Title: REBLs...with a cause: a catalyst for evidence based collection development

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Abstract:

Purpose: To develop an evidence base for collection development built on consensus agreement between expert rehabilitation specialists and librarians. This would initially be relevant for trainee registrars who rotate to different hospitals every six months to gain experience in particular areas of rehabilitation. Eventually it will cover other rehabilitation specialties (nursing and allied health).

Method: Following the endorsement of REBLs as the inaugural Special Interest Group of ALIA Health Libraries Australia formal liaison with the Australasian Faculty of Rehabilitation Medicine was established. The librarians reviewed, updated and promoted the resources lists in consultation with the AFRM.

Model: Members are developing partnerships and collaborations with rehabilitation colleagues and specialists both within their workplaces, externally through the Australasian Faculty of Rehabilitation Medicine initially; and eventually through other health professions.

Outcomes: Core and recommended resources lists of the five main specialties for trainee rehabilitation registrars; evaluating this model with the expectation of translating it to other areas (e.g. geriatrics); encouraging the librarians to put this evidence into practice within their collection development strategies; and working together to ensure that the resources are available to the relevant rehabilitation specialties.

Benefits: Assuring the trainees will have access to these resources; assisting with benchmarking and accreditation as a teaching hospital for AFRM; promoting rehabilitation librarians to help raise our awareness among health professionals.

Future: Expanding the model to rehabilitation nursing and allied health; promoting the model; collaborating with journal and book suppliers.
“REBLs…with a cause” (hereafter REBLs) is the inaugural Special Interest Group of the Australian Library & Information Association - Health Libraries Australia (HLA). It was launched at the HLA Information Rx Symposium in February 2007. REBLs is a pseudo acronym for Rehabilitation Evidence Based Librarians.

**Defining the problem**

The medical specialty of Rehabilitation Medicine gradually emerged in Australia in the 1950s in response to the needs of those injured in warfare, particularly following the Second World War. In subsequent years the need to upgrade postgraduate education led to the inauguration of the Australian College of Rehabilitation Medicine in 1980. The first four medical practitioners graduated from the new training program in 1984. Increasing recognition of the importance of the College led it to become a Faculty of the Royal Australasian College of Physicians (RACP) in 1993 (1).

The Australasian Faculty of Rehabilitation Medicine (AFRM) is an educational institution which trains and credentials medical practitioners in Rehabilitation Medicine. Trainees who successfully complete all of the training and examination requirements are admitted by the RACP to Fellowship of the AFRM and are entitled to use the postnominals FAFRM (RACP). This is an internationally recognized postgraduate professional qualification.

In 2009, 290 of the 450 Fellows of the AFRM are in clinical practice. The remaining 160 are either working in other areas (e.g. rheumatology, neurology, pain, research, and academia), Life Fellows, or retired. A further 140 are in training in Australia and New Zealand. The majority of Fellows work in public hospitals and, being consultants / specialists, they treat patients by referral as part of multidisciplinary health care teams.

Rehabilitation physicians diagnose, assess, manage and medically supervise care provided for a person with a disability due to injury, illness or chronic conditions. The aim is to maximize independence and improve and maintain quality of life (2). They are supportive of emerging models which reduce or prevent the need for expensive hospitalization. These include diagnosing potential rehabilitation patients earlier rather than waiting for them to be medically stable and treating patients in the community (3).

From 2005 the Australasian Rehabilitation Outcomes Centre, based at the University of Wollongong, has produced an annual summary of rehabilitation practice and outcomes in Australia (4). These reports identify and comment on key trends and issues in rehabilitation. Recently they have recorded a continuous increase in the need for rehabilitation and the importance of
ensuring access to training to increase the number of rehabilitation physicians (5).

Trainee rehabilitation physicians, known locally as registrars, are rotated to different hospitals every six months to gain experience in particular core areas of rehabilitation practice. During their four years of clinical training they are required to complete formal instruction based on the syllabus of clinical objectives prepared by Faculty of the AFRM. For each core area of practice the syllabus lists specific books, journals and web resources that are essential or recommended for registrars to refer to in their training. However the accuracy and currency of these citations varied widely, and recognizing that "no single journal or textbook" could meet educational needs the Faculty noted that "trainees are encouraged to read widely and beyond the scope of these lists" (6).

