

June 1999

National Newsletter

GST: just when you thought it was all over...

**Health Libraries Section
Australian Library & Information Association**

The GST has not been out of the headlines in recent weeks. The following article is by ALIA research officer Colette Ormond, who highlights some relevant facts for health librarians.

1. Health libraries attached to nonprofit institutions will not have to charge a GST for any services they provide at no cost to their users. These services will be GST free (what in other countries is called zero-rated). The books and other materials will be taxed and libraries will be able to claim the tax back -- we call this input tax rebatable (other countries say GST exempt).

2. Activities which libraries charge for, such as photocopying, online searching, Internet connection and interlibrary loans, will probably be taxable, even if the charges are cost-recovery or less. ALIA has raised these examples many times now to Government and has never received a contradiction. However, see point 7.

3. Input tax credits or rebates can be claimed every month or every three months -- whichever suits the libraries budget.

4. Costs for all libraries will increase, perhaps by up to 5%. This should

include the cost of compliance.

5. Libraries attached to profit making institutions will be treated as part of the business. They will need to get advice from their parent institution as there are different rules for large and small business operations.

6. All library budgets will be affected. If any health libraries have paid wholesale sales tax, this tax will no longer apply.

7. When the legislation is passed, the Federal budget has provided for the employment of 4000 extra people in the Australian Tax Office, and presumably most of these will be answering in detail the queries of individual institutions.

I am suggesting groups of libraries get together in their sections and/or with their parent institutions to identify any service for which charges are imposed and the goods and services provide to supply the library service, so that there is already a framework of questions which can be taken to the ATO.

There are still grey areas of the new tax system where answers to specific questions are not possible because the Government and Treasury are not going into the sort of detail which our members require. We are going to put information on alianet at the end of the

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inside...

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month which will pull together any information relevant to librarians from the Senate Select Committees (4 of them) and the debates on the legislation which may cast further light on specific issues.

My speculative assessment of 5% inflation, for example, is from the economic modelling evidence given to the main Senate Committee from Monash University, which indicates that the general inflationary impact of the GST is likely to be 5% rather than the 1.9% Treasury estimate -- I believe that by the time libraries pay out GST and then claim it back, and put in place a compliance system...the inflationary pressure will be equivalent to that of the general Monash prediction.

Background: Collette is a research officer for ALIA. She was a legal information specialist with the Department of the Parliamentary Library in Canberra from 1981 to 1997.

Please let Colette know if I can help you with any further information
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or
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EDITORIAL

Well, this is my first newsletter and I hope I am off to a flying start. I have been pleasantly surprised by the number of submissions to the newsletter. I have so many submissions that we ran out of space.

In this edition we cover the depressing prospect of the introduction of the GST, devastating in terms of library budgets and added workloads for our organisations.

On the work front we have an article about stress and new ALIA proposals for continuing professional development are on the horizon.

Keep those articles coming, especially if you have a report on a recent event that you have been to or a new service you would like to tell us about.

I would welcome any feedback on the format or the content too!

Enjoy.

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Training in the information skills related to the practice of evidence-based health care

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I have been awarded an ALIA study grant to attend the First International Conference of the Critical Appraisal Skills Programme (CASP), 5-9 July 1999 in London.

CASP has been run for a number of years by the Northamptonshire Health Authority. This will comprise a special series of CASP workshops and a day of speakers and demonstrations.

The course outline:

- Day 1: Observe a workshop (on Randomised Control Trials or systematic reviews). Finding the evidence workshop.
- Day 2: Training the trainer workshop (learn how to teach others; an opportunity to participate in running a workshop).
- Day 3: A day of demonstrations, talks and discussion about how to teach, implement and find evidence.
- Day 4: A training the trainer workshop (an opportunity to participate in running a workshop).
- Day 5: A Training the administrator workshop (to teach you how to run CASP workshops in Australia).

A database of resources will be supplied, including papers for critical appraisal, slides for use in talks to teach evidence-based medicine. Attendance at the

conference will give me an email connection with the International CASP network, providing ongoing support for evidence-based health care teachers.

