

MDMLG NEWS

Winter 2017

President's Message from Misa Mi

Be the Mentor You Wish You Had



We may all have experienced a mentoring relationship at certain stages of the trajectory of our professional career. We may have received guidance in our professional development; feedback on our job performance; coaching for our first job interview or work assignments; assistance in networking; or support in our career path. "A lot of people have gone further than they thought they could because someone else thought they could" (Unknown).

As an organization of health information professionals, MDMLG needs to continue to grow and remain vital and relevant. What can we do to promote MDMLG and the profession, to sustain its vitality, and to attract new members? As part of the ongoing MDMLG outreach efforts, MDMLG is going to launch a mentoring program targeted to students aspiring to become a health sciences librarian or an informationist.

A mentoring relationship with a practitioner of health sciences librarianship can have a powerful influence on a student's future career interests and choices, aspirations, and professional identity. A successful mentoring relationship can lead to the professional development and growth of both mentors and mentees. As mentees, you can benefit in many ways by participating in the MDMLG mentoring program. You will feel nurtured and supported in your academic career and professional development, or when facing the choice of various career paths. You will feel better oriented to the profession of health sciences librarianship, the professional organization, and various types of work environment. You will also develop confidence in navigating a wide array of health sciences librarian roles and job responsibilities. And you will be challenged to reach higher in your career development.

As mentors, you may experience the gratification of nurturing and supporting the professional development of a student. You could feel professionally stimulated, rewarded, or perhaps rejuvenated with a great feeling that you are giving back to your profession and organization.

Misa Mi, MDMLG President

Medical Library
Oakland University William Beaumont School of Medicine

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MDMLG General Business meeting/Lunch & Learn

Thursday, December 1, 2016
11:30 – 3:30

Henry Ford Hospital
E&R Bldg. 2096 A&B
2799 West Grand Blvd.
Detroit, MI 48202
313-916-2550

PARKING:

It is recommended that you valet park at the main entrance or the East Clinic entrance. Parking vouchers will be distributed at the meeting.

MAP: <https://goo.gl/maps/W8UCV2RWU5J2>

ELEVATORS: Take the elevators in the E&R Building located east of the cafeteria

LUNCH:

Lunch is from [Mudgies](#) in Corktown and is \$10.00.

Please indicate lunch selection:

Jerk (Jerk grain fed, antibiotic and hormone free house roasted chicken breast , our jerk mayo, red onion, romaine lettuce, tomato, pepper jack cheese on an onion roll)

Veggie (Havarti cheese, house-made coleslaw, sunflower sprouts, walnuts, cucumbers, romaine lettuce, tomato, and Brownwood Farm's kream mustard rolled up in whole wheat lavage bread)

Antipasto Salad (smoked ham, genoa salami, Swiss cheese, tomato, onion, banana peppers and olives on a bed of romaine lettuce with balsamic vinaigrette)

Beefy Bleu (Michigan-raised, grass-fed, beef brisket, red onion, tomato, baby spinach and crumbled bleu cheese with a side of balsamic vinaigrette, on an 8" sub bun)

PAYMENT by Check or PayPal. Please make checks payable to MDMLG and mail to Gina Hug.

PAYPAL: <http://www.mdmlg.org/paypal-meeting-december-2016.htm>

Register online now: <https://goo.gl/forms/rCzCoN6fzGfMZYLs1>

AGENDA:

11:30am to 12:00pm	Sign In
12:00pm to 12:45pm	Lunch and Learn with Bret Stevens from HFHS Medical Education. Bret will be speaking about ACGME Scholarly activity reporting.
12:45pm to 1:00pm	Break
1:00pm to 2:00pm	Program featuring Ben Rybicki from HFHS Public Health Sciences. Ben will be speaking about Cancer Research and Precision Medicine at Henry Ford Hospital.
2:00pm to 2:15pm	Snack Break
2:15 pm to 3:30pm	General Business Meeting

Please fax, mail or email the registration form to Gina Hug at ghug1@hfhs.org or fax 313-874-4730

Gina Hug
Henry Ford Hospital
Sladen Library
2799 West Grand Blvd.
Detroit, MI 48202

