

Rapid access to knowledge translates into improved patient care

With more than two million medical articles published annually and up to 7,000 research articles written every day, the sheer scale of clinical information available to time pressed clinicians makes it practically impossible for them to keep up to date with the latest in research findings.

This is where a Clinical Informationist Service (CIS)—a new service being piloted at Beaumont Hospital—can prove invaluable.

Beaumont is the first hospital in the State to support a CIS research project, which is studying how providing healthcare staff with rapid access to the very latest in medical research at the point of care can improve healthcare outcomes and enhance patient care.

Ms Beatrice Doran, Senior Research Fellow at the Department of Medicine, Beaumont and RCSI, together with Professor Gerry McElvaney, Head of the Department of Medicine, RCSI and Beaumont Hospital, and with the support of the Charitable Infirmary Charitable Trust, have introduced the CIS concept to Ireland. According to Beatrice, the importance of healthcare professionals having access to best practice and the latest clinical guidelines at the point of care cannot be over emphasised.

Beatrice was the driving force behind establishing and developing both the RCSI and Beaumont libraries, which today provide an invaluable resource and service for students and Hospital staff alike. She was also responsible for establishing the library at Cork University Hospital. The appointment of Ms. Maura Flynn as Beaumont's and indeed Ireland's first Clinical Informationist has been widely welcomed and greatly appreciated by Clinical staff in the Department of Medicine.

A Clinical Informationist is a librarian with a background in healthcare, Beatrice explains.



(l-r) Ms Beatrice Doran, Senior Research Fellow in the Department of Medicine, Beaumont and RCSI; Maura Flynn, Clinical Informationist and Dr Peter Branagan, Respiratory Registrar.

Maura Flynn, Beaumont's Clinical Informationist, holds a Master's degree in Library and Information Studies and prior to her appointment at Beaumont she worked in the Library at Tullamore Hospital.

Commenting on her new position Maura said: "I see my role as facilitating clinical staff's access to relevant knowledge and information, which saves them time and hopefully ultimately contributes to the best patient care outcomes possible." In essence the Clinical Informationist is an information specialist who supports the clinical team. By researching the latest published medical literature for new research and guidelines, the Clinical Informationist allows healthcare professionals to spend more time with their patients.

Currently Maura works with the Cystic Fibrosis and Endocrinology teams at Beaumont, which includes consultants, registrars, nurses, pharmacists and physiotherapists. In response to questions raised on ward rounds, case presentations or multi disciplinary team meetings,

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she searches the research literature for answers to questions raised by clinical and research staff. According to Dr Cedric Gunaratnam, Consultant Respiratory Physician at Beaumont Maura has been an “invaluable resource” to the Cystic Fibrosis team.

“She is able to rapidly source relevant information to specific clinical problems in cystic fibrosis. She has also been instrumental in helping develop treatment guidelines for the more rare complications encountered in cystic fibrosis. This has led to improvements not only in patient care but also in clinical governance and risk management.”

Multiple complex questions arise every day in the course of clinical practice, which staff do not have the time to follow up. Some may not have the IT skills necessary to access complicated and ever changing databases. As an expert in literature searching, Maura can rapidly access and feedback this information to staff that can help support the clinical decision making process and provide access to newer therapeutic options.

Beatrice said that there is evidence to suggest that access to a CIS has made clinicians change the way cases are handled by helping them make better informed clinical decisions. A CIS can also influence the choice of drug prescribed, length of hospital stay and can ultimately help reduce hospital costs. “A CIS therefore can help to plug avoidable gaps in medical knowledge, which can have a massive impact on healthcare outcomes in terms of mortality, morbidity and the use of resources,” she explained.

The CIS at Beaumont is being run currently as a pilot study. Staff who use the service are being asked to fill in an online feedback form on their experience of using the CIS. Although still very much in the early stages, Beatrice said that preliminary feedback on the CIS at Beaumont “looks very positive...Maura is very much appreciated by the healthcare teams.”

