

## The iPad connection

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Recently, library staff at Ballarat Health Services (BHS), each with differing levels of familiarity and skill, were provided an iPad with which to familiarise themselves within the context of library tasks and responsibilities. This included assisting BHS staff and students to load and utilise apps available through the Clinicians Health Channel (CHC), and also introducing them to the newly acquired BrowZine app, which enables users to access and manipulate library-subscribed journals on their mobile devices. I had no experience at all with using a tablet and the following is a record of my journey.

I made a huge mistake at the beginning when I decided to learn how to use the app store to locate, download and activate the CHC apps while simultaneously learning, from scratch, how to navigate the tablet itself. Navigation involved interpreting its language i.e. what different icons and terms meant, how the keyboard was organised, and how to get from one place to another. I had worked out my new Notebook with its differences, and negotiated countless management systems in my employment history, so how difficult could it be? Working out what was required to load the MIMS app on a new and unfamiliar piece of equipment, however, was like learning how to search a medical database on my desktop without knowing how to turn on the computer. The result was a constant state of irritation and frustration. I continually ended up in places that were not where I was trying to be. Because I was learning, if the area looked like something useful, I tended to stop and familiarise myself with it just in case I needed to try and find it again. At unexpected moments it would shoot off into other screens without, to my knowledge, any input from me. Was it physically sensitive to the slightest movement, which is important to know, or did I tell it to...somehow? How was this part of the experience relevant to my job? What is our role when library users with the same lack of skill come to the desk for assistance? The reality is they will come to us with varying degrees of competence – some inexperienced and not so confident, and others confident with tablets but needing assistance with accessing library resources or the apps available for the iPad. Library staff already provide assistance with a wide range of basic IT resources, including Word or Excel software, or how to use the copiers and printers for specific purposes. Having a hands-on, ongoing learning experience from a state of total ignorance was an excellent opportunity to build a strong skill-base from which to assist users, and be able to empathise with the frustrations they might encounter.

Experienced-user problems were more focused. What apps are available? How do I access the library from home? How do I get an Athens account to access the apps? A library handout (cheat sheet) outlining the main steps to access apps seemed the best solution for this. We wrote a set of steps for creating an Athens account, guiding the user to the CHC website and where the instructions for downloading and details for mobile devices are located. We drew attention to iMIMS and MIMS for Android, BMJ and DynaMed from CHC, and also BrowZine, with a quick guide to the steps necessary for downloading. Library contact details were also provided. The cheat sheet can be handed out during or after a face-to-face session or made available for people to use on its own, and it is located at the Information and Loans Desk (ILD).

BHS library staff and students were already turning up regularly because they had 'heard' they could access, for example, iMIMS on their phone or tablet. Previously I would guide them to the CHC site, showing how to register for an Athens login, and then to the section on accessing apps for mobile devices. The majority of users would take it from there, but I was uncomfortably aware I would have to refer any difficulties they might have to someone else. This deficiency needed to be dealt with. Learning how to use the tablet was torturous but as I became more adept at navigating, my sense of what the tablet could do grew and excitement overcame the frustration.

I decided, as part of the exercise, to use it to look at what was already happening with tablets and libraries in the larger arena of healthcare and medical information and practice. What I found was a rapidly expanding presence of tablets and smartphones in information retrieval, sharing and communicating knowledge in medical libraries, medical education and the practice of medicine itself. In as early as 2012, an article was published outlining the results of a test on how tablets might be used in advancing their work (funded by two National Network of Libraries of Medicine Technology Improvement Awards grants). Librarians at University of Washington Health Sciences Library concluded that 'tablet computers are quickly becoming the device of choice when it comes to librarians working in academic health sciences settings' (2, p.281).

A blog published online by the *Journal of the European Association for Health Information and Libraries* (JEAHIL), which looked at what the future held for librarians, placed 'Authority for tablet computers, e-book readers, and respective apps (medical as well as productive) ... handles mass sync and restore of hundreds [of] devices as well as volume purchase of apps with casualness' ahead of (amongst others) embedded librarianship and the role of program manager of open access (8).

A recent statistical survey carried out by IMS Health looked at mobile adoption and opportunity for life sciences marketing. The results revealed that 60% of millennials (those born in 1980–2000), when asked about smartphone behaviour, agreed that in the next five years 'everything will be done on mobile devices' (4, p.3).

