data within the two created datasets were analysed by using the same Microsoft Excel 2013 program. The two datasets were analysed in isolation of each other, with characteristics of both being compared throughout the analysis of the results in the following chapter. During the data analysis, tables and charts were developed using Excel to categorically illustrate the finding of the analysis.

Results

There was a total of $n=236$ papers on dental informatics in this study published between 1986-2018. Figure 1 shows the number of papers published by year. Overall, this is an average of 7.9 papers per year. The trend of papers has increased over time, with very slight increases in the first decade of its inception in scientific papers. Whilst there were a few outlier years where productivity doubled and tripled from the previous years, shown in the years 1999, 2002, 2003, 2007 and 2016, the level of output in journals was stable in the first 20 years.

North America produced the most research in dental informatics, with 149 paper affiliations (ten of which were cross regional), in 61% of the total papers. Table 1 shows the distribution of the 236 papers in relation to their regional affiliation. This also provided cross-regional partnership numbers and a total number of paper affiliations by region. Figure 2 shows the total distribution of papers produced by

regions over time. As exemplified by the North American and European regions, there is linear growth in the amount of research into dental informatics as time has progressed.

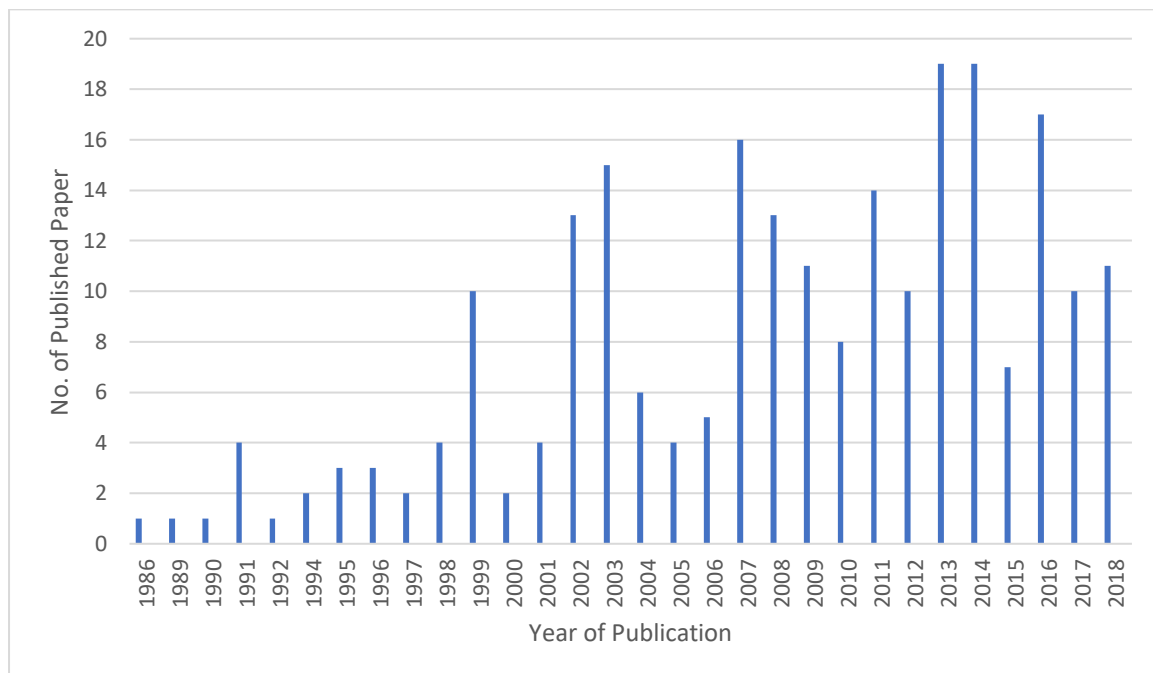


Figure 1: Time span of published papers.

Table 1: Top ten most published journals.

Ranking	Name of Journal Used	No. of papers	% of total papers
1	<i>Journal of Dental Education</i>	44	18.6%
2	<i>Journal of the American Dental Association</i>	17	7.20%
3	<i>Studies in Health Technologies and Informatics</i>	14	5.93%
4	<i>International Journal of Computerized Dentistry</i>	11	4.66%
5	<i>Advances in Dental Research</i>	8	3.39%
6	<i>British Dental Journal</i>	8	3.39%
7	<i>Dental Clinics of North America</i>	7	2.97%
8	<i>European Journal of Dental Education</i>	7	2.97%
9	<i>Journal of the American Medical Informatics Society</i>	6	2.54%
10	<i>American Journal of Orthodontics and Dentofacial Orthopedics</i>	4	1.70%

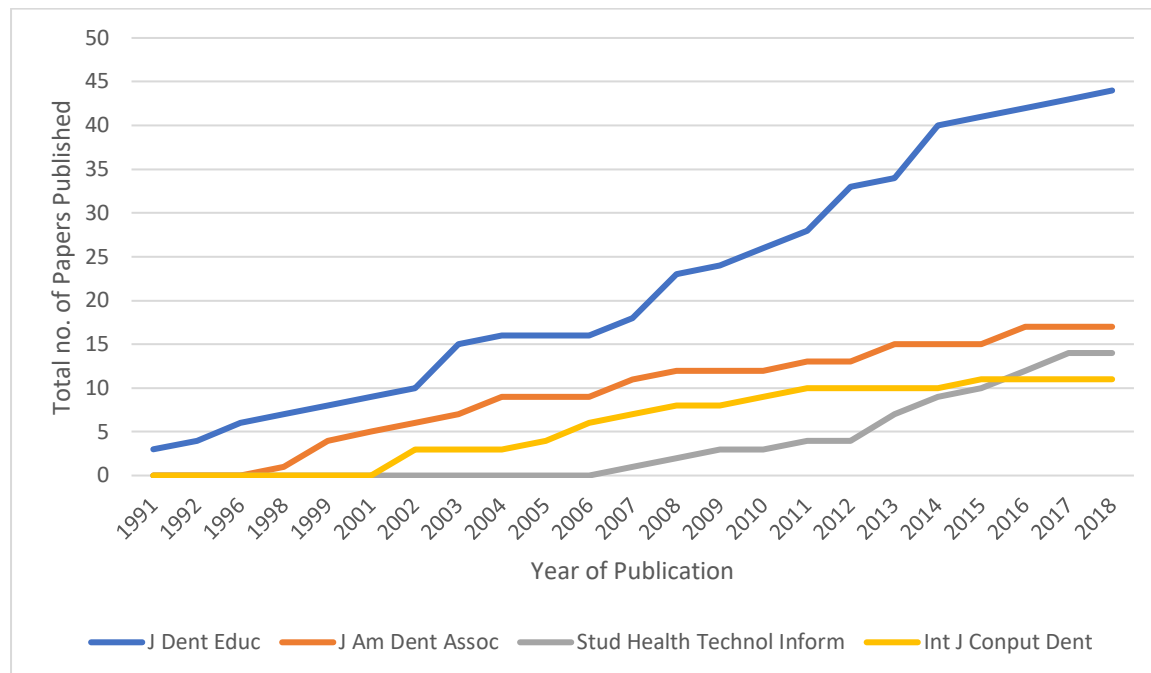


Figure 2: Total number of papers produce by Journal over time.

Table 2 illustrates further the amount of collaboration between institutes through the decades. This increased in the last decade compared to previous years, with an emphasis on cross institutional collaboration as opposed to working within the realms of a single institute. In terms of the number of authors on the papers themselves, there is a high level of colleague collaboration. Whilst the highest proportion of papers feature only one author, there are a large proportion of articles that featured two, three and four authors. Figure 3 shows the proportion of papers by the number of authors featured in the paper. Eight papers featured ten or more authors and one paper contained 26 individual authors.

Table 2: Top ten most productive countries by papers authors.

Ranking	Country	No. of papers	% of total papers
1	United States	144 (15)	61.2%
2	United Kingdom	18 (6)	7.63%
3	Germany	15 (6)	6.36%
4	Australia	8 (1)	3.39%
5	Brazil	8 (3)	3.39%
6	China	6 (3)	2.54%
7	Greece	6 (3)	2.54%
8	Italy	6 (5)	2.54%
9	Thailand	5 (1)	2.12%
10	Sweden	5 (2)	2.12%

Table 3: Distribution of papers by region

Region	No. Papers produced	No papers collaborated	Total paper affiliation	% Papers affiliated
Africa	2	1	3	1.22%
Asia	17	4	21	8.54%
Europe	47	11	58	23.6%
Middle East	4	-	4	1.63%
North America	139	10	149	60.6%
Oceania	7	1	8	3.25%
South America	8	3	11	4.47%

