

# MHSLA NEWS

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THE NEWSLETTER OF THE MICHIGAN HEALTH SCIENCES LIBRARIES ASSOCIATION

## President's Corner

by Leslie Burke

A few months ago, one of my friends posted to their Facebook status the following: "Don't say 'God, I've got a big problem'. Say 'Problem, I've got a big God.'" That statement got me to thinking about perspective and how often just changing our perspective about a situation or a problem can lead to creative solutions or better understanding of someone else's point of view.

How often do we continue doing things in the same manner as we've always done, when we would benefit from someone from outside our milieu who asks the "dumb" question about why we do it that way?

As librarians, some of us seek change, some of us accept change, and some of us resist change. Maybe the next time we're faced with a question of how to handle a new procedure, decide on a new resource, or work with a new group, maybe we would benefit from a change in perspective. Mary Englebreit says "If you don't like something change it; if you can't change it, change the way you think about it."

Typically, we have a good idea of what our users need, but do we find out what they want? Maybe it would be helpful to ask them where do they get their best information or how do they identify information they think is useful and reliable? Even though they may get their information from sources we know to be marginal, what it may do is highlight for us where their knowledge gaps are. Perhaps we will find out what types of interfaces they want and how they want to access the information resources we're trying to get them to use.

When we have a new service or product to review, inviting a person outside the library to give their feedback may help us see obstacles to use that we might make a natural work-around for.



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Most of the librarians I know already are sending information to our users proactively or getting ourselves inserted into their environment rather than making clients come to us and ask us for information. Maybe we also need to see what we can learn from our customers in some cases.

In my short time in working with the MHSLA officers and board members, I am finding that I am challenged in my own thinking because I encounter situations and decisions I may not have encountered before. Not having a long history of activity with MHSLA also means I do not always know the stories behind how things have worked in the past and so I sometimes ask the “dumb” question. I think both historical perspective and new ideas are vital to keep the association moving forward. I encourage you to challenge me and each other to consider different perspectives as we make our way through this new MHSLA year. I look forward to hearing your ideas and suggestions for improving your association. As Alan Cohen says “Scared and sacred are spelled with the same letters. Awful proceeds from the same root word as awesome. Terrify and terrific. Every negative experience holds the seed of transformation.”

Leslie Burke  
MHSLA President, 2011 -2012

### **Special Exhibit at the Taubman Health Sciences Library by Kate MacDougall Saylor**

The Taubman Health Sciences Library at the University of Michigan will host the United States Holocaust Memorial Museum’s traveling exhibition, *Deadly Medicine: Creating the Master Race*. The exhibition illustrates how Nazi leadership enlisted people in professions traditionally charged with healing and the public good, to legitimize persecution, murder and, ultimately, genocide. *Deadly Medicine*, which is cosponsored by the University of Michigan’s Center for the History of Medicine, will premiere on February 3, 2012 on the 4th floor of the Taubman Health Sciences Library and runs through April 13, 2012.

Accompanying the exhibition will be an opening reception and closing reflections panel discussion. Event details will be announced at a later date.

“*Deadly Medicine* explores the Holocaust’s roots in then-contemporary scientific and pseudo-scientific thought,” explains exhibition curator Susan Bachrach. “At the same time, it touches on complex ethical issues we face today, such as how societies acquire and use scientific knowledge and how they balance the rights of the individual with the needs of the larger community.” *Deadly Medicine* is based on the acclaimed exhibition of the same name that opened at the United States Holocaust Memorial Museum in Washington, D.C., in April 2004. An online version is viewable at

[www.ushmm.org/deadlymedicine](http://www.ushmm.org/deadlymedicine).

The Nazi regime was founded upon the conviction that “inferior races” and individuals had to be eliminated from German society so that the fittest “Aryans” could thrive. By the end of World War II, six million Jews and millions of others—among them Roma and Sinti (Gypsies), people diagnosed as hereditarily ill, homosexuals, and others belonging to ethnic groups deemed inferior—had been persecuted and murdered. Join us as we explore this dark chapter in history and its legacy on the health profession today

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Deadly Medicine: Creating the Master Race location: Taubman Health Sciences Library - 1135 E. Catherine St., Ann Arbor, MI 48109 ([www.lib.umich.edu/thl](http://www.lib.umich.edu/thl))

Dates and Times: The exhibition will be viewable February 3 – April 13, 2012 during library hours.

