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Metropolitan Detroit Medical Library Group

# MDMLG NEWS

Summer 2012

www.mdmlg.org

## Inside This Issue



## President's Message from JoAnn Krzeminski

My year as MDMLG President will soon be coming to a close. In my first newsletter article as president back in the fall, I shared my apprehension about taking on such an important role when I felt a little inexperienced for it. Nearly a year later, I'm happy to report that the organization has not crumbled under my watch as I feared. In fact, MDMLG has had a strong year in which we've offered four educational meeting/programs, 2 timely CE classes, co-sponsored 2 MLA webinars, and awarded a scholarship.

Don't get me wrong, I am not taking credit for these achievements. In fact, the successes of MDMLG come at the hands of the hard-working and talented Executive Board and Committee members; these are the people that keep the organization running. To all of the Board and Committee members, thank you for your dedication to MDMLG and the promotion of medical librarianship in our region. I know it's not always a fun role, and not always an easy role, but it is not a thank-less role because I am thanking you now. Thank you! Your work is much appreciated.

I would also like to recognize our members. MDMLG has survived for over 40 years because the members see the value in it. We see our worth in our membership numbers, attendance at meetings, and member participation. The educational and networking opportunities provided by MDMLG are wonderful, but our gatherings are also a place to reconnect with a classmate you went to library school with, visit with an old co-worker that moved on to a new workplace, or become acquainted with new graduates that are just entering the field. Without MDMLG few of these opportunities would exist, and in our particular specialty it doesn't pay to be strangers - there is strength in numbers. Sometimes we need a place to bounce ideas off one another, ask for advice, or even just commiserate. Trust me, your significant other does not care about any PubMed enhancements, but maybe some other MDMLG members will. Where else can you get that kind of support?

As I wrap up my year as president, I would like to thank everyone for their support of MDMLG. It is through your participation, no matter to what degree, that our group, our community, continues.

Thank you!
JoAnn Krzeminski

# Xtreme Education

by Jill Turner

Having served in the military, I appreciate a good acronym. The latest one to come to my attention, while silly sounding, deals with a big idea and the latest trend in higher education: MOOC. MOOC stands for Massive Open Online Courses, and they are exactly what they sound like.

Class sizes are massive; a typical class can enroll anywhere from hundreds to thousands of students. In the fall of 2011, there were 160,000 students registered for Introduction to Artificial Intelligence, a graduate level MOOC taught by two Stanford professors (Leckart, 2012). Courses are open; registration is typically free and, while prior knowledge of a subject area might be recommended, there are no prerequisites that need to be met for enrollment. Anyone with an internet connection interested in learning is welcome to enroll in a class. MOOC's are also open in the sense that class material can be modified and re-used by others in their classrooms (Carson & Schmidt, 2012). Classes are conducted online; MOOCs utilize technology and applications available on the web: Skype, Ustream, social media platforms, wiki's, online discussion groups, instant messaging, and polling systems (Parry, 2012). Since classes are conducted online, students can enroll from anywhere in the world. Two-thirds of the 160,000 students enrolled in Introduction to Artificial Intelligence were from outside of the US, from 190 different countries (Carson & Schmidt, 2012).

What is involved in participating in a MOOC? Class structure varies. Some classes are more formally structured, others have minimal structure, and still others are simply video lectures posted online. The more formal classes tend to include video lectures, quizzes and tests, online labs, and homework. Quizzes are usually short, most often formatted as multiple-choice questions, and automated so they can be graded by the computer. Quizzes allow students to test their understanding before continuing on in the course. Where class structure is minimal; classes may consist of a video presentation, suggested resources, and questions for discussion. Participants are encouraged to "own" the course by posting their reflections, ideas, and resources; the course and participant learning evolve from peer to peer exchange of ideas. As a result, a course can veer off in an unexpected direction.