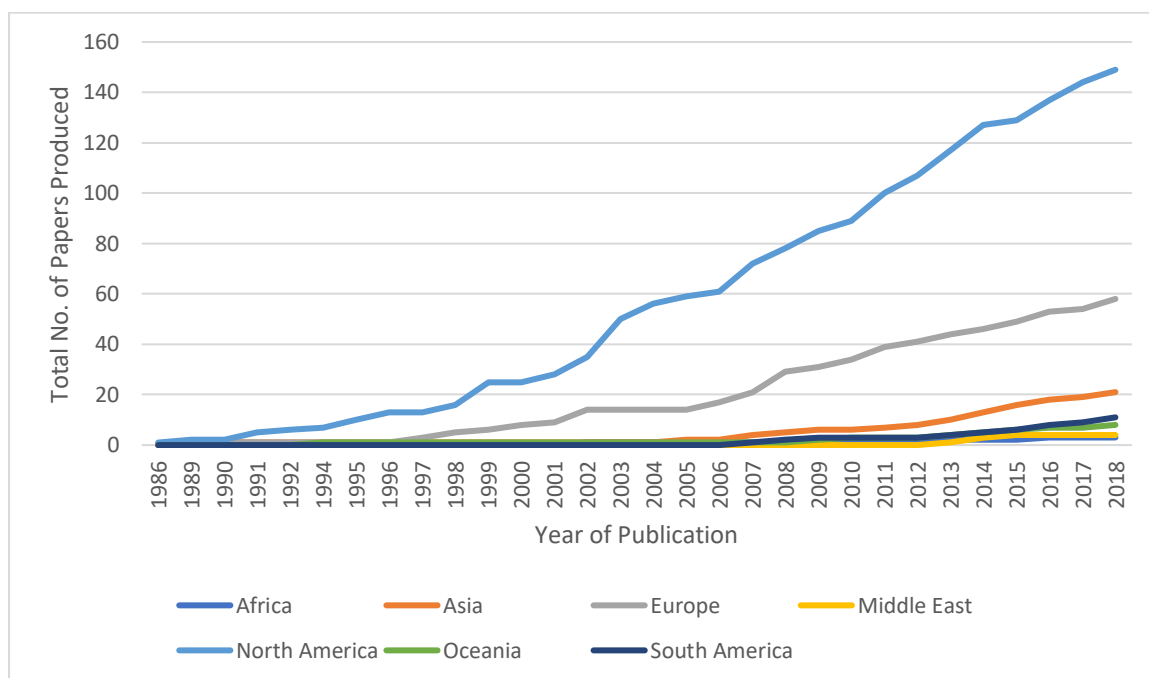


Figure 3: Total number of papers produced by region over time.

Of the 671 individual authors, almost half of them came from North America, with 320 (48.9%) coming from North American Institutions. There were 195 authors from European nations, and 80 from Asian nations (27.6% and 12.2% respectfully). Figure 4 shows the shows the total number of authors by region.

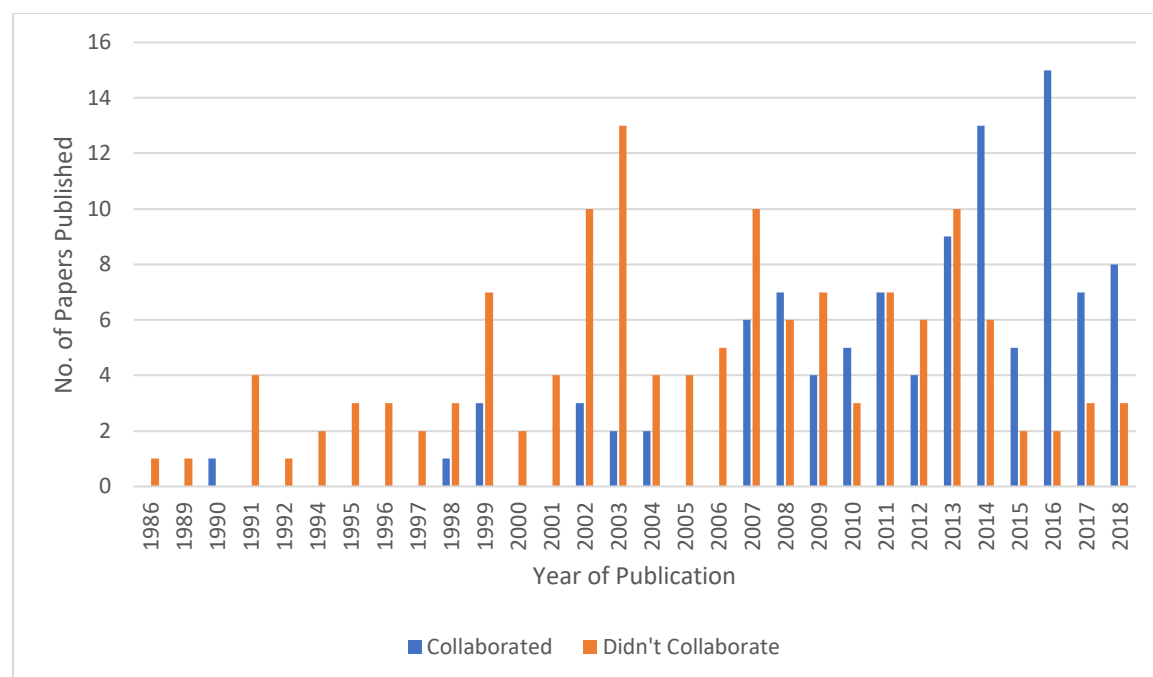


Figure 4: Number of papers produced over time, comparing levels of collaboration.

As mentioned in the previous section, there were 41 countries represented in this study. There were only 15 countries which had 10 or more representatives, seven of which came from Europe. Unsurprisingly, the United States had the highest number of authors, over 50, with 309 (46.1%) from this country. The other top five nations by representation were the only participants to have over 20 authors, with the UK (43), Germany (34), China (29) and Brazil (23) represented by two thirds of the total number of authors (64.2%).

Discussion

The results revealed that research on the topic of dental informatics began in the mid to late 1980s but did not really take off until the turn of the millennia. The most productive years were in the last decade, reaching a high point in the mid 2010s. (Cesnik & Kidd 2010; Kim et al., 2011). The term 'health/medical informatics' was thought of as a concept when the idea that information technology could harness a power for high levels of data storage in the 1960s was starting to become a reality (Fitzmaurice et al., 2002; Tachakra *et al.*, 2003). It was not until the 1980s when the potential of information technology in medicine was realised, primarily through the implementation of computer-aided design and computer-aided manufacturing (CAD-CAM) (Qi et al., 2015; Tapie et al., 2015). Computer processing powers had a mostly linear growth from the 1980s and 1990s, but over the course of the last 15-20 years, this growth in processing power has become more logarithmic (Fitzmaurice, et al., 2002; Tachakra et al., 2003). In this growth in power, there is a higher capacity to use IT for medical purposes. The growth of medical-related computer software, development of programs such as electronic records and mass amounts of data storage have coincided with the growth in computer power (Pavis & Morris 2015).

In terms of geographic distribution of papers and authors, North America featured in 145 papers, or 61.4% of all papers. European authors were present on 47 papers, or around 24%. This demonstrates that America's dental informatics researchers are at the forefront of the current and historical research into dental informatics (Singhal et al., 2018). It also indicates a high level of investment into the development and implementation of dental informatics in the United States (Acharya et al., 2017; Washington et al., 2017; Singhal et al., 2018; Wu, 2020). The introduction of the widespread use of HIT in North America has also been aided by the HITECH Act. This has been established to ensure that electronic health records are implemented throughout the United States, with the supporting technology also provided. This has diverted over USD\$19 billion into the integration of HIT into American health facilities (Hogge, 2012; Washington et al., 2017).

This investment may also act as a drawcard for influential members of the scientific community, which can garner increased funding for projects in this field, and thus increase knowledge and research in the field of dental informatics (Molloy et al., 2011; Wu, 2020). This becomes increasingly apparent when analysing the most prevalent authors within this study, all of which come from the United States, with the top three authors employed by the same institution. Historically, the United States have always been at the forefront of computer technology advancement, and thus it would also make sense that they have developed a high level of research into medical informatics, including dental informatics (Tibbo, 2003; Leidner & Kayworth, 2006; Ozbolt & Saba, 2008; Acharya et al., 2017). Worldwide research is generally thought to have global emphasis and local impacts, but this is not always the case. Developed countries make up the bulk of global research in all areas (Bean et al., 2004; Duque et al., 2005). Whilst tools such as electronic dental records have already improved the efficiency and quality of dental care that patients are receiving, there are barriers to entry of dental informatics in developing countries, who cannot afford the infrastructure for electronics within health systems (Sood et al., 2008; Ahlan & Ahmad, 2014; Qi et al., 2015; Gonzalez-Brambila et al., 2016).

This study found a low level of international collaboration, with only 25 papers featuring international collaboration. Of these, 12 papers were conducted across different continents. Collaboration has become a product of a globalised world, with more technology available to provide communication and share data points and methods becoming widespread (Godoy-Ruiz et al., 2016). In most fields this has generally led to the ability to pool viewpoints, resources, and workloads to produce answers to complex questions (Davidson et al., 1979; Chen et al., 2019).

Whilst benefits of cross-national and cross-regional collaboration are noted, there are limitations to the possibility of collaboration. Possible reasons can include the length of time to develop relationships between institutions and researchers; barriers

in research protocols; barriers in resource gathering; failure of integration of HIT systems; as well as possible security concerns that may occur in implementation of HIT systems (Davidson et al., 1979; Freshwater et al., 2006; Lee et al., 2010; Chinchilla-Rodríguez et al., 2012). It is also an issue for countries who do not have adequate infrastructure to develop HIT systems of their own (Wagner, Park & Leydesdorff, 2015; Nolan et al., 2017). It has been noted that there are considerable difficulties in not only implementing HIT infrastructure, but also maintaining it, with necessary resources like healthcare professionals, hospitals and clinics and readily available access to important structures like the internet being sparse in developing regions (Fraser et al., 2005; Sood et al., 2008). Low-income countries that have attempted to implement HIT have seen improvements in healthcare efficiency, with successes in Brazil and India (Fraser et al., 2005; Sood et al., 2008; Radhakrishna et al., 2014; Bassi et al., 2018).

