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**EAHIL2010**

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# Positioning the Health Librarian as a Blended Professional: A Framework for Development

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# Presentation overview

## Positioning the Health Librarian as a Blended Professional: A Framework for Development

**Purpose** – locate health library and information work within the bigger picture of hybrid blended professionals and discuss implications for continuing development

**Background** – changes in professions in the network world, evolution of generalist and specialist information roles

**Methods** – evidence from the literature (and EAHIL 2010) with conceptual models to explain/illuminate arguments

**Outcomes** – framework for personal development planning, suggestions for embedded development strategies and options for workable continuing professional education

## Contemporary work environments

- Political turmoil
- Economic downturn
- Social media
- Technological convergence
- Legal challenges
- Educational reform
- Doing more with less
- Adding/creating value
- Demonstrating impact
- Managing information overload
- Dealing with data
- Competing and collaborating



## Background – the context

# Professions in the networked world

- Continually expanding knowledge bases
  - increasing sub-division/professional specialisation
- Working at higher levels of the organisation
  - + more involvement in core processes of the business and decision-making outside original specialism
- Growth in multi-disciplinary team working
  - blurring of boundaries/identities between professions
- Need for technical upskilling, business knowhow, networking and cross-functional competencies

(Watkins et al., 1992; Cheetham & Chivers, 2005)

# Specialist roles and activities

Subject Librarians	Outreach Librarians	Clinical Librarians	Clinical/Bioscience Informationists
<ul style="list-style-type: none"> <li>• Teaching (groups, individuals and online tutorials)</li> <li>• Outreach (via liaison)</li> <li>• Developing web pages (subject gateways)</li> <li>• Enquiries (email and web forms)</li> </ul>	<ul style="list-style-type: none"> <li>• Training (individuals, groups)</li> <li>• Information searches</li> <li>• Document supply/ILL</li> <li>• Enquiries</li> <li>• Promoting resources and services</li> </ul>	<ul style="list-style-type: none"> <li>• Information searches</li> <li>• Promoting/marketing services</li> <li>• Attending case conferences</li> <li>• Training</li> <li>• Critical appraisal</li> <li>• Attending ward rounds</li> <li>• Developing clinical guidelines</li> </ul>	<ul style="list-style-type: none"> <li>• Integrating tools and evidence into workflow</li> <li>• Critical appraisal and synthesis of literature</li> <li>• Evidence educator (team, students)</li> <li>• Technology expert</li> <li>• Resource discovery and evaluation of products</li> <li>• Collaborator or co-author in research</li> <li>• Translating knowledge and facilitating sharing</li> <li>• Information manager</li> <li>• Facilitating collaboration</li> </ul>

(Scherrer, 2004; Dowse & Sen, 2007; Robinson & Bawden, 2007; Harrison & Beraquet, 2010; Rankin *et al.*, 2008)



# Examples from EAHIL 2010

## *Not only*

- Enquiries
- Document supply
- Literature searching
- Critical appraisal
- Training/teaching
- Online tutorials
- Service integration
  - curriculum
  - point-of-need/point-of-care
  - research workflow

## *But also*

- Interface design
- Portal development
- Repository management
- Technology assessment
- Customised mini-seminars
- Digital stories
- Publication support
  - citation analysis
  - individual consultations
  - writing clubs/seminars

# Evolution of thinking in the field

‘The candidates for context-based information services may come from either “side” – that is, from the sciences and clinical specialties or from library and information sciences.’ (Florance *et al.*, 2002: 56)

‘As health care has become more multidisciplinary and knowledge dependent, librarians and informaticians are increasingly seen as “boundary spanners” who can bridge the technical and the human information needs inherent in providing health care.’  
(Perry *et al.*, 2005: 203)

- ...health sciences librarians must become more specialized, paralleling the health care environment in which they work.
- An embedded informationist is more likely to achieve credibility, acceptance, and sustainability than an impersonal information service provided at a distance.
- Subject expertise is essential for the informationist.  
(Rankin *et al.*, 2008: 195)