*Courses are open; registration is typically free…*

*Anyone with an internet connection interested in learning is welcome to enroll*

Participation is not mandatory and many participants simply "lurk". In 2008, the first MOOC had "over 2,200 registered participants, of whom about 150 were actively interacting at various times" (Mackness, Mak, & Williams, 2010, p. 266). Stephen Downes, professor, researcher, and a leading proponent of open online education, has some advice on participating in a MOOC: pick and choose (Downes, 2011). He notes in his blog *Half an Hour*, that once a MOOC commences, there is usually far too much information posted for any one person to follow; a course can turn into an informational deluge of summaries, links to dozens, hundreds, maybe even thousands of web posts, articles from journals and magazines, videos and lectures, audio recordings, live online sessions, discussion groups, and more. It is easy to quickly become overwhelmed. Downes (2011) recommends thinking of the course like "grocery store or marketplace. Nobody is expected to sample and try everything. Rather, the purpose is to provide a wide selection to allow you to pick and choose what's of interest to you". Classes can last anywhere from four weeks (Health Policy and the Affordable Care Act) to twelve weeks (A History of the World since 1300).

MOOCs are not without their challenges. As with any online or distance education class, participants have to have a basic knowledge of computers and software applications. Courses are self-paced and autonomous, so participants need to be academically ambitious and disciplined. As mentioned above, instructor interaction is also minimal, so students need to be willing to pose questions to their peers and research their own answers on occasion .

Finally, courses that include quizzes and tests require academic integrity, since the lack of supervision can lead to dishonesty.

Courses are taught by leaders in their fields from top universities around the country. Although interaction is mostly peer to peer, instructors are crucial to a MOOC's success. Instructors need to be engaging as well as have subject expertise. The draw of many MOOCs is the chance to participate in classes held by top practitioners from the most prestigious institutions of higher learning in the country without paying Ivy League tuition.

Registration is easy; most sites require only your name, email address, and the creation of a password. There is no admissions process. Udacity, edX, and Coursera are a few of the organizations that offer open education. MIT and Harvard have partnered to create edX. EdX states on their website their reason for undertaking this open education initiative is "to improve education on campus and around the world". EdX also admits to receiving something in return; edX research will then be used on campus to "enhance our understanding of how students learn and how technologies can best be used as part of our larger efforts to improve teaching and learning." Coursera currently offers courses from Princeton, Stanford, University of California - Berkeley, University of Michigan-Ann Arbor, and University of Pennsylvania, all for free. Their website beckons visitors to "learn from world-class professors, watch high quality lectures, achieve mastery via interactive exercises, and collaborate with a global community of students." What do participants received on completing the course? According to the edX website, at the end of the course, participants who demonstrate knowledge of course material receive certificates of mastery. Certificates, however, are not in either University's name. Many of the MOOCs recognize course participation by awarding non-credit certificates.

Since open education is a fairly new endeavor, medical MOOC offerings are limited. Class Central consolidates available courses from edX, Udacity, and Coursera into a single website. Presently, there are 16 ongoing courses listed, 35 upcoming courses, and 11 that have been completed. The following is a brief description of some of the upcoming health science courses taken right from Class Central's website:

**Health Policy and the Affordable Care Act:** (Instructor: Ezekiel Emanuel, MD, PhD - Chair of the Department of Medical Ethics and Health Policy - U of Penn): This course will explore the many problems of the American health care system and discuss the specific ways that the Affordable Care Act will impact access, quality, costs, as well as medical innovation. This class is open to anyone that is interested in gaining a better understanding of the US health care system and the challenges of health care reform. There are no prerequisites or required knowledge of the health system.

**Vaccines**: (Instructor: Paul Offit, MD - Chief of the Division of Infectious Diseases and Director of the Vaccine Education Center at the Children's Hospital of Philadelphia - U of Penn): This course will discuss issues regarding vaccines and vaccine safety: the history, science, benefits, and risks of vaccines, together with the controversies surrounding vaccines, and provides answers to common questions that parents have about vaccines.

**Fundamentals of Pharmacology:** (Instructor: Emma Meagher, MD - Currently working as an attending physician in preventive cardiology at Penn Medicine): In this class, you will learn how drugs affect the body, how they alter disease processes and how they might produce toxicity. We will discuss how new drugs are tested and developed prior to them being used for patient care. We will describe how personalization of medicine will become a common day reality in patient care.

**Cardiac Arrest, Hypothermia, and Resuscitation Science:** (Instructor: Benjamin Abella, MD, MPhil - Assistant Professor of Emergency Medicine and Clinical Research Director of the Center for Resuscitation Science at the Perelman School of Medicine - U of Penn): This course will explore new breakthroughs in the treatment of patients

during cardiac arrest and after successful resuscitation, including new approaches to cardiopulmonary resuscitation (CPR) and post-arrest care.