Whilst the level of international collaboration was low, there was an overwhelming presence in institutional collaboration. Almost half of the total papers in this study, as well as the majority of papers in the last decade, have had cross-institutional involvement. As mentioned, this normally occurs across institutions within the same countries (Ductor 2015). It can be perceived that multiple authors on papers would lead to a higher quality study, as the greater the number of minds working on a project would garner greater and more diverse knowledge on subjects (Edwards et al., 2010; Zare-Farashbandi et al., 2014).

Health informatics has been viewed as the modern way forward in terms of advancement in records management, but more importantly sustainability and improved efficiency in healthcare. The current understandings of the power of using HIT have already been implemented to good effect in developed countries, with the framework for further implementation already underway. This bibliometric study aimed to analyse the current rates of research into dental informatics and may be used to establish where the main bases of knowledge lie on the subject. This study has assembled a collection of characteristics of all current dental informatics within PubMed from 1986 up to 2018. These characteristics highlight the distribution of papers in terms of region, country, and journal, as well as discussion of the most prevalent minds in the field of dental informatics through the analysis of production of papers, institution of origin and the rates of collaboration. This study also provides the basis of new research for future topics of research within the field of dental informatics as it evolves from its current state.

Limitations

Bibliometrics is a quantitative method that is often used to evaluate research performance, identify trends, and inform decision-making, but it provides only one part of the picture. High citations may not always indicate quality but may be refuting its results. They should always be used in conjunction with other data

including funding received, awards granted and peer review. The process used in this study may be limited by manual process rather than use of statistical software, human error and incomplete data processing may have occurred.

Conclusion

Dental informatics is still in its infancy. The rates of research are increasing yearly, with more methods of dental informatics implementation being researched. Health informatics in general has been successful in achieving sustainability, with increased efficiency and reduced resource waste being linked with HIT. Whilst rates of HIT uptake in developed countries is high, it is still quite low in developing countries. Future research is needed to investigate more cost effective and successful methods of dental informatics implementation, to enhance the sustainability of dental healthcare.

References

- Eysenbach, G. (2000). Consumer health informatics. *BMJ*, 320(7251), 1713-1716. <https://doi.org/10.1136/bmj.320.7251.1713>
- Gandhi, P., Khanna, S., & Ramaswamy, S. (2016). Which industries are the most digital (and why). *Harvard Business Review*, 1, 45-48.
- Zimmerman, J. L., Ball, M. J., & Petroski, S. P. (1986). Computers in dentistry. *Dental Clinics of North America*, 30(4), 739-743.
- Lam, R., Kruger, E., & Tennant, M. (2014). How a modified approach to dental coding can benefit personal and professional development with improved clinical outcomes. *Journal of Evidence Based Dental Practice*, 14(4), 174-182. <https://doi.org/10.1016/j.jebdp.2013.12.002>
- Chhabra, K. G., Mulla, S. H., Deolia, S. G., Chhabra, C., Singh, J., & Marwaha, B. S. (2016). Dental informatics in India: time to embrace the change. *Journal of clinical and diagnostic research: JCDR*, 10(3), ZE12. <https://doi.org/10.7860/JCDR/2016/16970.7453>
- Islam, M. M., Poly, T. N., & Li, Y. C. J. (2018). Recent advancement of clinical information systems: opportunities and challenges. *Yearbook of medical informatics*, 27(01), 083-090.
- Schleyer, T. K. (2003). Dental informatics: A work in progress. *Advances in dental research*, 17(1), 9-15. <https://doi.org/10.1177/154407370301700104>

Benoit, B., Frédéric, B., & Jean-Charles, D. (2022). Current state of dental informatics in the field of health information systems: a scoping review. *BMC oral health*, 22(1), 1-17.

Hovenga, E. J. Hovenga, EJS, Kidd, MR, Garde, S & Cossio, CHL (Ed.). (2010). Health informatics: an overview. Hovenga, EJS, Kidd, MR, Garde, S & Cossio, CHL 2010, *Health Informatics: An Overview*, IOS Press, Washington, DC.

Golinelli, D., Boetto, E., Carullo, G., Nuzzolese, A. G., Landini, M. P., & Fantini, M. P. (2020). Adoption of digital technologies in health care during the COVID-19 pandemic: systematic review of early scientific literature. *Journal of medical Internet research*, 22(11), e22280. <https://doi.org/10.2196/22280>.

London, S. D., Fontelo, P., Boroumand, S., & Dye, B. A. (2022). COVID-19 provides an opportunity for integration of dentistry into the health informatics system. *The Journal of the American Dental Association*, 153(1), 3-8. <https://doi.org/10.1016/j.adaj.2021.11.003>.

Sittig, D. F., Wright, A., Coiera, E., Magrabi, F., Ratwani, R., Bates, D. W., & Singh, H. (2020). Current challenges in health information technology–related patient safety. *Health informatics journal*, 26(1), 181-189. <https://doi.org/10.1177/1460458218814893>.

Sheikh, A., Anderson, M., Albala, S., Casadei, B., Franklin, B. D., Richards, M., ... & Mossialos, E. (2021). Health information technology and digital innovation for national learning health and care systems. *The Lancet Digital Health*, 3(6), e383-e396. [https://doi.org/10.1016/S2589-7500\(21\)00005-4](https://doi.org/10.1016/S2589-7500(21)00005-4).

Rexhepi, H., Moll, J., Huvila, I., & Åhlfeldt, R. M. (2021). Do you want to receive bad news through your patient accessible electronic health record? A national survey on receiving bad news in an era of digital health. *Health Informatics Journal*, 27(3), 14604582211035817.

Grosios, K., Gahan, P. B., & Burbidge, J. (2010). Overview of healthcare in the UK. *EPMA Journal*, 1, 529-534. <https://doi.org/10.1177/14604582211035817>.

Grosskopf, S., Self, S., & Zaim, O. (2006). Estimating the efficiency of the system of healthcare financing in achieving better health. *Applied Economics*, 38(13), 1477-1488.

Kane, G. M., Bakker, C. A., & Balkenende, A. R. (2018). Towards design strategies for circular medical products. *Resources, Conservation and Recycling*, 135, 38-47.

McCombs, G. B., & Darby, M. L. (2010). New discoveries and directions for medical, dental and dental hygiene research: low temperature atmospheric pressure plasma. *International journal of dental hygiene*, 8(1), 10-15. <https://doi.org/10.1111/j.1601-5037.2009.00386.x>

Singaraju, S., Prasad, H., & Singaraju, M. (2012). Evolution of dental informatics as a major research tool in oral pathology. *Journal of Oral and Maxillofacial Pathology*, 16(1), 83-87. <https://doi.org/10.4103/0973-029X.92979>

Khanna, R. K., Cecchetti, A. A., Bhardwaj, N., Muto, B. S., & Murughiyan, U. (2022). Understanding Emergency Room Visits for Nontraumatic Oral Health Conditions in a Hospital Serving Rural Appalachia: Dental Informatics Study. *JMIR Formative Research*, 6(12), e31433.

Masic, F. (2012). Information systems in dentistry. *Acta Inform Med*, 20 (1), 47-55. <https://doi.org/10.5455/aim.2012.20.47-55>.

Van Noort, R. (2012). The future of dental devices is digital. *Dental materials*, 28(1), 3-12. <https://doi.org/10.1016/j.dental.2011.10.014>

Van Raan, A. (2003). The use of bibliometric analysis in research performance assessment and monitoring of interdisciplinary scientific developments. *TATuP-Zeitschrift für Technikfolgenabschätzung in Theorie und Praxis*, 12(1), 20-29.

Canese, K., & Weis, S. (2013). PubMed: the bibliographic database. *The NCBI handbook*, 2(1).

Frisch, M., Klocke, B., Haltmeier, M., & Frech, K. (2009). LitInspector: literature and signal transduction pathway mining in PubMed abstracts. *Nucleic acids research*, 37(suppl_2), W135-W140.

Rani, J., Shah, A. R., & Ramachandran, S. (2015). pubmed. mineR: An R package with text-mining algorithms to analyse PubMed abstracts. *Journal of biosciences*, 40, 671-682. <https://doi.org/10.1007/s12038-015-9552-2>.

National Library of Medicine. (n.d.). *Pubmed Overview*. <https://pubmed.ncbi.nlm.nih.gov/about/>

Cesnik, B., & Kidd, M. R. (2010). History of health informatics: a global perspective. *Studies in health technology and informatics*, 151, 3-3.

Kim, J., Jung, H., & Bates, D. W. (2011). History and Trends of. *Healthcare Informatics Research*, 17(1), 3-17.

Fitzmaurice, J. M., Adams, K., & Eisenberg, J. M. (2002). Three decades of research on computer applications in health care: medical informatics support at the Agency for Healthcare Research and Quality. *Journal of the American Medical Informatics Association*, 9(2), 144-160. <https://doi.org/10.1197/jamia.m0867>.

Tachakra, S., Wang, X. H., Istepanian, R. S., & Song, Y. H. (2003). Mobile e-health: the unwired evolution of telemedicine. *Telemedicine Journal and E-health*, 9(3), 247-257. <https://doi.org/10.1089/153056203322502632>.

Schleyer, T. K., Thyvalikakath, T. P., Spallek, H., Dziabiak, M. P., & Johnson, L. A. (2012). From information technology to informatics: the information revolution in dental education. *Journal of dental education*, 76(1), 142-153.

