



MICHIGAN HEALTH SCIENCES LIBRARIES ASSOCIATION

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SHOULD MHSLSA APPLY FOR MLA CHAPTER STATUS?

Editorial Note — At the business meeting of the Annual MHSLSA Conference in October 1980, the members discussed the issue of MLA chapter status for MHSLSA. The members asked that the issue be tabled until the next annual business meeting and that a committee be appointed to study the matter. As a result the Committee to Study MLA Chapter Application was appointed and charged to prepare a report, in debate style, based on the pro and con findings. The committee, composed of Carole Colter, Chairperson, Barbara Coe Johnson and Jeanne Hartenstein, submits the following fact sheet for MHSLSA members to study in preparation for their discussion at the 1981 business meeting.

1. MLA Requirements for Chapter Recognition

Pro — The Michigan Chapter will have an open channel to the MLA Board in the form of the Council representative who can communicate its concerns for Council consideration and referral to the Board as necessary.

Con — Since the Chapter's Constitution and Bylaws must be consistent with MLA's stated purposes in the Association's Certificate of Incorporation, Bylaws and Constitution, there is no allowance for meeting the particular needs of this State Association.

2. Formation of New Chapters

Pro — The Michigan Chapter can gain recognition and stature as a distinct, unique entity representing health science libraries in Michigan and not be "lost" in the present nine-state Midwest Chapter.

Pro — MLA can become more knowledgeable about matters of concern to Michigan health science libraries and librarians because of input given by the Michigan Chapter Council representatives.

Pro — Budget restrictions on educational and travel expenses will limit the participation of some Michigan health science librarians in Midwest Chapter activities; with a Michigan Chapter, high caliber programs with national recognition would more often be available closer to home.

Pro — MLA will be able to communicate more effectively its national concerns to Michigan health science libraries through the Michigan Chapter Council representative.

Con — A new chapter can only be formed if the needs of the proposed chapter area cannot be met reasonably or served by an existing chapter. Application for chapter membership presupposes that the *Midwest Chapter* is not meeting the needs of the members. Has it been substantiated that MHSLSA is not meeting the needs of its members? Some MHSLSA members are not familiar with the role of MC/MLA, and therefore, are not certain as to whether or not MC/MLA can meet the needs of MHSLSA members.

3. Relationship with other Michigan groups

Pro — MHSLSA, if it became Michigan Chapter/MLA, could serve as the single focus point for all interests of Michigan health science libraries and librarians. It would have automatic credence conferred by its being an official chapter of the only

national professional organization widely recognized as representing health science library concerns.

Pro — Projects concerning the whole state would be possible without duplication and with input from all, e.g., ULOSSOM and MASH could merge and a mechanism to update standardized.

Con — In addition to MHSLSA, Michigan does have other active and well organized local library groups that already meet the needs of their members. MHSLSA must gain credence as being representative of all Michigan health science libraries and librarians in the state before applying for chapter status.

4. Membership Requirements

Pro — Personal MLA members who also belong to the Michigan chapter would have a proving and training ground where they can demonstrate their abilities through being active at the Chapter level.

Pro — MLA members in the chapter are more likely to be considered as MLA Committee members or chairmen or national officers because of experience gained through Michigan Chapter activities.

Pro — Non-MLA members could work as committee members of the Michigan Chapter/MLA.

Con — Officers of chapters and sections must be regular members or fellows of MLA. Chairmen or chapter and section committees must be regular members, representatives of institutional members, or fellows of the association. This precludes non-MLA members from serving in any leadership function in their chapter association. *No non-member can be an officer or committee chairman of the Michigan Chapter.*

5. Voting Privileges

Pro — Michigan Chapter members would have direct impact on MLA activities through their elected representatives to the Chapter Council. This person will be able to submit names of qualified Michigan members for consideration as Chapter Council candidates for the national Nominating Committee, vote on all matters the Council wishes to bring to the attention of the MLA Board, and, if elected Chapter Council Chairman, serve a 3-year term as a voting member of MLA's Board of Directors.

