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ABSTRACTS / RÉSUMÉS

CISTI and the power of partnering

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The transformation from print to digital has created enormous challenges in the world of scientific, technical, and medical (STM) information. It requires a new information infrastructure and new ways of working together to respond to the need for seamless and equitable access to digital resources. As Canada's national science library, The Canada Institute for Scientific and Technical Information (CISTI) is positioned to work as a catalyst in fostering national collaborations and partnerships. This presentation will detail how CISTI has partnered with other organizations in the past and continues to do so today to better serve the health informa-

tion needs of Canadians. CISTI's relationship with the US National Library of Medicine will be highlighted, as will its collaboration with the Canadian Health Libraries Association and other stakeholders in the National Network of Libraries for Health initiative. Lessons learned from CISTI's work on the cross-departmental Federal Science eLibrary initiative will also be shared. This presentation will be structured to stimulate a dynamic discussion on building future health partnerships to address issues of common interest in the rapidly changing digital environment.

Federal Science eLibrary: transforming the Government of Canada's STM information infrastructure

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Federal researchers, policy analysts and decision makers need broad and immediate access to scientific, technical, and medical (STM) digital information to set policies and standards and find solutions to issues of critical importance to Canadians, including new health, environmental, and security threats. Bonded by a shared vision to address existing inequities and regional disparities in desktop access to digital STM resources, the Strategic Alliance of Federal Science and Technology Libraries, a collaboration of the six major science-based federal libraries, established the Federal Science eLibrary initiative. The eLibrary will build on the existing network of more than 300 libraries to guarantee desktop access to electronic publications for some 24 000 knowledge workers who support key science-based activities of the federal govern-

ment. Over the past 5 years, the Strategic Alliance has made considerable progress in building the case for an eLibrary, producing a feasibility study in 2003 and a business case in 2005. In November 2005, they put words into action, launching a successful 3-month pilot project that provided 500 researchers at three sites across Canada with desktop access to 4 million full-text journal articles. The pilot provided persuasive evidence that an eLibrary is realistic and achievable, and it proved the value and feasibility of a collaborative, cross-departmental approach to providing seamless and equitable access. The author will discuss lessons learned during this 5-year journey, how the pilot results are being harnessed to move this initiative forward, and what is being done to secure the necessary funding to make the eLibrary a reality.

Establishing and maintaining a healthy partnership: the Physiotherapy Outreach Project case study

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Introduction: In 2005 the Irving K. Barber Learning Centre at the University of British Columbia and the Physiotherapy Association of B.C. (PABC) formed a partnership around the development of library and information services to PABC members in private and public practice. The managing director of the Learning Centre and the CEO of PABC approached an independent foundation with a funding proposal to develop services for PABC member physiotherapists. The Physiotherapy Outreach Project was launched in February 2006 and serves a user community of about 1600 PABC members throughout British Columbia. **Objectives:** This session will describe the partnership between the Learning Centre and PABC, the steps taken to ensure that the collaboration meets the needs of all involved, and potential models for ongoing sustainability and growth. In particular, the benefits of the collaboration from both UBC and

PABC perspectives will be addressed. **Outcomes:** This session will discuss (1) key elements to an ongoing successful collaboration, (2) benefits of developing a shared model of service, and (3) strategies for moving toward a sustained model of funding. **Discussion:** Successful partnerships between organizations seek to balance the needs of all stakeholders involved. In addition to taking the first steps to identify common goals and objectives, a level of trust and ongoing communication is needed if the partnership is to thrive and grow. We will discuss the parameters of the Physiotherapy Outreach Project and the process for creating a shared structure for supervision of staff and decision making. In addition, we will discuss ongoing evaluation of the partnership and methods for communicating success to the funding organization, as well as steps being taken to develop a model for ongoing sustainability.

