821 kms and Counting Library Partnerships in Rural Ontario, Canada

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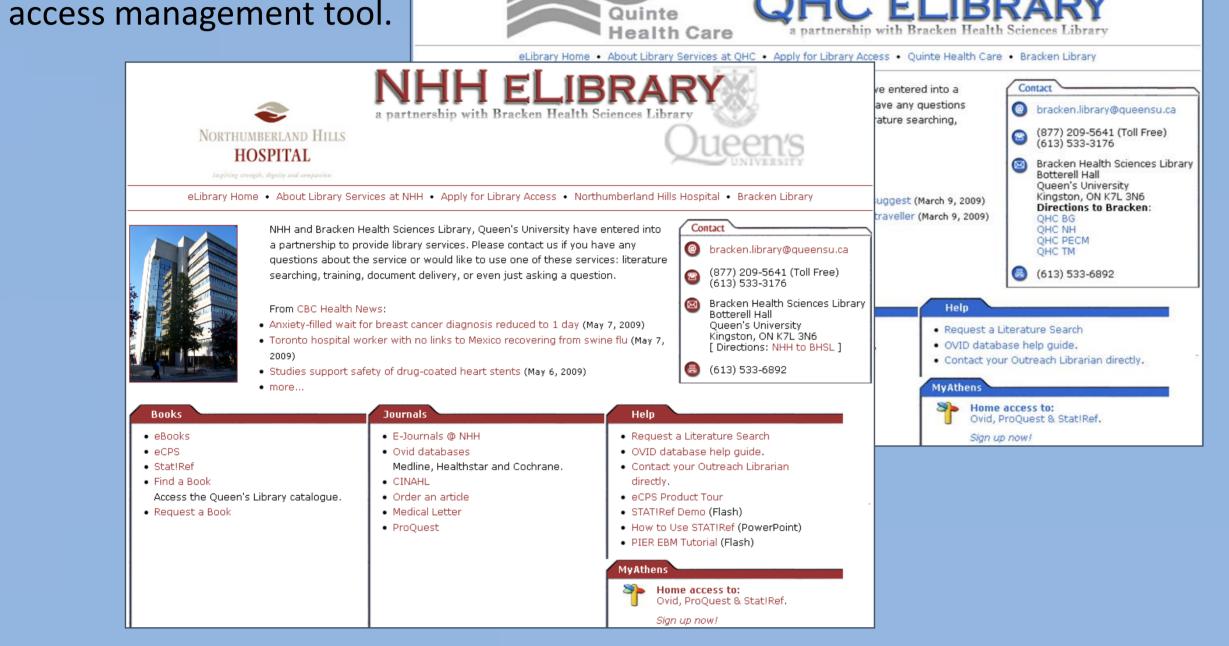




Bracken Health Sciences Library at Queen's University has established a number of partnerships with community health care institutions in South-Eastern Ontario to provide library services. Currently, we provide service to 8 community health facilities at 11 locations. Each partnership has adopted a customized virtual library service model. Our goal is to serve every hospital / health unit employee, not just Queen's faculty, staff and students physically located at these institutions. In most cases there are no physical collections at the partner sites.

Resources

Each partner has access to a tailored suite of resources. We manage the contracts and all related behind-the-scenes tasks. Collection analysis is ongoing to ensure the best fit with the unique needs of each organization. All resources are accessible through a customized web page. Resources are IP-controlled, and most are accessible offsite using an



With a growing number of partners, consistency has become important. For our team of librarians and front-line staff who provide services to this user group, each web page and online form uses a standardized (but customized) template even though resources may vary. We even created a literature search response template for the librarians to use which has been a great success.

Documents

Document services are negotiated with each contract and are provided at a flat fee based on the predetermined annual volume and preferred delivery method. Delivery is by commercial courier, fax or mail because Canadian copyright law prohibits digital transmission of copyright material to the end user. Providing documents at a distance provides many challenges. While our staff receive most documents within 24 hours of a request, items may be delayed in transit. Library staff may have the added responsibility of following up with the end user to ensure receipt.