Until 2006 the librarians supporting AFRM training had generally not been consulted about the resources in the AFRM reading lists. There was an underlying presumption that the librarians were developing their collections appropriately to meet the needs of their particular hospital or organization. Individual AFRM Fellows had asked several librarians for assistance in updating certain sections of the lists and the librarians supporting AFRM training consulted each other as a form of peer review to achieve consensus before forwarding the lists to the AFRM Fellows. This situation required rehabilitation librarians to work more cooperatively to achieve consensus, improve the quality of the lists and to avoid repetition of effort by individual libraries and AFRM Fellows. A meeting of interested librarians in December 2006 led directly to the formation and launch of REBLs...with a cause in February 2007.

**Context and background**

The adoption of Evidence Based Practice has altered the training, education and practice of many professions. (7) However some professional groups, like rehabilitation physicians and health librarians, are fewer in number and consequently have a smaller evidence base to build upon. It is not uncommon to find rehabilitation specialists and health librarians working as sole practitioners in their hospitals or organisations requiring both groups to adopt a multidisciplinary perspective to their roles.

Because rehabilitation is especially reliant on a multidisciplinary approach the REBLs seized the opportunity to strategically position themselves as a part of the multidisciplinary healthcare team. Just as rehabilitation physicians may refer their patients to particular health professionals for assessment and treatment (i.e. medical specialists, allied health professionals, clinical nurse specialists) the REBLs wanted health professionals to consider health
The librarians’ contribution to be integral to overall patient care. Organizational recognition and support for health librarians contributing to the multidisciplinary team approach is vital to facilitate this change of role for health librarians.

Review of the literature

Collection development guidelines cover a wide range of topics in the health sciences but typically treat rehabilitation in broad terms. (8) The REBLs therefore welcomed the development and publication of a specific list of rehabilitation journals which recognised the multidisciplinary approach to rehabilitation by including nursing and allied health aspects. (9)

Concurrently rehabilitation physicians recognized the positive correlation between increasing the quality of their education program and improving the quality and quantity of research in their discipline. (10-12) Thus increased emphasis on and training to enhance quality research needs to be developed from a solid academic base using high level resources. A key strategy to enable this to occur has been to focus on rehabilitation trainees to ensure that they are information literate; are choosing reliable evidence; and are able to critically evaluate and apply this evidence in their clinical practice. (13)

To support these trends and identified needs it was clear that the REBLs required a working model of collection development peculiar to their context. A model which brought together local data with information needs was presented at a conference in 2007. (14) It has the flexibility to allow it to be used for any size of library.

Finding the evidence

After the establishment of a national e-list to identify rehabilitation librarians and increase communication the REBLs were grouped according to five of the AFRM Special Interest Groups (SIGs): Neurological, Musculoskeletal, Spinal, Amputee and Chronic Pain. Relevant AFRM resources lists were distributed and, starting with the journals, the REBLs began checking the availability (print and electronic) of core and related titles.

Subsequent communication with the AFRM revealed that some SIGs had not replied to the offer by the REBLs to assist in updating the lists. Therefore it was decided to broaden the scope to include all eleven categories / SIGs, namely: Cardiac, Pain, Paediatrics, Older People, Musculoskeletal, Neurological, Occupational, Spinal, Traumatic Brain Injury, Prosthetics / Orthotics, and Developmental Disability. Additionally a separate category for general rehabilitation was created for two reasons. One, to familiarize the trainees with the broader resources, and two, that many health librarians, especially in
general hospitals, would not need the same level of specificity in their collection development resources as the REBLs who were supporting the training of rehabilitation specialists.

**Appraising the evidence**

The quality and range of the resources interspersed in the initial 49 page AFRM syllabus varied greatly. Commensurate with other professional organisations the Fellows responsible for updating the list were expected to do so in a voluntary capacity. This would have been particularly difficult for the smaller categories.

The resources were listed under the heading "Suggested Learning Resources" within each of the subject modules. There were a variety of subcategories: textbooks, journals, individual articles / reports, websites, Internet, core textbooks, comprehensive texts, core journals, additional useful journals, specialist textbooks, useful links and courses.

In order to work more efficiently the author isolated the resources and created a spreadsheet with individual tabs for Books, Journals, and Websites for each AFRM module or category. Each citation was checked individually. A variety of authority lists were consulted (15-17) and required details were added. Where there were discrepancies additional sources and databases (including Medline, EMBASE, CINAHL, Meditext) were consulted to identify correct details. Current addresses for websites and freely accessible books and journals were added. Where online access to books was only via paid subscription this was not noted. The general expectation was that rehabilitation trainees would check the catalogue and website of the library at each hospital where they were training to identify local holdings of relevant resources because not all libraries or trainees have the same level of access to electronic and hard copy resources.

