

MDMLG NEWS

Winter 2018

President's Message from Juliet Mullenmeister



Metropolitan
Detroit
Medical
Library
Group

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Enjoying the Park Place Life

I was privileged to attend the MHSLA 2018 conference in Traverse City, MI. The venue was the Park Place Hotel in lovely downtown Traverse City, and it included a wonderful special event- a presentation by Michigan author, Mardi Link, held at the Traverse City opera house. The keynote was given by Mary Ellen Bates on *(ROI) Truth to Power: Measuring & Talking About What Matters*.

The Park Place has long been a special place for me. We went there almost every summer while I was growing up as a large medical conference was held there that my father attended every year. There also used to be a live theater right down the street from the hotel. We saw Dorothy Lamour in a production there when I was a child. (It was in the 70's; she was remembered very...fondly by some of the older members of my family from the movies that she did with Bob Hope. They got autographs.) All in all, it was a lovely chance to see it again and spend some time reminiscing.

The conference was packed into an efficient use of two days of time. Attendees had the opportunity to acquire up to 6 MLA CE's, depending on courses chosen, and we were also able to hear paper presentations by our colleagues and attend a Lighting Round of presentations given on various topics and projects. The 2017-2018 MHSLA Board passed their responsibilities on to the 2018-2019 MHSLA Board. We said thank you to the outgoing MHSLA President, Elizabeth Lorbeer and welcome to the incoming MHSLA President, Jill Turner.

I attended the CE course on using [Tableau](#) for data visualization, and I'm going to write more about that once I get a chance to practice what I learned in the course a bit more. We touched the tip of the iceberg in the course.

I'm hoping that there's a chance to do another course to learn more. I am fascinated with what good data visualization can do to foster understanding and convey relationships with data factors. I'm hoping to encourage some of our colleagues to write in future issues about other courses that each attended.

With that in mind, MLA is again asking for membership to submit ideas and content for future topic for webinars for 2019. Link to the MLA portal is here: <https://www.mlanet.org/e/sx/in/eid=64>

Webinars are 1½ hours in length. There is a \$500 honorarium. If you are able to do a webinar in January or February, please contact Debra Cavanaugh cavanaugh@mail.mlahq.org directly.

In addition, MDMLG would like to help fund local CE courses and would be happy to speak with anyone in the membership with an idea for a course. Several of us have worked through the process of getting MLA approval set up, and there is some funding available to assist with those fees. Please contact Stephanie Swanberg swanberg@oakland.edu for more information about that process.

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Doctor Speak Class at the MHSLA Education Conference 2018

I attended the Doctor Speak for Medical Librarians Class presented by Jennifer Lyon, Children's Mercy Kansas City. The class began with a few pre-test modules that were online medical terminology matching tests. When we got into the actual class we started with drug terminology and spent a large portion of time on antibiotic classifications, names, and functions. We discussed medical prefixes, suffixes, some root words, and how to put them all together. We next dove into vital signs. We were given medical and lay terminology as well as told how to take them. This portion of the class included videos that demonstrated proper technique and equipment. While the class was only 4 hours it was clear that much more time was needed to get through all the material. Ms. Lyon was nice enough to turn her longer class into a shorter version for our conference. The rest of the material was given to us and we had access to the rest of the online class which included the anatomy and physical systems. She is in the process of turning the whole class into an interactive online module which was nice to follow along with and take part in during the class. I personally found it easier to follow along online and would have preferred the online module as an 8 hour CE.

There was so much information and not enough time to get through everything. Her stories of past experiences working in the lab with different viruses and bacteria made for a humorous and rousing four hours.

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BUSINESS MEETING & LUNCH & LEARN

Wednesday November 28, 2018

Noon – 3:00 pm

University of Michigan North Campus Research Complex (NCRC)

2800 Plymouth Rd

Ann Arbor, MI 48109

Get Directions using Google Maps

<https://goo.gl/maps/WuLh7WdrNEN2>

Guest speaker

Alexandra Vinson, PhD

Assistant Professor

Division of Professional Education

Department of Learning Health Sciences

University of Michigan Medical School Dr. Vinson's research examines how medical education evolves in response to changes in the organization and delivery of healthcare and the structure of the medical profession. She uses qualitative research methods, specifically ethnographic field methods, in her studies of work and educational settings. She received her Ph.D. in Sociology & Science Studies from the University of California, San Diego and completed a Postdoctoral Fellowship at the School of Education and Social Policy at Northwestern University.

The title of Dr. Vinson's talk

Short White Coats: Using Ethnography to Study Medical Student Knowledge & Identity Change

Abstract: What is ethnography and how can it be used to study knowledge, identity and other phenomena relevant to medical education and medical practice? Alexandra Vinson will give an overview of ethnography as a research method. To demonstrate how ethnography is used in practice and will share her research on how first-year medical students strategically deploy their short-white coats to assert professional status.