“The whole idea behind the CIS is to help improve the quality of patient care and contribute to the clinical governance agenda in Beaumont Hospital. It will also help to save the time of clinical staff allowing them to spend more time with their patients and contribute to the continuing professional development of healthcare professionals on the two teams in Beaumont. It will also support and enhance the daily application of Evidence Based Practice at Beaumont,” Beatrice says.

The introduction of the CIS is also very timely and underpins Beaumont Hospital’s newly launched Learning and Development Strategy 2009 – 2014 “make the difference wherever you can.” As a leading edge academic teaching hospital, timely access to the most advanced clinical and other best practice information is a high priority. In the current dynamic healthcare climate, knowledge and expertise are coming to be recognised as being more important than financial results, market position, or any other aspect, and the CIS supports and empowers staff at all levels – very much in keeping with our objective of developing and enabling leadership. “Patients will benefit. This is all about patients and helping improve the quality of care at Beaumont Hospital,” Beatrice concludes.

This article has been reprinted with the kind permission of Connections, the bimonthly publication for Beaumont hospital staff.

Upcoming CPD from the Health Sciences Libraries Group: Getting the most out of Pubmed

When: 21 January 2010

Trainer: Dr Brid McGrath

Venue: Berkely Library, Trinity College Dublin

Cost: HSLG/LAI Members: €100

Further details: www.hslg.ie

Non-Members: €150

Unemployed/Students: €80

Librarians at the heart of evidence-based practise in Waterford



Pictured at the HSE/RCSI Education Centre at Waterford Regional Hospital for the EBP Workshop were: (l-r): Dr. Matthew Thompson, Dr. Rafael Perera, Professor Fred Jackson, Dr. Carl Heneghan, Dr. Amitava Banerjee and Dr. Dan Lasserson. In the back row are members of the EBP Steering group, Facilitators and Librarians.

A unique and invigorating learning and teaching experience which was targeted at a wide range of locally based healthcare professionals and HSE librarians took place in Waterford at the beginning of November. Personally, I found it to be one of the most effective courses I have undertaken since coming to work in health in 2001. These sentiments were echoed by all who took part at the end of the three days. In this article I will endeavour to describe the context of the event, what it entailed and the learning that flowed from it both in a personal and in a professional context.

The event in question was an Evidence-Based Practice Workshop which ran from November 9th to 11th in the HSE/RCSI Education Facility in Waterford Regional Hospital. The workshop was co-hosted by the Nursing and Midwifery Planning and Development Unit, HSE South East and Medical Colleagues at Waterford Regional Hospital in collaboration with the Oxford Centre for Evidence-Based Medicine.

The objectives of the event were;

- To provide an environment in which participants from a range of backgrounds can be introduced to evidence-based practice (EBP) and explore the issues, use and benefits in practice.
- To help participants advance their searching, critical appraisal and EBP skills.
- To encourage long-term networking and resource sharing between individuals and institutions whose common aim is the use of EBP.
- To help participants increase their skills in employing one of the most effective means of learning we know about: the small group.

There were eight small groups with approximately eight people in each group. Each of the groups had a facilitator experienced in the delivery of EBP teaching and learning, a co-facilitator and a librarian. The group itself was multi-disciplinary in nature and this proved to be a tremendous strength when it came to searching for information and critically appraising the articles found because so many experts in different areas could bring their knowledge and experience to the discussion.

In our group, Dr. Rafael Perera, a Lecturer in Medical Statistics in the Department of Primary Care, University of Oxford and Director of Research Methodologies at the Centre for Evidence-Based Medicine was the main facilitator. Dr. Stephanie Dowling, a GP from Shandon Clinic Medical Centre, Dungarvan co-facilitated. I joined this team as the librarian for the group. The other members of the group included an A&E Consultant, an Occupational Health Specialist, a Paediatric Nurse, a Cardiac Nurse, a Physiotherapist and an Occupational Therapist.

We began with some plenary sessions on EBP in Practice and Appraisal of Clinical Trials delivered by Dr. Carl Heneghan and Dr. Dan Lasserson, both from the Centre for Evidence-Based Medicine in Oxford.