At the ground level, I found a medical student network initiated by General Practice Registrars Australia that lists apps worth downloading (3) along with websites and blogs. Oliver Obst, Librarian and Head of the Academic Medical Library in Münster, prefaced a special issue on mobile technologies in the JEAHIL looking specifically at how mobile devices affect the way medicine is taught, learned and practiced. He spoke of how the papers in the issue 'all agree that smart phones and tablet computers have become the new cultural "norm" within personal and professional lives' (9, p.4).

Some libraries lent tablets, recommended apps, licensed content and trained students in how to best use them. Others developed their own apps, for example, this year the National Library of Medicine released a free iPad app containing interviews with prominent Indigenous practitioners of traditional medicine (7). At Bern University library, students rejected e-books as inconvenient for study purposes, so the library looked into a means of incorporating them with tablets, resulting in e-books becoming more acceptable to their users (1, p.25).

On a library 'share' site I found an example of an app developed by the University of Texas MD Anderson Cancer Center Research Library to showcase the library's services to the Senior Vice President when he slotted an unexpected three hours in his schedule to tour the facility (5). This is a wonderful example of how a library iPad can be used as an in-house library-marketing tool appealing to stakeholders, and could also be adapted for use by new students and staff. These are just a few of the applications I found.

But, back to my experience. The portability and physical ease of using the tablet compared to my Notebook at home and my work desktop made me rethink the boundaries between home and work. This encompassed the tension between non-work issues while at work and working outside designated work-hours at home. Something also resonated for me when I first read Oliver Obst's reference to how the papers in the special issue on mobile technologies had one thing in common: 'they all agree that smart phones and tablet computers have become the new *cultural "norm"* within *personal and professional lives*' [my italics] (9, p.4).

As I sat at home exploring and taking notes on what the tablet could do, I felt an uncomfortable conflict between that and an equally strong desire to be outside gardening. I felt vaguely guilty for using the tablet (work equipment) to check whether it was ok to prune my callistemons. I felt I should have used my home-based Notebook, but it was in the next room, away from the comfortable couch and the heater. The tablet was just so much easier. But, I thought, this is *my* time. This irritation and guilt, that home time was being taken up doing this, was undercut with an awareness that working hours are fragmented with non-work thinking (what will I make for dinner tonight?) and/or activities (making or attending appointments that cannot be made outside set work hours).

But was this uneasiness appropriate to include in describing my experience with using the tablet? It seemed more to do with the domestic (non-work) side of my life than with work. Yet it 'felt' to me as if the tablet was softening the barriers between the two. Thinking on the Obst statement about personal and professional norms, awareness that it was a direct consequence of the tablet's particular qualities, and consideration of the fact that if tablets can change the way things are done in the workplace why not 'work' in the home context as well, are all an important part of the experience.

The tablet allowed an integration of work matters into the non-work situation that is new for me. It is a unique tool that allows people to amalgamate multiple aspects of their life. This happens because the tablet is far more user-friendly than my Notebook at home and/or desktop at work. Its portability means it can move easily between the two physical locations, and it holds so many resources, moving fluidly between both external and digital spaces and enhancing significantly what I can do in certain situations, at certain times, and in particular locations.

A tablet is the ultimate tool for the multi-tasker. It's like having a small, friendly, portable work desk. I used it during this exercise, for example, at home on the couch, in the kitchen as I cooked, on the train when I went to Melbourne to babysit, at my workplace, watching TV or sitting in the garden. As I write this, my Notebook is just across the room but the tablet doesn't take as long to get started and is easier to physically hold than the laptop (which would require me sitting upright and balancing it on something, and disturbing the cat who is sprawled across my legs). These are small but important things, not only in terms of getting into the right headspace for thinking and doing but also increasing the likelihood of taking the next step and acting on it, not falling into the trap of thinking 'I'll write that down so I won't forget, later ...' ... and not.

Working part-time also contributed significantly to how I experienced the tablet. Thinking about work-related matters is not limited to time actually spent at work. As I played at home I realised the tablet was solving continuity problems for me. Because it is so accessible and so easy to start up I tend to grab the tablet as work-related thoughts occur to me, particularly solutions or inspiration related to work activities, either to note it down and send it to my work email or do a quick search to find out more. These things are often lost and I suspect this will resonate with many.