# Evolution of information hybrids

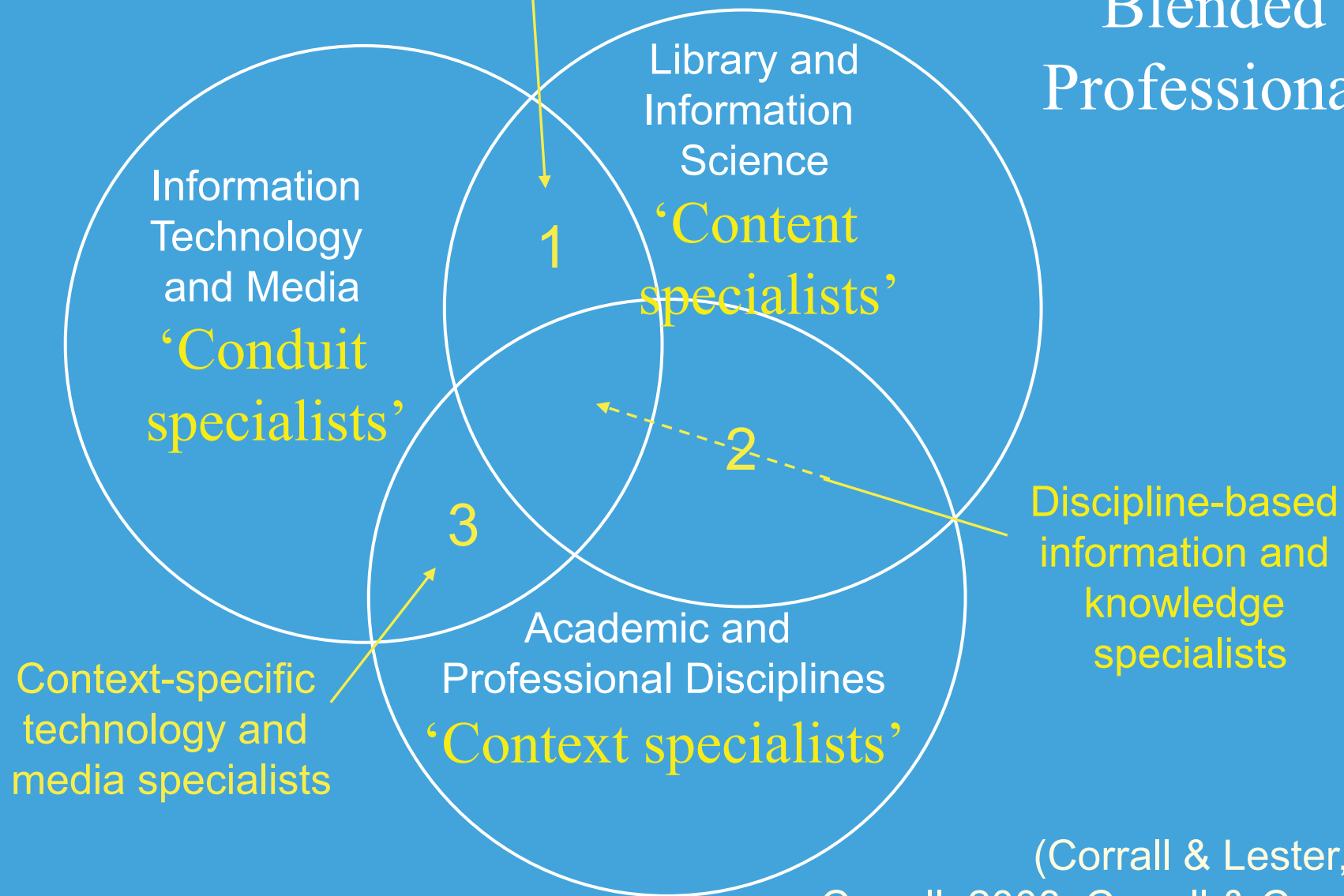
- Hybrid manager (1980s)
  - people with strong technical skills and sufficient business acumen to work in user areas or *vice versa* (Earl, 1989)
- Hybrid librarian-computer scientist (late 1980s)
  - associated with the concept of the ‘scholarly information center’ in the new electronic environment (Cimbala, 1987)
- Hybrid learner-support professional (1990s)
  - subject/information librarians taking on ‘para-academic’ role in facilitating resource-based learning (Fowell & Levy, 1995)
  - people with advanced information searching/handling skills and good IT skills who advise users on both areas (Norry, 2004)
- Hybrid and blended librarian (2000s)
  - integrating IT and instructional skillsets with librarianship to transform support for both learning and research/innovation (Bell & Shank, 2004; Allen, 2005; Cain *et al.*, 2005)