Additional info and Map:

<http://www.mdmlg.org/2018-11-28 Meeting Announcement .pdf>



Outreach to Public Libraries

by Barbara Maynarich

Beaumont Hospital Dearborn Medical Library has a Community Health Collection serving patients and community members. The collection houses multiple copies of over 280 brochures, pamphlets and flyers on a wide range of topics. In addition, over 325 books are included in this collection and are available for check-out. Patients and community members are welcome to visit the library during normal business hours to utilize these resources. They are also welcome to call the library and information will be sent to them via email or U.S. mail. If information on their topic is not readily available in the collection, an information search will be performed to gather relevant information.

In an attempt to reach out to members of the community, Beaumont Medical Library contacted public libraries throughout Wayne County with information about their Community Health Collection. The response from the public library managers was overwhelmingly positive. During the phone calls, the managers were informed of the scope of the collection and the services that were available from Beaumont Medical Library for their library patrons. After the calls, a follow-up letter with additional information was sent to each library. Also included was an informational flyer that could be distributed to their patrons.

Since the public libraries were contacted, numerous patrons have contacted Beaumont Medical Library with consumer health questions. One community member in particular inquired about a supplemental medication that they had seen advertised on the internet. The patron also asked about the physician promoting the supplement. The library was able to inform the patron that the physician had licenses revoked in three states and did not appear to have a valid license at this time. In addition over 90 complaints had been submitted to the Better Business Bureau in regards to billing issues with the company selling this supplement and other and other supplements advertised on their website. This is just one example of the types of information available to help community members with their health care questions.

Beaumont Hospital Medical Library's Community Health LibGuide can be found at <http://beaumont.libguides.com/communityhealth>.

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The Cap Quandary

by Jill Turner

The white coat ceremony is a big deal in the course of a student's academic endeavors. It is an academic rite of passage for several medical/health sciences disciplines, a symbol of a student's entree into the world of medicine, dentistry, and pharmacy. For nurses, that symbol was the nursing cap. When I was in nursing school, we received our caps in our junior year. My cap was pre-shaped, plain white, and actually not as ghastly as some I've seen. Upon graduation, the School of Nursing held a big ceremony during which we wore our brand new all-white uniforms (dresses) and received our school pin and a black stripe that went on our caps, designating our new statuses as graduate nurses. That was the last time I ever wore my nursing cap. I hated that hat. I attended college towards the end of the cap years when the only nurses wearing hats in the entire 1,600 bed hospital (and probably the whole health system) were the nursing students and one elderly nurse manager on the unit next to mine. (She had one of the ghastly caps that looked like a Doric column rising about a good eight inches over her head).

Nothing made us more conspicuous than those caps, not even our penguin-like student nurse uniforms. (They were a dark navy blue dress with white aprons). I considered the nursing cap a beacon that broadcast my ineptitude to all and sundry. While I was mildly embarrassed by the hat, there was, and still is, a fondness and even love of the nursing cap by generations of nurses as well as patients.

A history of the cap and its symbolism

Nursing uniforms came to be courtesy of Florence Nightingale. Nightingale's nurses were required to follow a military-like deportment that included strict rules for behavior and dress. Her nurses in Crimea were required to dress in a uniform, which included a plain white cap. The uniforms were described as "extremely ugly" and were purposely designed by Nightingale to be unfashionable. Scutari, the British hospital in Crimea "was a disorderly camp, teeming with drink-shops, prostitutes, and idle troops, and a distinguishing dress was necessary for the nurses' protection" (Woodham Smith, 1951, p. 94). Hospital nurses, up to that time, had the reputation for being "drunken, promiscuous, and troublesome" (p. 93). Therefore, Florence Nightingale's nurses needed to be recognizable in order to limit sexual harassment from both patients and physicians. She was a serious woman determined to reform hospital nursing.

Nursing caps moved from being the crowning accessory of a respectable lady's ensemble to a utilitarian covering to an iconic symbol of a profession. Historically, a lady's respectability was linked to her morality, which she outwardly demonstrated through her actions and in the manner in which she dressed (Kilby-Kelberg, 1974). Respectability, and therefore morality, dictated that a lady wore a hat while in public. Eventually nursing caps became more than a sign of respectability; they were worn to cover the hair for sanitary reasons. Nurses employed at Bellevue Hospital in 1875 were informed "caps are intended to cover the hair, not to be simple coquettish ornaments" (Kilby-Kelberg, 1974, p. 898). Although caps have not been worn for years, the nursing cap is still the quintessential symbol of the nursing profession. It still has the power to inspire debate between those within the profession who lament it's passing and those who say good

riddance. For some, the nursing cap represented service to humankind and knowledge and skill; it was a status symbol for all the hard work that went into becoming a nurse (Stokowski, May 3, 2011). The attachment and passion that nurses, at one time, felt towards the cap can be seen when it was fancifully described in 1929 as "a crown studded with diamonds of honesty, sapphires of kindness, rubies of sympathy, amethysts of dignity, and emeralds of courage. It is woven with threads of kindness, sympathy, courage and silence" (Kilby-Kelberg, p. 898).