The eight groups then gathered separately and the first task was to find out what each member of the group wanted to achieve from the course. The next task for each person in the group was to formulate a clinical question which they could then use for the searching sessions in the computer lab in the afternoon.

From a librarian's point of view it was very interesting to be involved with such a varied group of healthcare professionals from the beginning of the workshop right through the whole process until the very end.



EBP Workshop Participants pictured at HSE/RCSI Education Centre at Waterford Regional Hospital

Day 1 was when our facilitation skills as librarians were most in demand as we assisted people to clarify their questions, select keywords and decide how to combine their terms using Boolean operators on the various search interfaces. We used Cochrane and Ebsco Medline mainly. However, federated searching was available via WebFeat too for those who wished to go further afield and include other resources in their searches.

Ann Daly, a Clinical Librarian from Birmingham and Jean Harrison, Regional Librarian, HSE North East delivered excellent plenaries on Finding the Evidence during the first afternoon to the entire group. Time was provided after this for each of the groups to search for the answers to the clinical questions formulated earlier. For these few hours all of the librarians were fully engaged in assisting and advising participants as they searched. We all commented afterwards on how appreciative the staff from the various disciplines were of the particular skills we showed them and the assistance we provided, and we truly felt empowered in a new way on that Monday afternoon in Waterford.

Ann Daly from Birmingham was a wonderful support to us all as none of us had ever worked in a Clinical Librarian role previously and she had lots of tips and advice for us throughout the course. Our time in the workshop made us realise that the role of the healthcare librarian could potentially be much better utilised closer to the centre of patient care and working collaboratively with medical, nursing and allied healthcare staff rather than at the periphery.

Day 2 began with a Plenary on Interpreting Results – Stats in Small Doses expertly delivered by Dr. Rafael Perera. Statistics and Statistical Analysis are topics which are generally not for the faint-hearted and are perceived to be “heavy” and “complex.” Dr. Perera took the mystery out of this area with great skill and by the end of this session we all felt much more comfortable with concepts including p-values, confidence intervals, Number Needed to Treat and Absolute Risk Reduction.

Small group work followed on Randomized Controlled Trials (RCTs) and on critical appraisal of some of the articles we had found in answer to the various clinical questions of the group from the previous day. It was fascinating to hear how the medical staff brought their personal knowledge and experience to bear when judging the value of a paper along with the critical appraisal criteria we had been advised to look out for.

There were lively debates in our group on topics including needle length and methods for collecting sterile urine samples from non-toilet trained babies. The medical experience of the questioner was always a key part of the critical appraisal process. It was a whole new area for us as Librarians and valuable for us to get this type of insight if we are to truly support our medical and allied health colleagues in finding the best available evidence for their clinical questions going forward.

Tuesday afternoon brought us to a very interesting plenary on Diagnostic Tests by Dr. Matthew Thompson, Clinical Lecturer in Primary Health Care and Co-Director of the Oxford Centre for Monitoring and Diagnosis where we learned all about concepts including sensitivity and specificity.

Small group work on critical appraisal of diagnostic information followed along with appraisal of qualitative evidence.

On the final day following a very pleasant gala dinner in the Granary we began with a plenary on Systematic Reviews from Dr. Ami Banerjee, Tutor for Clinical Studies at Lady Margaret Hall, University of Oxford. Small group work then continued on this theme and on any areas that individual group members felt they would like to look at in more detail.

Dr. Carl Heneghan, Deputy Director of the Centre for Evidence-Based Medicine and Senior Clinical Research Fellow in the Department of Primary Health Care, University of Oxford rounded off the last afternoon with a thought-provoking presentation on Developing EBP in Practice.