*****Please register by Wednesday, Nov. 23. *****



JAMA 1883

by Jill Turner

This past spring the Detroit Mercy Library, McNichols Campus began a huge weeding project. One of the items to be sent to the discard bin was the collection of JAMA on microfiche. Detroit Mercy had access to JAMA back to volume 1 issue 1 (1883). It has been sitting on my desk for months; I have every intention of perusing those early issues. Medical history equally fascinating, terrifying, and hilarious. As Dr. Ben Rybicki is going to speak about cancer research at the next MDMLG business meeting, I decided this would be the perfect opportunity to pull out the inaugural year of JAMA and see what had been published on the topic of cancer. As usual, I became distracted by everything else in those issues. In addition to being the inaugural year for The Journal of the American Medicine Association, 1883 was also a year when germs were still considered a theory, the yellow fever epidemic of the past five years was finally petering out, and the fifth cholera pandemic was just ramping up. Although cancer was not mentioned at all in any of the issues from 1883, there was plenty of other material to hold my interest. I have included below a compilation of various types of entries from 1883, complete with the original language.

Submissions of a miscellaneous nature:

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[Membership Dues and Subscriptions](#). JAMA. 1883; 1(1):29-29. Annual membership dues to the AMA were \$5 "... and all who [send their money] will receive the Journal of the Association without further trouble on their part. Those who wish to subscribe for the Journal of the Association, and are not members, can send the five dollars ...". This is quite the bargain compared the dues and subscription fees of today.

[Trained Nurses](#). JAMA.1883;1(14):430-431. "It will be remembered by those ... that the Association adopted, the followed preamble and resolution: "Whereas, Good nursing is of paramount importance to the comfort of the sick and the restoration of their health, and "Whereas, The subject is one which strongly addresses itself to the common sense and kindly sympathy of every intelligent member of society, therefore, "Resolved, That this Association, fully recognizing the importance of the subject, respectfully recommend the establishment at every county town in our States and Territories, of schools or societies for the efficient training of nurses, male and female, by lectures and practical instruction, to be given by competent medical men, members, if possible."

[Index Medicus](#). JAMA. 1883;1(24):708-708. "Shall the Index Medicus be Discontinued? ... As the publisher agrees with the editors that—in justice to themselves as well as to those whose generosity has already been severely taxed—the Index Medicus must no longer be dependent on voluntary contributions, the undertaking must either be abandoned or at once be placed on the business footing of an equally shared support. Since there are scarcely 600 subscribers to whom the Index Medicus is, or seems to be, a necessity, the question to be determined is whether there remains a sufficient number of subscribers who are willing to continue their subscription at the requisite increase of price."

[Condition of the Crown Prince](#). JAMA. 1887; IX(21):660-660. "The physicians of the Crown Prince Frederick William declared last Monday that the throat affection was cancerous, and that partial removal of the larynx is not advisable, though the physicians at San Remo recommend complete extirpation, which is objected to by the patient."

Necrology:

Each issue ended with a section titled "Necrology" or "Necrological Report". The Obituaries. Not only was the title of the section curious, but the style of the contents were interesting as well. Some of the obituaries contained subjective commentary on the individual's life. Here are two examples:

"Although [a man](#) of fine literary and professional acquirements, he passed his life as a clerk in public office."

"Like so many workers, [he](#) took no time for rest, and vainly looked to the future for the recreation and enjoyment he should have secured as he went along. This broke down his constitution, and the first real sickness of his life carried him off."

Journal Articles:

As one would expect, the practice of medicine has radically changed in the last century. Documentation of medicine has radically changed as well. Here are a few excerpts from submitted journal articles and case reports.

Dr. Robert Murray pulls no punches in his article [The Treatment of Yellow Fever](#): “I wish to protest in advance against nihility and theoretical therapeutics, which find favor with some. There is such a process, or art, as treatment of yellow fever, and there is also much manœuvring called treatment, the perpetrators of which should be sent to Labrador or a colder region on the first news of an outbreak; and theorizing in general is of best service in a similar climate.”

Case Reports were much more informal and flush with a multitude of present day HIPPA violations. Dr. T.C. M’Culloch reports his experience with treating pre-eclampsia and acute pneumonia in his article [Blood Letting as a Remedy in the Treatment of Eclampsia Pueperalis and Acute Pneumonia](#):

