MDMLG NEWS

Fall 2019

President's Message from Merle Rosenzweig

Metropolitan
Detroit
Medical
Library
Group

MDMLG

There is no question that Winter is coming to Michigan. There are those who love it, those who hate it, and those who are Michiganders that go with it.

I am looking forward to our November 14 Combined MDMLG General Meeting & CE featuring the business meeting, networking lunch, and three-hour CE, "Beyond Pyramids of Evidence: Evaluating Research in the Health Sciences Literature" presented by Abraham Wheeler, Chana Kraus-Friedberg, and Carin Graves

Hope you have registered. But, if not, you still can:
To Register: please complete the online registration form at https://form.jotform.com/92606507082153 *no later than Wednesday, November 6th*

Here is information on the location and schedule if you are like me and have not entered it into your calendar:
The University of Detroit Mercy, McNichols Campus at 4001 W McNichols Rd, Detroit, MI 48221 in the Library (3rd Floor, Room 324). Parking is free, but you will need to stop at the security gate for a visitor's pass and instructions on where to park. View the campus map here.

Program Schedule:
10:30am - 11:45am - Business Meeting
11:45am - 12:45pm - Networking Lunch
1:00pm - 4:00pm - CE Course worth 3 MLA CE credits!

Merle Rosenzweig
President MDMLG, 2019-2020
Informationist
University of Michigan
Taubman Health Sciences Library
Oriley@umich.edu

Fall General Meeting & CE Program
Thursday November 14, 2019

The MDMLG Program & Professional Development Committees cordially invite you to our Combined MDMLG General Meeting & CE featuring the business meeting, networking lunch, and three-hour CE, "Beyond Pyramids of Evidence: Evaluating Research in the Health Sciences Literature" presented by Abraham Wheeler, Chana Kraus-Friedberg, and Carin Graves.

The meeting will take place on **Thursday, November 14, 10:30am – 4:00pm at The University of Detroit Mercy, McNichols Campus at 4001 W McNichols Rd, Detroit, MI 48221** in the Library (3rd Floor, Room 324). Parking is free, but you will need to stop at the security gate for a visitor's pass and instructions on where to park. View the campus map here.

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Pricing:

Lunch: $11.50 boxed sandwich or salad lunch from Ridley's Bakery & Café *(see registration form for lunch options)*

CE:
MDMLG Member: $35
Non-MDMLG member: $60
Students: $15

For questions regarding lunch, please contact:
        Juliet Mullenmeister, jmullen2@hfhs.org, (586) 263-2485.
For questions regarding the CE, please contact:
        Stephanie Swanberg, swanberg@oakland.edu, (248) 370-3776.

MHSLA 2019 Conference

Elizabeth Bucciarelli,
Melanie Bednarski,
Juliet Mullenmeister,

MHSLA Day 1

The *Wake Up to Mindfulness* CE taught by April Kaiserlian from the Grand Rapids Center for Mindfulness was an informative and relaxing class. She did not use a PowerPoint which was a refreshing change and instead discussed the reasoning behind mindfulness practices and how to incorporate even small steps into one's daily life, such as meditating while standing in line.

April used breathing techniques, a standing exercise, and even food to represent all the ways that a person can be mindful during their day.

Stephanie Davis from the Midwest Collaborative for Library Services taught the *Intro to Licensing E-Resources* CE course. There are many vocabulary terms to become familiar with when dealing with contract issues for licensing e-resources. It just barely touched on how and what to negotiate with vendors. The hands-on exercises were helpful in not only becoming more familiar with the terminology but also the language of an agreement.

True North: Finding Free Evidence-Based Public Health Resources

Cecilia Vernes, the Education Coordinator for the National Network of Libraries of Medicine in the Public Health Coordination Office, led an interesting session in an area that is unfamiliar to many medical and health sciences librarians, public health resources.