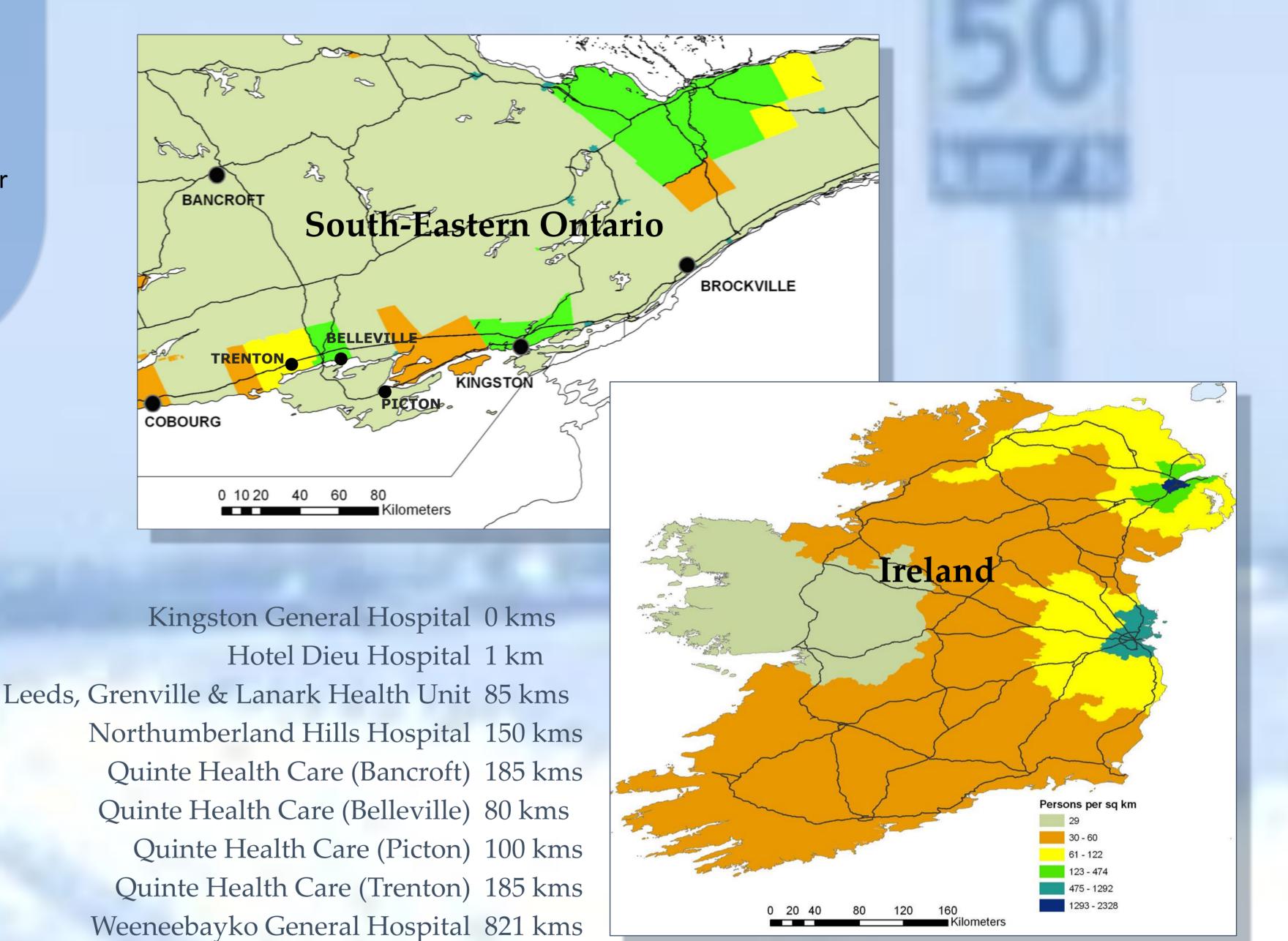
Promotion

Because we lack a physical presence at our partner institutions, promotion of our services is essential. Librarians participate in local activities, such as Nursing Week celebrations, and contributing regularly to internal newsletters. Successful campaigns need not be expensive. They can be supplemented by vendor materials or by



creating items that have multiple uses.

Our goal has been to ensure that the library, while not physically present, becomes or remains a part of the institutional culture. Knowing a librarian by name and/or face, being aware of the services provided and most importantly, knowing how easy it is to contact us is key.



Services

Our team of librarians provide both reference and comprehensive literature searching to our partners. Based on feedback from clients who were uncertain how to ask for help we developed an online form for requesting a literature search that prompts clients to frame their requests in a way that facilitates the reference interview.

Other service challenges created by distance are in access services and systems support. Because we are outside the firewalls of our partner institutions, it can be difficult when technical problems arise. For example, licensed content was blocked at one site due to "inappropriate" content. In another case, hospital IP's changed but we were not notified, and therefore our vendors were not notified. Relationships with local systems staff are essential.



Our team consists of 8 librarians, 3 document services staff, 4 circulation staff, 1 technical services staff, 1 administrative staff, and 2 systems staff. Each member has a role to play in the ongoing success of our partnerships.

Instruction

We have tried many approaches to training. "House calls" remain the most successful method but present a strain on our resources and are costly but face-to-face sessions remain the most effective. In some instances a librarian visits a busy practitioner at their nursing station (a "road show"), or they meet with us at a central location equipped with workstations.

Our learners are a diverse group both in computer skills and information needs.

What have we have learned?

- Resist the urge to over-teach (content overload);
- Avoid librarian jargon;
- When possible, schedule a follow-up repeat the session a few months later;
- Do not take it personally when your trainee is a no-show. That's healthcare.

Where are we headed?

This is an interesting question, and one that is impossible to predict. The face of healthcare in our region is changing rapidly with the recent adoption of LHIN's (Local Health Integration Networks). The goal of these networks is to have a more coordinated, community-specific approach to healthcare. This *should* be of benefit to our program. To provide additional training sessions in the region we are now using a virtual meeting product (WebEx) with the intent to reduce training day cancellations due to inclement weather, or low enrolment but also as a cost-saving measure.