Con — *Only voting members of the MLA may vote* for chapter representative, alternate chapter representative and candidate for the MLA nominating committee in their primary chapter's election.

6. Non-MLA Members in the State Chapter

Pro — Michigan Chapter members who are not members of MLA will be able to participate in the activities of a strong Chapter that recognizes and represents their local and state-wide concerns.

Pro — Non-MLA members would become more aware of the benefits and importance of joining MLA, such as being able to vote on and participate in MLA activities as well as hold office in the Michigan Chapter.

Con — Non-MLA members, for whatever reason, who have not

become individual or institutional members of MLA, are relegated to a *subsidiary position in the state chapter*.

7. Dues

Pro — As a dues paying MLA member, you will have all the privileges and benefits of membership in a national professional organization. You will have democratic representation of your concerns through your Chapter Council Representative and the opportunity to become an officer or chairman of a committee in the Chapter or with MLA. Any MLA member who now belongs to MHSLSA pays dues to both organizations.

Pro — Michigan Chapter/MLA members would pay *local dues* to only *one* organization, e.g., HIRA members, if HIRA is a special subgroup of Michigan Chapter/MLA, it would pay dues only to Michigan Chapter/MLA.

Con — MLA members in the Michigan Chapter will have to pay dues to MLA in addition to the state chapter dues. This could be a hardship for librarians in institutions with limited budgets.

8. Present Status of MLA Chapter Council

Pro — The mission of the Chapter Council in the coming year is to develop criteria for the basis of the formation of new chapters. If MHSLSA were to become the Michigan Chapter/MLA, it would have the opportunity to participate in the policy and decision-making process, and therefore, "shape our future destiny".

Con — Since the Chapter Council met for the first time in Montreal this year, many issues are unresolved and will be studied by the Council in the future. Perhaps MHSLSA should wait until the criteria for the basis of forming new chapters has been clearly defined by the Chapter Council.

Statewide Union List of Serials

The Ad hoc Committee for a Statewide Union List of Serials will recommend that the MHSLSA membership accept the plan of the National Library of Medicine/University of Louisville (NLM/UL) to produce a union list of health science serials for the state of Michigan. The charge to the Ad hoc Committee is "to present a plan for the production of a statewide union list of serials, including budgetary financial requirement and a time frame for production." The Committee has investigated a number of producer/agents of union lists, including Medical Library Center of New York, Wayne State University, OCLC and the word processor method. The findings encouraged them to back the NLM/UL plan which can provide subscribers with a product by June 1983 if the Committee's timetable is adhered to. The estimate cost for an annual paper copy or a quarterly microfiche is approximately \$100. A complete report will be given at the annual business meeting. Members of the Committee are Doris Asher, Mary Leithead, Joan Luksik, Jacqueline Raphaelson, Andrea Sperlbaum, Barbara Kormelink and James Shedlock as Executive Board Liaison and Lynn Sorenson Sutton, Chairperson.

Excerpta Medica Training Program

On Monday, September 21, 1981, an intermediate-level training program will be presented by Excerpta Medica at the Learning Resource Center of the Taubman Medical Library. Steve Ifshin, Durg Information Librarian, Pharmaceutical Services, University of Chicago Hospitals and Clinics, is scheduled to teach the course which is designed to make attendees more familiar with the EM database (EMBASE) and the use of extensive on-line resource. The presentation will run from 9:30 a.m. to 3:00 p.m. Basic knowledge of indexing and abstracting services is a prerequisite and it is recommended that people attending have knowledge of the DIALOG command language to benefit most from the on-line portion of the program.

The course is approved by the Medical Library Association for 4.8 Continuing Education Contact Hours. Enrollment is free but space is limited so reservations are required. For more information, contact Loretta Maki at (313) 764-1210.