“On the 2d day of July, 35 years ago, I was called to attend Mrs. John Carson, of Armstrong county, Pa., in labor with her third child. She was a large, muscular woman about six feet in height and built in proportion. A short time before my arrival, she was delivered of a still born child. The womb was contracted, the afterbirth expelled. There was no hæmorrhage, and she was comfortably “put to bed.” I say put to bed, as in those days women were nearly all delivered on the floor on their knees, and afterwards put to bed; apparently she was all right. Whilst seated at the breakfast table enjoying my morning meal, after a seven mile ride, congratulating myself upon my “good luck,” and easy made fee, I was startled by a scream from the nurse, followed by doctor! doctor! On entering her room, I found my patient in a horrible convulsion. I say horrible for what can be more horrible to the practitioner than a woman convulsed, distorted and blackened by a puerperal convulsion; muscles convulsed, features distorted; respiration gives forth a hissing sound, froth issues between the clenched teeth, the eyes are rolled upward and spasmodically jerked side to side. ... I bled this patient six times, once from both arms at the same time, allowing the blood to flow in full streams without regard to quantity. Her hair was cut off and cold applications applied to her head.”

Surprisingly, Mrs. Carson survived. When it comes to medicine, there can be the slightly disturbing. Dr. Blankenship describes his experience as an attending physician during an execution. He writes about monitoring the convict’s heart rate, minute by minute, in his article [The Pulse after Hanging](#). He records a single heart beat at the nineteenth minute. Simultaneously interesting and disconcerting.

Here are another dozen interesting titles from 1883.

Allen, D.P. A Comparison of Antiseptic and Non-Antiseptic Methods in Surgery. JAMA. 1883; 1(10):292-295. [I will take the antiseptic method, please.]

Andrews E. Restoration of a Lost Cheek by a Flap from a Shoulder. JAMA. 1883; 1(1):20-21.

Bacteria and the Germ Theory of Disease. JAMA. 1883; 1(4):127.

Beach WM. Milk Sickness. JAMA. 1883; 1(3):71-75. [A condition of cattle and sheep in the western US, caused by eating white snakeroot, which contains a toxic alcohol. It sometimes occurs in humans who have eaten meat or dairy products from affected animals. Who knew?]

Chevallereau A. The Sickness of the Count of Chambord. JAMA. 1883; 1(15):451-452.

Hard A. Report of Two Cases of Catheters, Broken Off in the Prostatic Portion of the Urethra, Removed by the Use of a New Instrument. JAMA. 1883; 1(8):241-242.

Ingals E. Bites of Serpents. JAMA. 1883; 1(8):249-250.

Jenkins JF, Tecumseh. Foetid and Sweating Feet. JAMA. 1883; 1(17):516.

Nerve-Stretching. JAMA. 1883; 1(17):504-505. [They tried this technique as a treatment for ataxia, paralysis, sciatica, tetanus, pain after a crushing injury, and more.]

Pratt, Foster. The Increase of Insanity in the United States - Its Causes and Sources. JAMA. 1883; 1(23):668-675.

The Prevention of Insanity. JAMA. 1883;1(8):251-252.

Vaughan VC, Dawson JH. Diffusion of Arsenic through the Body When Thrown into the Mouth and Rectum after Death. JAMA. 1883; 1(4):115-116. [describes a murder case in Michigan where a man was accused of poisoning his wife with arsenic.]

I have no doubt that someone in 2183 will look back upon the JAMA articles of today and be equally amused and horrified at our “modern” medical practices like transplanting organs from one person into another. I am reminded of a scene in one of the Star Trek movies ([The Voyage Home](#) – I had to look it up) where the Enterprise crew must “rescue” one of their own from 20th century medicine. On the mission, Dr. McCoy encounters an elderly woman laying on a gurney awaiting dialysis. He mutters the line, “This is the dark ages” and hands her a pill to regrow her kidney. That scene drives home the medical possibilities for the future. It is fascinating to look back on early medicine because it gives such promise to the future of medicine.

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Cover of the first issue of
[Journal of the American Medical Association](#)



What I Learned: MHSLA 2016

by Courtney Mandarino

After months of planning, publicity, and preparation the Michigan Health Sciences Library Association Annual Education Conference has come and gone. As usual, attendees were treated to engaging lectures, interesting continuing education courses, and three days' worth of networking and sharing ideas with colleagues. For those who attended MHSLA 2016, you know that we had a particularly full and stimulating schedule. For those who did not attend, here's some of what you missed.

Although I have heard glowing reviews for all of the CE courses offered, I can only speak to those I actually attended. In Lean Process Improvement Demystified I learned the fundamentals of Lean and how it could be applied to library projects. Engaging the 21st Century Learner taught me the basic principles of learning, as well as specific methods that can be applied to assessment and evaluation, such as the “Instant Assessment” and “Gallery of Learning” activities. In “Instant Assessment,” students hold up cards indicating a true/false or a/b/c response to a question asked by the instructor, allowing the instructor to quickly assess the students as they go. In “Gallery of Learning,” students make check marks on posters around the room indicating statements they agree with or lessons they learned in class.

