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# MDMLG NEWS

Spring 2017

## President's Message from Misa Mi

### Practicing Evidence-Based Librarianship: Linking Research to Practice

Evidence-based health care (EBHC) is defined as "the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients". Evidence-based medicine (EBM) is considered a subcategory of evidence-based health care, which also includes other branches of health care practice, such as evidence-based nursing, evidence-based physiotherapy, evidence-based public health, and evidence-based dentistry (JAMAevidence, 2014). Today, EBHC is regarded as a mainstream topic or important skill taught across the continuum of health professions education programs in the United States and many other countries.

We, as health sciences librarians, take on the responsibility for acquiring a wide array of resources to meet the needs for practicing or learning EBM. We come to the forefront of introducing these resources to our library users and teaching them how to use them to find the current best evidence. EBM requires integration of individual clinical expertise and patient preferences, expectations, or biology, with the best available external clinical evidence from patient-oriented clinical research conducted with sound methodology. Given health sciences librarians' knowledge of and expertise in using EBM resources, we play a vital role in providing both the evidence and EBM training for health care practitioners or health professions students. Our contributions in service and teaching advance the goals of integrating EBM into health professions education programs and adopting evidence-based clinical practice for quality patient care in a clinical setting.

As health information professionals, do we ourselves practice evidence-based librarianship by using the best research evidence from the science of librarianship to inform and improve our practice? Or do we rely more on our assumption or hunch for making decisions about our library practice? "This is what and how we have always been doing." Is this a reoccurring utterance we hear from time and again? Do we feel stuck in a rut sometimes? As we get more immersed in teaching EBM to health care practitioners and health professions students and provide information support for evidence-based practitioners, the definition and process of EBM or EBHC becomes engraved in our brain; however, we may come up short in practicing evidence-base librarianship (EBL).

### Inside This Issue

Just as health care practitioners have come to acknowledge the importance of practicing EBHC when dealing with patient care problems related to diagnosis, therapy, and prognosis, we can adopt a similar perspective when questions related to intervention, prediction, and exploration arise in our practice ("Medical Library Association", n,d,).

Some of the same principles in EBCP apply to the practice of health sciences librarianship, because EBL is also a process consisting of steps of formulating a practical question (derived from a specific problem in our practice), searching for the evidence needed to answer the question, and systematically evaluating the gathered evidence for its usefulness and validity and applicability to the context of our practice (Eldredge, 2000).

Change is a constant that we face, no matter whether we practice in a hospital or academic library setting. It is imperative to adopt evidence-based librarianship in order to sustain our vitality as health information professionals and achieve continuous improvement in our practice. The Research Policy Statement of MLA calls for a culture where "analysis and application of a health information research knowledge base" is a norm and where health sciences librarians, just like our health care practitioner colleagues, adopt EBL by using the best available evidence to inform decisions on library policies, services, education programs, and other issues ("Medical Library Association", n.d.). Practicing EBL entails a changed attitude and broadening our librarian role beyond simply providing research support for library users to becoming more active users of library and information science research. Our librarian role can also be expanded to embark on research undertakings on problems we face in our daily practice. The evidence we generate can help fill the gap and add to the body of knowledge in the field of library and information science. Engaging in research initiatives contributes to excellence in health information practice. Erika Love eloquently enunciated the value of library research in her Janet Doe Lecture almost 2 decades ago:

> "Library research assures that we, as members of a profession, control and develop our own body of knowledge…Let us acknowledge once more the science of librarianship and affirm that research is one of our profession's soundest investments. The full potential of our profession will be realized through a lasting commitment to research as we prepare to enter the twenty-first century" (1987, p. 308).

Linking our practice to research has potential for impacting our practice as we apply the research results to improve what we do to contribute to the mission and goal of our home institution related to providing quality care for patients and excellent education for students.

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## Summer Luncheon & Business Meeting
## June 8, 2017

**Grosse Pointe War Memorial**

**11:30 am – 3:30 pm**

Guest speakers are librarians Holly Hibner and Mary Kelly, creators of the nationally acclaimed blog Awful Library Books. Mentioned in Time Magazine, The New Yorker they're actually LOL funny while explaining weeding to the public.