As well as attending the conference and workshops, I will also be visiting some hospitals and libraries where the process of evidence-based health care has been facilitated by the librarians (Dr Judith Palmer at John Radcliffe Hospital, Oxford; and Jennie Kelson, Stoke Mandeville Hospital, Aylesbury). I hope to be able to observe the practical aspects and learn from their experiences. I also intend visiting the Centre for Evidence Based Medicine in Oxford, and the School of Health and Related Research (ScHaRR) in Sheffield.

The suggested outcomes of the project are that I will organise at least one Critical Appraisal Skills Programme and Finding the Evidence Workshop (CASPFew) for WA health librarians and for Hollywood Hospital staff, using the resources provided by CASP International.

I also intend to develop a plan to extend the training in conjunction with the National Health Libraries Section, and with any other librarians who have an interest in this project - more on this later.

The grant requires that I produce two reports of the study (within four months of completion of the study, and an outcomes report within twelve months); and a comprehensive report suitable for publication as a journal article in one of ALIA's journals.

What is CASP?

CASP is a UK project that aims to help health service decision makers and those that seek to influence the decision makers develop skills to find, critically appraise and change practice in line with evidence of effectiveness. These skills promote the delivery of evidence-based healthcare. At the heart of CASP's work is a cascade of half day workshops where participants learn through going on an interactive journey.

CASP introduces people to the ideas of evidence-based healthcare and, through critical appraisal of systematic reviews, introduces people to the related ideas of the Cochrane Collaboration. CASP is developing an interactive CD-ROM, to be used in conjunction with workshops, video conferencing, as a stand alone package or to reinforce learning, thereby taking these skills to a wider audience and giving opportunities for independent practice or learning. http://www.ihs.ox.ac.uk/casp/home_page.html

Australian Medical Index

AMI is now available only from the Royal Melbourne Institute of Technology and can be accessed via the AUSThealth CD-ROM, along with a number of other health-related Australian databases.

Australian Medical Index can also be accessed on the Informit Online service, launched last year when Ozline ceased operating.

Details of the costs are available at RMIT's site, at <http://www.rmitpublishing.com.au/>

Follow the products link from that page for AUSThealth information, and the Informit Online link for information about the online version of the database.

Since moving to a new database production system late last year, we have been updating the subject headings on old records to bring records up to 1999 indexing. (This had not been possible in the 1993-1998 period).

A backlog of older conference records was added in the changeover period, and with the online database being updated monthly at RMIT database currency is much improved. For example, the April 1999 update, made available at the start of April, included a number of March 1999 journal issues.

Comments on the database and its coverage are always welcome, and can be sent to shenders@nla.gov.au

Sandra Henderson

News from the Sections

News from the ACT group of HLS

Some of the highlights of 1998 for the ACT group were:

A presentation by Shelley Bazzana from Web Business Solutions within the Commonwealth Department of Health and Family Services, about the multi-million dollar health information site being developed by the Department to provide health information for all Australians. This is now known as HealthInsite, and the latest information is available at <http://www.health.gov.au/healthinsite/index.htm>

A presentation by Saroj Bhatia (Canberra Hospital) about the MLA meeting in Philadelphia. Saroj provided us with slides and put her presentation up on her Library's web site for several weeks.

At our first meeting of 1999 Saroj has told us how she went about developing her Library's business plan, which was used as a model by other departments within the Hospital.

The next meeting will feature Steve McDonald, from the Cochrane Acute Respiratory Infections Group at ANU (and soon to return to the UK Cochrane Centre).

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Quality Use of Medicines Mapping Project

The web pages at <http://www.qummap.health.gov.au> provide capacity for on-line data entry, user registration, quick and detailed searching, feedback and project administration. The database is limited to Australian projects and currently contains over 700 projects concerning quality use of medicines. Each project includes as a minimum, a title and details of a contact person. In addition many projects include an abstract, details of any publications and any quality use of medicines resources which have been developed. The database also has a geographical mapping feature, which enables you to view the location of projects across the country. This feature was developed to facilitate networking in local areas and also to facilitate policy, planning and implementation.

If you want to search the database, it is accessible through the "browse/search projects database" link. You can list all the projects on the database or do a quick search by entering key words and then clicking the "match all" or "match any" links (this enables "AND" "OR" searching). More detailed searches can be made by clicking the "detailed search".