President's Column

Founders Decisions Working Well

The July 22, 1981 issue of the *Detroit Free Press* contained a news release describing a new approach to the continuing dilemma of defining the boundaries of northern and southern Michigan. Eight Michigan representatives recently introduced a resolution "stretching an imaginary line across the state, separating northern and southern Michigan." The *Free Press* reporter, with tongue in cheek, proceeded to survey the imaginary line by driving along a 16 mile stretch of the Beaverton Road, from Old U.S. 27 just north of Clare, east about 16 miles to Beaverton. Here, in part, was what the reporter observed: "more windmills and stone houses north, fatter cows south. More trees north, more bales of hay south. Corn seemed taller south and the road felt warmer." This preoccupation with regional boundaries symbolizes a down/up state split that is not unique to Michigan. Despite our dramatic geographic separation at the straits of Mackinaw, Michigan is like New York, New Jersey, Illinois and Louisiana to name a few. We are alike in the down/up state split in industry and population distribution that is reflected in the respective legislatures and carries over in health science library organizations. This relatively common political and economic problem creates a climate of distrust which makes organizational governance a challenge.

Through the foresight and wisdom of MHSLSA's planners we have overcome regional divisions within the state of Michigan and kept full participation alive through our method of board selection. MHSLSA's board is composed of local group chairmen from our eight affiliated groups. These chairmen have been elected by their respective groups which include: Flint Area, Metro Detroit, Mid-Michigan, Northern Michigan, South Central, Upper Peninsula, Valley Regional and Western Michigan. Further reflecting the "balancing act" our founders intended, our officers come from diverse points from north to south. Officers are elected by ballot at our annual meeting, thus providing a democratic method of election. Through this method of governance, our city and country cousins have been able to work together for the common good.

Two major purposes of our organization are "to foster communication between various library groups within the state, region and nation" and "to establish new health science libraries." Our method of board selection provides input from all areas of Michigan and this aids in our fulfilling these purposes.

Before writing this column, I called a number of state health sciences library organizations in order to compare the "state of the art." I found a number of states who felt that we had an excellent form of governance that might have implications for their respective states. I am not certain that our form of governance is unique but have not found another state with the exact model.

As my term as President of MHSLSA comes to an end, I see MHSLSA working well, with active board participation and fully functioning committees and can appreciate the wisdom of our founders who developed our innovative approach to governance.

Mildred Kingsbury

Marquette General Hospital

Legislative Committee Update

The Michigan Health Science Libraries Association has activated its legislative committee. The first meeting was held on Friday, May 15, 1981, at Ingham Medical Center. The committee, consisting of Chairman Dave Keddle, Brian Simmons, Mildred Kingsbury and RoseMary Carter, drafted a letter of support for the MLA Assistance Act and for the WSU book budget, and a letter of protest regarding the Thor-Power Ruling. A copy of each letter will be sent to the appropriate legislators. MHSLA members who have concerns for the legislative committee may contact any committee member.

New LRC A-V Catalogs

The Learning Resource Center at the University of Michigan Medical Campus has published the first edition of a catalog entitled *Audiovisual Resources for Hypertension Education* and the third edition of a catalog entitled *Audiovisual Resources for Diabetes Education*.

The catalogs are designed to facilitate health professionals in searching for audiovisual materials related to professional, patient, and public education in these two areas. Each catalog has a title, subject, media format and audience index. The distributor section includes directory information and a complete list of the audiovisual programs available from each distribution source. An appendix provides directory information for national organizations.

Each catalog is \$15.00. Orders should be sent to Learning Resource Center, University of Michigan Medical School, 1135 E. Catherine, Box 38 Ann Arbor, Michigan 48109.

Law & Medical Librarians

In the practice of personal injury and professional negligence litigation, the two professions of medicine and law have come to share the need for medical literature and the availability of current medical thought. Whether the law firm is involved in personal injury litigation or in claims of professional negligence (sometimes known as malpractice), there is a constant demand for the services of a trained medical librarian.