E-content and digital library specialists

# Sheffield model of Blended Professionals



(Corrall & Lester, 1996; Corrall, 2008; Corrall & Cox, 2008)



## Hybrid/blended roles around our field

- Hybrid professionals of different types are an acknowledged feature of contemporary health care
  - generalist-specialists: staff in traditionally generalist roles who have become specialists, e.g. nurse specialists, GP specialists and extended scope physiotherapists (Pinder *et al.*, 2005)
  - clinician managers: doctors with clinical and managerial roles (Kippist & Fitzgerald, 2009)
- Blended ‘quasi-academic’ and ‘third space’ professionals have been identified in the higher education sector
  - staff whose work spans both professional and academic domains or who work in emergent territory between traditional domains, e.g. academics in project/management roles (Whitchurch, 2008)



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# Competencies and Professional Development

Educating, Training and Developing the  
Health Library and Information Profession



# Defining concepts

## Competency and competent person

‘job competency ...a motive, trait, aspect of the person’s self-image or social role, skill, or a body of knowledge which he or she uses’

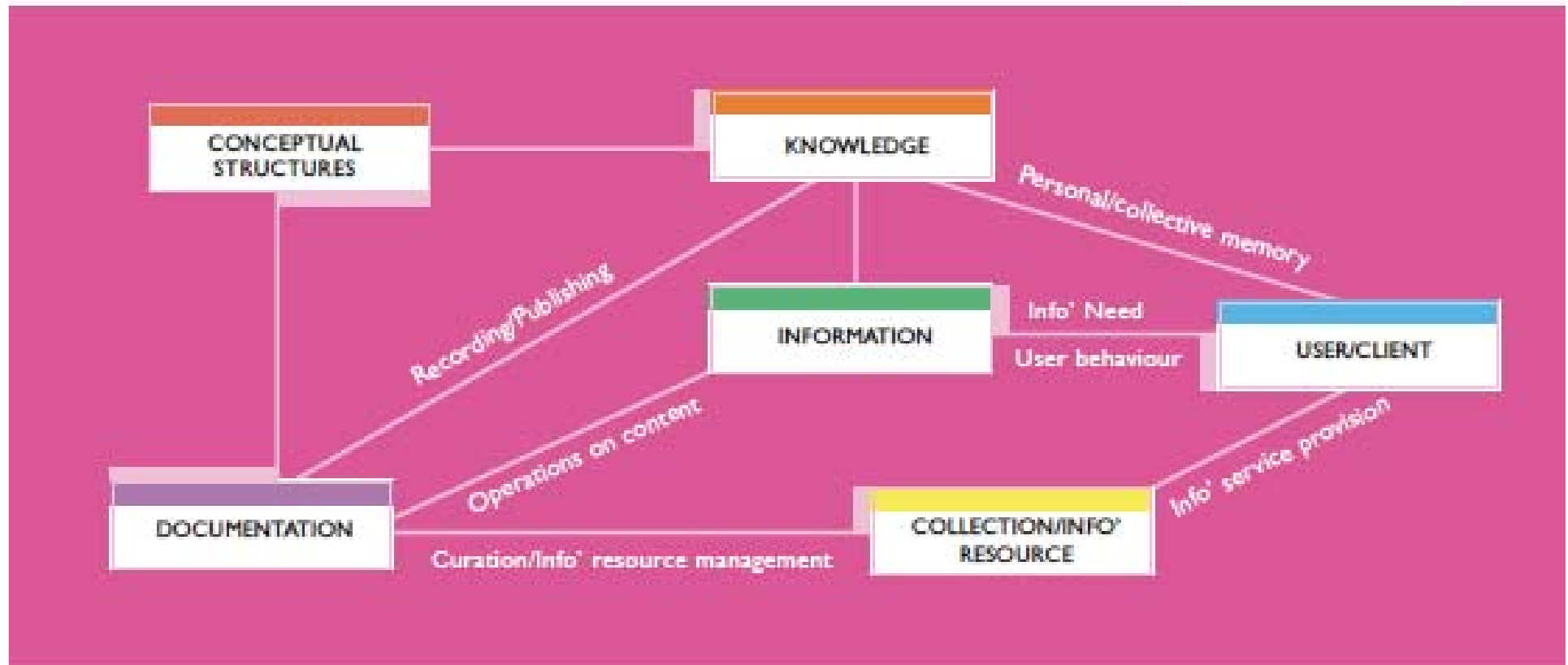
(Boyatzis, 1982: 21, 23)