The Electronic Health Library of B.C. (eHLbc): a unique consortia

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Program objective: The Electronic Health Library of BC (eHLbc) will provide the entire British Columbia academic and health care community with high quality, cost-effective, equitable, and easily accessible health library resources that will support and improve practice, education, and research. On 1 April 2006, thanks to a unique partnership with the BC Academic Health Council, over 2 years of assiduous effort by a working group of academic and health librarians resulted in the launch of an innovative provincial database consortia known as the eHLbc. **Setting:** the province of British Columbia. **Participants:** Students, staff, and faculty of all B.C. public post-secondary institutions, all Health Au-

thority staff, and ultimately, all health care professionals in the province of B.C. **Program:** A comprehensive suite of electronic databases and full-text resources offered through EBSCO and Ovid, available to all B.C. health care professionals, regardless of location or affiliation. **Results:** This session will provide an account of the process that brought the eHLbc vision to life, discuss the consortia's current status, and identify future steps that are being planned. **Conclusion:** Trends suggest that for libraries the future provision of information is best served by collaborative action and pooling of resources. The eHLbc consortia will serve as a further model for collaborative partnerships.

Making information count: the Calgary Health Information Network

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Objective: The Calgary Health Information Network was formed in 2005 through fee-for-service contracts between the University of Calgary and two partners, the Calgary Health Region (CHR) and Tom Baker Cancer Centre (TBCC). An integrated health knowledge service is provided for health care practitioners, staff, patients, and families from Knowledge Centres at major acute care sites, with the University Health Sciences Library as the network hub. **Methods:** Following a comprehensive needs assessment and information audit in 2002–2003, a framework plan defining the service model and governance structure was approved in 2003, a business plan was accepted in 2004, and the CHR library services contract was signed in 2005. Contractual issues included network security, governance, space, transfer of staff, network expansion, dispute resolution, budget, and service schedule. **Results:** Information services are provided

from five Knowledge Centres by four librarians and seven support staff coordinated by the network manager. Full university library electronic service is provided in the Knowledge Centres that are on the university network. Additionally, electronic collections are licensed across the CHR and TBCC networks. Outreach and information literacy programs support all areas of CHR and TBCC. Information access is being integrated through common application of SIRSI, SFX, EZProzy, and Serials Solutions, with common authentication files. **Discussion:** Service level agreements, statements of work, change orders, and operate processes are being developed to support the governance structure, define deliverables, measure performance, approve budgets and facilitate network enhancement. Network information services are aligned with knowledge transfer/knowledge management activities of the CHR and TBCC.

Strength in numbers: the rewards of partnerships

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Background: The Ontario Public Health Libraries Association (OPHLA) is a community of information professionals who work in partnership to maximize the capacity for knowledge transfer, information services, and resource sharing within and among Ontario's public health units. Members from diverse units across the province collaborate, innovate, and utilize current technologies to facilitate effective knowledge translation. **Objectives:** Conspicuous inequities in access to scientific resources among these agencies prompted OPHLA to devise a strategy for the provision of essential information products to all health units. Its purpose was to increase awareness and utilization of reliable evidence-based sources and initiate a knowledge-sharing culture among public health units. **Methods:** Members employed their collective public health information expertise to identify several key public health databases and core jour-

nals that would provide credible scientific resources for all health units, regardless of the availability of library services in their institutions. By developing a strong business model and engaging in an ongoing advocacy campaign, OPHLA was able to demonstrate the necessity of these purchases to potential funding sources. **Results:** External funding was secured for these key public health information resources from the Ministry of Health and Long-Term Care, and free access was provided to all Ontario public health units via the Public Health Ontario portal. OPHLA subsequently designed a taxonomy, an index and metadata, and customized tutorials for the portal and became its primary content contributor. The association's advocacy efforts and success in creating a "virtual" library have raised the profile of public health information professionals and increased the capacity for public health knowledge exchange in the province.