This display is cosponsored by the U-M Taubman Health Sciences Library and the U-M Center for the History of Medicine. Exhibition and events are free and open to the public.

For more information: <http://bit.ly/tx7znw>

**Beware the Choking Game**  
**Doris Holmstrom, Guest columnist**

It’s time to add another page to the parenting manual: Beware the Choking Game.

Teens and tweens now are choking themselves to get “high” without benefit of drugs. In groups, they choke each other using their hands or arms. Alone they use nooses made of everything from dog leashes to computer cables tied to furniture, doorknobs, closet rods. The effect is to temporarily cut blood flow to the brain. The high comes when pressure is released and blood rushes back.

What players of this Brain Roulette—one of the game’s many other names—don’t know is that it can kill them, disable them for life, even land them in jail, if a friend is hurt or dies at their hands. The CDC says it takes only seconds for a child to pass out and three minutes for brain damage to occur, if pressure isn’t released in time. When no one is there to intervene, death follows shortly.

“It was one of the scariest things I’d ever heard of,” said school nurse Pam Durbin—scary because there is no safe way to play. “Anytime you pass out, it means you’re getting inadequate oxygen to the brain and your body shuts down.”

Health officials point to children whose eyesight suffered as a result of playful strangulation, who suffered heart attacks, strokes and seizures, broken bones and concussions from falling after passing out, and those who fell into comas. What seems difficult for them to tally is the number of deaths attributable to the game;

## 10 signs of choking:

1. Bloodshot eyes, headaches, earaches, hoarseness
2. Marks on necks or spots on faces
3. Cuts or bruises from falling after passing out
4. Dressing to hide their necks
5. Locked or blocked doors
6. Behavioral changes, or disorientation after being alone
7. Thudding sounds, or wear marks on furniture
8. Conversations about strangulation or the game
9. Knots or nooses in their rooms
10. Internet searches for the Choking Game

many are thought to have been incorrectly ruled suicides.

G.A.S.P., a non-profit dedicated to ending the Choking Game, puts this country's game-related death total at 18 so far this year, but estimates run much higher. Among those claimed by the game was a 14-year-old Michigan girl who'd just started high school.

Her mother said, "We actually brought my daughter to the ER the Friday before she passed away, because she had developed strange spots along her jawline that we could not explain." Both the ER and pediatrics staffs "were unable to identify signs of asphyxiation," she said. "Six days later, she was gone."

That some healthcare workers missed the clues isn't surprising to Durbin. She said, "In our continuing education for nurses, it's not a topic." The game has been making headlines for years, but usually only in reaction to deaths. The only sure way of saving lives is stopping the game.

Here's what experts advise:

- Acknowledge that even the most intelligent, well-adjusted children are at risk. Part of the game's appeal is that it's free and legal.
- Keep an eye on your kids. Watch for signs that they may be choking. (See inset.)
- Ask their siblings, and encourage other adults to watch for those same signs and intervene on your behalf.
- Take advantage of the resources available online and elsewhere.
- Talk to your kids about the Choking Game, just as about substance abuse and the other dangers facing them today. Warn them of the risks.
- Learn CPR, so you know how to respond in a worst-case scenario.

Help make this the last Choking Game story needed.

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## MHSLA Scholarship Winners Conference Reports

### Irina Zeylikovich

The Michigan Health Sciences Library Association (MHSLA) conference provided me with an excellent overview of the current issues relating to health libraries in particular, but also to the practice and philosophy of librarianship in general. It is not an easy balance to strike, offering topics that are germane to a broad audience that includes novices in the health library field as well as decades-long veterans. I thought that the conference organizers did an impeccable job with the selection of continuing education course options and speakers that appealed to all levels of experience.

Dr. Barber's Effective Survey Design course elucidated the intricacies of a well-constructed survey question, especially when one begins to pull apart layers of meaning and subtleties of language. The difficulty lies in crafting the perfect balance: a question must perform the dual responsibilities of being appealing to (while not leading) the target audience, and answering the research question in a manner that will prove useful to the survey designer and researchers. Even in designing the seemingly simplest of questions, this proved to be a challenge.