**Basic Behavioral Neurology:** (Instructor: Roy Hamilton, MD - Assistant Professor of Neurology at the Perelman School of Medicine -U of Penn): This course will survey fundamental principles of cognitive and behavioral neurology. The emphasis of the course will be on the neural mechanisms underlying aspects of cognition and on diseases that affect intellect and behavior. No prior background in neurology, medicine, or neuroscience is required.

**Anatomy:** (Instructor: Sakti Srivastava, MD - Division Chief of Clinical Anatomy, Department of Surgery - Stanford): This course will cover the region of upper limb. Subsequent courses will cover other body regions in a sequential manner. There are no prerequisites for enrolling in this course. However, working knowledge of human biology at the high school level will be very helpful.

**Introduction to Genome Science:** (Instructors: John Hogenesch, PhD- Director of the Penn Center for Bioinformatics, and Associate Director of the Penn Genome Frontiers Institute; John Isaac Murray, PhD - Assistant Professor of Genetics at the Perelman School of Medicine - U of Penn): This course serves as an introduction to the main laboratory and theoretical aspects of genomics and is divided into themes: genomes, genetics, functional genomics, systems biology, single cell approaches, proteomics, and applications.

Some of the aforementioned topics sound excellent, as did some of the non-medical topics I paged through while researching this article: Game Theory, Greek and Roman Mythology, Natural Language Processing, and even Statistics One (I could use the refresher). So, choose a class, look over the syllabus (if there is one), check the class FAQ's (because sometimes there is a deadline for taking the final exam), and dive right in. You don't have anything to lose.

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# History of Tuberculosis in Detroit – The Sanitorium Movement

## by Mary Kordyban

Tuberculosis is a very old disease, having been described by the ancient Greeks and Egyptians, and found in skeletal remains dating back 9,000 years. It affected both animals and man. Rich and poor alike were victims, but the poor far outnumbered the rich. African Americans were twice as likely to contract the disease. Throughout history the outcome was considered to be hopeless, although there were anecdotal stories of cures brought through travel to sunnier climates, fresh air and nutritious food. These stories gave rise to the development of sanatoriums in the 19th Century. The Detroit area was slow to adopt this form of treatment, until new developments, such as the isolation of *Mycobacterium tuberculosis* in 1882, and the development of X-rays for diagnosis, led to hope for a cure.[1]

Until Robert Koch announced his results of the isolation of *Mycobacterium tuberculosis* in 1882, the cause of tuberculosis was debated among scientists and physicians. Some thought the disease was hereditary, noting that it tended to run in families. Some thought that environment was the cause – poverty, overcrowding, lack of access to good food and fresh air. There were some who thought it was contagious, but they were not the majority.[1]

The first sanatoria were established in Germany in the mid-19th century. Only the well-to-do could afford to stay there. Many more took advantage of medical tourism to find the right healing environment. Popular destinations included the Mediterranean countries of Europe; and in America, mountain resorts and dry areas of the expanding West. [2] John Harvey Kellogg, who founded a sanatorium in Battle Creek, claimed to have cured himself of tuberculosis by the age of 20 using vegetarianism, exercise, enemas and fresh air. [3] However, his sanatorium was not devoted to curing infectious disease, but to promote vigorous health.

*Once it was known that tuberculosis was contagious, the Michigan Department of Public Health put great emphasis on sanitation.*

The first American sanatorium was founded at Saranac Lake in the Adirondack Mountains in the 1880's. It developed because a medical student, Edward Livingston Trudeau, contracted tuberculosis in 1882, and spent a winter there, with good results for his disease. He finished his medical degree, then worked to build cottages in the Saranac Lake area for the afflicted of moderate means. This became known as the Adirondack Cottage Sanatorium in 1885. It served as a model for other institutions which were rapidly following.[2, 4]

The term "sanatorium" is the original European term, Americanized in some institutions to "sanitarium". Americans kept the term "sanatorium" to denote care for a long term illness. The term "sanitarium" was often used for places that promoted health, such as the Battle Creek Sanitarium. [5]