He emphasised that the most crucial part of the three day experience was yet to come i.e. deciding for ourselves how to bring all of this forward into Irish healthcare. There was an Open Forum chaired by Dr. Dan Lasserson, Clinical Lecturer in the Department of Primary Care, University of Oxford and Chair of BMJ Primary Care Master Classes to focus specifically on the vital question i.e. "Where do we go from here with all of the information, knowledge and the new ways of thinking and problem-solving that we have learned over the course of the three days?" The librarians had a meeting in advance of this session where we discussed some strategies for the future to bring EBP to life in our own settings. Ann Daly gave us lots of information and ideas on some of the ways to begin e.g. how to set up and become a key part of a Journal Club with your users. Brendan Leen, A/Regional Librarian in the South East and Ann Daly put the question to the audience in the afternoon to elicit what users want most from healthcare library services. The options discussed included setting up of Journal Clubs, Attending Ward Rounds, Providing Literature Searching Services and Attending Consultant-Led Teaching Sessions.

The Open Forum at the end was quite a powerful way to finish. It involved a group of about ten senior medical, nursing, allied health and administrative staff taking questions from the audience on how things could be done differently using an EBP approach.

We will all be receiving a postcard in a couple of months with a picture of Waterford on the front and our own thoughts on how we will personally embed EBP into our professional lives.

This will be coming from Oxford as a little reminder of what we said we would do and to check that we are actually doing some or all of it.

I have to say that even though a huge amount of information was learned over the three days by everybody who took part, the teaching and presentation methodologies employed made the learning feel effortless. The small group set-up was really excellent too. There was an air of enthusiasm and an energy among us all that was quite extraordinary. It was the first time that this workshop had been conducted in Ireland and it was a unique and very special opportunity. I have no doubt that the participants have taken a great deal from it and I hope that it will sow the seeds for a deeper embedding of EBP into the culture in Irish healthcare.

I will finish with a few quotes from members of the group I worked which illustrate how useful they found the experience...

Ms. Anita Behera, an Occupational Therapist in Waterford Regional Hospital said of the EBP Workshop that it was an "encouraging, motivating, informative and supportive three days that will support me in my work in my clinical area."

Dr. Stephanie Dowling, a General Practitioner based in Dungarvan, Co. Waterford said... "As a GP I am faced with questions about patients every day as are all GPs. This workshop helped me to develop and build on skills to answer those questions for the improvement of care of patients based on evidence available to me."

Dr. Rafael Perera, our facilitator described it as "...a wonderful workshop...It was a great teaching experience for all involved."

My own thoughts shortly after the event in an e-mail to Dr. Perera and Dr. Dowling sum up potential of EBP in Irish healthcare if we as librarians and our colleagues across all the disciplines begin to work collaboratively using this approach... "I think the work we have all done together over the past few days will be very valuable going forward if people rise to the challenges and put into practice the actions discussed and agreed to at the end of yesterday's workshop and I have a sense that change will occur if only in small steps to begin with."

For further information take a look at www.cebm.net and Dr. Carl Heneghan and Dr. Ami Banerjee's very interesting blog <http://trusttheevidence.net>

**Catherine Kennedy, Information Scientist/
Librarian, National Institute of Health Sciences,
HSE West**

Chairman's Column



For many of us the single event which stands out in a very eventful year was Minister Harney's eloquent endorsement of the work of health information professionals during her opening address to the EAHIL conference in June.

While nobody is under any illusions about how such testimony affects the hierarchy of concerns

besetting any politician these days, especially one in charge of major expenditure, it was an acknowledgment of the work we do and the importance of our role in health services. It was a moment of pride and optimism in a difficult year.

It is a measure of our success as a group that we were able to provide the platform for a major international conference from which such a speech could be delivered. The EAHIL conference was something of a high watermark in the development of the HSLG. While we should take immense pride in this achievement we also need to think carefully about our next stage of development. During the year the committee spent a good deal of time preparing an action plan for the coming years. As we know well, planning is a prerequisite for effective delivery of services. During this exercise we have paid particular attention to the part advocacy plays in our work.

We feel strongly that this will support members' efforts to establish the library and our information services as key components of health services, research and policy making. We will re-emphasize the importance of our CPD work and it will continue to be a core function of the group. While attendance at courses will continue to be affected by funding difficulties we will endeavour to find creative and innovate ways to continue our work in this area.

We will meet early in 2010 for our annual conference. As there was no conference last year, due to EAHIL, we are particularly looking forward to this opportunity to share knowledge, plan for the future and renew acquaintances. Next year's conference will have a strong representation from the membership and we learn about the intellectual depth, creativity and commitment of our colleagues directly from them.