The database for the Quality Use of Medicines Mapping project has been designed to be a publicly available resource for any person interested in or

working in the field of quality use of medicines, enabling them to identify projects which have been undertaken, other people working in the field and any resources developed. The second function of the database is as a mapping tool which can be used by policy makers, in particular, the Pharmaceutical Health and Rational use of Medicines (PHARM) Committee and the Pharmaceutical Benefits Branch of the Commonwealth Department of Health and Aged Care to facilitate The implementation of Australia's Policy on the Quality Use of Medicines.

The Quality Use of Medicines Mapping Project was commissioned by the Commonwealth Department of Health and Aged Care, in conjunction with the Pharmaceutical Health and Rational use of Medicines Committee and undertaken to provide a comprehensive picture of Quality Use of Medicines (QUM) initiatives occurring in Australia.

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Health Libraries Section National Newsletter receives a face lift!

We are proud to present the new face of the Health Libraries Section Newsletter for 1999. We hope that the new issues will continue to maintain a presence in your library as a vital national communication and information resource.

As part of our new face lift we would like to thank Health Communication Network and Micromedex for their joint support in delivering high quality evidence-based clinical information resources from around the world, accessible locally in Australia in a timely and efficient manner.

We are all aware of the impact that efficient access to clinical information can make to better health outcomes within our hospitals and communities. Through joint cooperation with information technology companies HCN and Micromedex, health information professionals can be assured that our current and future needs are being heard and acted upon.

Send us your feedback on the newsletter facelift and your ideas for future issues.

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Attidude: to be or not to be (stressed)? That is the question!

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Introduction

The subject this paper is stress. I'm sure you've heard it all before, and been to all the stress management workshops. What could I possibly be able to say that you haven't heard before? I don't know: but I'm going to try. I am taking the attitude that stress is all around us. It is both good and bad, performance enhancing and physically debilitating. But why is it that some people seem to sail through life with a smile on their faces, while others seem to be perpetually tired, frustrated and angry? I believe that attitude has a lot to do with it. It is not always possible to change the ways of your colleagues, organisation, managers, family or friends but you can change your reactions to them, and refuse to let them (or yourself) burn you out.

There are many definitions in the literature that describe stress, from Selye's "non-specific response of the body to any kind of demand made upon it" to Shouksmith's "the bodily state of tension which results from [external or internal] stressors" (cited in Cooper, 1992 : iii). However, the important thing is that to become stressed you have to respond to a stressor. That means that a single situation may be experienced as stressful by one person, but not by another. For example, compare the stress levels of a librarian experienced in the use of a CD-ROM with that of a first-time user. Or consider that a divorce can be a source of relief to one partner, while at the same time being a cause of misery to the other (Roger & Nash, 1993:54). The experience is the same, the perception of the stress (high or low, good or bad) is different. In doing the reading for this paper I found a good example of this. I read an article on the stress that results from too much noise in the library (Eagan, 1991). I found this strange as I am stressed out by too little noise - each to their own! Bunge (1989:93-4) has discussed this conception of stress, and emphasises that it is not something "out there", but is within the

person. He also deals with the role of individual perception, noting that strain or distress is caused because of "a feeling of not having adequate resources to meet a demand" (Bunge, 1989:93). In this paper I will tend to combine the terms stress and burnout as, like Bunge (1989:94), I regard them as different stages on the same continuum, with burnout being "a specific response to unrelieved work-related stress" (Caputo,1991:6).

Coping with perceived stressors therefore, has as much to do with changing you own attitude to them, as it has to do with changing the stressor themselves. It is for this reason that in studies of the stressors and satisfaction of working in libraries, it has been shown that what is a source of stress for some people is just as likely to be a source of job satisfaction to others (eg. Bunge,1987; Smith, 1987).

Of course that is not to say that it is an individual's fault if they are feeling stressed and burntout. Stress in the workplace is more often caused by faults in the organisation and management structure than by the workers in it (Berger, 1991). There will always be difficult workplaces, toxic bosses, demanding clients and impossible-to-work-with colleagues. However, whether you let these things interfere with your health and happiness is your choice.

Who gets stressed?

There has been much research on the subject of what characteristics make certain people more likely to be adversely effected by stress. Most have focused on personality type, but it seems that gender may also have an effect (Bunge, 1989; Jick & Mitz, 1986; Meleis et al, 1989).