Once it was known that tuberculosis was contagious, the Michigan Department of Public Health put great emphasis on sanitation.[6] Patients were taught to control their sputum by coughing into a rag and burning it. They were instructed not to spit anywhere except into a spittoon, and not to swallow their sputum. In addition, they were to be exposed to as much fresh air as possible, to the point of sleeping out of doors in any weather, in a shelter or porch. In 1910, an article was published in *Public Health, Michigan*, giving plans for sleeping porches, rooftop tents and window tents for those patients recovering at home.[6]

The Wayne County Poorhouse, containing the County House Infirmary, opened in 1839. The county bought the Black Horse Tavern, a stagecoach stop in what is now known as Livonia. This was to alleviate overcrowding in its Detroit facility, located at Gratiot and Mt. Elliot. It began as a place to isolate society's "undesirables" and to provide for orphans created by the great cholera epidemic of 1834 [7]. Through its history, it was best known as an insane

asylum, but it took in the poor of every sort, with little separation of mentally ill from the rational. In 1894, its name was changed to Eloise, after several name changes[7].

In 1903, it was recommended that tuberculosis patients be isolated from the other patients, and tents were erected, one for women and one for men. In 1909, the Eloise Sanitarium was built as a permanent structure within the complex, with open air porches and a large cafeteria. Male patients outnumbered females by ten to one. Most patients did not transfer to Eloise until their funds were exhausted and were in advanced stages of the disease. The sanitarium was phased out in 1923, because there were other alternatives for tuberculosis patients. [7] Maybury Sanatorium in Northville Township opened in 1921, exclusively for tuberculosis patients. [7, 8]

In 1917, the City of Detroit purchased 8 farms, totaling 850 acres, for the construction of Maybury Sanatorium. It became a self-contained community of 40 buildings and a farm. It also included a special building for children, with a school and play areas. It closed in 1969. Although its buildings have been torn down, one can see today its rural wooded atmosphere, as the land is now Maybury State Park. Markers along its hiking trails tell its history and indicate where its buildings once stood. [8]

Construction on Herman Kiefer Hospital began in 1905 and was completed in 1909. It was designed to be a clinic and hospital for those with infectious diseases. Its first tuberculosis patient was admitted in 1908, before completion, who stayed in a tent. [9] Herman Kiefer strived to use the latest isolation techniques, isolating patients with different diseases on separate floors, and later in separate buildings. Problems emerged when they found that tuberculosis predisposed patients to contraction of multiple infectious diseases. In general, a patient did not stay very long at Herman Kiefer. Those who did not pass on or recover quickly within 2 weeks, were either sent home or to one of the long term sanitaria. [10]

There were many smaller hospitals in Detroit which also took care of tuberculosis patients. Some hospitals were built by African American physicians to provide care in the face of discrimination, both doctors and patients experienced at mainstream hospitals. One example is the Bethesda Hospital, founded in 1931. Its 83 beds were primarily used for tuberculosis patients. A list of historic African American hospitals has been compiled by the Kellogg African American Health Care Project. [11]

Sanitaria were gradually phased out with the introduction of antibiotics in 1947. Most, but not all cases could be cured by several months of therapy. Tuberculosis still exists today, compounded by problems with antibiotic resistance, but the number of people affected is greatly reduced since earlier eras. Looking back at the sanitorium movement, one can see that it was the best solution that could be had, at the time.


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## Michigan Health Sciences Libraries Association Annual Conference 2012: *Librarians Driving Medical Education*.

**When:** October 17 – 19, 2012

**Where**: The Baronette Renaissance Hotel, Novi, MI

**What to expect**:

- 3 days of CE opportunities
- Fine dining and conversation at the Tin Fish (Special Event)
- Poster presentations
- Interaction with vendors
- Opening Night Reception at the Baronette Renaissance hotel
- Networking
- FUN! FUN! FUN!