Examples of personal injury litigation include slip and fall accidents, automobile accidents, construction site injuries and machinery or product malfunction. In these instances of personal injury, there arise multiple questions regarding courses of treatment, etiology of disease and the composite picture of aggravation of various pre-existing conditions by trauma. Whereas in the professional negligence arena, the issues arise whether the treatment varies from the accepted modes (knows as the standard of care) to the basic questions whether certain conditions or diseases can in fact be ameliorated or cured by medical intervention. A third area not previously mentioned is the quickly burgeoning drug products litigation. The question arising in this area deal with the questions whether it is forceable that drugs will cause certain adverse effects or conditions and whether the patient is adequately apprised of these side effects.

The utilization of the services of a medical librarian in the course of a lawsuit begins from the day that the client comes in for the initial interview. It is at this point that the attorney finds it extremely important to determine from a scientific point of view whether in fact there is a basis for a lawsuit. The librarian at this point confers with the attorney regarding the potential suit, reviews the literature (both journal article and standard texts) and presents the findings to the attorney. This information along with the facts surrounding the incident are then forwarded to an expert. Many times an expert can be found through the librarian's initial investigation of the literature. For instance, if several articles are written on a subject by one author, the attorney may contact the author of the articles directly and ask him to review the facts. The attorney then makes the final determination whether to start a lawsuit or not based on the recommendations of an expert.

Once the lawsuit or complaint has been filed, the period of discovery begins. Discovery is a legal procedure where both sides (defendant and plaintiff) have the right to inquire into the facts

and positions of the other side prior to trial. The discovery is done within a time period set forth by law. Discovery includes depositions, interrogations, disclosure of experts, documents and medical treatises which experts may rely upon. The librarian, during this time period, assists the attorney by gathering relevant information. In the case of the deposition of an expert witness, the librarian may be asked to find information regarding the expert himself — including background and training and articles the expert may have written. On more than one occasion, the author searches have proven invaluable for the attorney. These articles have allowed the attorney to impeach the credibility of the other side's experts with his own writings. It must also be noted that back searches are an absolute in dealing with research in malpractice cases. An article written in 1980 is of no importance when the incident alleged in the lawsuit took place in 1972. The relevant information in this instance would be found in articles and texts written prior to 1972. This, in a sense, helps determine the standard of care for a given time period for it shows what physicians in various and similar communities were doing to treat the particular ailment.

After the discovery period ends, the last stages of lawsuit approach. One of these stages is mediation. Mediation is a legal procedure used by many counties to reduce the actual court docket by giving the opportunity for lawsuits to settle. Each side presents its version of the facts to a panel of three attorneys. One attorney is a defense attorney, another a plaintiff's attorney and the third is a neutral. This mediation panel reads summaries prepared by both sides and hears the facts presented and makes a dollar determination of the value of the lawsuit. Both sides have the opportunity to either accept or reject the amount. If both sides accept, the case is settled. If either side rejects, the case goes to trial. If the case is to go to trial, final preparation begins. It is at this time that the final touches are put on the lawsuit. The librarian checks with the attorney to see if any further research is needed and if all documents required are available and have been obtained. During the trial itself, the librarian is on call to obtain any articles or information needed.

There have been instances when the librarian has been called at home at midnight to have the information available by the time of trial the next morning. This rarely happens, however, it does point out that the librarian is an integral part of the team concept and the services offered by the librarian are well recognized.

Since the librarian plays such an integral part in the developmental phases of the lawsuit, little time is left for the day to day activities of librarianship such as cataloging the collection. Collection development and on-line searching are the principal activities engaged in by a medical librarian in a legal setting. The availability of computerized research has allowed for a more thorough work-up of cases for trial and several law firms now access data bases either through terminals in the law office itself or through medical school libraries. The cost effectiveness of having a librarian on staff at the law office has not been disputed. Several firms involved in personal injury, drug products liability and professional negligence have hired trained medical librarians either on a full time or part time basis to assist in the work-up of cases.

The first medical librarian to be hired on a full time basis by a law firm in Michigan was in 1976. Since that time, several of the larger firms have hired trained medical librarians either on a full time or part time basis. The need for trained professional medical librarians is in great demand in the legal setting. The position allows for flexibility and the opportunity to expand the horizons for librarianship in general. As litigation becomes more complex, so does the need for skilled professionals outside of the legal profession become more apparent.