Max Anderson's Information Anywhere highlighted the plethora of offerings available to our users on the go. What clearly emerged as an issue was our need to carefully evaluate which of these platforms are worth allocating often limited resources such as staff time and budget line items. There is no single stock answer for such dilemmas - investment on our part as librarians depends on the audience we serve and the usefulness and accuracy of the tool in their professions. Inspiration can be found by taking a leaf through Library Success's wiki that gathers best practices and has a section exploring (and linking to) what other libraries are doing well in mobile technologies.

Complementing Information Anywhere's theme on how mobile technologies have changed the library field, Molly Kleinman presented a fascinating course on copyright basics, and how this field has remained steadfastly unaltered since the 1970s, in spite of the massive technological leaps that have fundamentally altered the copyright landscape. The course was incredibly timely, as we are currently observing the ramifications of such debates with four university systems (including the University of Michigan, and my alma mater, the University of California) embroiled in a lawsuit over orphan works, and Princeton University's recent actions to prevent its scholars from turning over exclusive copyright to publishers while encouraging the adoption of open access licensing.

MHSLA 2011 was both an educational and enlightening experience. As my first professional librarian conference, I came away having learned much about the health library field, but what was particularly encouraging was the camaraderie evident amongst the conference participants. Not being the vast crowd that one expects at MLA or ALA, MHSLA's was a decidedly close-

knit atmosphere, and everyone's willingness to share lessons learned, issues in the field, best practices, or just funny on-the-job stories ensured that MSHLA is a conference I will be returning to next year! If you have any questions, I would be happy to hear from you; please do not hesitate to contact me at [irinaz@umich.edu](mailto:irinaz@umich.edu) or (734) 763-7189.

Official statements from the University of Michigan's Library can be located here:

<http://www.libsuccess.org/index.php?title=M-Libraries>

<http://www.lib.umich.edu/news/authors-guild-lawsuit>

Princeton's policy recommendation can be found here:

<http://www.cs.princeton.edu/~appel/open-access-report.pdf>.

Read the full article at The Conversation available at: <http://theconversation.edu.au/princeton-goes-open-access-to-stop-staff-handing-all-copyright-to-journals-unless-waiver-granted-3596>

### **Katy Mahraj**

I was very fortunate to be able to attend this year's Annual Conference as winner of the New Member Scholarship. Through this generous funding, I participated in several continuing education courses, poster session, keynote address, business meeting, vendor presentations, and informal conversations with librarians from across the state. Each aspect of the conference gave me fresh insight into the work of health, medical, and hospital librarians. Thank you to MSHLA, its leaders and members, for providing this valuable opportunity for me and other new members and students on an annual basis.

The more I learn about health librarianship, the more I believe that fluency in research methods is critical to expanding the scope of services we can provide to our patrons and the depth of what we can accomplish for our profession through examining topics in library and information sciences. The Effective Survey Design workshop with Dr. Kim Barber, Director of Research for Genesys Health Systems in Grand Blanc, resurfaced this theme for me and drove home the need for health librarians to improve our research skills not only to equalize our footing with faculty and providers, but also to serve our patrons and the profession more effectively. As the world produces information at a faster pace and with increasing breadth and depth, and as the potential applications of information expands, librarians need new types and levels of skills to be competitive contributors to health care and research. I would certainly advance that it is time to overhaul some of the curriculum in our MLS programs to reflect if not lead these trends. In short, Dr. Barber's session got me riled up for learning! For those of you unable to attend the session, Dr. Barber indicated that the third edition of Arlene Fink's *How to Conduct Surveys: A Step-by-Step Guide*, published in 2009 by SAGE Publications, provides comprehensive coverage of the topics taught this CE course.

Later that day, Max Anderson, Technology Coordinator at the National Network of Libraries of Medicine-Greater Midwest Region, engaged us in a stimulating discussion and hands-on exploration of mobile technology. If you're anything like me, you too have felt overwhelmed with the speed and number of developments in mobile and other technology resources. New trends, tools, and toys emerge on a weekly basis. At the end of his presentation, Max asked us a question that helped me reframe this information overload conundrum. He asked, "How do you keep up to date with technology?" He shared the ways in which he keeps his finger on the

pulse of new developments and observed that there is so much news to review that he can only catch a percentage of it on a regular basis. The important point is to stay engaged. This observation struck me as similar to the challenges that our patrons face staying abreast of the scientific literature. Health librarians and health information technology serve as mechanisms to help providers manage information and apply it in meaningful ways. We librarians need to develop our own mechanisms, such as personal learning networks, for managing our own experiences with information overload.