‘competent person ...someone who has a thorough **understanding** of the responsibilities of the job and has the **motivation**, **skills** and **knowledge** to consistently carry out those responsibilities to the required standard’

(Aspey, 1998: 23)

# Core Schema

(CILIP, 2004)



Body of Professional Knowledge

Setting out an adaptable and flexible framework for your changing needs

# ALA's Core Competences of Librarianship

(ALA, 2009)

*Final version*

*Approved by the ALA Executive Board, October 25<sup>th</sup> 2008*

*Approved and adopted as policy by the ALA Council, January 27<sup>th</sup> 2009*

This document defines the basic knowledge to be possessed by all persons graduating from an ALA-accredited master's program in library and information studies.

Librarians working in school, academic, public, special, and governmental libraries, and in other contexts will need to possess specialized knowledge beyond that specified here.

## **CONTENTS**

- 1. Foundations of the Profession*
- 2. Information Resources*
- 3. Organization of Recorded Knowledge and Information*
- 4. Technological Knowledge and Skills*
- 5. Reference and User Services*
- 6. Research*
- 7. Continuing Education and Lifelong Learning*
- 8. Administration and Management*

# COMPETENCIES FOR LIFELONG LEARNING AND PROFESSIONAL SUCCESS

The Educational Policy Statement of the Medical Library Association

## Professional Competencies for Health Sciences Librarians

-  1. Understand the health sciences and health care environment and the policies, issues, and trends that impact that environment including:

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  - current management and business practices
  - the parent organization's (academic medical center, hospital, government, corporate, etc.) major policy and program sources
  - the health sciences professions
  - the clinical care, research, medical education, cultural, ethical, economic, and legal issues and environments
  - various health and health-related organizations
  
-  6. Understand curricular design and instruction and have the ability to teach ways to access, organize, and use information including:

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  - adult learning theory and cognitive psychology
  - educational needs assessment, analysis, and evaluation
  - instructional methodologies, technologies, and systems design
  - management of education services
  
-  7. Understand scientific research methods and have the ability to critically examine and filter research literature from many related disciplines including:

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  - using quantitative and qualitative methodologies and techniques and their interpretation
  - locating, organizing, and critically evaluating the research literature
  - using principles of evidence-based practice to support decision making
  - conducting research and reporting and disseminating research findings either individually or in interdisciplinary research teams

(MLA, 2007)



