

# MHSLA NEWS

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THE NEWSLETTER OF THE MICHIGAN HEALTH SCIENCES LIBRARIES ASSOCIATION

## President's Corner

*by Sheila Bryant.*

Greetings all,

As 2009 draws to a close and the holidays are upon us, I've been thinking about my term as MHSLA president. I'm very excited about what the New Year has in store for our organization. Yet I have to ask myself the question, what can be done to keep MHSLA thriving? With decreasing membership numbers and people not having time to volunteer, how long can we continue to tread water? There is no doubt that MHSLA and our entire profession has certainly felt the effects of our nation's recent economic downturn. Almost everywhere you turn the news reports are full of gloom and doom. But I truly believe there is a light at the end of the tunnel and I can't help but be optimistic about MHSLA's future. After attending this year's annual conference feel energized and inspired. I'm also reminded that although things may not look promising at first by working together we can achieve our desired outcome or even exceed it.

It's important that MHSLA continues to be a vibrant and relevant organization to the state of Michigan and surrounding areas. I understand that we as Health Science librarians have been called on to do more with less. Because of the economy I'm sure this is an issue in every aspect of our lives. I challenge all members of this organization to become involved in some way; there is no job that is too big or too small. Sometimes we need to shake things up a bit, look at our positions from a different perspective, if possible.

I've been hearing, throughout the profession not just in the health sciences arena, that we need to make ourselves indispensable, which is not easy to do with budget cuts and layoffs looming over head or already



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implemented. It's at this time that we need to empower each other more than ever. On a more positive note, I know that the membership of this organization is made up of the best and brightest of our profession and we are very good at what we do. It's at this time that we must continue to do our best with the resources and materials available. Remember this is your association, first and foremost, and it needs you to make it work. Please join me in helping to keep MHSLA the strong, innovative, and vibrant organization it has been over the last three decades.

If you have any ideas, comments, or suggestions feel free to contact me or any board member.

Thank you,

Sheila Bryant

MHSLA President 2010

### **Final Words**

Judith Barnes

So, What can we do for you?

Like most of you, I've been following the recent threads through the various list-serves.

They prompt me to create a little feedback of my own. Most hospital librarians probably know the dramatic impact that changes in accreditation standards, the economy and technology have had on our profession. Recently I read about the changes in the situation at the prestigious Dana Farber Cancer Institute. (i.e. cutting the Library staff down to 20 hours a week.) This came from their former librarian (via the list-serve).

Some standards indicate that hospitals do not have to have libraries but "have access to appropriate library services." As one librarian asked: "Where are our customers?"

Indeed!

Chris Cole of MD Net Guide writes: "Forget your local medical library and PubMed, and use Google Scholar." And, Mike Simmons at Sparrow Hospital pointed out: users "gravitate to that which they can find as full-text, rather than 'waste' more valuable time seeking the best answer."

Managers and directors of our institutions' other departments are busy trying to justify their own value and need for staff and funding. They are in fear of their own jobs and cannot risk supporting another department.

Having held positions in medical libraries for more than 40 years, I can tell you that I have spent those 40 years defending my budget, my staffing and even my own worth to the institutions where I worked. I heard our library referred to as "the best kept secret in the hospital." Even notes in newsletters, inservices, posters, book fairs and open house affairs, failed to reach potential users.

Two years ago, to keep my library from going to an OPL (one person library) I demonstrated on

paper how our library may have spent \$0.5m but it gave back more than \$1m in services. So they only cut one FTE. But, they hit me again last year and took another. Down to 2 FTE, I find myself cutting some of those services that saved money for the institution. I also had to contract technological support for the 30 computers in the library. And they're saving money how?

Now I see these articles in major medical journals talking about how "Google Scholar" and the Internet have everything today's busy physician needs to get the information they need.

I guess my generation can take pride in having seen a great deal of evolution, and keeping up with it: (i.e. Manual typewriter to voice recognition for writing; from courier to electronic document transmission for ILL; from slides to digital Presentations; and from Indices to online bibliographic databases.)

The upcoming generation will have to commit to lifelong learning – because informatics and technology are difficult to keep up with; to lifelong determination to be part of the information delivery system, to continue to be practiced in efficient and thorough search techniques using a variety of resources, and to lifelong challenges to keep administrators and bean counters mindful of the value of librarians.