**Conference Website**: http://www.mdmlg.org/MHSLA2012/index.htm

# Health Literacy 101

*by Daira Drobny*

Recently, I had the good fortune of attending the 11th Health Literacy Conference sponsored by the Institute on Healthcare Advancement in Irvine, California. I was impressed by the various professionals/organizations represented: FDA, Planned Parenthood, Agency on Healthcare Research & Quality, CVS Caremark, United Healthcare, Blue Cross, pharmaceutical companies, nurses, patient educators, university/academic professionals from U.S., Canada, and Australia. And yes, our library profession had representation: about 11 librarians including the National Library of Medicine attended and presented at this conference. This conference afforded an opportunity to present a poster that summarized health literacy initiatives at the Detroit Medical Center entitled *It Takes 3: Librarians, Clinician and Marketing as Health Literacy Partners.*

**So What is Health Literacy all About?**
Healthy People 2020 defines health literacy as "the degree to which individuals have the capacity to **obtain, process, and understand** basic health information and services needed to make appropriate health decisions. Health literacy is an emerging public health issue that affects **all age, race and income levels.**
Most consumers need help understanding health care information. Patients prefer medical information that is easy to read and understand.

A preconference session *National Action Plan-Nationwide Live Virtual Event* provided an opportunity for attendees, as well as those following via social media and live video webinar (about 60 participants in this category) to share and discuss approaches to implementing the National Action Plan to Improve Health Literacy Action Plan Participants shared their projects and described how they related to the seven goals of the plan.
See video of event:
http://www.iha4health.org/default.aspx/MenuItemID/370/MenuGroup/_Health+Literacy+Conference.htm

A representative from Kansas Headstart described a health literacy intervention of making a book, *What to do When Your Child Gets Sick,* to new mothers and showing them how to use/read it significantly reduced emergency room visits.
http://www.ksheadstart.org/node/90

A representative from United Healthcare from Minneapolis reported how their organization is striving to become a "health literate organization" by training 12,000 employees with a program entitled Health Literacy Innovations. The training concentrates on understanding the language of health and how to write plain and simple. The goal of United Healthcare is to make their health plan more readable and understandable. Imagine that. The outcome of the United initiative was a drastic reduction in calls to the call center asking for clarification. Immediately following was a workshop on *How to Write Your Own Action Plan* which walked us through the steps to draft an achievable plan, how to assess areas in the organization in which the plan would have the greatest impact, identify champions, partners and leaders to ensure success, and how to assess needs, build awareness and facilitate the plan.

Carolyn Clancy, M.D., Director of Agency for Healthcare Research and Quality (AHRQ) spoke on *Empowering Consumers and Improving Health Care Quality.* She outlined how limited health literacy is linked to poor health outcomes. Limited health literacy is tied to lower rates of flu shots and mammograms, higher rates of incorrectly taking medications, poorer health and higher risk of death in older adults. Several examples of effective health literacy interventions were covered.

## *Health Literacy 101, continued*

An AHRQ funded project at Boston University Medical Center, *Re-engineered Discharge,* also known as the RED project showed how educating patients in the hospital and following up afterward can reduce readmissions and emergency department visits. One resonating message by Dr. Clancy was that without attention to health literacy and patient engagement, we will not be able to achieve the initiatives of the Affordable Care Act.

**The Scope of Health Literacy**

☑ 80 million people in the United States may be at risk because of the difficulty some patient experience in understanding and acting upon health information received

☑ One out of five Americans reads at the 5th grade level or below, and the average American reads at the 8th to 9th grade level, yet most health care information is written above the 10th grade level

☑ According to the Center for Health Care Strategies, a disproportionate number of minorities and immigrants are estimated to have literacy problems:
-50% of Hispanics
-40% of Blacks
-33% of Asians

☑ More than 60% of US adults age 60 and over have inadequate literacy skills.
(*National Patient Safety Foundation:* www.npsf.org)

**Why should YOU care about health literacy?**

- **Risk factor:** Low literacy is a stronger predictor of a person's health than age, income, employment status, education level, or race. (*American Medical Association*)
- **Cost:** Low health literacy costs the U.S. approximately **$238 billion** each year.
*(George Washington University Medical Center School of Public Health & Health Services)*
- **Common problem:** In the U.S. the majority of adults (53%) have only "intermediate" health literacy skills, 22% have "basic" & 14% have "below basic" health literacy skills.
*(National Association of Adult Literacy)*

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## *Health Literacy 101, continued*

**The Role of Hospital/Medical Librarians in Health Literacy**

Librarians have been involved in providing consumer health information to patients and caregivers or clients for many years. Attention to health literacy issues ensures that the authoritative information provided is clear and understandable.