Qi, S., Yan, Y., Luo, E., & Hu, J. (2015). The development of dental informatics and dental information technology in China: A systematic study. *Journal of Dental Sciences*, 10(2), 176-184. <https://doi.org/10.1016/j.jds.2014.07.003>

Tapiea, L., Lebonb, N., Mawussic, B., Chabouisd, H. F., Durete, F., & Attalf, J. P. (2015). Understanding dental CAD/CAM for restorations—the digital workflow from a mechanical engineering viewpoint. *International journal of computerized dentistry*, 18(1), 21-44.

Pavis, S., & Morris, A. D. (2015). Unleashing the power of administrative health data: the Scottish model. *Public health research & practice*, 25(4), e2541541. <https://doi.org/10.17061/phrp2541541>.

Singhal, A., McKernan, S. C., & Sohn, W. (2018). Dental public health practice, infrastructure, and workforce in the United States. *Dental Clinics*, 62(2), 155-175.

Acharya, A., Schroeder, D., Schwei, K., & Chyou, P. H. (2017). Update on electronic dental record and clinical computing adoption among dental practices in the United States. *Clinical Medicine & Research*, 15(3-4), 59-74. <https://doi.org/10.1016/j.cden.2017.11.001>.

Washington, V., DeSalvo, K., Mostashari, F., & Blumenthal, D. (2017). The HITECH era and the path forward. *New England Journal of Medicine*, 377(10), 904-906. <https://doi.org/10.1056/NEJMp1703370>.

Wu, Y., & Wu, Y. (2020). Geographical Concentration of Funding of Academic Research. *America's Leaning Ivory Tower: The Measurement of and Response to Concentration of Federal Funding for Academic Research*, 11-28. Springer

International Publishing, Cham, pp. 11-28, https://doi.org/10.1007/978-3-030-18704-0_2.

Hoggle, L. (2012). The Health Information Technology for Economic and Clinical Health (HITECH) Act and Nutrition Inclusion in Medicare/Medicaid Electronic Health Records: leveraging policy to support nutrition care. *Journal of the Academy of Nutrition and Dietetics*, 112(12), 1935-1940.
<https://doi.org/10.1016/j.jand.2012.10.005>.

Molloy, R., Smith, C. L., & Wozniak, A. (2011). Internal migration in the United States. *Journal of Economic perspectives*, 25(3), 173-196.

Tibbo, H. (2003). Primarily history in America: How US historians search for primary materials at the dawn of the digital age. *The American Archivist*, 66(1), 9-50.

Leidner, D. E., & Kayworth, T. (2006). A review of culture in information systems research: Toward a theory of information technology culture conflict. *MIS quarterly*, 357-399.

Ozbolt, J. G., & Saba, V. K. (2008). A brief history of nursing informatics in the United States of America. *Nursing outlook*, 56(5), 199-205.
<https://doi.org/10.1016/j.outlook.2008.06.008>.

Bean, F. D., Leach, M., & Lowell, B. L. (2004). Immigrant job quality and mobility in the United States. *Work and occupations*, 31(4), 499-518.
<https://doi.org/10.1177/0730888404268902>

Sood, S. P., Nwabueze, S. N., Mbarika, V. W., Prakash, N., Chatterjee, S., Ray, P., & Mishra, S. (2008, January). Electronic medical records: A review comparing the challenges in developed and developing countries. In *Proceedings of the 41st Annual Hawaii International Conference on System Sciences (HICSS 2008)* (pp. 248-248). IEEE.

Duque, R. B., Ynalvez, M., Sooryamoorthy, R., Mbatia, P., Dzorgbo, D. B. S., & Shrum, W. (2005). Collaboration paradox: Scientific productivity, the Internet, and problems of research in developing areas. *Social studies of science*, 35(5), 755-785.
<https://doi.org/10.1177/0306212705053048>

Ahmad, B. I. E. (2014). User acceptance of health information technology (HIT) in developing countries: a conceptual model. *Procedia Technology*, 16, 1287-1296.
<https://doi.org/10.1016/j.protcy.2014.10.145>

Gonzalez-Brambila, C. N., Reyes-Gonzalez, L., Veloso, F., & Perez-Angón, M. A. (2016). The scientific impact of developing nations. *PLoS One*, 11(3), e0151328. <https://doi.org/10.1371/journal.pone.0151328>

Godoy-Ruiz, P., Cole, D. C., Lenters, L., & McKenzie, K. (2016). Developing collaborative approaches to international research: Perspectives of new global health researchers. *Global Public Health*, 11(3), 253-275. <https://doi.org/10.1080/17441692.2014.999814>

Davidson Frame, J., & Carpenter, M. P. (1979). International research collaboration. *Social studies of science*, 9(4), 481-497. <https://doi.org/10.1177/030631277900900405>

Chen, J. C., Dolan, M., & Lin, B. (2004). Improve processes on healthcare: current issues and future trends. *International journal of electronic healthcare*, 1(2), 149-164. <https://doi.org/10.1504/IJEH.2004.005862>.

Freshwater, D., Sherwood, G., & Drury, V. (2006). International research collaboration: Issues, benefits and challenges of the global network. *Journal of Research in Nursing*, 11(4), 295-303.

Lee, B., Kwon, O., & Kim, H. J. (2011). Identification of dependency patterns in research collaboration environments through cluster analysis. *Journal of Information Science*, 37(1), 67-85. <https://doi.org/10.1177/0165551510392147>

Chinchilla-Rodríguez, Z., Benavent-Pérez, M., de Moya-Anegón, F., & Miguel, S. (2012). International collaboration in Medical Research in Latin America and the Caribbean (2003–2007). *Journal of the American Society for Information Science and Technology*, 63(11), 2223-2238. <https://doi.org/10.1002/asi.22669>

Wagner, C. S., Park, H. W., & Leydesdorff, L. (2015). The continuing growth of global cooperation networks in research: A conundrum for national governments. *PloS one*, 10(7), e0131816. <https://doi.org/10.1371/journal.pone.0131816>

Nolan, L. B., Lucas, R., Choi, Y., Fabic, M. S., & Adetunji, J. A. (2017). The contribution of demographic and health survey data to population and health policymaking: evidence from three developing countries. *Etude de la Population Africaine*, 31(1S2). <https://doi.org/10.11564/31-1-998>

Fraser, H. S., Biondich, P., Moodley, D., Choi, S., Mamlin, B. W., & Szolovits, P. (2005). Implementing electronic medical record systems in developing countries. *Informatics in primary care*, 13(2). <https://doi.org/10.14236/jhi.v13i2.585>.

Radhakrishna, K., Goud, B. R., Kasthuri, A., Waghmare, A., & Raj, T. (2014). Electronic health records and information portability: a pilot study in a rural primary healthcare center in India. *Perspectives in health information Management*, 11(Summer).

Bassi, A., John, O., Praveen, D., Maulik, P. K., Panda, R., & Jha, V. (2018). Current status and future directions of mHealth interventions for health system strengthening in India: systematic review. *JMIR mHealth and uHealth*, 6(10), e11440. <https://doi.org/10.2196/11440>.

Ductor, L. (2015). Does co-authorship lead to higher academic productivity?. *Oxford Bulletin of Economics and Statistics*, 77(3), 385-407. <https://doi.org/10.1111/obes.12070>

Edwards, A., Hollin, I., Barry, J., & Kachnowski, S. (2010). Barriers to cross--institutional health information exchange: a literature review. *Journal of healthcare information management: JHIM*, 24(3), 22-34.

Zare-Farashbandi, F., Geraei, E., & Siamaki, S. (2014). Study of co-authorship network of papers in the Journal of Research in Medical Sciences using social network analysis. *Journal of research in medical sciences: the official journal of Isfahan University of Medical Sciences*, 19(1), 41.

Browser Extensions For The Stretched Health Librarian

Rob Penfold

Librarian | Peninsula Health Library

Robpenfold@phcn.vic.gov.au | <https://orcid.org/0000-0002-5879-7388>

Introduction	28
Installing Chrome Extensions	28
Setting up keyboard shortcuts to extensions	28
Training	29
Collection access	29
Monitoring	30
Reference Managers	30
Search	31
Odds & Ends	32
Managing Extensions	33

Introduction

Browser extensions – also known as plug-ins and add-ons – increase the capabilities of a web browser, and as such can be very useful. In this article, I will focus mainly on the most popular browser (Google Chrome, approx. 65% market share) but the same principles apply to all browsers. Additionally, a number of browsers (Microsoft Edge, Opera, Brave, Vivaldi) can use extensions from the Chrome Web Store as all are based on the same underlying Chromium engine.

Given the multitudes of extensions available, health librarians in Australia, the US, the UK and Europe were asked what extensions they found useful in a work context. From those responses, as well as personal experience using particular extensions, a set of extensions are briefly described below. Focus was given on extensions that are free and potentially useful in a health librarian work setting.

Installing Chrome Extensions

The most direct way is to bookmark the Chrome Web Store <https://chrome.google.com/webstore/category/extensions>, and then search for extensions. Once found, click on Add to Chrome. After installation, it will be hidden in the icon that looks like a jigsaw piece in the top right – to make it visible click on that icon and then click on the extension pin icon. With Microsoft Edge, you can use the Chrome Web Store and click on Add to Chrome when prompted.