The following personality traits are commonly identified as making an individual more prone to either burnout or adverse stress reactions (see: Caputo,1991:21-4; Salter, 1991:315; Elliott & Smith, 1984:141; Smith & Palmer, 1986:275; Astbury, 1986:24; Smith, Bybee & Raish,1988:15).

- overcommitment & excessive dedication

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- lack of separation of oneself from one's work
- overidentification with work
- high idealism and perfectionism
- single-mindedness
- Type A personality
- anxiety proneness (individuals who pay more attention to the threatening and negative features of their environment, with a self image biased by selective memories of failure and inadequacies)
- competitiveness
- unrealistic idealism
- passivity
- guilt feelings about saying no
- unrealistic belief system (a "perceptual imbalance between demand and capability" (Gillespie & Gillespie, 1986:27)

Does this sound like you? It know it sounds like me, and that I have to work hard to not let things get me down. Other personal (as opposed to personality) factors that have been identified as effecting an individual's tendency to become stressed or burnt out are as follows :

- female gender (although men when they were effected tended to get more serious ailments)
- unmarried, or with an "alternative" lifestyle
- youthfulness
- full-time workers
- education (some studies found more was better, some found the opposite).

(see: Smith & Palmer, 1986:273-4; Jick & Mitz, 1986; Meleis et al, 1989; Bunge, 1989)

Where do they get stressed?

There is no doubt that some organisations and managers more than others make their workers feel stressed. Some of the administrative contributors to stress and burnout that have been identified are as follows:

- poorly defined work roles
- lack of control by the worker
- failure to give recognition for work well done, either by management or clients

- managerial feedback which focuses on mistakes
- inflexibility
- outdated and restrictive administration policies
- an environment where the work ethic is overglorified
- seeking unattainable goals (especially time related)
- making employees feel personally responsible for failures
- expecting too much work to be done
- providing too little work or challenge
- improperly matching personalities with work situations
- budget cuts leading to understaffing, limited expansion and resources
- low salaries
- low status & feeling undervalued
- bad introduction of new technology
- inadequate communication
- lack of feedback
- change in organisation handled badly
- powerlessness
- poor career structure (overpromotion, under promotion, lack of job security)
- poor physical environment (including ergonomic and aesthetic factors, overcrowding, etc.)
- no clear organisational goals and objectives that the staff can identify with little or no staff development & training
- bad job design (e.g. lack of variety, designing work to suit machines rather than people, lack of autonomy)
- lack of opportunity to participate in decision making
- sexism (eg. male administrators, female librarians)
- over centralisation & large organisational size

(Smith, Bybee & Raish, 1988:16-17; Hodges, 1990:751-4; Leung, 1984:14-16; Siggins, 1992:307; Schneider, 1991:388; Bunge, 1989:94-7; Elliott & Smith, 1984:141; Salter, 1991:314; Lay, 1986:11; Mira et al, 1992:275; Jordan, 1990:656):

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Other sources of stress

Of course, in addition to the above organisational stressors, there are, last but by no means least, the carryover of home stressors to the job (Meleis, 1989:325), technology (see the bibliography for a list of articles on technostress) and interpersonal relationships with other people: both with our colleagues, and our clients. The latter can often be the greatest stressors of all, and the most difficult to deal with.

It is also important to note that particular stressors in the workplace vary with different types of libraries, and positions within libraries. Nelson (1987) for example found that law librarians seem to have less job stress or handle it better than others in the helping professions, but don't experience greater job satisfaction. Bunge (1987) compared public service and technical service librarians and support staff and found that (predictably) sources of stress varied according to the work they did. For example, public services librarians rated patrons as the major stressor (41.4%) in comparison with technical services librarians who rated workload (21.7%) as their major stressor. How to manage stress by managing yourself.

There is a voluminous amount of literature dealing with ways of managing workplace stress (as evidenced by the attached bibliography). However, stressors originating in the design of the workplace and management structure are outside of the subject of this paper. Suffice it to say that addressing the stressors caused by badly managed workplaces that were listed above would go a long way to resolving many of the problems encountered by librarians and other workers every day. It is important therefore to identify these and bring them to the notice of those who may be in a position to change them. However, as we all know, these people may be unwilling (or unable) to cure these things. Problems arising from interpersonal relationships are also often difficult, if not impossible, to solve single-handedly. However, even without addressing the particular issues raised above, the basic premise of this paper holds true for these situations too. There is always something you can do to improve your situation. Although it is not always possible to change your workplace for the better, you can choose to manage yourself in more effective ways with the aim of changing your attitude to the situation you find yourself in.