I cannot reflect on my experiences at the MHSLA Annual Conference without emphasizing the importance of volunteerism and vision. The business meeting and numerous informal conversations with fellow attendees brought these themes to the forefront of my attention. I am awed by the dedication of MHSLA leaders and members to the organization's continued development despite ongoing reductions in library budgets. Furthermore, I was deeply motivated by the presentation accompanying the announcement of the Lifetime Achievement Award winner, Marge Kars, whose vision and advocacy on behalf of health librarianship and literacy more broadly provides an excellent example for and challenge to myself and other librarians. I hope we can maintain and expand on her legacy.

As I drove away from Frankenmuth, I felt an unexpected twinge of sadness as such an enjoyable experience drew to an end. Not only was I able to meet so many new people and hear about their experiences, but I was also able to engage with my University of Michigan colleagues in new settings and conversations. Best of luck to everyone in their work in the coming year, and as the Schuhplattlers say with motivational zeal, "Hoy! Hoy! Hoy!"

#### About Me

I am completing my second and final year in the Master of Science in Information program with a specialization in library and information services at the University of Michigan School of Information and the health informatics graduate certificate program at the School of Information and School of Public Health. I have worked at the University's Taubman Health Sciences Library since May 2011, where my projects include collection development, instruction, systematic review, and virtual reference. Starting this fall, I also intern at Altarum Institute, a health research and consulting organization, where I hope to enhance my understanding of health informatics and the roles that librarians can play in this burgeoning field. To contact me, please visit <http://katy-mahraj.appspot.com>. I welcome your feedback on this reflection!

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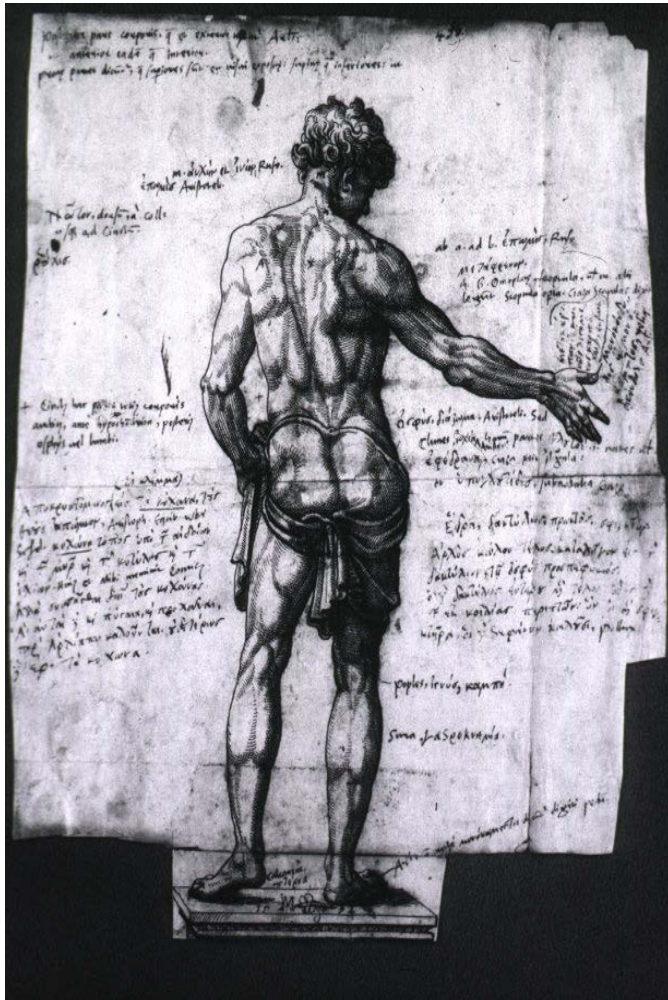
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