Setting up keyboard shortcuts to extensions

Type `chrome://extensions/shortcuts` into the omnibar / search bar, and bookmark it for future easy access. Not every extension offers keyboard shortcuts but if the

extension in question does, click on the pencil icon to edit, then type a keyboard shortcut that can be remembered. For example, if you use LastPass then you might use Alt L. Choose a keyboard shortcut that is not going to clash with other system or browser keyboard shortcuts.

Training

A number of extensions have appeared recently that make creating training materials easier. Examples include Scribe, Tango and Guidde. Scribe and Tango have been compared and contrasted in a recent JoHILA article ([Tech Showdown – Tango vs Scribe](#)). Guidde is broadly similar to Tango and Scribe. A new feature in Tango that has appeared since that article was published is that it now allows the instructions to be shown side by side with the live website, so clients can work their way through the process on the actual site. In this way it mimics [Guide on the Side](#) and Springshare's LibWizard.

One disadvantage with all three extensions is that, with the free version at least, capture seems to be limited to the browser screen itself such that you cannot easily capture actions involving the search bar, browser settings and the like. Additionally capturing pop ups (like the "Cite As" pop up in PubMed) is not generally supported; although Guidde allows you to do this via a screenshot option. An alternative (not an extension) which allows you to use screenshots to capture anything on your screen is [Pitch](#). For training videos, a number of health librarians suggested [Loom](#) which allows for 25 videos up to 5 min in length for free.

Collection access

These extensions, once installed, aim to remove the need for clients to visit the library to access subscribed content. The most well-known ones in this space are [LibKey Nomad](#) and [Lean Library](#) but as this article is focussing on free content, they won't be discussed further.

[Endnote Click](#). This can be linked to a library's subscribed content. According to the vendor, it will work on 20,000 platforms to indicate access (either subscribed or open access, with subscribed content given preference). On a PubMed results page, for instance, a purple box will indicate immediate access to full text (sometimes the access works better via going to the individual record page). A grey button will allow the user to connect to the library subscriptions and will either provide full text or allow it to be requested. On a journal article page, after signing in, the Endnote Click icon takes a significant amount of time to appear in the lower left corner of the screen. If clients have a similar experience, many might miss the option.

[EBSCOhost Passport](#). This was released during the course of writing, so hasn't been fully tested. It appears to function a bit similarly to LibKey Nomad and Endnote Click, in facilitating access to subscribed content when clients are roaming wild (ie not on

the library home page). However, the access to subscribed content only works for libraries using EBSCO's Holdings Management tool. For such libraries, no steps are required to enable such access.

Both of the above extensions don't seem as seamless to use as LibKey Nomad. However, for libraries with limited budgets they may provide useful options in this area, particularly if supported with good training material.

Monitoring

Sometimes it is useful to be able to monitor a website for a new report or similar.

[Distill Web Monitor](#). The free version allows monitoring of 25 sites. The advantage of it is that you can select a specific section of the page to monitor. Some other similar extensions monitor the whole page so get frequently triggered by ads, Twitter feed updates and the like.

[PageProbe](#). This allows unlimited monitoring of specific parts of a web page but is a little less intuitive than Distill Web Monitor. Select a section of interest on a page, right click and click on Track Content. On the resulting pop up, select time interval and with the "Add Action" button choose Show Notification. Add another Action and choose Save Previous Value for Comparison as this will show you what has actually changed.

[RSS Reader Extension \(by Inoreader\)](#). An easy to use RSS reader with the free version allowing 150 sites to be followed. Click on the extension (or use a keyboard shortcut) to activate the extension on the site of interest, to see if it offers a feed which is checked via a blue square containing a plus. Useful for keeping up with sites of interest and reducing the number of email newsletters.

Reference Managers

Citation managers have a lot of functionality which is beyond the scope of this article. All of the below are web based (or in the case of Zotero, provide a Web Library option) which can be useful in organisations where software installation is constrained. All provide an option to collect citations from Google Scholar (in the case of Paperpile via a floating button next to every record. This button changes colour when a citation has already been added which is quite useful when looking at lots of GS results). All support extension keyboard shortcuts for rapid capture of citations (in the case of Sciwheel you can save a citation at this point to a specific library), which is much quicker and easier than the export/import process required by some citation managers.

[Zotero Connector](#).

[Sciwheel](#).

[Paperpile](#). Not free but a 30-day trial is available, and then \$36/pa. Has an easy option to share results (including PDFs) with clients, e.g. see [here](#).

Search

[TrufflePiggy Quick Search](#)

Why useful?

Make frequently searched sites (e.g. Google Scholar, PubMed etc) easily accessible, either via your right click mouse menu or the pink pig icon that appears next to selected text. Groups of sites can also be added which allows searching of multiple sites at once after selecting the relevant text. I use this extension multiple times each day and find it saves a lot of time once you get used to using it.

Steps:

1. Install extension and create account (can use Google etc). Select some random website text and a pink snout will appear. Click on this and then on Edit Searches.
2. Default searches are on the left, a bank of searches in the middle, and groups of searches on the right.
3. Delete non-useful default searches and drag across useful searches from the middle bank.
4. PubMed is already available in the search bank but perhaps you would prefer your own Otool version. Use the "Create new search item" button and follow the instructions (basically search the site of interest for trufflepiggy and add the resulting URL). Note that it needs to be a site that shows the search term in the URL. See also this [video](#)
5. Search groups can be created using the "Create new group" button by dragging items from the search bank. Once created, drag it to the left hand My Searches column. This can be useful, for example, for searching for an item across several eBook vendors. Note that password protected sites can be searched. Either ensure you are logged in beforehand or login when prompted after the search.
6. Additional tips. What if you need to search something that is not easily accessible as website text to select? Just activate the extension by clicking on it, or better still, via a keyboard shortcut (as above). Enter the search text and either click on the search or press tab and then the letter or number next to the search to do the search. (Note – if you have accessed this search dialog via selected text then the shortcut letters or numbers can be used immediately without having to tab).

The search box that appears via the activated extension supports multiline searching. So if you have several DOI's to search, for example, just enter or paste them on separate lines.

Odds & Ends

A smattering of extensions that may be useful in certain contexts.

[Copy as plain text](#). Adds a mouse right click option to do what it says on the jar.

[Wayback machine](#). If you arrive on a dead link, find a cached version of the live page. This also can be used to add specific pages to the repository which could be useful if there is a suspicion that the site in question may disappear over time.

[Bitwarden](#). Password manager – only need to remember one password.

[Cookie Remover](#). Not a diet aid. Again, what it says on the (cookie) jar – i.e. removes cookies for the current page.

[OCR Image Reader](#). Copy and paste text from images, videos, PDFs, PowerPoints, and those odd web pages that have disabled copying text. ([Video](#))

[Start.me](#). Collect and organise bookmarks to a web page that is accessible from any browser or device. Useful when juggling different browsers, working at work and home, accessing via your phone and so on.

[Save to Social](#). Easily share web pages to various sites including email. If you set a keyboard shortcut (e.g. Alt S) then can press this, then tab to select platform, and then tab again to share.

[Axiom Browser Automation](#). Useful if you have any repetitive browser tasks. Useful to watch this [video](#) first.

[Text Blaze](#). Easy to use text expansion tool. For example, you can make it so that /pen automatically expands to <https://peninsulahealth.oivdds.com/> and so on. Also supports multiline text blocks with links.

[Clipboard History Pro](#) Windows already allows access to previously copied items (use Win V to see; if this doesn't work, enable it in clipboard settings). However, this doesn't carry over between Windows sessions. If you want ongoing access to copied content, then this extension provides it. You can favourite content for frequently pasted text.

[Print Friendly & PDF](#). Another self-explanatory extension

Managing Extensions

Extensions add functionality but if you are not careful, you can end up with too many which can impact browser performance and sometimes pose security risks.

Two approaches are presented to manage proliferating extensions:

Use Chrome Profiles. Click on the circular account icon at the top right of Chrome and, under Other Profiles, click Add, then Continue without an account (unfortunately neither Chrome nor Edge allow you to use the same email account for different profiles). Give it a name (e.g. Cataloguing) and then add whatever bookmarks and extensions you would like associated with that profile. You can easily switch between profiles by clicking on the account icon or using the keyboard shortcut Ctrl Shift M. Edge also offers profiles.

[One Click Extensions Manager](#). Set up a keyboard shortcut for it as before and then you can quickly disable or enable extensions via using the keyboard shortcut and then search. Use the up and down arrow keys to quickly navigate between extensions and the search box.

If anyone has any questions or suggestions, I'm happy to be contacted at robpenfold@phcn.vic.gov.au

Lismore, floods, and renewal

Lynette Frazer

Library Manager | Lismore Base Hospital Library

Lynette.Frazer1@health.nsw.gov.au | orcid.org/0000-0002-5879-7388

The library at Lismore Base Hospital dates back to the late 1980s, housed in a room near the nursing quarters and above the psychiatric ward. Cathie Nilon was the librarian from 1989 and as specialists and departments moved out of the building, the library took over the space to grow the collection and create a computer room. The library was a disjointed layout with divided collections and, like a lot of hospital buildings, had a definite lean in some areas where the original verandah had been built in to create rooms.

Whilst the location overlooking the pool seemed ideal, it was too far from the biggest user groups and the activity of the main hospital, down the end of a long, winding corridor. In early 2021 the main door was blocked off and the corridor used as a Covid-19 clinic, meaning staff could only access the library from the pool gate (which refused to open in humid/wet weather or staff couldn't use the keypad – was annoying for most people who eventually gave up).