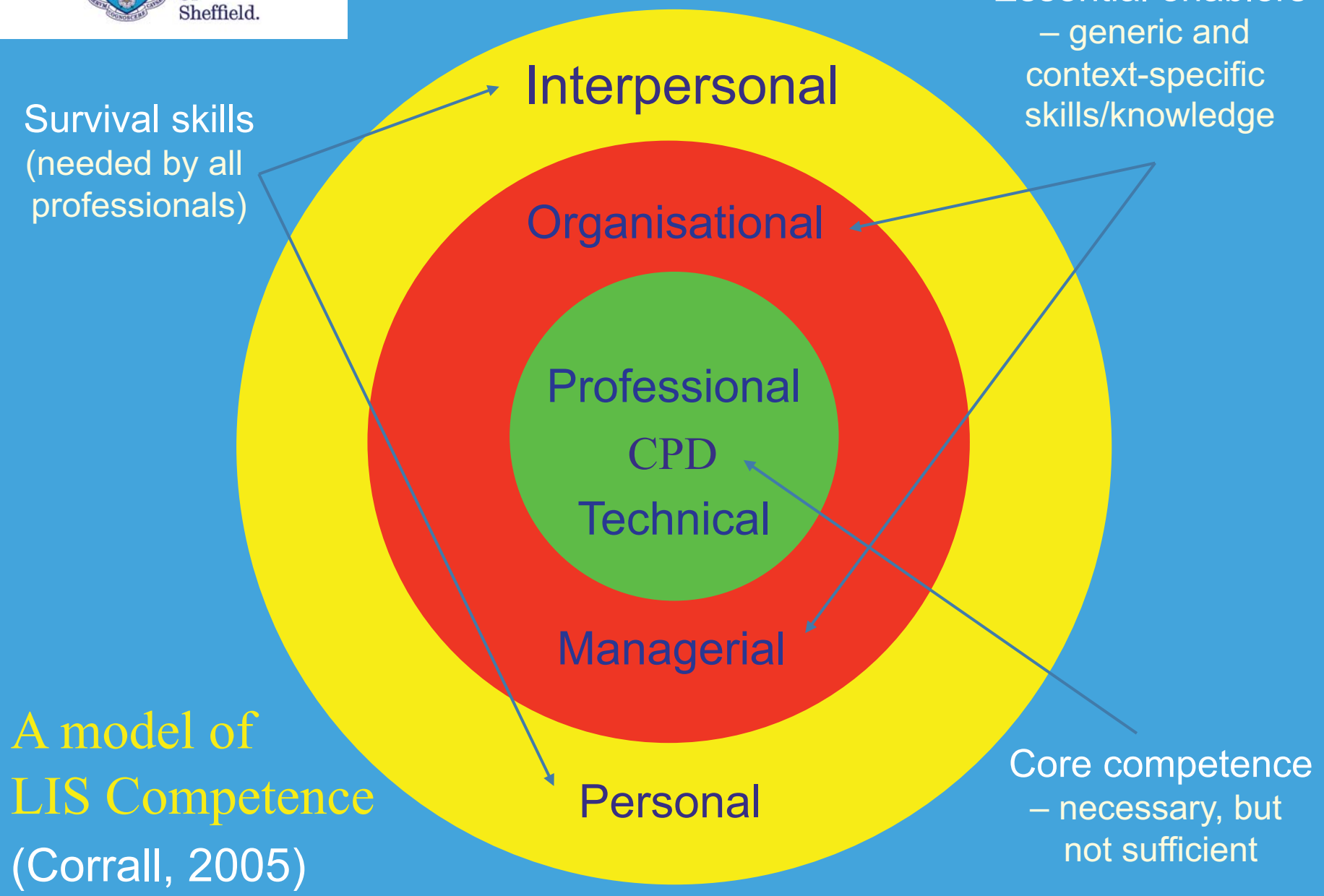
Business focus and personal attributes determine value added by LIS expertise

## LIS sector competency requirements

- **Professional/technical knowledge and skills**
  - data, information and knowledge organisation and management
  - information, communication and learning technologies
- **Business acumen/institutional understanding**
  - generic transferable management skills
  - context-specific knowledge of own organisation and sector
- **Personal qualities and abilities**
  - self-awareness and personal effectiveness
  - interpersonal behaviours and relationship management

(e.g. Corrall, 2005; Fisher *et al.*, 2005; Skelton & Abell, 2001)





Survival skills  
(needed by all  
professionals)

Essential enablers  
– generic and  
context-specific  
skills/knowledge

Core competence  
– necessary, but  
not sufficient

A model of  
LIS Competence  
(Corrall, 2005)



# Health information competency needs

Generalist + Specialist

## Professional/ Technical

- Wider developments in information work
- Knowledge management

- Specialist information retrieval and ICT skills
- Learning and teaching/training skills

## Business/ Institutional

- Strategic and financial planning
- Project management
- Service evaluation

- Clinical decision-making processes
- Epidemiological skills
- NHS structures, policies and programmes

## Personal/ Interpersonal

- Critical thinking and self-reflection
- Statistical understanding
- Problem-solving