Brian Galvin, Chair Health Sciences Libraries Group and Senior Information Specialist, Health Research Board

A day in the life of...Gethin White

Who are you?

Gethin White, Librarian, HSE Regional Library & Information Service, Dr Steevens Hospital, Dublin



Where are you from?

I am originally from Wales (a long time ago). Worked in various corporate & academic libraries in London for about a decade, before arriving in Ireland in early 2004.

Why did you become a librarian?

I was sitting on the sofa at home enjoying a rugby match after finishing my finals at college. Unbeknown to me my mother was in a public library scouring the appointments sections of various magazines. She plucked out a few ads and suggested it would be a good idea for me to start applying for some jobs. I fired out a few CVs and thought no more about it until I got a call telling me I had an interview for a graduate trainee library position. After much panic and the purchase of a suit, I did the interview got the job and that was it.

Having done an undergraduate politics degree I enjoyed undertaking research and librarianship seemed to be a career that offered the opportunity to do more of the same.

Where do you work?

Regional Library, Dr Steevens Hospital in Dublin.

Who do you cater for?

All disciplines of HSE employed health professionals in the Dublin region.

How do you cater for them?

In recognition of the fact that people have different information needs and also importantly learn in different ways we are always trying to see how we can improve the way we design our training. I think ideally a type of blended learning works best, utilising all the online mediums with a certain amount of face to face contact.

Who works with you?

I work in a small team of six people located in the Regional Library at Dr Steevens Hospital (HSE).

What is the first thing you usually do in the day?

Take an intravenous injection of caffeine to fire myself up! After that the usual e-mail marathon that most people endure.

What type of task occupies most of your working day?

Generally, it would be running literature searches for users.

Because of the sheer diversity of the requests it's also probably my favourite part of the job. I also run group training sessions for users which is also hugely enjoyable because of the interaction with users.

What is the most unusual request that I've had?

A senior manager in a bank who shall remain nameless, asked me to run a press search on a particular fund manager in another bank. Nothing particularly interesting there, until I was told that the fund manager in question was his fiancée. It turned out that she had been involved in some questionable financial dealings in the past. Ultimately the marriage never happened and I often wonder if it was as a result of the information/dirt that I dug up. There you go information is all powerful and librarians are the keyholders!

What do you feel you are good at?

Talking! Way too much on occasions.

What do you feel you are bad at?

See the previous answer!

What do you enjoy?

It's great when you have located good quality information for a doctor that hopefully will ultimately lead to better care for the patient.

What do you dislike?

Management jargon. "You can fool some people sometimes but you can't fool all the people all the time" (Bob Marley)

What are your ambitions/career goals?

To keep my job! On a more positive note I once worked on a project supporting the information needs of mentally handicapped children which was really interesting. It was a genuinely multidisciplinary health collaboration and I love to do more of the same in the future if the opportunity arises.

How would you like to see health librarianship?

Sorry to sound like a stuck record, but health librarianship has to be more part of the multidisciplinary team work that goes on within hospitals. We have to work hard to make sure that we are genuinely as close to the point of patient care as is practically possible.

What is the last thing you usually do each day?

Try and pull all the paper that I have accumulated on my desk into a manageable bundle that I will be able to make sense of the following morning.

What books are you reading at the moment?

Here I stand by Paul Robeson. What a man and what an inspiration. I'm not a particularly avid book reader, but this is one of the best books I've read and would heartily recommend it to anybody.