**Registration**

http://henryford.libwizard.com/loader.php?id=4ec4f15000d46e0e2b493785ed581ddd

## ar's Silver Lining - Medical innovations and war

*by Jill Turner*

"War is hell", General William Tecumseh Sherman is famously quoted as saying (Shapiro, 2006). Undoubtedly it is, especially for those fighting. Yet, there is a positive by-product. With every war, medical techniques advance and there are innovations that propel the field of medicine to better patient outcomes, less mortality, and shorter recovery periods. Service men and women benefit from this progress but so do sick and injured civilians. "Gunshot victims wheeled into any big city trauma center benefit from techniques that a generation of EMTs and surgeons first learned repairing combat wounds. "Most of the emergency medical response doctrine in practice in the United States today evolved from medical experiences in the jungles of Southeast Asia in the late 1960s," says Lt. Gen. Kevin Kiley, MD, Surgeon General of the U.S. Army"(Connell, 2007).

There are many historical examples of medical progress through war. Florence Nightingale took the subject of infection control to a whole new level during the Crimean War when she insisted on hospital cleanliness and soldier hygiene. During the Siege of Metz, in 1552, a French military surgeon forwent the use of cauterization with boiling oil following an amputation and instead employed the use of ligature (Hernigou, 2013). The Civil War brought improvements in "ambulance" service and innovations in the treatment of sucking chest wounds. Union assistant surgeon Benjamin Howard pioneered the use of an airtight seal over a chest wound in order to treat the resultant pneumothorax (Paciorek, 2007). Soldiers today are still trained to field dress a chest wound using a technique similar to the one developed by Dr. Howard. The Civil War also marked the first time in the United States that specifically designed "ambulances" were used to remove casualties from the battlefield and transport them to field hospitals for treatment. Major Johnathan Letterman created a system of triage for the wounded that allowed 17,000 wounded soldiers at the Battle of Antietam to be evacuated from the battlefield within 24 hours (Grabowski, n.d.). The practice of triage itself is credited to French military chief surgeon Baron Dominique-Jean Larrey who would sort the wounded during Napoleon's invasions and perform amputations directly on the battlefield amidst the fighting (Iserson & Moskop, 2007).

Both World Wars contributed to medical advancements. World War I brought, among other innovations, greater use of the Thomas splint and the practice of blood transfusion became commonplace. A soldier with an open femur fracture during World War I had an 80% chance of dying (Kirkup, 2003). Surgeons began employing the Thomas knee splint for transportation of the wounded and subsequently reduced deaths to around 7 %. Prior to World War I, blood transfusions were rare (Jemmett & Peacock, 2012). WWI prompted improvements to the technique which resulted in the procedure becoming the fairly commonplace procedure it is today. World War II brought advances in burn care and disease prevention. Australian army physician Sir Neil Hamilton Fairley made breakthroughs in tropical medicine. He proved the relationship between mosquito bites and malaria and developed a form of quinine (mepacrine) as a malarial prophylactic and cure (Fenner, 1996). Sir Archibald McIndoe made great strides in reconstructing the faces of severely burned soldiers and thus "revolutionized the field of plastic surgery" (Phipps, 2014). McIndoe pioneered the treatment of saline baths which replaced the standard treatment at the time which included soaking the burns with tannic acid. His use of saline reduced scarring, healing time, and pain and increased survival rates (Phipps, 2014).