- Group interaction
- Communication with stakeholders
- Collaborative learning

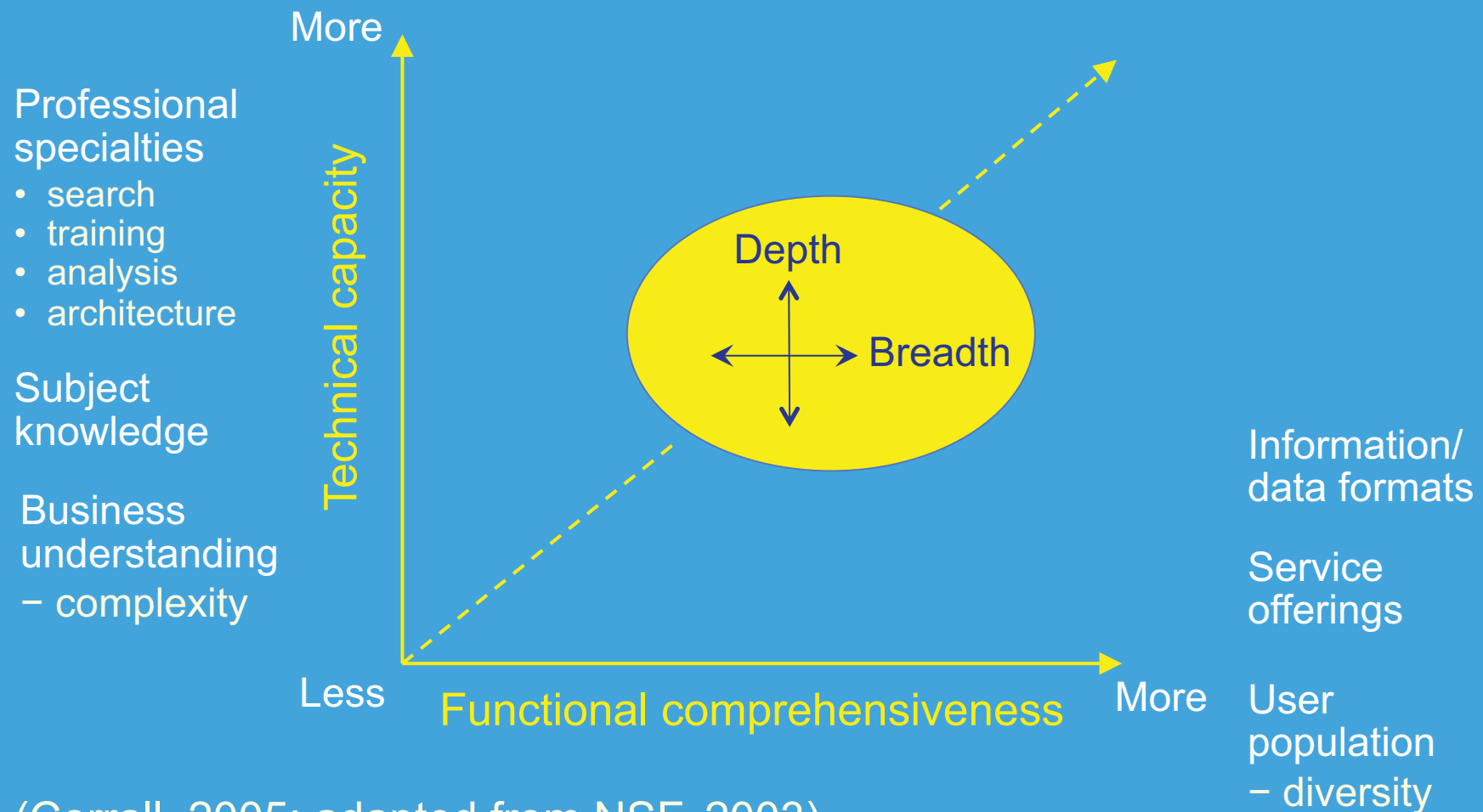
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'diffuse, diverse and continually changing' (Ayiku *et al.*, 2005: 136)