HSE Systems Librarian, Aoife Lawton, giving a presentation about the Lenus Irish Health Repository at the Dublin Institute of Technology Annual Seminar on Open Access repositories, December 2009

www.lenus.ie

Book Review: *Renewing our Libraries: Case Studies in Re-planning and Refurbishment*

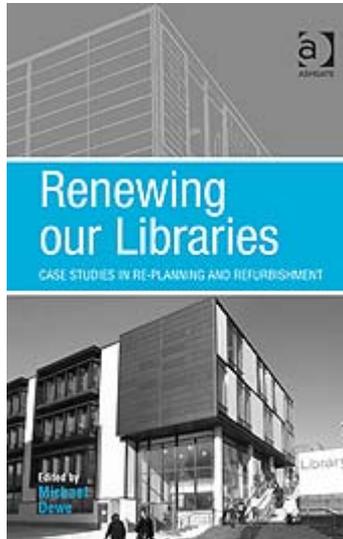
Editor Michael Dewe has brought together a book of valuable contributions giving hope to any librarian wishing to respond to changing patron needs, to better serve an increased population of users, or simply those currently forced to work in a dark or dingy edifice.

The text predominantly deals with renewal and renovation of existing library buildings in Britain, with the welcome additions of Malmö City Library, Waterford Central Library and the Dublin City Library and Archive. The emphasis is on public libraries, but academic institutions, the Welsh National Library and an independent library are also described. Unfortunately no pure health sciences libraries are covered, but all the schemes have insights to offer, not least the universal difficulty in persuading the great and the good to finance redevelopments to an adequate level.

In most cases the transformed libraries do seem to have benefitted from the process. However, I have an inkling some of these knowledge spaces, discovery centres, or whatever they are rebranded to, will begin to look very dated very quickly. Are they merely glorified Internet cafes with a few books scattered here and there?

If nothing else, the text provides an insight into the diversity of library buildings, from tiny branch libraries to 12-storey behemoths. But its usefulness is far wider. The same themes emerge (lack of disabled access, dated decor, limited or no IT facilities, no provision for group study). Most libraries chose to remain open whilst renovation went on, a brave decision that caused considerable problems in some instances.

The same errors, such as insufficient attention to noise insulation, seem to be made time and time again; the latter I can testify to as an inhabitant of a new library with awful soundproofing.



A related interesting note was how one library has introduced a laptop-free zone, as the constant tapping of keyboards was annoying other users. It is to be hoped that readers will be able to learn from others' mistakes and not be forced to endlessly repeat them.

The short, snapshot-orientated format describing 16 individual projects works well, and allows the reader to digest the information in manageable pieces, while the final chapter sums up conclusions drawn from examining the differing circumstances and approaches in a succinct manner. Unfortunately the penultimate chapter (which consists of paragraph-length descriptions of other projects) is a mess and difficult to read due to its layout.

A minor gripe is the editor's insistence on spelling words with a Z rather than an S. On a more whimsical note, whether the reader finds the title amusing or awful will depend on the individual. Although obviously concentrating on UK resources, the text provides a number of useful suggestions for funding and design advice, such as the Designing Libraries gateway at www.designinglibraries.org.uk.

In the current economic climate of staff cuts and shrinking budgets, it is tempting to think this work was published just slightly too late. However, as the introductory chapter points out (presumably written before the recession), libraries are refurbished and renovated on a cyclical timeframe. While many look back on the era of the Celtic Tiger as a land of milk and honey, libraries were never at the top of administrators' budget lists, and this recession too must pass. With that in mind, this volume is a positive guide to what may be accomplished with vision and drive, and I was impressed by the determination of all these varied librarians to achieve better spaces for their patrons.

***Renewing our Libraries: Case Studies in Re-planning and Refurbishment*, edited by Michael Dewe. Ashgate, 2009**

ISBN 13: 9780754673392

Greg Sheaf is Nursing and Midwifery Librarian at Trinity College Library Dublin.

Energising information literacy without the cost headaches

In times of economic difficulty, the focus is very heavily concentrated on saving money in Libraries. Such periods prompt us to look more carefully at our services with a critical eye. The process of reflection can identify real savings but can also offer an ideal opportunity to pause and think of ways that we can improve our services without adding additional cost. This is particularly true of information literacy.

So how can we add value to information literacy (IL) and make sessions more dynamic and engaging without adding additional cost?

