

OBSERVATIONS on Kate Arnold's COLLABORATION keynote

Rhonda Cotsell, Librarian with Ballarat Health Services, gives us an insight to the Kate Arnold's keynote presentation at the September Collaboration Conference.



ABOVE – Kate Arnold delivering the keynote address at the Collaboration Conference

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The theme of the day at the HLI/HLA Joint Health Library conference held at the Melbourne State Library on Sept 19th was the joint collaboration between HLI (Health Libraries Inc.) and HLA (Health Libraries Australia, the national ALIA health group).

Kate Arnold, President of the Special Libraries Association, and leading the Information and Support Programme at Macmillan Cancer Support (UK), gave the keynote presentation – Collaboration: is it a mindset, a skill or just the latest fad? And why should librarians be embracing it?

Macmillan Cancer Support (MCS) is a 100 year old charity supporting people on their cancer journey. The talk revolved around the collaborative activities of MCS on a specific need – answering patient information needs for cancer sufferers and their carers, covering a wide range of issues from medical to financial advice, looking at what they did, who was collaborated with, and examples of what came out of each collaboration.

Collaboration was defined as ‘working together with a company or another person to achieve something’ and can be between individuals, individuals and groups, and groups and groups. It was also seen as a commitment on a decision to a prescribed end, with clearly defined roles. And that it was different to a partnership.

It was important, Ms. Arnold stated, for librarians to be prepared to get out of their ‘silos’ and move from being handmaidens to more active involvement in research, exploring such avenues as partnering in research or co-authoring papers for example. This is not necessarily easy for librarians used to remaining within the library walls, but was essential and required working at.

MCS cannot do things alone as they are publicly funded. An aging population plus improvement in cancer treatment means the need for health information continues to rise sharply – and dramatically – as those suffering cancer increases each year. The many information centers MCS run are staffed by volunteer and professional staff, and provide a wide range of information and support services including financial information and a Helpline with oncology staff. Quality standards are maintained through strict adherence to the Macmillan Quality in Information & Support Services (MQUISS), developed in response to MCS managers’ requests for clear guidance on how to set up and deliver information services.

Ms. Arnold spoke about and illustrated how each collaborative exercise required different approaches, and how that was tackled, from experience learning the need to be clear on the aims of the collaboration, and who will be doing what. Planning service development and delivery was vital, including how, and who would be worked with.

The collaborative reach for MCS was wide: examples included

- the Patient Information Forum www.pifonline.org.uk/ – for lobbying, evidence based information
- Glasgow libraries – reaching out
- NHS Choices & the British Heart Foundation – with the website, for content
- Professional associations – for what works, what doesn’t, global reality, collaborative opportunities
- Vendors and practitioners

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Ms. Arnold said it was worth reading a Financial Times/SLA survey reporting on the value of information management, which lists five 'core attributes of best practice performers' on engaging knowledge providers with senior management (free to download).

It's probably better to read the report but my very rough notes list these as communication, understanding values, managing the process, keeping up with technical learning and providing decision ready information. There are twelve tasks at the back of report that show how and what to do.

On the question of critical success factors, Ms. Arnold spoke extensively on communication strategies and the importance of using social networking specifically, especially

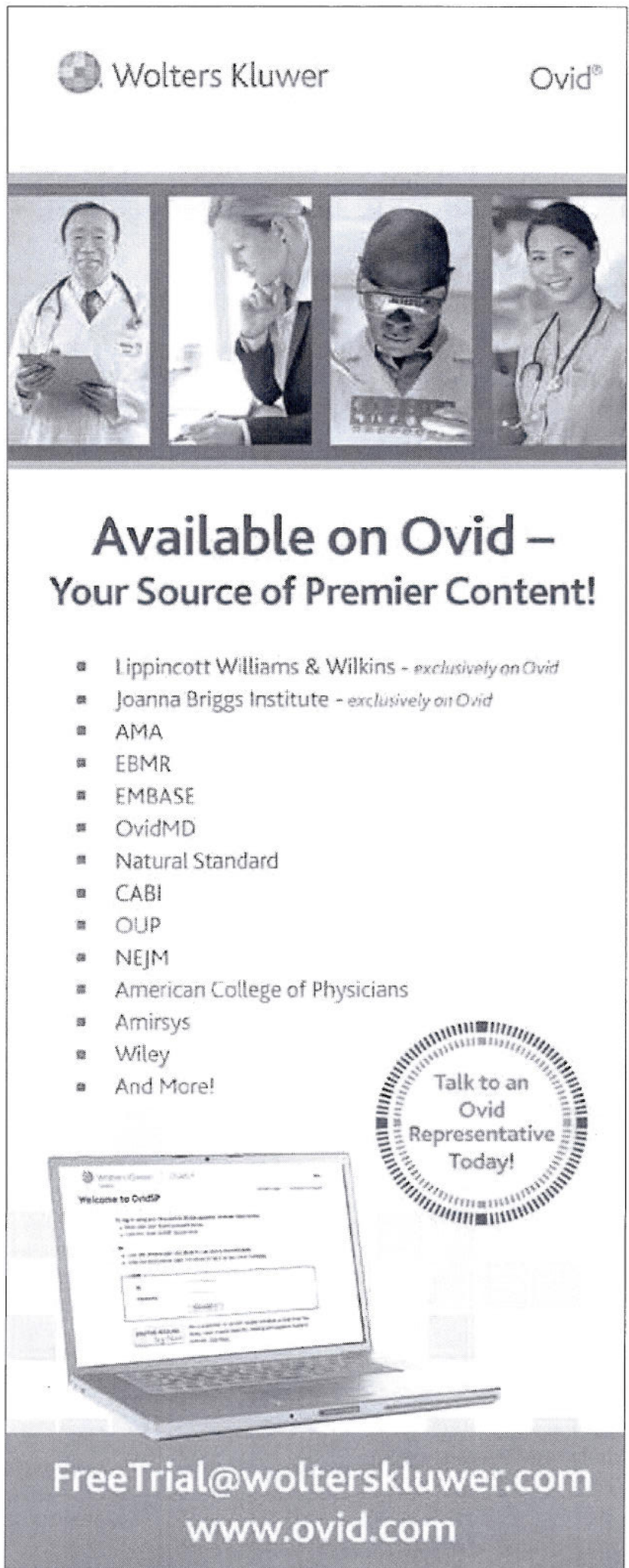
- twitter – suggesting #slatalk and #uklibchat – each month there is a discussion with a facilitator, that it is okay to comment, or lurk, and though responses differ from US there are a lot of Australians present and that it is a 'good place for collaboration'
- and LinkedIn – SLA has an account, there is space for discussions and questions – good to check out.

Overall, it was an inspiring introduction to what could be done and a great start to the conference.

The collaboration between MCS and other parties was obviously very worthwhile but there was little reference to detailed post analysis of individual collaborative activities apart from the reference to one collaboration that turned out to be more partnership. And I am still not sure what the difference between collaboration and partnership is. Given we are hearing the experiences of only one organization a more balanced picture would have resulted from hearing in this specific case what might have been done differently, were there unexpected results, difficulties, communication hiccups, unexpected costs and resources required, false starts and obstacles etc – or told there was none.

However, a strong picture of what could be accomplished was presented underlined in detail by what approaches and tools were used successfully in this instance. Lack of detail in some areas is probably due as much to time constraints, not everything could be covered.

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