# Wide skillsets are subject to continual extension

## Professional capability: breadth+depth in the network era



(Corrall, 2005; adapted from NSF, 2003)



# Examples of CPD methods

External activities	Internal activities
<ul style="list-style-type: none"><li>• Cross-organisational projects</li></ul>	<ul style="list-style-type: none"><li>• Trial and error</li></ul>
<ul style="list-style-type: none"><li>• Professional networks, special interest groups and conferences</li></ul>	<ul style="list-style-type: none"><li>• Knowledge sharing and exchange with colleagues</li></ul>
<ul style="list-style-type: none"><li>• Formal education programmes</li></ul>	<ul style="list-style-type: none"><li>• Action learning/learning-by-doing</li></ul>
<ul style="list-style-type: none"><li>• Training courses</li></ul>	<ul style="list-style-type: none"><li>• In-house training/instruction</li></ul>
<ul style="list-style-type: none"><li>• Study visits</li></ul>	<ul style="list-style-type: none"><li>• Benchmarking</li></ul>
<ul style="list-style-type: none"><li>• Job exchanges</li></ul>	<ul style="list-style-type: none"><li>• Job rotation</li></ul>
<ul style="list-style-type: none"><li>• Preparing talks for meetings</li></ul>	<ul style="list-style-type: none"><li>• Supervising team members</li></ul>
<ul style="list-style-type: none"><li>• Writing for publication</li></ul>	<ul style="list-style-type: none"><li>• Reading professional literature</li></ul>
<ul style="list-style-type: none"><li>• Teaching new professionals</li></ul>	<ul style="list-style-type: none"><li>• Mentoring schemes</li></ul>

(Adapted from Larsen, 2006)

# Reflection as meta-competence

## Meta-competence/meta-competencies

‘a competency that is beyond other competencies, and which enables individual to monitor and/or develop other competencies’

(Cheetham & Chivers, 2005: 109)

## Reflection/reflective writing = “super-meta”

‘enables people to step beyond their other competencies ...to analyse, modify and develop these’

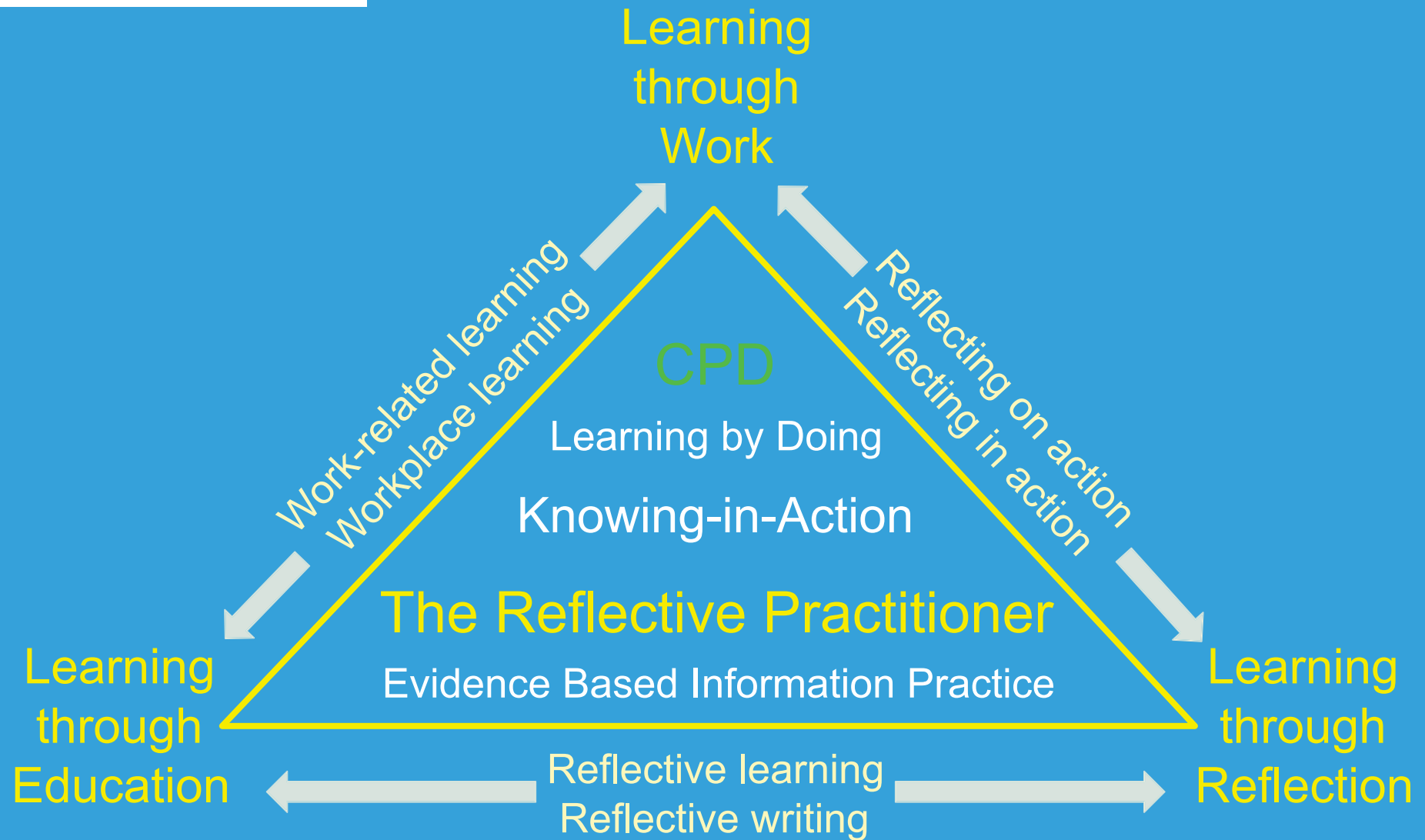
(Cheetham & Chivers, 2005: 109)