Helen Dimanin Dickinson

Librarian

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Individual Items

James F. Williams, II has been appointed Associate Director of the Wayne State University Libraries. Jim served as Head of the University's Shiffman Medical Library since 1972. He will continue to be the Director of the Kentucky-Ohio-Michigan Regional Medical Library Network.

Barbara McAdams is the new Media Consultant at the Learning Resource Center of the Alfred Taubman Medical Library at U of M. She replaces **Karen Metz** who has moved to New England. Barbara received her library degree in 1979 from U of M and had been a reference librarian at U of M's Undergraduate Library for two years.

Ruth Taylor has been appointed Head of the Shiffman Medical Library, Wayne State University. Formerly, Ruth served as Associate Director and has been associated with Shiffman since 1968.

Patricia Bristor, who was Head of Acquisitions of the Shiffman Medical Library, was appointed as Associate Director in August, 1981.

Amanda Whitehouse and **Gerane Weinreich** have formed Ann Arbor's newest information brokerage firm, The Answer Box. They provide online searching, current awareness services, and document delivery. They will meet general reference needs and plan to specialize in business, scientific, and medical information.

Mary McNamara, Coordinator of Extramural Services for the Kentucky-Ohio-Michigan RML Network, retired in September, 1981. Mary joined the Wayne State University staff as Associate Director of the Shiffman Medical Library in 1965. She joined the staff of KOMRML Network in 1976.

Publications Committee Chairman Retires

Mary McNamara, Chairman of the Publications Committee, is retiring from her position at Shiffman Medical Library. This is the last issue of the *MHSLA News* to benefit from her input. Mary has been the major guiding hand behind this publication just as she has been behind so many other MHSLA activities.

We have very mixed emotions about Mary leaving this committee. We will miss her experience and valuable direction. But we know that she is not really retiring. As she has told us, she is merely pursuing a different aspect of her career. We wish her happiness in her new venture and offer her our sincere gratitude for all that she has taught us about putting together a publication and medical librarianship.

Local Group News

Flint Area Health Sciences Library Network

Members of FAHSLN plan to have a kit for a consultant program in library services ready this fall. The kit includes information about the library services available in the Flint area and about how to organize a small hospital library. There are sections on MEDLINE, interlibrary loan, audiovisuals, reference services, technical services and a core listing of titles for the small library. The kit will be shown to hospital administrators interested in developing library service.

Those who have worked on the kit include Annie Hungerford, Jackie Raphaelson, and Marilyn Schleg of Hurley Medical Center; Lea Ann McCaugh, McLaren General Hospital; Doris Blauet, Flint Osteopathic Hospital; RoseMary Cater, St. Joseph's Hospital and Fran Gach, Mott Children's Health Center.

South Central Michigan Health Sciences Libraries Association

SCMHSLA held its summer meeting at Gelman Sciences on August 1, 1981. Amanda Whitehouse was the hostess. The business meeting included discussion of the continuing education course being sponsored by the group, MLA CE51 - Online Search Optimization. The course will be offered on Friday, Nov. 6, 1981, at St. Joseph Mercy Hospital in Ann Arbor. Michael Homan, an author of the syllabus, will be the instructor. Following the business meeting, Gloria Donohoe, founder of Inforsarch, Inc., spoke about fee-based information services in general and her organization in particular.

Mid-Michigan Health Sciences Libraries Association

Laurel Minott, from the Library of the Michigan Department of Health, has resigned to take a position as reference librarian at the University of Illinois, Chicago Circle.

Upcoming meetings of M-MHSLA include one at Pennock Hospital in Hastings on September 10th, and one at Sparrow Hospital in Lansing, on November 12th.

MHSLA NEWS is the official newsletter of the Michigan Health Sciences Libraries Association. Comments and inquiries may be sent to any member of the Publications Committee.

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