Open access journals in addiction and mental health: focus on discovery

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Introduction: The open access (OA) publishing movement is flourishing, removing access barriers to librarians and end users, and publishing barriers for researchers and editors. In the multidisciplinary field of addiction and mental health, OA publishing facilitates disseminating research on controversial issues, marginalized populations, and interdisciplinary approaches. Tracking the extent to which this literature is accessible through searching traditional databases should be a concern for librarians. Are we raising awareness of these resources in our communication and instruction? **Objectives:** To study 14 peer reviewed, electronic only OA journals relevant to addictions and mental health in terms of (i) discovery of content through seven major databases and (ii) discovery through several OA directories, repositories, and search engines. To provide guidelines for raising aware-

ness of OA journals and strategies for content discovery. **Methods:** The 14 selected journal titles were searched in seven traditional databases (Medline, PsycINFO, etc.), directories (DOAJ and Free Medical Journals), repository sites (PubMed Central and OAIster), and search engines (Google Scholar and Scirus). Retrieval was documented for each and the retrieval rate, as a percentage of the 14 journals, calculated. **Results:** Work is in progress, but in earlier work by the authors, traditional databases had a 41% average retrieval rate compared with 64% for other search tools, and PubMed was found 2.5 times more likely to retrieve OA journals than MEDLINE. **Discussion:** The OA journals studied are not well represented in traditional databases. Alternative search tools and strategies are recommended. The merits of the various search tools for discovery will be discussed.

Advanced Google instruction as a tool for promoting evidence-based practice

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Objectives: Primary – To use instruction on searching the Internet using Google to develop awareness of the need to incorporate appropriate information and resources into health care practice. Although the library offers instruction in biomedical databases, drop-in classes were not successful. Despite the success of department-specific instruction, non-library users were not reached. Because of its popularity, the library felt offering Google training would attract a wider audience than the library traditionally reaches and help promote evidence-based practice. Secondary – To learn why health care professionals choose Google before traditional library resources. **Setting:** Hospital library serving a health region in Regina, Saskatchewan. **Participants:** Any staff member in the health region. **Program:** An advanced Google drop-in session was developed as part of a summer co-op practicum. Drop-in sessions were

later expanded to reach specific groups. Course content included how Google works, when to use Google, and searching using advanced commands. Participants completed an exit survey asking what they like and dislike about Google, their preferred information sources, and if they wanted to learn more about library resources. **Results:** One hundred and eighty individuals have participated in the course. 93 have requested follow-up instruction. Nineteen targeted sessions have been offered to pharmacists, therapists, medical transcriptionists, volunteers, dieticians, and interns. Additional results are in process and will be presented. **Conclusion:** Google is ubiquitous. Offering Google training sessions is an excellent way of promoting the library and its resources to non-library users and encouraging the use of appropriate information for decision making in health care.

Implementing Web 2.0 tools into health library practice and outreach

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Introduction: While the concept is widely defined and interpreted, all Web 2.0 tools have certain characteristics in common; they are collaborative in nature, interactive, and dynamic. As a part of a partnership between the Irving K. Barber Learning Centre at the University of British Columbia (UBC) and the Physiotherapy Association of British Columbia, the physiotherapy outreach librarian has utilized numerous Web 2.0 applications in his outreach work with practicing physiotherapists in B.C. **Objectives:** In this session, we discuss several Web 2.0 applications that we use to serve our users' information needs: RSS feeds, blogs, podcasting, social networking, social bookmarking, customized search engines, wikis, and, instant messaging. Functionality, usability, and practical applications of those tools are reviewed. **Outcomes:** At the end of this session, we will have demonstrated (1) the

overall usability of various Web 2.0 tools and tips and tricks when creating and tailoring them to your community needs and (2) the use of Web 2.0 as an outreach and community engagement tool and as a supplement for the regular health sciences information resources. **Discussion:** Web 2.0 is different from anything we have had online just a few years ago. The content is created for the users by the users. We believe that those technologies are vital additions to the health librarian's toolbox. We have tried numerous Web 2.0 technologies in the UBC Library providing outreach services to B.C. practicing physical therapists and found most of them to be of immense value. Nevertheless, health librarians need to critically evaluate Web 2.0's continuous innovations on an ongoing basis and be prepared to put into context their place among other important information tools.

Nameless librarian: are you going to lead the hospital CEO to the evidence?