The following advice on how best to manage yourself to avoid the adverse effects of stress is based on the following premises:

- You cannot always change other people's behaviour, but you can change your own
- To change yourself you must know yourself - your weakness and strengths
- Deadlines are not the lines after which you will be dead: the work will still be there tomorrow.
- Job satisfaction may be conducive to good performance, but good performance will always lead to job satisfaction (Siggins, 1992)
- Closing a door may be opening a window of opportunity
- Action is better than inaction. The only way to defeat fear is to take action.

Advice is meant to be combined with a general attitude aimed at keeping your body healthy and well exercised (Schlaadt, 1983), while using relaxation techniques such as the "Instant Calming Technique" described in Cooper (1992) when appropriate. However, it's perhaps more important to change your mental attitude to the aspects of your work that you find most stressful.

This article is to be continued in the next edition....



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Continuing Professional Development

ALIA as the main professional body in Australia has had a policy on continuing professional development (CPD) since 1995, adopted from earlier training and development policy created in the early 1990's. This policy recognises the changing environment of library and information work, emphasising the individual and employer's responsibilities for ensuring knowledge, competencies and skills to meet the needs of employers. This can be in many different forms which increase knowledge, develop skills and attributes and broaden vocational experiences. This can be formal and informal learning activities, but also workplace learning activities.

Part of this commitment is to provide strategies for members to plan and undertake continuing professional development, to facilitate forms where knowledge can be created, shared and disseminated and it thus is hoped contribute to each individual's development.

The General Council of ALIA in 1998 endorsed the development of a system for the recognition of continuing professional development by members and a range of member services supporting continuing professional development. One of these is the Career Planning kit. This kit includes a planning workbook

to assist in planning and recording development, policy and guidelines for accessing professional development. See the following web page for more details <http://www.alia.org.au/publications/career.kit.html>

Part of moving this framework forward has been a CPD compliance membership, offered as a membership benefit. This is intended to enhance professional standing, both inside and outside the profession, and it is hope make librarians congruent with others in their own work environment, who are obliged to carry out continuing professional development with their own professional and regulatory bodies, an example of this in health is Continuing Medical Education.

This category of membership is voluntary, but in its own right will require compliance to remain a member. For more details see the following web page <http://www.alia.org.au/gc/committees/boe/reports/cpd.compliance.html>

To find out more about what health librarians want as part of their continuing professional development, the Health Libraries Section will be carrying out a questionnaire in the next edition of this newsletter.

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8th International Congress on Medical Librarianship London, 2-5 July 2000

A Message from the Chair

The International Congress on Medical Librarianship (ICML) takes place in London on July 2nd-5th 2000. Your participation will help ensure its status as the pre-eminent educational and professional forum for all of us involved with health and medical information. ICMLs take place only once in five years, and are *the* opportunity for our profession to draw together, exchanging best practice and ideas for the future, reviewing our progress, and forming and renewing the personal links that keep us fresh and alert to innovation.

For much of the world the year 2000 marks the beginning of a new millennium. For health information professionals it also marks the start of a decade which will see our work change beyond measurement: more rapidly than most of us can imagine and in ways more fundamental than the invention of the scholarly periodical 300 years ago. The huge Millennium Festival planned for London is an important additional reason for wanting to attend ICML.

The theme of this ICML is *Convergence*: the convergence of the rôles of librarianship, publishing and computing and the merging together of functions which old technologies and old preconceptions have previously kept separate. In a working environment that changes with every month that passes, we have to master new skills and adopt new attitudes if we are to continue providing the information resources that our users need, and increasingly demand. Continuing professional education and networking, in every sense, have never been more important

Your professional colleagues from every part of the world and from part of the health information profession will be converging on London, to work hard and above all to enjoy themselves. As organisers, we aim to make it the biggest and best ICML. It is with great pleasure that I invite you to attend, and to submit an abstract of a paper or scientific presentation in order to participate fully in this global sharing of information and experience.