When I was offered a 12-month contract to cover Cathie's long service leave, I imagined a quiet year of adventuring though the Northern Rivers, boosting my CV with a library manager stint and basically keeping her seat warm. How wrong I was. On arrival Cathie informed me the other Librarian was retiring so I would be recruiting and then I would be moving the library in 6 months and there may be an opportunity for a full-time position. What do they say about the best laid plans???

I had no internet/email/computer access for a couple of weeks, so I concentrated on the relocation plans. Over 3 decades of historical papers and artefacts (including microfiche, floppy discs, card catalogue and community receipts of \$1 and \$2 that helped build the original collection). The microfiche found a new home at Westmead Hospital and boxes of surplus stationery was sent to the Executive Office to be used by the Disaster Management Response team – little did we know how quickly it would be needed.

Cathie had deliberately kept the print journals and books on the shelves to give the impression we needed the space and left a list of material to be discarded just before moving. This was important in protecting the library space as even during the new library final inspection, various departments wanted to take over our workroom and training spaces.

Due to Covid-19 outbreaks and building defects the relocation date was continuously pushed back, and then on February 28, 2022, the first of two floods happened.

The flood photo (below) is looking toward North and South Lismore with the hospital site in the foreground and the shopping centre in the middle, the river in the background. Over 3000 homes were damaged within the district and the hospital lost around 60 fleet vehicles, the Breast-Screen bus as well as many community health buildings, specialist offices and houses.

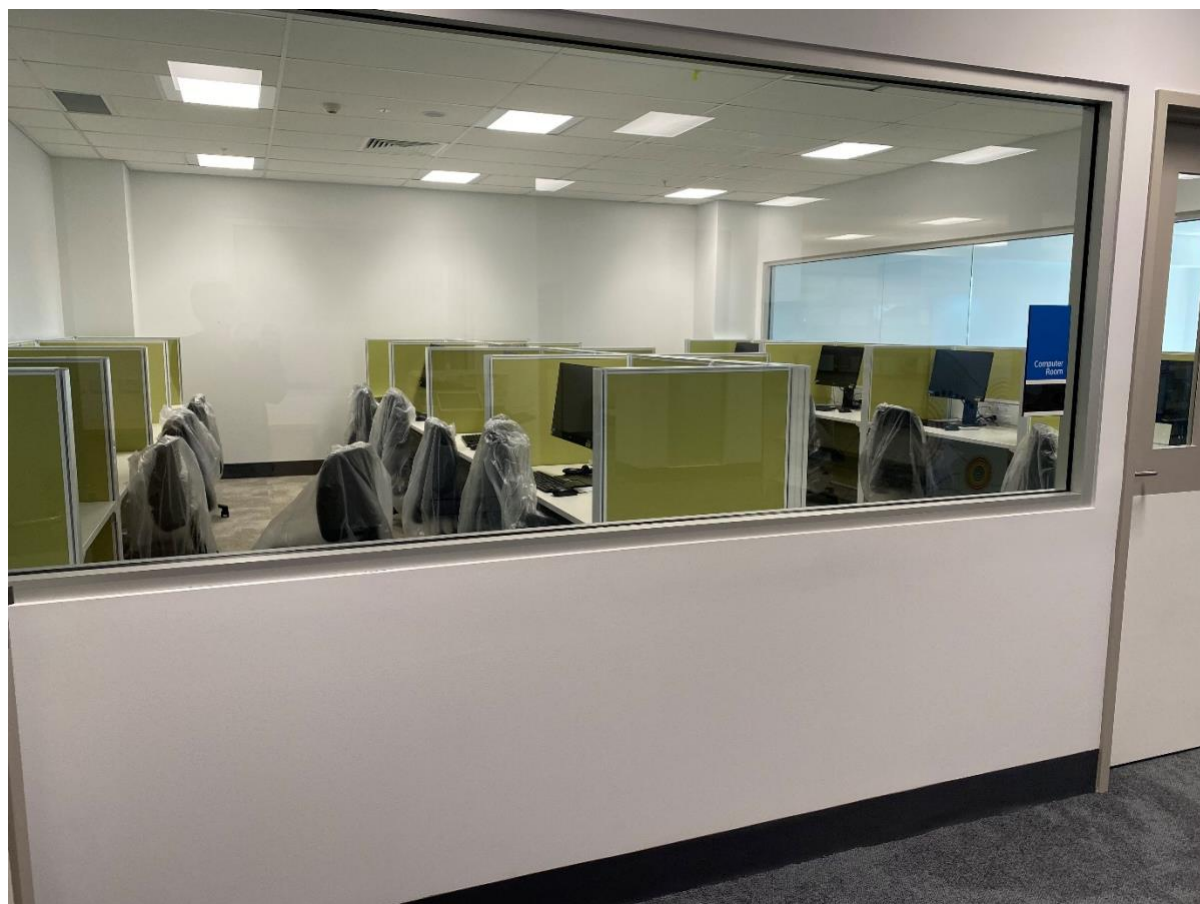
Some of our staff were homeless, either living in cars, with family or friends or initially sleeping in quiet spaces within the hospital because they couldn't get home. I and my colleague were not affected by the flood (although I would soon be evicted) but we were blocked off from accessing Lismore for 4 days until the roads were opened. Melissa and her family checked on the welfare of vulnerable community members in their area and I joined a clean-up crew in Ballina, walking into houses with a garden hose and broom to clean out the sludge and debris. I have spoken to a few librarians from around the country who came to help with the clean-up and recovery, which was very much appreciated.

Construction in Lismore was directed to emergency work, the priority being any establishment that could provide accommodation, which meant the library relocation date moved back again. The delay meant we could rethink how the new library could provide staff with a relaxing space to sit, de-stress, or sleep. The community was on edge, particularly as a month later the second flood occurred.

Finally, Quantum Libraries arrived to set up our shelving, and returned 2 weeks later in mid-June to move our collections. We started at 5pm and put the last journals on the shelves at midnight. Photos included with the article show the soundproofed computer room, the sunset as we moved the books in and the Information Pod and shelving featuring Indigenous artwork from a local artist.

The library opened at 8am the following morning with tours and lots of visitors. Our foot traffic, book loans and memberships have increased dramatically in the last 12 months, the booths and study area are used quite often. The library may change in how we use our space but we feel the staff have really appreciated having a quiet space in an otherwise hectic environment.









Twilight Talks: engaging health consumers with public lectures

Daniel McDonald

Librarian | Darling Downs Health Library

Daniel.mcdonald@health.qld.gov.au | <https://orcid.org/0000-0001-8385-3671>

Dr Sheree Conroy

Director, Clinical Training | Darling Downs Health

Sheree.conroy@health.qld.gov.au |

Abstract

Issue Addressed: Climbing rates of chronic disease allied with rising demand for public health services highlight a present need for honest conversations and information sharing around health behavior. The authors speculated that the Darling Downs community would benefit from public lectures on general health topics delivered by local clinicians. Health information delivered concisely, conversationally, and with authority could serve as an important intervention in reducing disease burden and enhancing patients' abilities to act as partners in their healthcare. Such lectures would also contribute to achieving strategic goals and national standards around engaging health care consumers.

Methods: A pilot lecture was held in October 2014. The success of this lecture led to a regular schedule of public lectures programmed for subsequent years, branded as "Twilight Talks". These lectures have focused on health themes of broad interest to a general audience.

Results: Twelve Twilight Talks have been delivered so far. Community response has exceeded expectations, with an average of 50 attendees to each event, and a range of 25 to 115. Audience reception and knowledge transfer measured through qualitative feedback has been equally positive.

Conclusions: A program of public health lectures is a novel initiative for the Darling Downs, prompting several hundred members of the community to think seriously about aspects of their health and learn about practical ways of making positive change.

Introduction

Darling Downs Health (DDH) provides a comprehensive range of hospital, mental health, and primary care services to a resident population of 280000 people spread across 90000 square kilometers of southern Queensland. In its current strategic plan DDH has identified a commitment to 'collaborate with primary health care and other

service providers' and to 'engage the community and health care consumers'¹. Standard 2 of the National Safety and Quality Health Service Standards also requires evidence of 'partnering with consumers'². Though many avenues are available to achieve these goals, one little-used option with potential benefit is that of public lectures on general health topics delivered by local clinicians.

Numerous institutions in a variety of contexts have used public lectures to good effect. They can enhance brand awareness for the hosting organization, improve knowledge of audience members, make scientific research accessible, and connect academic pursuits to community concerns. The increasing popularity of podcasting in general, and programs such as the Australian Broadcasting Corporation's "Big Ideas" in particular, have furthered the appeal of public lectures. Prominent examples include an event series run by The London School of Economics, where 'the emphasis is on the benefits to be experienced by an audience looking for intellectual stimulation' but where also 'the sense of a "virtuous circle" exists between the institution's public presence and the way in which this enables individuals to get their own voices heard'³.

Examples from healthcare include the Medical School of the University of Sydney, which in 2012 inaugurated a weekly lecture series (held over three months) titled "21st Century Medicine: Today's Research, Tomorrow's Healthcare". The 2012 series proved so popular a number of the 2013 talks were held in the Sydney CBD, with Dean Professor Bruce Robinson praising the lecture series by saying 'The beauty of these talks is that they are targeted for an interested audience without specialised medical knowledge. Here is an opportunity for everyone to get up to speed on some of the most exciting things happening in health'⁴. As well, a comprehensive education stroke protocol, which included public lectures and distribution of instructive material for the community and its medical staff, was trialed in Beijing. The study reported (i) pre-hospital delay decreased from 180 to 79 minutes, (ii) the proportion of patients arriving within three hours of stroke onset increased from 55.8% to 80.4%, (iii) the proportion of patients calling for EMS increased from 50.4% to 60.7%⁵.