‘...has potential benefits for personal and professional development and improving work-based practice’

(Sen, 2010: 79)



# Reflective Work Based Development



(Booth, 2009; Schon, 1983; Sen, 2010)

# Development through writing

## Why should you write?

- Capture lessons learned from projects/initiatives
- Advance your own thinking and practice
- Share your experience and insights with peers
- Contribute to professional knowledge base
- Act as a thought leader in your particular field
- Develop valuable skills

## What could you write?

- Book reviews
- Literature reviews
- State-of-the-art reviews
- Reflective accounts/case studies of local initiatives
- Theory-based papers
  - developing new ideas or applying concepts from other domains to LIS
- Position papers
  - taking/setting a stance, e.g. journal guest editorial

## Professional Doctorates

- Also known as practitioner or practice-based doctorates
- Incorporate the name of the profession in the title  
*e.g. Doctor of Education (EdD), Business Administration (DBA), Librarianship (DLib), Health Informatics, Chemoinformatics, etc*
- Introduced because traditional PhD not adequately preparing people for advancement in the professions
- Prerequisite of 3 to 5 years of professional experience
- Highly structured programme with more taught elements
- Typically mix a few short residences with online learning
- Much shorter thesis often in the form of publishable work  
*e.g. 50,000 words or portfolio of journal papers and supporting docs*





# Distinctive features

## Expectations of a Professional Doctorate

Same outcomes and academic standard as traditional PhD,  
but candidates are expected to:

- focus on work-related issues (real problems/projects)
- participate in action learning sets/peer network
- engage in sustained reflective personal development
- apply learning within their own organisation
- enhance professional practice of self and others
- generate publishable work as part of submitted thesis or portfolio (e.g. peer-reviewed journal articles)
- develop the capacity for leadership in the profession

# Concluding comments...

- Info pros need wide skillsets, including (inter)personal, managerial and context-specific competencies to exploit and enhance their professional and technical skillsets
  - hybrid blended roles demand ever greater breadth and depth of knowledge and understanding for effective performance
- Continuing professional development and education is a necessity but can be embedded in day-to-day activities
  - *via learning by doing* (e.g. reading, networking, talking, writing) and participating in work-based education, as learner or teacher
- As library and information professionals, we all have an ongoing responsibility to contribute to the development of thinking and practice in our field
  - most academic literature in LIS is authored by practitioners!

# Any Questions?

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