Using the topic of PFAs in water contamination, she introduced the attendees to a variety of free and subscription-based resources for locating public health information, such as:

Free Resources
- Health Evidence - https://healthevidence.org/
- County Health Rankings & Roadmaps - https://www.countyhealthrankings.org/
- Partners in Information Access for the Public Health Workforce - https://phpartners.org/ph_public/health_stats
- Health News Review - https://www.healthnewsreview.org/

Subscription Resources
- CABI Global Health database
- Thomson Reuters Medical News (in the STAT!Ref database)

In preparation for this session, Cecilia had requested that the attendees consider a public health question that is of interest to us or to our patrons and locate three resources to answer the question. We then worked in small groups searching those topics in some of the databases mentioned above.

Lastly, she also reported that the TOXNET database is being shut down as of December 16, 2019. See their shutdown message here: https://toxnet.nlm.nih.gov/

MHSLA Day 1 Evening and Day 2

We (Melanie and Juliet) were able to attend the evening event at the R.E. Olds Transportation Museum.

It was a fun event filled with lots of camaraderie and teamwork as we went on a scavenger hunt around the museum to answer trivia questions from a list. Someone who shall not be named from the group, Librarian X, decided to research it online rather than wander the displays for the answers. But he was happy to share an answer or two when the signage wasn't so easily found. We had a truly excellent dinner and lots of fun.

From the R. E. Olds Transportation Museum

On Friday morning, we had a Breakfast and Learn presentation from Rockefeller University Press about their new products and then we had a Keynote presentation from Shannon Jones, MLS, MEd., AHIP

Her presentation, *Disrupting the Narrative: Cultivating an Inclusive Library Environment for All the Lives We Touch*, was a truly personal speech about finding her own place professional journey, and about how we all can feel excluded and included in different ways. She also spoke about the lack of diversity in our profession. Dr. Jones offered some suggestions about how to change the way that we think about diversity, equality and inclusion, and she offered suggestions about how to make functional changes which foster inclusive environments for all.

Shannon D. Jones, M.Ed., M.I.S., M.L.S., keynote speaker & our own Sandra Martin [right]

Then a panel discussion, *Beyond Cultural Competence: Diversity in Library and Health Sciences*, was held. The exclusion (whether purposeful or not) of diverse candidate and populations affects every level of health research, practice, and librarianship, from the demographics of intake in library and medical schools to the selection of participants for drug trials and the design of health-related apps. This panel did discuss some of the ways that a lack of diversity impacts our work as librarians and the work of the clinicians and researchers that we serve. The panel further stated some steps that institutions are taking to address existing imbalances in health sciences related fields. The panelists were: Dr. Renee Canady, Assistant Professor, Masters of Public Health program, Michigan State University, Dr. Elahe Crockett, Program Director of REPID Program, Michigan State University, Dr. stef shuster, Assistant Professor, Sociology, Michigan State University and Sharon Williams, retired librarian, Hurley Medical Center (Flint)

The MHSLA Business meeting followed with reports from all committees, a vote on a change to the existing Bylaws, and a vote to make an exception for one term to allow an institutional member (not a current personal member) to hold a seat on the MHSLA board. Both items were approved unilaterally.

Elizabeth Bucciarelli, Health Sciences Librarian, Eastern Michigan University
Melanie Bednarski, Medical Librarian, Henry Ford Macomb Library
Juliet Mullenmeister, Medical Librarian, Henry Ford Macomb Library

The Original Magnet Nurse
By Jill Turner

Many nursing students (and practicing RNs) do not have an appreciation for research. I would wager the following sentiments have been uttered in research classes more than once throughout the country: "Teach me nursing. I don't need to know how to search a database or conduct research". Ironically, research has been a core component of nursing since Florence Nightingale whipped the profession into shape over 150 years ago. Nightingale was not only the pioneer of modern nursing; she was also a "passionate statistician" (Neuhauser, 2003).