Methods

In May 2014 the authors sought executive approval for a public lecture project. The proposal was to conduct a pilot event later in 2014 to determine feasibility of the idea. If the pilot was successful, a program of recurring lectures would be established from 2015 onwards. Speakers would be drawn from senior clinical staff employed at the Toowoomba Hospital. Each event would be free to attend (including complimentary parking). Each event would be held in the conference centre located on the Toowoomba Hospital campus. Each event would be sixty minutes long (6:00pm to 7:00pm), with time made available for audience questions. Each event would be heavily advertised internally in outpatient and visitor areas, and externally

through various healthcare professional groups, patient representative groups, primary health networks, general practices and private hospitals, retail pharmacy and pathology and imaging centres, and through broadcast and social media. Each lecture would be recorded and an audio-archive made available for podcasting and catch-up listening. Feedback from each event would be sought to inform topic selection and better target promotion of future events.

Potential benefits of the public lecture series were highlighted in the proposal and included:

- Contribution towards achieving strategic and national goals around consumer and community engagement
- Showcasing the excellence of local clinicians, thereby engendering greater levels of trust between the community and the public health service
- Inviting the community and other healthcare providers to engage with the DDH on neutral terms, removed from the often fraught circumstances of acute clinical scenarios
- Providing an avenue for authoritative yet personable delivery of health information, as opposed to many other forms of media
- Providing an opportunity for positive media coverage of DDH
- Building a culture of open communication, of shared information, and of mutual obligation between the provider and the public
- Creating a program of intellectual integrity and enquiry that is nationally respected while leaving a local legacy

In addition to these potential benefits, potential risks were also identified together with mitigation strategies (Table 1).

Executive approval was granted in June 2014 and a pilot event was planned for October 2014. In order to give the public lectures their own branded identity, and to emphasise their conviviality, the program was given the overarching title “Twilight Talks”.

Results

The pilot lecture was delivered by endocrinologist Dr Sheila Cook on the topic “Healthy Living Tips To Avoid Diabetes”. A simple headcount is a crude measure of success, but number of attendees was an important initial metric for this project. Despite extensive advertising efforts, generating community interest in this novel endeavour was a great uncertainty. If only a few hardy souls among the worried well attended it is likely this program would have been abandoned at the pilot stage. This did not occur, however, as this initial lecture had thirty audience members which exceeded the most hopeful of predictions. This level of genuine interest, coupled with the enthusiastic qualitative feedback received, ensured a more extensive program of lectures was implemented from 2015 onwards. Pleasingly, good

attendance numbers have continued for each subsequent lecture, as shown in Table 2. Attendance has ranged from 25-115, with an average of 50.

The number through the door is important not as an abstraction but because each of these attendees have heard important health messages delivered in person by specialist physicians. Of equal significance, therefore, is to gauge impact in terms of audience reception and knowledge transfer. To this end attendees at each lecture were asked to fill in a one-page evaluation. As with attendance this feedback has been exceedingly positive, with the only negative comment being a request for Milo. As well as lots of "very good" and "very informative", the following verbatim selection is typical of the seventy comments received:

- Excellent community service
- Excellent presentation, pitched at suitable level
- This was my first one. Just great! Wonderful being presented by an 'expert'
- Any educational / awareness-raising sessions are of great value
- This was excellent tonight
- Really enjoyed – thank you! Excellent content and very entertaining delivery too!
- Thanks so much, this was great! Very informative and I liked that it was interactive
- The lecture was really informative and the presenter really knowledgeable and really great
- The lecture was extremely well presented and I learnt so much!
- Very good lecture! Like the fact non-bias! Science based!
- Great initiative
- Excellent presentation and inspirational as well
- Thoroughly enjoyed the lecture and lots of info – thank you
- Very appreciative of the community service! Well organised
- Please continue having them
- Excellent lecture providing awareness and simple and reachable goals for change
- Very enlightening. Keep it up – so good!

Such feedback is clearly very encouraging and validating, but it also lays the groundwork for more detailed qualitative analysis and longitudinal follow-up regarding the impact of receiving health information in this format.

Although interest and impact for the public were of prime importance in this project, engagement with this new initiative from clinicians and the health service was also essential. To help with this the public lecture project was nominated for, and won, a prestigious annual DDH employee award in the category of 'Being Open and Transparent'. This award was given significant coverage throughout the hospital resulting in a very positive and visible profile for the "Twilight Talks". This in turn has led to further interest from potential speakers, along with confidence from other

clinicians to recommend the lectures to patients, families, carers, and even their colleagues and selves. The receipt of this award, together with the more general success these “Twilight Talks” achieved, ensured this has moved from a speculative pilot project to a scheduled program of lectures, and was forming part of the Toowoomba Hospital’s ongoing consumer engagement.

Was, past tense, because the thirteenth twilight talk was scheduled for 24 March 2020. It was to be on the topic of Advanced Care Planning, and would have been the first held in Toowoomba Hospital’s newly built lecture theatre. This was the same week when major lockdowns and shutdowns and social distancing were announced due to the declared Covid pandemic. Though much hospital activity has returned to “normal” in the proceeding three years, there is still some anxiety around inviting large groups of the community to sit side-by-side in a single room within the confines of the hospital. Of course, education providers and performing artists and many more besides have all grappled with these challenges in a world now much more attuned to the dangers of infectious disease. As well, opportunities for flexible delivery through widespread uptake of videoconferencing software and the like have dramatically altered the context in which public lectures can be delivered. Twilight talks have not yet returned to Toowoomba Hospital, but with due consideration given to risk mitigation it is likely they will do so in some form in the near future.

Discussion

Evidence abounds and is unequivocal that improving health literacy leads to improvement in general health outcomes and disease prevention measures. An efficient and modern public health service must engage patients, families, carers, and the wider public with clear and authoritative health information alongside the acute episodes of care it delivers. An overview⁸ into the state of consumer health information in the UK observed that ‘Health literacy is not just about reading, writing and numeracy ability or applying literacy skills to a healthcare setting. Health has its own specific language, environment and processes; so, an understanding of everyday information is not necessarily enough to enable an individual to make sense of their health needs, treatment and choices. It is important to also remember that even literate people may have trouble understanding or interpreting some aspects of modern health care.’ This overview concluded that ‘Communication between health professionals and patients, and between health educators and the public, is key in order for consumer health information to have the ability to improve health outcomes. Further, especially local, investment into the production, distribution and delivery of consumer health information is recommended’. As well, an important review by Lord Darzi stressed in its first sentence that ‘An NHS that gives patients and the public more information and choice, works in partnership and has quality of care at its heart’⁹.

The “Twilight Talks” program of public lectures is one small effort to achieve

improvements in this broad aim. The model adopted is certainly transferable to other health services nationwide. Essentially all that is required are experienced clinicians willing to speak, a coordinator willing to give the program impetus and direction, and a venue able to host all of the eager attendees. The costs incurred are zero to the attendees and minimal to the health service, amounting to small sums for catering, publicity, foregone carparking revenue, and audio-archive hosting. These costs will be dwarfed by the long-term benefits of an increasingly health-literate population avoiding inpatient bed days and associated diagnostic and therapeutic interventions.

Not only is such a program inexpensive and resource-light, there are several referred positive effects for the health service itself. Hospitals can have negative connotations for patients and family members as places of fraught emotions and painful experiences. Often public health services are only represented in local media when something goes wrong. As well, interactions with clinicians are frequently in the context of specific therapies and immediate outcomes. Encountering the hospital in a public lecture context can substantially change this narrative. In this sense the hospital simply becomes a neutral venue where positive messages of generalised health behaviour change are received. The local clinicians delivering the messages can be recognised for their expertise which further enables confidence in the health system as a whole. In addition, the likelihood such messages are received well and acted upon is enhanced by a lecturer-audience relationship rather than the complex interactions of a doctor-patient interview.

Along with benefits the hospital may receive, it is clear that the primary beneficiaries of a health-oriented public lecture program are members of the general public who attend. Climbing rates of chronic disease allied with rising demand for public health services highlight a present need in the Darling Downs community for honest conversations and information sharing around health behaviour. Information is an intervention for consumers every bit as powerful as the scalpel and the syringe. Health information delivered concisely and with authority and conviction is undoubtedly a priority in reducing disease burden and enhancing patients' abilities to act as partners in their healthcare.

Conclusion

Delivering an ongoing series of public lectures is a modest but worthwhile contribution to the demands of consumer health information, and a novel initiative for the Darling Downs. Several hundred people have demonstrated a desire for health information received in this way. The lecture topics already delivered have focused on areas with significant disease burden and health service impact – heart attack, stroke, diabetes, cancer, futile deaths in hospital, childhood fever, dementia, anxiety, incontinence, debilitating orthopaedic diseases. The feedback received from participants also identifies desired topics for future talks which will be taken into

consideration when assigning upcoming lectures. As well, within each lecture significant time has been devoted to audience questions and interaction, with audience members taking full advantage of the opportunity to ask meaningful questions and engage in important dialogue. The end result is the local health service providing opportunities to many members of the community to think seriously about aspects of their health and learn about practical ways of making positive change.