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The hospital librarian requires an understanding of the information needs, information-seeking process, and use of information resources by a hospital's chief executive officer (CEO) so that the librarian may support, promote, and foster evidence-based decision making at the executive level. This research aimed to identify various reasons hospital CEOs seek information and to uncover their feelings and thoughts about the process. This CHLA / ABSC funded study, in which Ontario hospital CEOs were interviewed in the summer of 2006, identified barriers to evidence-based decision making described by the CEOs themselves. Identified barriers included a lack of on-demand information and limited time for the information seeking process. Where our CEOs look for needed information, their preferences regarding content and delivery method, and

their specific information needs and wants are presented. Ontario CEOs do not perceive the hospital library as a first source that they turn to for evidence-based decision making. Of the 27 CEOs that directly use a library (on- or off-site), 37% of them did not know the librarian's name. CEOs were asked if they believed a hospital library would exist 5–10 years from now and to forecast the future for library services. They envision library services as shared–joint services, or virtual, or both. If the hospital librarians as we know them today will be transformed, who then will lead the hospital CEO to the evidence? A positioning strategy must answer the question posed by CEOs and other library clients: Why should I use the hospital library for evidence-based decision making? Strategies and positioning of health librarianship are proposed.

Healthcare managers' decision making: what information do they need and use?

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Background: One possible reason for slow uptake of population health is that much of the decision making about healthcare takes place at the local level where population health is not integrated fully into healthcare planning and policy making. Another reason is that without integrated internal and external health information to support their actions, healthcare decision makers find it difficult to decrease funding to treat individual patients in order to release funds to target population health initiatives that may not have immediate benefits. **Objectives:** The aim of this study is to gain an understanding of the information behaviour of healthcare managers as they draw on information while engaged in non-clinical decision making. Findings from this study may inform both health library services delivery and strategic health information management planning. **Methods:** This small-scale, exploratory, multiple case study used the critical incident technique in nineteen semi-structured interviews. Responses were analyzed using "Framework", matrix-based

content analysis. **Results:** Healthcare decision makers are active information seekers generally involved in group decisions informed as each member contributes synthesized verbal information. Decisions are influenced by a wide variety of factors. Internal information and practical experience are generally considered before research evidence. **Discussion:** Healthcare decision makers' information behaviour aligns with operations research, additionally complicated with ethical and political influences. Facing time pressures and realizing information gaps, they "satisfice", make the best decision they can in the circumstances. The challenge to healthcare system librarians is to integrate internal information effectively with external research-based information. This is a report of the first phase of a Ph.D. in health information management. The work is being completed at the University of Sheffield under supervision from Dr. Peter Bath, Centre for Health Information Management Research and Andrew Booth, School of Health and Related Research.

The power of tailored messaging: preliminary results from Canada's first knowledge brokering trial

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Background: A national knowledge transfer (KT) strategy is needed to support decision makers' (DM) uptake of high-quality evidence in program planning/policy making. This randomized controlled trial (RCT) evaluated an innovative strategy in promoting evidence-informed decision making in Canadian public health units and regional health authorities. **Methods:** This RCT investigated three progressively more intense interventions: (1) access to an online registry of systematic reviews (health-evidence.ca), (2) registry access plus targeted messages, and (3) registry access, targeted messages, and knowledge brokering (KB), specifically related to physical activity and healthy body weight promotion evidence in children and youth. Before randomization, public health units ($n = 108$, or 76%) were recruited and stratified by population served using Statistics Canada data. The intervention occurred January–December 2005. A knowledge utilization survey was administered at

baseline, one month following baseline, and immediately post-intervention. Final data collection will occur January 2007. **Results:** Pilot testing among DM ($n = 23$) resulted in minor survey revisions. No significant differences were identified between groups at baseline. Good follow up (81.5%) was achieved. Health units that received tailored messages (group 2) provided significantly more research-supported programming immediately following the intervention compared with health-evidence.ca (group 1) and the KB (group 3) ($P < 0.009$). No difference was found between groups when measured in a global outcome as "extent to which research influenced any decisions related to healthy body weight in children". **Conclusions:** Tailored messaging can be effective in promoting evidence-informed decision making. Lack of effect measured in the broker group measurement issues in KT intervention research will be discussed.