When Florence arrived to the Scutari Barracks in Turkey during the Crimean War in 1854, the British army base hospital was a cesspool of disease and disorganization. The 1,700 bed facility was typically quartering 3,000-4,000 wounded and sick soldiers at any given time (Ellis, 2008). Nightingale suspected the filth, overcrowding, poor ventilation, and clogged drainage led to the wound sepsis, cholera, dysentery, and Crimean fever that ran rampant through the hospital. She suspected soldiers had been dying more often from diseases they contracted while in the hospital than from their battle wounds. The hospital records were in a shambles with contradictory entries, so she had no idea if there was any truth to her suspicions. Florence began to track deaths within the hospital and recorded a mortality rate of 42.7% in February 1855. She initiated what would be known today as infectious diseases quality improvement initiatives and had the mortality rate down to 2.2% by June 1855. Yet the British Army's chief medical officer doubted Nightingale's results claiming the reduction was due to a lessening acuity of the wounded arriving at the hospital. Nightingale's statistics proved the unsanitary conditions not only led to the deaths of wounded soldiers but also claimed the lives of unwounded healthy orderlies who worked there (Neuhauser, 2003). Her suppositions became data-backed proof which eventually led to massive hygiene reforms within military and civilian hospitals.

Florence Nightingale contracted Crimean Fever while in Scutari. She was left an invalid, but her poor health did not stop her. Although she was mostly confined to her rooms, she dedicated herself to civilian hospital reform (Ellis, 2008). Florence Nightingale recognized the power of statistics to advance medicine. She wrote of the practicality of tracking disease in terms of duration and mortality, patient sex and age, and results of particular treatments in an effort to better understand susceptibility and disease paths (Nightingale, F., & McDonald, L., 2013). She also advocated for and used statistics to make all of her health administration recommendations. For example, she was an advocate for primary and preventative care because data showed prevention was a better use of resources than treatment required after illness. Using statistics in midwifery practice, Nightingale showed that mortality rates for in-hospital births were much higher than for in-home births. Furthermore, her data showed higher mortality rates when laboring women were attended by doctors and medical students. Affirming

childbirth a natural process, she opposed its medicalization and went so far as to propose that medical students should be banned from "lying-ins" entirely (McDonald, 2010). As one can imagine, her book *Introductory Notes on Lying-In Institutions* did not go over well within the medical establishment. It received a nasty review filled with sexist sarcasm in the *British Medical Journal*. The book has all but disappeared (McDonald, 2010).

Not only was Nightingale a passionate statistician, she was a data visualization trailblazer. Florence was one of the first to use graphics to clarify data in her reports. She pioneered the use of coxcomb charts to illustrate mortality data and utilized bar graphs and pie charts in other instances (McDonald, 2010).

Florence Nightingale's use of statistics was integral to her nursing practice. She based care decisions on statistically interpreted data; in other words, she applied evidence-based practice. Florence Nightingale was "magnet" before "magnet" was fashionable.

References:

Agnew, L. (1958). Florence Nightingale: Statistician. *The American Journal of Nursing, 58*(5), 664-665. doi:10.2307/3461563

Ellis, H. (2008). Florence Nightingale: Creator of modern nursing and public health pioneer. *The Journal of Perioperative Practice, 18*(9), 404, 406.

McDonald, L. (2010). Florence Nightingale: Passionate statistician. *Journal of Holistic Nursing*, *28*(1), 92-98.
Neuhauser, D. (2003). Florence Nightingale gets no respect: As a statistician that is. *Quality & Safety in Health Care, 12*(4), 317. doi:http://dx.doi.org/10.1136/qhc.12.4.317

Nightingale, F., & McDonald, L. (2013). *Florence Nightingale and Hospital Reform Collected Works of Florence Nightingale, Volume 16 (Collected Works of Florence Nightingale)*. Waterloo, Ontario: Wilfrid Laurier University Press.