Table 1: Risk Mitigation Strategies

Risk	Mitigation
Presenters will speak on topics that are exceedingly controversial or will have potential to generate negative publicity for the DDH.	The public education purpose of these talks will be clearly outlined to potential speakers. Each speaker's topic will be vetted beforehand by the Director of Clinical Training.
Audience members will ask questions that are awkward or difficult for the speaker to answer.	Speakers who are experts in their field and who are comfortable speaking in public will be sought, thus ensuring some level of confidence and competence in responding to questions from the audience. As well, a speaker's guide based on extant advisory documents ^{6, 7} will be shared with speakers prior to events. A DDH staff member will also act as chair of each event and will be instructed to intervene if they believe questions need deferring or abandoning.
Audience members will misconstrue or misuse the information they have heard.	A disclaimer in advertising material and at the event will notify audience members the information presented in the lecture is designed for general education and should not supersede or replace consultation with an appropriate health care practitioner. As well, lectures will be audio-recorded and archived if any post-event clarification is required.
Public lecture events are poorly managed or unexpectedly cancelled.	A single point of contact will be responsible for these events. A checklist will be used to ensure events are prepared as professionally as possible. In the event of a cancellation, where possible the same media used to promote the event will be used to notify of its cancellation.

Table 2: Event Details

Date	Topic	Attendance
1 Oct 14	Healthy living tips to avoid diabetes (Pilot)	30
1 Apr 15	Prevention of strokes & heart attacks – what we all need to know	75
2 July 15	Dying at home	60
3 Sep 15	How to avoid diabetes	45
3 Dec 15	What can I do to try and avoid the big C? – preventive measures you can take to minimise your risk of developing cancers	25
13 Apr 16	Your child with fever – when to call the doctor & how to manage	30
30 Jun 16	Immunisation - what's it all about	35
3 Nov 16	Living Better, Dying Better	35
4 Apr 17	Dementia: the quiet tsunami	105
22 Aug 17	Anxiety	55
12 Jun 18	Laugh without leaking: strategies to avoid or manage incontinence	40
20 Nov 18	Coordinating care between the hospital and your GP	25
13 Aug 19	Creaking hips and knees – osteoarthritis in 2019: prevention, treatment... cure?	115

References

1. Darling Downs Hospital and Health Service. Strategic Plan 2015-2019. Toowoomba; 2015. Available from: <https://www.health.qld.gov.au/darlingdowns/pdf/ddhhs-strategicplan-summary.pdf>.
2. Australian Commission on Safety and Quality in Healthcare. Safety and Quality Improvement Guide Standard 2: Partnering with Consumers. Sydney; 2012. Available from: http://www.safetyandquality.gov.au/wp-content/uploads/2012/10/Standard2_Oct_2012_WEB.pdf.
3. McLennan G, Osborne T, Vaux J. Universities in 'the condition of publicity': how LSE engages with the wider world. *Globalisation, Societies and Education*. 2005;3(3):241-60.
4. The University of Sydney. 21st Century Medicine: today's research, tomorrow's healthcare. 2013. Available from: <http://sydney.edu.au/news/84.html?newsstoryid=12189>.
5. Chen S, Sun H, Zhao X, Fu P, Yan W, Yilong W, et al. Effects of comprehensive education protocol in decreasing pre-hospital stroke delay among Chinese urban community population. *Neurological Research*. 2013;35(5):522-8.
6. Australian National University. How To: Public Lectures. Available from: <https://services.anu.edu.au/files/guidance/How-To-Public-Lectures.pdf>.
7. Columbia University. The Do's and Don't's of Effective Lectures. Available from: <http://www.columbia.edu/cu/tat/pdfs/lectures.pdf>.

8. Smith S, Duman M. The state of consumer health information: an overview. *Health Information and Libraries Journal*. 2009;26(4):260-78.
9. Lord Darzi. High Quality Care For All - NHS Next Stage Review Final Report: Department of Health; 2008. Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/228836/7432.pdf.

Health Library Staff Member Spotlight

Keith Stalling

Librarian and Research Governance Officer | Yacca Library, North West Hospital and Health Service (QLD)

Keith.Stalling@health.qld.gov.au

When did you first start working in a health library?

August 2021, my current position Librarian at the Yacca Library for North West Health and Hospital Service (NWHHS), Mount Isa Queensland.

Why did you join health librarianship?

I applied 😊 No in all seriousness I saw an opportunity to advance my library career with an opportunity to work in a specialised library, I had been working as a Library Officer for Mount Isa City Council Library, when the NWHHS Mount Isa Yacca Librarian position was advertised, I gave it a go knowing I had the research skills and previous library knowledge to fulfil my long term goal of becoming a Librarian and managing a library.

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

I started working in libraries in 1998 as Library Assistant Casual for Blacktown City Library (NSW), I was there until 2002, after which I was successful in a full-time position at Bankstown City Council [NSW] (now Canterbury-Bankstown City Council). For 17 years, between 2002-2019, my position was in Home Library Services (HLS). I worked with some great staff in the HLS in and out of the library. All week, rain, hail or sunshine we delivered the vital service for house bound patrons who could not visit the library. It was a great position, a very rewarding role and I had the pleasure of meeting nice people who valued the HLS service. Many patrons were of an older generation, yet there were some younger people who were house bound for various reasons too. My colleagues and myself always saw them as friends and an opportunity to talk with our patrons, as some of them had minimal face to face contact with other people and the HLS visit was a highlight of their day.

Leaving Bankstown and moving to Mount Isa was a massive tree change, well, in this case a red dirt change, and a leap of faith to a place I had never been to before, let alone knew where Mount Isa was on the map. I was employed in the position of Library Officer for Mount Isa City Council from the November 2019- August 2021, with my main roles focusing on the Mount Isa local history, Library Management System (LMS) with training staff & data control, collection management in addition to finance (budgets).

How do you describe your current position?

Librarian in the Yacca Library is a position that sits in Queensland Health's North West Hospital and Health Service (NWHHS) and James Cook University's Murtupuni Centre for Rural and Remote Health (MCRRH), to run and manage the Yacca Library. I am employed by Queensland Health and the position is a joint venture between QH & MCRRH. I work cooperatively with both organisations to maintain the Yacca Library collection, budgets, access to the services and training rooms, and most of all that the information and services that the Yacca Library provides are up to date for staff, students and other medical professionals who require information from the library.

I see my health librarian services role as an important link between the NWHHS and MCRRH to work effectively with all patrons who are accessing the Yacca Library, providing continued assistance in the health of the North West Queensland community, from Executive Directors of Mount Isa Hospital, Head of Departments, local medical personal, all the way though to students studying or visiting Mount Isa for work placements.

What do you find most interesting about your current position?

NWHHS & MCRRH's footprint of these two organisations covers a large part of northern Queensland, nearly 600,000 square kilometres, from Mount Isa in the northwest (QLD/NT border) up north to the Gulf of Carpentaria and its islands, parts of the western Cape York, south to Dajarra and Longreach in addition to covering other little towns in between.

I always remind my patrons:

"If you need items that the Yacca Library does not hold, the library maybe remote but not isolated from my colleagues and their libraries across Queensland. We strive our best to get the item for you".

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

eJournals and technology. eJournals (articles) access, pay walls and retrieval of the information can be quite time consuming, for those who maybe unfamiliar with the databases such as CKN, Up-to-Date or PubMed and other technical issues such as logins and passwords. While encouraging patrons to source and obtain correct, legal, along with ethically sourced data, sway patrons from a Google search to avoid the millions of search results, errors and/or unethical data retrieval of information, that may contain copyright protected, outdated or incorrect (mis)information.

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

Never look down on any library roles or services. All libraries contribute to someone in one way or another. As a new graduate in the information profession being able to

work in a library of any sort is the first step to your career, it may not be a position, role or a level (Librarian or Library Technician) of your dream, but it is professional library work experience where you have a foot in the [library] door.

Just being in a library environment gaining library skills and knowledge will lead to opportunities, what you put into your career will produce results, take a chance, have short- and long-term goals of what you would like to achieve in your information profession. Sometimes those goals change and that's ok, I know my goals have changed over the years, some goals I have fulfilled and yet others are on the back burner.

Remember you don't have to be a book lover or know of every book that has been written to work in a library, libraries are more than books, it is the staff who make the library work.

What is your greatest achievement?

Personal: Getting married to my wife Louisa and becoming a father to 3 wonderful children.

Professional: My current position Yacca Library Librarian

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

Travel Guide: I love travelling.

What is your favourite non-work activity?

Travelling: Eating my way around the world.

I work to travel! Making it a very expensive hobby but the quality time with my family exploring new places and eating different food is worth all the hard work. I don't complain about airline food since I have a severe egg allergy, I order the Vegetarian Oriental Meal (VOML), special meals for an egg free option. I will give most (egg free) food a try, I have eaten all sorts of different food from Sea Urchin sashimi in Kyoto, Emu sausages in Cairns and greasy over the top burgers in LA. With all that being said, the two best foods I have ever eaten are my wife's homemade curry pies and Beef Rendang in Sabah, Malaysia.

Do you have a favourite website or blog?

Yes YouTube: I like to watch Mark Wiens travel/food videos.

Anything else you would like to share about yourself?

I'm a second generation librarian. My mum (Gwen Stalling) was the biggest influence on my professional life.

I may live in Mount Isa, Queensland, but I still follow New South Wales Blues in Rugby League. (Makes work fun during State of Origin time).

Please feel free to email me with any questions about the Yacca Library, NWHHS or MCRRH, happy to answer any questions. Mt_isa_library@health.qld.gov.au