Chasing the Sun: facing the challenges of a global collaboration

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Chasing the Sun (CTS) is an award-winning virtual reference service and a unique collaborative venture between healthcare librarians in Australia and England. In 2004 Sue Rockliff spoke at the Canadian Health Libraries Conference, prior to the launch of CTS in February 2005. Now, nearly 2 years down the line, this presentation will provide an update on the development of the service. CTS takes advantage of the time-zone differences between the two countries and allows clinicians working nights in one country to have direct contact with a librarian during their normal working day on the other side of the world. CTS enables librarians to provide out-of-hours assistance to support evidence-based practice for clinical decision making. The presentation will discuss the successes and frustrations encountered and will

outline how CTS is evolving to meet the needs of users. Marketing and promotion of the service is key to its success, and while strategies are being developed, this is proving to be a particular challenge. Further development work currently taking place in Australia is based around using the service to answer queries locally during the day. This is an added dimension enabling CTS to provide a virtual reference service locally within a subscribing organization. The year 2006 saw interest in CTS from library services at the UK's Royal College of Midwives and Royal College of Nursing. It is hoped that in time librarians from New Zealand and Canada will also participate thus enabling the service to become a truly global resource providing a response 24 hours a day.

Creation of an e-reference list for an online interprofessional course module in palliative care using RefWorks/RefShare

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The course module entitled "Total Pain" was created by members of the Medicine and the Health Sciences Faculties at the University of Ottawa. The purpose of this online interprofessional course is to help health practitioners deal with patients in pain. Using a fictional patient named "Neil", participants can follow his story in an interactive way. The Health Sciences Library was asked to create a list of references that would be available in electronic format for course participants. This provided us with an opportunity to explore different possibilities for e-reserve in our library through a pilot project. Only a third of the resources on the reading list supplied were available electronically at the University of Ottawa. Subsequently, it was necessary to obtain permis-

sions for all the other resources. The course is not in a protected environment. Therefore, access to full-text documents needed to be "password protected". RefWorks (bibliography manager) was used to put together the list of resources, with their full-text links. RefWorks was particularly useful for this project because it is possible to share with others the list of references by simply creating a URL link. This functionality is called RefShare. The links were put directly onto the course Web site. Course participants come from very different environments. Having their readings available in an electronic format is greatly appreciated as they can access these resources from anywhere at anytime.

EFTS (Electronic Fund Transfer System) and currency conversion: economy and efficiency for ILL

Jackie Lewis and Jola Sliwinski

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Objective: The Electronic Fund Transfer System (EFTS) is a Web-based billing system for interlibrary loan (ILL) and document delivery. EFTS virtually eliminates the need to create invoices and write checks for reimbursement for ILLs. In order for libraries outside the USA to fully participate in the benefits of EFTS, a currency conversion capability has been developed to support other currencies. **Background:** EFTS was developed in 1996 at the Stowe Library, which manages and maintains the system with the support of the National Library of Medicine in conjunction with DOCLINE. EFTS is used by health science libraries for processing the payment of ILL transactions. It centralizes this activity by electronically billing participants for ILL transac-

tions. **Method:** The official currency of EFTS is US dollars, which had been a deterrent for libraries outside of the US to join. To facilitate the participation of non-US libraries, currency conversion capability was added to the EFTS system by Steve Bazinet, EFTS Application Developer. **Results:** EFTS members have balances displayed online in US dollars unless the column label implies another currency. The local currency of the member is displayed in the detailed transactions section of the member's report. **Discussion:** Jackie Lewis (EFTS Program Manager) and Jola Sliwinski (EFTS Program Coordinator) will demonstrate and discuss all aspects of the EFTS system, with emphasis on the advantages of participation for Canadian libraries.