Jill Turner, BSN, MLIS
Associate Librarian
University of Detroit Mercy
Turnerja1@udmercy.edu

Marketing the Medical Library – From the Graduate Medical Education Office

By Bethany Figg, MLIS, AHIP

In September, I made a trek across the ocean for the first time in 18 years to speak at an emergency medicine conference being held in Dubrovnik, Croatia. The Mediterranean Emergency Medicine Conference is held every two years and invites speakers from all over the world to talk about all things affecting emergency medicine as well academic emergency medicine. The CMU College of Medicine's Designated Institutional Official, Dr. Mary Jo Wagner, advocated for this opportunity, citing my experience in the medical library, and subsequent experience in the graduate medical education department, so I could provide a different perspective on scholarly activity to the attendees. The session was called "Scholarly Activity with the Help of Your Medical Librarian." I started with an explanation of the years I worked closely with medical students, resident physicians, attending physicians, and hospital staff on literature searches, research projects, and other random needs to complete scholarly activity. I encouraged them to contact their medical librarian for the literature search – and not to hesitate to ask for the search history, or to have the search run several times to craft the perfect list of sources.

> *I encouraged them to contact their medical librarian for the literature search – and not to hesitate to ask for the search history*

When I became the graduate medical education accreditation manager, I saw the other side of scholarly activity – why the patrons need it. The Accreditation Council on Graduate Medical Education (ACGME) has specific requirements for scholarly activity – it must be diverse in its delivery, and fall into certain categories for residents and faculty. I used my knowledge of what the faculty needs to teach them the things they should request from their medical librarians. I started my talk with some obvious points to make sure the attendees and I were all conversing at the same level. I discussed identifying the goals – was this scholarly activity for residency requirements, faculty promotion, or building a CV? Who will be educated in this project – medical students, resident physicians, faculty? I encouraged them to contact their medical librarian for the literature search – and not to hesitate to ask for the search history, or to have the search run several times to craft the perfect list of sources. I told them to ask for a list of journals that would produce a PMID if accepted, along with an impact score as an indirect measure of which journals would have a higher acceptance rate for the scholarly work that might be less than extraordinary – but necessary due to desperation for publication (to be blunt). I also gave the attendees a few tricks that would impress them (wild cards, an example of Boolean logic, simply clicking on "Similar Articles" in a database) when running a search themselves in the middle of the night. I explained that this could get them started, but it was critical to ask their medical librarian for a true literature search to make sure the entire medical literature was scoured instead of finding the few articles on the surface that might include bias due to their search "strategy." I also encouraged the attendees to have their library set up a "W.A.G." or Writing Accountability Group to give the faculty and residents the space and time commitment to complete their scholarly activity. W.A.G.s were first developed at Johns Hopkins to help their junior faculty build writing habits (Skarupski & Foucher 2018). The faculty would

come together as a group, committed to an hour per week to only focus on writing, and met for a ten week period. This habit assisted in largely completing or finishing scholarly projects for the attendees. I finished up the talk with a warning about predatory publishers and to either use the checklist created by MDMLG's own Stephanie Swanberg, or to run it by their medical librarian before attempting to submit to a lesser known journal. The feedback received was positive, and garnered requests for my medical librarian services, but I referred them back to their institution's medical librarians – reminding them that those professionals are the experts at their organization.

Britanny Figg at the Mediterranean Emergency Medicine Conference

References

Skarupski, K. A., & Foucher, K. C. (2018). Writing Accountability Groups (WAGs): A Tool to Help Junior Faculty Members Build Sustainable Writing Habits. *The Journal of Faculty Development*, *32*(3), 47-54.

Bethany Figg, MBA, MLIS, C-TAGME, AHIP
Graduate Medical Education Accreditation Manager
CMU College of Medicine, Saginaw, MI
Saginaw, Michigan

Your article could be here

Newsletter Committee 2019 – 2020

Marilyn Dow, editor
dowmk@udmercy.edu

Jill Turner
turnerja1@udmercy.edu

Brianna Andre
Bandre1@hfhs.org

Valerie Reid
valerie.reid@beaumont.org