Some of the many decisions that needed to be made and adhered to consistently during the creation of this revised list included:

- determining the optimal physical layout of the list including the ability to allow online editing
- the level of detail for each citation
- for journals: providing print and electronic ISSNs, details of the availability and date range of free electronic full text, changes in journal titles, details of print and electronic holdings
- whether to include indexing sources for the journals if the index has stopped including the journal
- for books: including free electronic full text, including earlier editions which relate to other official documents, the approximate number of holdings in Australian libraries
- age of the resources recognizing that some works would be “classics” (depending on the subject there is a general assumption that resources older than 10 years should not be consulted; however many still cover aspects of rehabilitation very well and it is important to note these so they are retained).

**Applying the results of the appraisal**

Ongoing liaison among the REBLs was conducted to achieve consensus. Where necessary changes were incorporated and the lists were sent to the AFRM for feedback. The REBLs were able to check their collections against the lists and immediately identify whether or not they could provide the recommended resources for the trainees on rotation at their hospital. Additionally as library staff change, incoming staff will be able to refer to the lists to know that they have the core materials. The benefit for the AFRM has been in knowing that their trainees have access to recommended resources and that the libraries supporting their trainees are accredited.

**Evaluating the changes made**

A highly experienced Australian rehabilitation librarian provided critical comments upon the draft master list. These comments were incorporated into a revised list which was sent to all the REBLs. The author incorporated comments from the REBLs and sent interim versions to the AFRM in the form of 36 separate sections. Three sections (e.g. books, journals and websites) of each category were emailed to specific SIGs. It was considered unnecessary to include the holdings information in the interim AFRM version as this data was likely to change quickly and was intended for use primarily by the health librarians. The interim AFRM version included a general statement on the availability in Australia of the resources listed and a reminder about the provision of document delivery and interlibrary loan services to access resources not available locally.

Following feedback from the AFRM a final master list was amended to include their recommendations before being offered to the AFRM and HLA for final endorsement. The endorsed, password protected list has now been made available to all users via the AFRM and ALIA websites.

Finally health librarians are encouraged to add the notation “Recommended by the AFRM” in their catalogues and/or in the books. This will alert the trainees to the quality of the resource and help the librarians when updating their collections.
Outcomes

The major outcomes of this project include:

- The creation of a list of core and recommended books, journals and websites for rehabilitation registrars in the specialty areas defined in the clinical syllabus of AFRM
- A commitment to the promotion, utilization and maintenance of the list by the AFRM and HLA thereby raising the profile of the REBLs
- Ensuring that trainees have physical and/or electronic access to relevant, recommended resources, either directly or through interlibrary loan
- Encouraging REBLs to put this evidence into practice within their collection development strategies with the possibility of future cooperative purchasing
- A higher level of accountability within the Australian Council of Healthcare Standards (ACHS) facility accreditation process by providing a mechanism for benchmarking collections nationally
- Endorsement by and regular liaison between REBLs and AFRM, HLA, International Council of Functioning (World Health Organisation) and national and international listservs to maintain the currency and relevance of the list
- Contribution to the resources section of the accreditation assessment by the Australian Medical Council (which assesses public accountability for the hospitals which support rehabilitation trainees)
- Increased promotion for the library, not only with the rehabilitation specialists but also within the wider organisation / hospital
- Training and mentoring for REBLs as, in common with rehabilitation physicians, they often work alone within their organisations
- The creation of the collection benchmarking tool, that following evaluation planned for late 2009, should provide a template for other disciplines and client groups (e.g. aged care trainees)

Future Developments

A catalyst encourages change without being used up. By recognizing the multidisciplinary nature of rehabilitation care and by seizing the initiative, the REBLs expect to offer more assistance in other clinical areas in the future. In late 2009 an evaluation of the list will be conducted and it is expected that the results will guide future developments. Anecdotally the REBLs anticipate modifying the list in the following ways:

- Expanding the model and subject coverage in conjunction with relevant professional organisations including the Australian Rehabilitation Nurses Association, the Australian Association of
Occupational Therapists and the Australian Physiotherapy Association

- Incorporating sample search strategies to assist trainees when using the databases
- Suggesting relevant rehabilitation subject headings for Medline, EMBASE and CINAHL

A critical success factor has been the group dynamic. The REBLs were brought together by a common cause and were ready, able and keen to act collaboratively. Their model is adaptable to other healthcare systems and they welcome future opportunities for collaboration and benchmarking.

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References