Finally, the Health Policy Information Seeking course led the class down the rabbit hole of government websites, covering several excellent sources of data on topics such as healthcare cost and utilization, insurance coverage, chronic health conditions, and use of preventive care—data that can be extremely enlightening to researchers, if they can find it. I’m pleased to report that I’ve already utilized some of the websites we discussed in class for a few recent searches.

The conference also included two exceptional speakers and a lively panel discussion. Thomas Buchmueller, a health economist from the University of Michigan, delivered the Keynote Address: “Insured by Obamacare: Early Evidence of the Coverage Effects of the Affordable Care Act.” In his talk he discussed insurance trends both before and after the passage of the Affordable Care Act and how things may progress in the future. During the panel discussion, two library directors and an assistant director discussed the dramatic changes they have experienced at their libraries and what they have learned along the way. Sally Gore, research evaluation analyst for the University of Massachusetts Center for Clinical and Translational Science, gave the second keynote address, titled “A Conflict of Interests.” In it, she discussed how health sciences librarians can dovetail their specific interests and skills to redefine their role within their institutions. (Gore recently discussed her time at the MHSLA conference [on her blog](#).)

As always, the conference also provided ample time to catch up with fellow librarians, see new product demonstrations from vendors, and unwind at the special event. With all of our busy schedules, the MHSLA conference is always a welcome change of pace, giving attendees a break from their schedules and a chance to brush up on the latest trends in our field. Hopefully, all of us who attended learned something we can take back to our respective institutions so that we can continue to provide the best service to our patrons.

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Who needz riting help? Part 2

An admission

by Marilyn Dow

I'll admit it: I'm the one who is in need of assistance. Soon after the last Newsletter was produced a kind reader pointed out that in my article on writing in the second paragraph, second sentence this sentence appeared:

Diagraming sentences may not be a necessary skill for daily use, but basis writing ability is still needed.

Is this an [example of irony](#)?

OMG, as they say. Clearly lacking in **basic** skills. Now I'm confident that I know the difference between basic and basis, so this is likely a typo rather than an actual word usage error. Is that any better? Not really.

This brings up the issue of proofreading. We know it's important. Students and job applicants are cautioned to make sure everything is re-read¹ several times before hitting send. I've seen mistakes on resumes submitted to libraries by applicants who couldn't have proofed them. One cover letter included the assertion that the writer would be "a fine addition to your law firm." That may be, but don't send it to a library. Attention to detail is a mandatory quality for a library worker.

The American Medical Writers Association Journal discussed editing your own work [2](#). In addition to looking for errors, it includes tips on conciseness [e.g., instead of *at this point in time*, use *now*. [3](#)]

At Detroit Mercy Dental Library we're often asked to review personal statements or applications from students. I'm happy to do it, glad they recognize the importance of another pair of eyes. I'm just thankful they're unlikely see the MDMLG Newsletter.

1. To hyphen or not? [Here's the source](#) I'm using.

2. Gastel, B. (2015, Winter). Editing and proofreading your own work. *American Medical Writers Association Journal*, 30(4), 147+. Retrieved from Gastel, Barbara. "Editing and proofreading your own work." *American Medical Writers Association Journal*, Winter 2015, p. 147+. Retrieved from http://go.galegroup.com/ps/i.do?p=AONE&sw=w&u=lom_accessmich&v=2.1&it=r&id=GALE%7CA444914387&asid=f2b30a70a6011a46e8f7130bb1e3a6d4

3. [E.g. vs. i.e.](#) [and yes, I looked it up]

Upcoming Events

January 19-24, 2017

[ALA Midwinter](#)

Atlanta, GA

April 2 – 5, 2017

[Electronic Resources in Libraries](#)

Austin, TX

May 18 & 19, 2017

[Michigan Academic Library Assoc](#)

Grand Rapids, MI

May 26 – 31, 2017

[Medical Library Association Conf](#)

Seattle, WA

June 16-20, 2017

[Special Libraries Association Conf](#)

Phoenix, AZ

June 22-27, 2017

[ALA Annual Conference](#)

Chicago, IL

[Library Conference Planner](#)

A useful site offering info on conferences worldwide

Job Postings

[Job Bank](#) at the MDMLG website

[TLN Job Board](#)

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