More recently, the Gulf Wars and the war in Afghanistan have produced medical advancements in regenerative medicine and traumatic brain injuries as well as equipment improvements to tourniquets, dressings, and prosthetics. Traumatic brain injury [TBI] has been Identified as the signature injury of the Gulf Wars and the war

in Afghanistan and has been the focus of increased research attention directed toward treatment and diagnosis. As a result of the wars, the US Army began research into biomarkers for diagnosing TBI's. Hyperbaric oxygen therapy was proposed as a possible treatment and randomized control trials were conducted with mixed results. A systematic review conducted by Crawford, Teo, Yang, Isbister, & Berry (2017), showed, unfortunately, no statistically significant differences to sham treatment in mild TBI. They also reported studies with moderate to severe TBI were of mixed quality. Regenerative Medicine aims to establish normal functioning by regenerating damaged tissue and organs using tissue engineering and molecular biology. The Armed Forces Institute of Regenerative Medicine was created to provide treatment to severely wounded service men and women. Institute program areas include extremity injury treatments "to restore form and function to damaged arms, hands, legs and feet"; craniomaxillofacial reconstruction; severe burn treatments that "enhanced wound healing and scar prevention"; and genitourinary and lower abdominal injury treatments (AFIRM, 2016).

Medical advancements also came in the form of equipment. A new tourniquet design, prompted by the war in Afghanistan is now used in civilian trauma care. It allows soldiers to apply the tourniquet with one hand (Signor, 2014). Field dressings that aid blood clotting were invented to reduce the number of wounded who died as a result of hemorrhage. The fibrin bandage coated in bioengineered human clotting factors, assists with clotting on contact (Srikameswaran, 2003). XSTAT is a dressing used to control severe life-threatening bleeding in body areas where tourniquet use is impossible. The "dressing" is applied by injecting 92 compressed medical sponges directly into the wound. The FDA has recently cleared XSTAT for use in civilian traumas (FDA, 2015). The field of prosthetics has made major advancements over the last 25 years, spurred on by the number of veterans and soldiers who have required amputation. Innovations include robotic prosthesis and new methods of attaching prosthetic limbs using suction.

War is indeed hell. Over the past few centuries, the medical field has risen to challenge of caring for wounded soldiers and attempting to reduce or mitigate some of war's physical results. War has been the catalyst behind many advancements in the fields of medicine and public health. Those innovations are a silver lining in otherwise stormy circumstances.

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## Grow Ohio Detroit Mercy Mission Trip to Grow Ohio Valley

*by Jennifer Bowen*

I recently had the pleasure of accompanying 10 University of Detroit Mercy undergraduate students on a weeklong immersion service learning mission trip to Grow Ohio Valley's Food Justice Immersion Program. Located in Wheeling, WV, Grow Ohio Valley is a non-profit that turns abandoned lots into community supported agricultural sites to help feed the population of Wheeling. The trip provided the students an opportunity to increase their social awareness around the issues of food justice. In the book *Food Justice* by Robert Gottlieb and Anupama Joshi, the term food justice is defined as "…ensuring that the benefits and risks of where, what,

and how food is grown and produced, transported and distribute, and accessed and eaten are shared fairly."(1) Or more simply put, the right for everyone to have access to plenty of good and healthful food.

Another concept related to food justice is food deserts. The USDA defines food deserts as "…parts of the country vapid of fresh fruit, vegetables, and other healthful whole foods, usually found in impoverished areas." (2). Wheeling WV meets the definition of being a food desert. It is home to a lot of impoverished areas, with 13.5% of the population living in poverty and 14.5% relying on the Supplemental Nutrition Assistance Program (SNAP) (3) As a part of the learning portion of the trip, we participated in an activity to help us gain a better understanding of what it's like to live in a food desert and rely on SNAP. We were each given $1.25 (the average amount per meal, per day when receiving SNAP) and sent to the local convenience store to purchase lunch. Having only stopped into 7-11 to buy my kids an occasional Slurpee, it was an eye opening experience. The best I could buy was a cup of ramen noodles, which has a rather high 1639 mg of sodium, and there weren't any fresh fruit or vegetables available.

To help combat the lack of access to fresh produce and to improve the health of the population, Grow Ohio Valley partners with the healthcare providers at the local free clinic Health Right Wheeling. They've started a program called The Farmacy. The grant funded program allows clinicians from Health Right Wheeling to prescribe healthy fresh foods to their patients. The patients can then take the script to The Farmacy, which is a pop-up farmers market outside of the clinic building and turn it in for free fresh produce. The grant provides for prescriptions of produce for 35 people for 15 weeks, and Health Right Wheeling will be monitoring participants to see how access to healthy food improves their health.

