

## What can health librarians learn from VALA 2016?

*Steven Chang, Senior Research Advisor (Library) – Science, Health, and Engineering  
La Trobe University*

*s.chang@latrobe.edu.au*

*Kit Kavanagh-Ryan, E-Discovery Librarian Alcohol and Drug Foundation*

*kit.kavanagh-ryan@adf.org.au*

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### **Steven's perspective**

Rock star librarian, David Lankes, delivered a rousing, almost evangelical keynote to kick off VALA 2016 with a bang through his speech 'Librarianship: Saving the World One Community at a Time' (2). The collective response to this presentation was mixed. His many supporters walked out feeling inspired by his rallying calls to globally empower grassroots communities. By contrast, skeptics brushed aside the torrent of gushing #VALA16 tweets and dismissed his keynote as starry-eyed idealism.

Regardless of one's position on Lankes, he delivered key points worth consideration for informing how to advocate for ourselves in health, academic, and special libraries. He argued that librarians should demonstrate boldness by confidently extolling our professional expertise and active dynamism as a transformational force, rather than passively promoting 'libraries' as buildings and collections. Promoting ourselves as invaluable agents of specialised knowledge rather than as custodians of housed collections is a more effective strategy in these uncertain times marked by downsizing and belt-tightening. Lankes also highlighted the power of narrative in advocacy for subverting negativity. Data and evidence alone are insufficient without the qualitative dimension provided by 'advocacy stories' (5).

It was a challenge to pick and choose from the cornucopia of concurrent sessions. Richard Hulser, Chief Librarian of the National History Museum of Los Angeles County, offered a useful overview on altmetrics for information professionals (1). Altmetrics are a collection of metrics used to evaluate the impact of research, defined by their emphasis on moving beyond traditional citation counts and journal impact factors (4). They focus on measuring attention and engagement. Altmetrics include newer, dynamic article-level metrics that encompass social

media sharing, online engagement, and policy mentions using near-instant timely data rather than bibliometric citations that take years to cultivate.

An exciting dimension of altmetrics for health information organisations is the development of clinical impact metrics, which aim to assess the extent to which health research translates into real world changes in clinical practice. Examples of clinical impact metrics include those developed by Plum Analytics, now owned by EBSCO (3). These developments are particularly important in light of peak funding bodies (such as the Australian Research Council and the National Health and Medical Research Council) increasingly recognising the importance of looking beyond traditional metrics and emphasising the societal impact of research. In the context of these changes, Hulser convincingly argued that information professionals should use altmetrics to play key roles as active partners in tracking research impact and formulating journal-publishing strategies backed by dynamic metrics for a digital world.

### **Kit's perspective**

David Lankes asked for a sweeping narrative in his VALA keynote and my twitter feed from February 9 to 11 definitely tells a story. A lot of it is gushing and bewildered, my newgrad self hobbling from one session to the next, but it shifts from privacy concerns into linked data, from indigenous language resources through to differences between discovery and search.

Intrigued by augmented reality or The Internet of Things? Has it been just long enough between graduation and employment that your RDA is rusty or you're not sure what is happening with research data? VALA's L Plate sessions were invaluable, untangling acronyms and offering context for several of the key themes and emerging technologies discussed at the conference, even if Bart Rutherford's use of bingo cards and random chance (6) could be seen as an unsettling metaphor for new graduate employment prospects. The L-Plate provided conference novices, myself included, a place to start when overwhelmed by the sheer number of concurrent sessions.

Like Steven, I find it difficult to pick and choose from the sessions, but Michelle Riggs and Kirsty Newton's account of 'hearing the user's voice above the noise' through design thinking and the use of personae resonated. How do you create and promote targeted content, while remaining flexible and responsive to events that even the best strategies cannot predict? (7). This is a constant question in my own work, and other health library environments.

Conferences always raise more than they can answer, and it is easy—as a new librarian, as a librarian outside of the larger tertiary or public fields—to feel disconnected and uncertain. Karen

Lauritsen's closing plenary, unexpectedly grounded in improv theatre, was an invitation to stay as open as we can, creating answers by asking more questions (8).

Can we do this? Can we respond with 'yes, and...' when the immediate, instinctive response might be 'we're too small; I'm too x; where is the funding?' This is, of course, unanswerable here, but there might be joy and reward in the attempt.

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