Incorporating simple innovative activities that can make a difference

It is possible to design simple, innovative activities around a particular learning goal and incorporate them into IL sessions. The following points offer some examples of innovative activities that can be included in IL sessions with very little or no resource costs;

- Share a story with the students on an information literacy topic (eg a famous person that plagiarised) to get them engaged. Arrange the students in small groups and ask them to make up their own story to convey an IL point you have chosen to the rest of the class. It will get them thinking and talking about the IL topic you have given them. The whole class can listen to each group's stories. The memory of the stories they devise will help students to recall the important IL points.
- E-mail students before the IL session and ask them to investigate examples of plagiarism. Then in the session itself, pick 2-4 debaters from the class and let them have a 15 minute debate on an IL motion eg: 'plagiarism is rife at third level?' Then follow up with some conclusion power point slides that supplement what they have argued in the debate and fill in any IL gaps, ensuring they cover all the aspects of the topic.
- Alternatively you could give the students a twenty minute talk on two IL topics and get them to design an A4 poster in groups of 2. The posters have to explain one of the IL topics with pictures and text. It will be a creative exercise and the posters will become take away memory aids for the students when the session is over.

Using different innovative approaches will help to grab the attention of students and add variety to the IL session. The innovative activities will show students that you are enthusiastic about the subject area and inject a little fun into the learning process. Games and other innovative activities are also a good ice breaker and memory tool. They can be devised around learning goals and when implemented well, they will appeal to students who are tired of the standard lecture or workshop formats.

So next time you find yourself reflecting on your teaching delivery and costly initiatives, think about your learning objectives and see what low cost, creative ideas you can come up with to add a little variety to your future information literacy programmes or sessions. It doesn't have to stretch the finances and your target audience might even thank you for the novel experience! **Susan Boyle, Liaison Librarian, Health Sciences Centre, University College Dublin**



Library Association of Ireland President Siobhán Fitzpatrick and LAI member Bríd McGrath at the Academic and Special Library /Health Science Libraries Group Christmas Networking evening, held in the Royal Irish Academy, Dublin in December 2009.

Electronic Resources of Interest

The Video Journal of Psychiatry

The Video Journal of Psychiatry is an on-line psychiatry resource dedicated to supporting Lifelong Learning and Continuing Medical Education for psychiatrists in Ireland. All material is contributed by international psychiatry experts, both practitioner and researcher.

www.vjpsych.ie

EduApps

EduApps is an initiative developed by the JISC Regional Support Centre Scotland North & East. EduApps provides free portable software with applications specifically designed for teachers, 'TeachApps', and learners, 'LearnApps'. There is current access to over 90 open source and freeware software applications which can be entirely used from a USB stick on a Windows computer.

www.rsc-ne-scotland.ac.uk/eduapps/index.php

BlueBrick

BlueBrick is part of the HEA Strategic Innovation Funded project: Flexible Learning. It provides centralised access to accredited modules provided by Irish academic Institutions. The portal consists of key functionality that addresses the needs for flexible access and the ability to achieve academic accreditation through a building block approach. The portal consists of an efficient and flexible search facility, profiling of prospective learners, a recommendations system and an academic roadmap. www.bluebrick.ie

Congratulations to Denise Rush from University Hospital library services in Galway who is the winner of our HINT competition.

The correct answer was Joseph O'Connor. Don't forget to enter the competition for this issue.

HSLG Conference 2010, Sheraton, Athlone
25-26 February 2010
www.hslg.ie/conference

EAHIL Conference 2010
14-18th June, 2010 • Lisboa, Portugal
www.eahil2010.org

HINT Competition. Enter the HINT draw for a 50 euro book token!

Just answer the following question and send your answer and contact details by e-mail to Susan.Boyle@ucd.ie
Reference this quote! Please provide the newspaper title, columnist and date.

“It is public servants who run our libraries (and if you haven't visited a library lately, go and take a look — it will knock your socks off)”.

All correct answers will enter the draw and the winner will be named in the next issue of HINT. Good Luck!

HINT is the newsletter of the Irish Health Sciences Libraries Group of the Library Association of Ireland.
It is compiled & produced by the HINT Editorial Team.

Contact details: Send submissions to Susan.Boyle@ucd.ie

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