Arne Jakobsson
Chair, International Programme Committee

Plenary Sessions

There will be five plenary sessions each with two keynote papers from internationally recognised speakers. The principal language of the Congress will be English, with plenary sessions having simultaneous translation into French and Spanish. The five sessions will address the following themes:

Converge 1: Scholarly communication Emerging models for creating and managing the knowledge base

Chair: Masaaki Tonosaki, Nippon Medical School, Tokyo

Converge 2: The health care context

Trends and expectations

Chair: Elisabeth Husem, University of Oslo

Converge 3: Standing on the shoulders of giants

Lessons from history for the millennium

Chair: Regina Shakakata, WHO Africa

Converge 4: The Information centre Planning the architecture of the distributed Resources

Chair: Derek Law, University of Strathclyde, Glasgow

Converge 5: The information professional Claiming new horizons – preserving professional identity

Chair: Lois Ann Colaianni, National Library of Medicine, USA

Parallel Sessions

There will be many contributed paper sessions throughout the Congress mostly grouped according to theme, client group or discipline. English is the main language of the Congress but parallel sessions will be held in other languages (for example French, German, Italian, Japanese Portuguese and Spanish) where the quality and volume of contributed papers makes this appropriate. Most of these parallel sessions will feature presentations selected from abstracts submitted in response to the Call for Papers, and we invite you to submit abstracts of 300 words or less for consideration by the International Programme Committee, to be presented as papers or posters, in the following subject areas:

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1 Electronic publishing; management of electronic journals; copyright and legal issues; electronic document delivery; bibliometrics; preservation and archiving; citation continuity; end-user access

2. Education of health professionals; empowering the consumer; health system reforms; quality of health care; distance learning; telemedicine; evidence based health care; health care in developing countries; patient partnership; decision support systems

3. History of medicine; scenario and strategic planning; good practice developments; innovative and high risk projects; vision statements; technology assessment

4. Library services management; quality and performance measurement; cooperation and resource sharing; mobile information access; exploiting, indexing and customising the web; outsourcing

Convergence of information and technology roles; professional development; career planning; home working and consultancy; the knowledge worker

The above themes are for guidance only, and submissions on other topics will also be welcomed.

Call for papers

DEADLINE for receipt of abstracts: 1 August 1999

For more information on submitting a paper to ICML, see the following web page

<http://www.icml.org>

Six Conferences in One

For the first time ever the 8th International Congress on Medical Librarianship, organised by the Library Association, will incorporate five other international conferences concerned with health, medical and veterinary information

The Annual Conference of the Health Libraries Group of the Library Association

6th European Conference of Medical and Health Libraries (EAHIL)

Conferencia del Sistema Latinoamericano y del Caribe de Información en Ciencias de la Salud

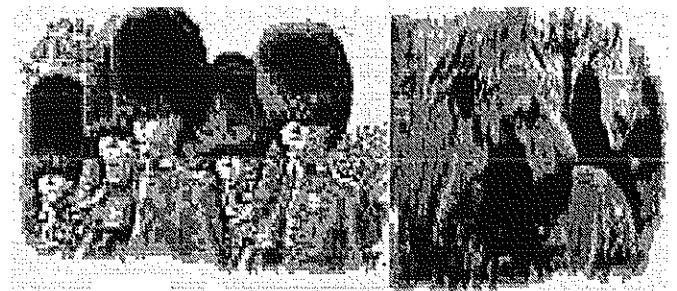
7th Conference of the Association for Health Information and Libraries in Africa (AHILA)

3rd International Congress of Animal Health Information Specialists (ICAHIS)

In addition, specialist sessions are being organised in collaboration with many professional organisations, including:

- Libraries for Nursing
- MLA International Cooperation Section
- MLA Medical Informatics Section

Josephine Marshall is part of the International Programme committee (*Walter & Elisa Hall Inst, Australia*)



Don't Forget!



Strait to the Future

The 8th Asia-Pacific Specials
Health and Law Librarians
Conference
22-26 August 1999
Hobart, Tasmania

For more information see
<http://www.alia.org.au/conferences/strait/>
Or call
Mures Conventions on Tel 03 6234 1424

Deadlines for the next Newsletter

For September issue, 6 August 1999
For December issue, 5 November 1999



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