More significantly – and something I have wanted to explore for a while – I am interested, personally and professionally, in all aspects of social networking and have played around with it a bit at home, but in a very ad hoc way. One of my responsibilities at the BHS library is marketing and I wanted (at some stage...) to look at medical library Facebook and Twitter accounts, and also explore other types of networking just to see what people are already doing. I hadn't for a range of reasons. I wasn't sure exploring something simply to find out what is there with no particular application in mind, combined with awareness that if it were suitable we would probably already be doing it, was a wise use of my time. The portability and ease-of-use of tablets and smartphones, combined with the fact that they lend themselves particularly well to all types of social networking, however, meant that exploring social networking in a medical context was an obvious path. I emptied the Twitter account I already had and filled it with Twitter accounts from medical libraries, research organisations, medical education sites, rural and local health organisations including BHS, journals (*The Lancet*) and health employment, and then I did something similar for Australian and other healthcare-related Facebook sites, including the Medical Library Association, University of Sydney Medical Library and Austin Health Library.

Information overload can be a danger but the short 'information bites' that define Twitter solved this. It opened my world to the range of things that matter enough to the world of healthcare and healthcare research right now for there to be related discussions and sharing of knowledge – far more than I would encounter at my work desk. Each tweet is no more than 140 characters so it was easy to scan the feeds quickly to get an overview of current issues and trends, with the option to click on links to access more in-depth information. I find I keep track of these with the tablet, but I won't sit down and power up the Notepad to do it at home because it ties me down to one location and one task. With the tablet I can skim through it between keeping an eye on the cooking and sending photographs of my grandson to his mother while I babysit.

At the moment I am just exploring and examining what I find, setting what others have done against what we do and who we serve. I am also asking if this is something we could do in the future. BHS library can be part of passive learning and also be active as individuals in contributing, perhaps eventually creating. I don't know yet where this might lead, but am really pleased I have been able to take this large step closer.

Thinking of the way my work and home life interacted and questioning whether it should be included here, I also realised that sitting at my desk at work the thought might not have arisen. It only did because I was at home on the couch, wanting to be in the garden ... Had I been at work I would have let it go as too peripheral. It required a slower and deeper focussing, not possible in a small, busy library with competing demands and needs for immediate action. Letting ideas of home and work mesh, with no interruptions or pressure to be doing something else, I jotted down thoughts as they arose and was able to let my thinking unfold at its own rate. Mostly, because the ideas were unexplored, this happened as a series of impressions.

Overall, finding the best fit for the iPad into my work-home matrix required a rethinking about how I do things. Where I worked (I believe) efficiently before, now I look at how the tablet affects how I do things. I see differently how tasks interlock and the requirements of particular types of work e.g. quick, repetitious tasks versus those requiring deep thinking. Finding time for professional reading and other peripheral activities is always difficult, but the tablet offers new places for reflection. Thinking about and trying new ways of doing things, and looking at what other libraries are doing, has always clashed with what needs to be completed today. Those activities also require an intellectual energy that is more reflective, and as such slower, than that required or possible in a typical busy workday environment. I questioned home and work

priorities, including the gap between work professional development and something I can only call 'personal' professional development, which might not immediately relate to my current position but underlies my definition of myself as a librarian. These are old problems but, with the tablet, there are new answers.

Finally, after a casual discussion about this with other staff sharing the tablet experiment, one later emailed me a link to an article about home and work balance for nurses. The article is prefaced with a reminder of the importance of keeping work and home lives separate, referring particularly to nurses and the emotional demands of their profession. It then goes on to say '... in an age of new media, of being constantly "on", how can we do this in practice?' (6, p.529) If work impinges too heavily on home, it can have a detrimental effect on the quality of home life and on workers' health. This would be true for all workers. I realised that the advantages therefore must be seen strictly in terms of individual choice to use the tablet as I do. Within the matrix of home and work it is not to everyone's benefit just because it is possible. I didn't find much in the literature relating specifically to tablets and work-home balance but my search has not been exhaustive. I came out of this experience, however, believing absolutely that the easing of the barrier between personal and professional can make life easier for workers in a way that could have far-reaching benefits – and I would be interested to research this further.

In conclusion, I found using the tablet at work and home, in terms of convenience and for personal professional growth reasons, is adding up to something that smoothes the path and enriches both. With so many library services being cut across the board, giving staff the option to use a tool that frees up work energy to do more is a big step in a very promising direction.

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Sent from my iPad