Virtual libraries in southeastern Ontario: behind the scenes

Gillian Griffith, Anne Smithers, and Amanda Ross-White

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Starting in 1996, Bracken Health Sciences Library at Queen's University has established a number of partnerships with community health care institutions in southeastern Ontario to provide library services. The number of partnerships continues to expand and currently includes seven community health facilities at 10 locations, each of which has adopted a customized virtual library service model. At the Canadian Health Libraries Association conference in 2005, Gillian Griffith presented a paper, *The People Factor*, which examined the importance of establishing symbiotic relationships to facilitate the delivery of library services at a distance. In 2007 we would like to address the other components of our

partnerships — the administrative and operational elements that are necessary to ensure effective program implementation and longevity. We have undertaken a critical appraisal of our experiences with aspects of our partnerships such as vendor negotiations, training delivery, document services, resource evaluation, and third party solutions. Adopting a "lessons learned" approach, we will share what we have learned during the last decade. Attendees will be presented with real-life, real-time examples demonstrating that what works at one institution, may not necessarily work at another. In other words, one model does not, indeed, fit all.

Building leadership capital: a nurse–librarian knowledge transfer partnership

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Program objective: Effective nursing leadership is critical for client care, health promotion, policy development, and health care reform. The Nursing Leadership Council of the Winnipeg Regional Health Authority (WRHA) recognized a need to identify and support potential nurse leaders. The council sought to enhance the traditional model of mentorship by collaborating with the University of Manitoba Health Sciences librarians to develop an effective method to disseminate evidence-based nursing leadership knowledge. **Setting:** The WRHA includes six acute care facilities, three long-term care facilities, and one urgent care centre. The Neil John Maclean Health Sciences Library oversees libraries located in each of these facilities and provides library services to WRHA staff throughout the region. **Participants:** The Nursing Leadership Council identifies potential nurse leaders through mentorship and educational programs. **Program:** Health Sciences librarians conducted literature searches on

19 major leadership topics identified by the Nursing Leadership Council. Partnering with members of the council, librarians restructured, refined, and repackaged the leadership literature in a webliography format. References in the webliographies are linked to licensed full-text articles through the SFX link resolver software. In addition, nTreePoint software is used to provide an online forum for nurses to discuss articles under each leadership topic. **Results:** Nineteen webliographies have been created and are accessible from the Health Sciences Libraries' Web site. Nurses discuss the articles in an online forum. The Nursing Leadership Council has expressed interest in maintaining a collaborative relationship with Health Sciences librarians. **Conclusion:** Through this knowledge transfer initiative, Health Sciences librarians are contributing to the development of nursing leaders in the Winnipeg Regional Health Authority.

The evolution of the Seniors Health Research Transfer Network library project

Shannon Buckley and Nancy Roberts

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Program description: Historically, staff in long-term care and community care have had limited access to relevant information to support patient care. In 2003, the Long Term Care Resource Centre in Hamilton, Ontario, received funding from the Ministry of Health and Long-Term Care (MOHLTC) and by 2004 served as a template for information service delivery. In 2005, the MOHLTC funded the Seniors Health Research Transfer Network (SHRTN) library project, based in part on the Hamilton model. By fall 2006, library services were expanded to include Hamilton, Ottawa, Waterloo Region and Wellington County (Guelph), and Toronto, complemented by the development of a Web portal at SHRTN.ON.CA. **Program objective:** The SHRTN Library Services project is designed to improve access to evidence-based information; build on and support existing libraries and services; develop new knowledge translation tools; and foster training, innovation, and communication. **Setting:** On-

tario, with a focus on formal care providers in long-term care and community care. **Participants:** Librarians, information specialists, and library technicians linked to existing libraries serving formal care providers, researchers, and policy-makers. **Results:** (i) Development of free, prescreened, reliable resources via a Web portal, (ii) information sharing and cost reduction through networking, (iii) development of information tools and training support based on clients needs, and (iv) improved accessibility to resources through most of Ontario. **Conclusions and implications:** The SHRTN Library Service project is an excellent example of dynamic network evolution striving to meet the challenges of care providers in long-term care and community care in Ontario. For more information about the SHRTN Library Service contact Jan Figurski, Coordinator SHRTN Library Services, at jfigurski@baycrest.org or 519-433-5767.