Among some examples of further involvement of librarians are:

-raise awareness of the public health issue of health literacy among health care providers

-assist in the design/development of in-house patient education materials to ensure that patients are given health information that they can understand

-heighten awareness of quality health information resources that are available by encouraging use of NLM resources such as MedlinePlus.

Many websites were mentioned but one of the most comprehensive one is The Health & Literacy Special Collection http://www.healthliteracy.worlded.org/

A Health Literacy Discussion List can be found at http://lincs.ed.gov/mailman/listinfo/healthliteracy

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# My First MLA Experience

## *the first year experiences of a new librarian*
## *by Andrea Kepsel*

Last week I attended the Medical Library Association's annual meeting for the first time. Held in Seattle, WA it was well attended by over 1500 people. It was an overwhelming experience and I still have not fully processed everything I learned, but I am very happy that I got the chance to go.

One of the best things about the MLA meeting was the chance to interact with other librarians and professionals in the field. I was pleased to see that Michigan was very well represented at MLA – there were quite a few posters and talks by colleagues from around the state. I also had a chance to meet many of the librarians that I previously only knew online and was able to associate a face and name with familiar email addresses or screen names. The sessions I attended were very informative and I enjoyed learning about the many different projects that others in the field are working on. I got some great ideas to apply to my own practices, and even learned a few things not to try.

Technology was everywhere at MLA! Conference attendees kept in contact using Twitter and the official conference blog. iPads and smart phones could be seen all around. A common theme of many of the talks and poster sessions was using mobile technology in the medical field. One of my favorite sessions was 'Top Technology Trends'. This panel discussion covered many different technologies, including Tumblr, Google+, and many others. For an excellent summary of the session and lots of links to learn more, see the blog post at http://npc.mlanet.org/mla12/?p=1351.

There are many ways for both conference attendees and non-attendees to keep up with all the information from the meeting. For those on Twitter that are interested in seeing the discussions that took place during the meeting, search for **#mlanet12** for general meeting topics and **#mlattt** for those related specifically to the 'Top Technology Trends' panel. The conference blog, available at http://npc.mlanet.org/mla12/, has posts by all the official conference bloggers. Yours truly was the 'Mascot' blogger and reported on all the fun at the social events during the meeting. The Medical Library Association YouTube channel (http://www.youtube.com/user/MedLibrAssoc) has some great videos of conference attendees taken by the official conference videographers.

In addition to the 'Top Technology Trends' panel, there are a few other sessions that stood out from the rest. The MLA Chapter Council hosted a roundtables lunch and I participated in the group "Liaisons Stepping Out of the Library". The nine of us were a mix of hospital and academic liaisons that served a variety of different audiences. Many of the participants had been involved in their liaison programs for a long period of time and had a lot of information to pass on to those of us that were new to being a liaison. It was interesting to hear the different approaches each has taken, and probably the biggest piece of advice was to be flexible and persistent. The plenary talk by Steven Johnson, author of *Where Good Ideas Come From*, was another wonderful session, both informative and entertaining. Johnson discussed how ideas are more like a 'slow hunch' rather than a single eureka! moment. Advancing an idea from an early concept to a meaningful discovery takes time and requires an environment that allows for innovation, creativity, and collaboration. Finally, Bill McGann gave an excellent presentation on how to go beyond a typical PowerPoint presentation. Using humorous examples he shared tips on how to make your presentation play a supportive role and keep the focus on what you are saying, not what is shown on the screen. I think it is a lesson that all presenters can learn from.

The meeting was a great experience and I am excited to attend the next MLA in Boston. I enjoyed my time in Seattle, and even had a chance to enjoy some (rare) sunny weather while I was there. It was an excellent opportunity to meet new people, share new ideas, and get inspiration for my own everyday work.

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# ANNOUNCEMENTS

## Future events

**June 14, 2012**

MDMLG Summer Luncheon at the Rattlesnake Club
*Must register by June 1*

**September, 2012**

MDMLG Fall General Business Meeting
Panel Discussion: Reference Management Software

William Beaumont Hospital Royal Oak

## Newsletter Committee members needed.

Think about joining the Newsletter Committee in the fall. The next issue will be in September; all that's required is to write four short articles during the year related to health sciences librarianship or education or healthcare or information literacy or technology or, well you get the idea. An impressive addition to your CV or annual report.

And remember, no meetings.

## Newsletter Committee 2011 - 2012

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