Nurses weren't the only ones who were attached to the image of a nurse in a white uniform and cap. In an effort to increase patient satisfaction scores, a unit in the John F. Kennedy Medical Center in Atlantis, Florida decided to experiment with the nurses' attire. Nurses began wearing white uniforms and shoes, and even temporarily donned nursing caps. "The patients loved it ... especially the older ones who remembered nurses in caps. And surprisingly, the physicians loved it, too. They knew exactly who to go to -- the person wearing the cap". The experiment was so successful the nurse's dress code was changed to require white scrubs (Stokowski, May 3, 2011, para 9).

The end of an era: the demise of the cap

There are several reasons why the nursing cap fell out of fashion: feminism and gender issues, patient relationships, impracticality and inconvenience, and infection control. Based on a quick review of the literature, the beginning of the end of the nursing cap seems to have started in the 1960s with a rise in feminism, a time when women took stock of their role in society (Houweling, 2004).

For some nurses, the cap represented power, but for other nurses, it represented oppression. "In the constant struggle for independence from doctors, some nurses started to see the white uniform as a symbol of the angelic, demure, dependent woman, not the tough, resourceful professional she really is" (p. 47). Besides, men didn't have to wear caps causing some female nurses to claim discrimination.

Nursing caps were blamed for affecting patient relationships in several specialties and age groups. Pediatric nurses were concerned caps were frightening to their young patients, and they appeared too authoritative to their adolescent patients (Kilby-Kelberg, 1974). Psychiatric nurses were another group concerned that the cap may appear authoritative and interfere with nurse-patient relations (Richardson, 1999). Sparrow (1991) found that to a group of elderly men on a medical unit, the site of a nursing uniform generated unhappy memories of the war.

Nursing caps were a nuisance; they were hot, uncomfortable, and unwieldy. More than once I got my cap stuck in tangles of IV tubing, bed curtains, and monitor wires. Other hospital hazards included croup tents, children's fingers, and helicopter rotor wash (Stokowski, August 10, 2011). As the cap was ripped from my head, so too were clumps of hair. Even without the trauma of having the cap forcibly ripped from one's head, some nurses suffered traction alopecia from pinning the cap in place (Stokowski, April 6 2017). The cap needed to be securely fastened down so it would not become askew or fall off into a sterile field or toilet (Stokowski, August 10, 2011).

The true demise of the cap came, however, when it occurred to infection control personnel that caps could harbor pathogens (Stokowski, August 10, 2011).

The new symbol of nursing ... is what?

Today, nurses are unidentifiable among the sea of scrubs that includes housekeepers and patient transport personnel. Patient satisfaction feedback indicates this is a common issue in hospitals (Stowkowski, May 3, 2011; Houweling, 2004). As of yet, nothing has succeeded in replacing the iconic cap as an outward brand for the nursing profession. A few of the identifiers in contention include a "RN" badge worn on the scrubs and name tags with credentials (Stokowski, August 10, 2011). Each of these has its pros and cons. Although impractical and bothersome, the sentimentality of some for the nursing cap will be difficult to overcome when identifying a new symbol for the profession.

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NEWS

- Spearheaded by the Shiffman Medical Library, the Wayne State University (WSU) Library System launched a [Data Catalog](#) to serve as an online, searchable catalog of datasets created by, licensed to, or publicly available to WSU affiliates. Rather than functioning as a data repository, the WSU Data Catalog is a digital way-finder for individuals looking for datasets relevant to their research or work. The WSU Data Catalog is designed to increase the visibility of research data generated by WSU researchers; facilitate collaboration across departments, programs, and research groups at WSU; help WSU researchers locate and understand datasets generated at external organizations; and support the re-use of research data by WSU affiliates and external researchers, policymakers, and community members. The data catalog is discipline-agnostic but is expected to be of most use to biomedical researchers. The [open-source code](#) used to create the data catalog was developed by the New York University Health Sciences Library and has so far been implemented at 8 different institutions comprising the [Data Catalog Collaboration Project](#). Questions about the WSU Data Catalog can be directed to **Katherine Akers** at katherine.akers@wayne.edu.
- **Katherine Akers**, Biomedical Research and Data Specialist at Shiffman Medical Library, was appointed to serve on the [New England Journal of Medicine \(NEJM\) Library Advisory Board](#) for a 5-year term starting in January 2019. Members of the NEJM Library Advisory Board establish and maintain strong, positive relationships with the library community; review and advise NEJM Group regarding new products, services, and features of potential interest to the library community and end-users; provide insights and suggestions to improve the products and services NEJM offers to the library community; and provide perspectives on publishing issues.

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