



Clinical Librarianship

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I am grateful to Federica Napolitani, Editor in Chief of *JEAHIL*, and to the *JEAHIL* Editorial Board, for this opportunity to be guest editor of this monographic section of the June issue of the journal, on the theme of Clinical Librarianship.

If justification were needed, the response to the call for papers demonstrates the timeliness of our theme. Thus in this issue we have papers from Britain, Ireland, Denmark, and from Iran and Australia. These tackle questions such as the challenges in developing services, discussed, in different national and clinical contexts, at a national level by Mara Flynn and Louise Farragher in Ireland, by Mohammadreza Hashemian *et al.* in a gastroenterology department in an Iranian teaching hospital, by Kirsty Rickett in an Australian hospital and by Louise Stenholt, Lars J. Petersen and Conni Skrubbeltrang in Denmark. Hashemian *et al.* also raise the question of professional education for clinical librarians, very much a topic of the moment.

Lisa Lawrence, Anusha Panthagani and Maulina Sharma describe the impact of a clinical librarian on a dermatology department. Stenholt and her co-authors discuss embedded librarianship in a diagnostic, rather than the more common therapeutic service, a department of nuclear medicine with a strong emphasis on research, hence a large workload supporting systematic reviews and diagnostic test accuracy studies. Helen Williams, June White and Samantha Burgess look at the neglected, in the published literature at least, question of the emotional impact of work as a clinical librarian, through the use of a Schwartz round for clinical librarians at the 9th International Clinical Librarian Conference in 2017.

Clinical Librarianship has been with us since the pioneering work of Gertrude Lamb in the 1970s, was given fresh impetus by the movement for evidence-based healthcare, and most recently by the opportunities afforded by mobile technologies. The classical model of the clinical librarian on the ward-round and in the morbidity and mortality review meeting in acute hospitals has been applied elsewhere, in mental health and community health services, in public health, and primary care and commissioning. On the evidence of these contributed papers, there is every reason to be confident about the future of this profession within a profession.