Our time at Grow Ohio Valley also included service, we helped at the various farm sites by digging up leaf mold to mulch apple trees, weeding and adding straw mulch to the tomato plants in the greenhouses, feeding the chickens, and sawing donated bamboo stalks to the proper length to be used as apple tree sapling supports. One of my personal highlights was going to an affiliated farm to help feed the orphan lambs.

We left Grow Ohio Valley with a greater understanding of food justice and the health and ethical issues involved. For more information about Grow Ohio Valley visit: http://www.growov.org/

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2. http://americannutritionassociation.org/newsletter/usda-defines-food-deserts

3. https://www.census.gov/quickfacts/table/PST045216/00

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## Interview with Toni Janik

MDMLG Newsletter is publishing a series of interviews with our long-standing MDMLG members who have retried recently. We would like to take the opportunity to recognize their service contributions to MDMLG for many years in the past and congratulate them for their happy retirement and wish them all the best for many years to come.

**How long have you been a medical/health sciences librarian?**
42 years – Started on April 28, 1975 and retired on April 28, 2017

**What did you find interesting about your job?**
(1)Having the opportunity to provide health information to physicians and allied health professionals to improve patient outcomes. (2) No 2 days are alike (3) The possibilities that are open to Health Science Librarians who are engaged in their profession and with other like-minded professionals.

**How did you become a medical/health sciences librarian?**
A family friend sent my mother a job ad for a Medical Librarian in the local hospital while I was completing my last semester at Sheridan College in Oakville to become a library technician. At spring break I was asked to come for a job interview and the main question asked was "What are you going to do to correct the problems in our library?" The rest is history, I was offered the position and quite quickly went to night school for my undergrad degree and then Linda Baker convinced me to earn my MLIS at WSU.

**When did you become a MDMLG member?**
Fall 1975

**What MDMLG committee(s) did you serve?**
ULOSSOM, Interlibrary Loan, Professional Development, Program Committee, MLA 1990 Local Arrangements, MHSLA 2008 Local Arrangements, MHSLA 2012 Local Arrangements, MHSLA 2016 Local Arrangements, President Elect, President and Past President (twice for each of the last three).

**What does MDMLG mean to you?**
The most active medical library association I've had the pleasure of being a part of. The group has sponsored more MLA Accredited CE's than most associations at a reasonable cost to its members, provided timely regularly general meetings with focused learning content, a welcoming group of professionals one can call on to discuss library issues and learn from with opportunities for mentoring and mentorship to each other.

**What advice would you give to a new medical/health sciences librarian or anyone who is interested in medical/health sciences librarianship?** Do a practicum or extended volunteer experience with a medical librarian who is willing to mentor you and teach the skills you'll need in the real day to day world of health sciences librarianship. Immerse yourself to learn what can't be learned in the classroom but only learned through the experience of doing.

**What are you keenly eager to do in your retirement?**

Play in my flower beds (18 of them), veggie gardens and black raspberry garden; spend more time with my 3 grandchildren and in the fall learn how to use a serger sewing machine. On really cold days enjoy a good book while enjoying the aroma of a fresh pot of soup and bread baking in the oven.

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## Who needz riting help? Part IV

*by Marilyn Dow*

I could claim the earlier version was a deliberate ploy to see if anyone would catch the glaring error, but no, I must admit fess up. I'm guilty of a writer's worst omission: not proof reading.

Due to an editing oversite, as they say, an earlier edition went out with fake Latin placeholder text in this spot. This column will be taking an apparently needed break.

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## Upcoming Events

**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

**October 13-16, 2017**
MSHLA and Midwest Chapter/MLA Joint meeting
Ypsilanti, MI

**October 18-20, 2017**
Michigan Library Association
Lansing, MI

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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