To help gather information regarding the value of this library to the institution, I began attaching a very short survey to completed requests for searches or that indispensable yet elusive article.

The form asks:

WHAT DID YOUR MEDICAL LIBRARIAN DO FOR YOU TODAY?

Help make you a better physician, nurse, manager?

Change your thinking about therapy, surgery or management issues?

Prevent malpractice of sentinel event?

Prevent medical or safety error from occurring?

Help change course of treatment and facilitate earlier discharge?

Actually save a life?

The form was given to anyone who requested information in person and everyone was asked to respond on the spot. The little survey was conducted over six months and resulted in 119 responses. (Those who received their results by e-mail were not surveyed.)

Respondents to the Survey all stated that the medical librarian provided information "to make me a better practitioner"; 81% Altered thinking about care; 22% Prevented a malpractice or sentinel event; 21% =Prevented medical or safety error; 17% = Helped patient to better understand the therapy, and 6% = Actually indicated that the information provided helped to save a life.

So, What about Google, etc.?

Unfortunately, there is no way of telling what qualifies a document to appear in Google or Google Scholar. Quality filters and evidence based materials are undocumented as such. The old saying,

GIGO and “quick and dirty “are, let’s face it, the same thing.

Here are a few quotes from recent articles on the topic: “Google’s mission is to provide access to the world’s information – but this is librarians’ mission too.” “Googling your diagnosis; Googling your treatment – where is all this leading us?” “The quantity of search results is acceptable, but quality is often not.” “Google Scholar should, of course, never be used in isolation. However, it is a useful addition to PubMed, Cochrane, and other trusted sources of information, such as TRIP or UpTo-Date databases, or a good medical librarian.” “What does Google consider ‘scholarly’? Will Google ever tell us exactly what is in the database? Could the Google algorithm present the most current research at the top of the results display? And how often will Google update the database?” (BMJ 2005 Dec 24-31 331 1487-8)

“We recognize that busy surgeons might not have the time to maintain skills necessary to retrieve relevant citations and articles whilst in the midst of emergency situations, so we also suggest that clinicians keep the phone number of their nearest medical librarian close at hand.” (Letter: Ann R Coll Surg Engl 2005 87 491-2)

In his article The 2015 The Future of Medical Libraries, (NEJM 2005 Mar 17 352(11) 1067-9) Lindberg writes “Digital libraries derive much of their value from selection, organization, analysis and linking performed by ... librarians.” He also notes “In 2015 the library continues to be the logical entity to manage this complexity on behalf of the institution...” Lindberg also predicts that it will be “common to find librarians working as part of health care teams...” EBM, research and clinical librarianship are expected to impact positively on librarianship.

In an article in Archives of Internal Medicine in 2005 called “trust and sources of health information” it is reported that over 62% of patients still consider their physicians as the best source of information.

I think, there are few diagnosticians like Dr. House. (I, personally, am glad of that. How many diagnoses does he go through, bringing the patient near to death until he finally recalls something from his memory?)

Since I’ve been in medical libraries I can recall reading about the value of medical libraries. I have copies of documents since 1965 on their value to patient care.

The British actually did a study in the BMJ entitled “Googling for a diagnosis...” (2006) They reported taking the NEJM case studies and using the information to search for a diagnosis using Google. They indicated that Google found the correct diagnosis approximately 58% of the time. Technological developments aside, the Librarian still retains the best skills for searching and retrieval of appropriate information.

So, does your hospital administrator know how has technology impacted your library?:

- 1.How has interlibrary loan volume changed since going digital?
- 2.That having access to Freshare means you become a supplier too?
- 3.How long it takes you to do a literature search today, after the practitioner has exhausted his/her search strategies?
- 4.How long it takes to research which journals, vendors, aggregators, etc. provide services?
- 5.Compliance with copyright in the digital age differs from paper?
- 6.You need to update Serhold/OCLC annually for it to be effective?
- 7.That the institution needs to have someone represent them in consortia arrangements to participate in systems like DOCLINE and OCLC?
- 8.That costs for document delivery are often much cheaper than buying each article online?
- 9.That malpractice suits have been won and lost on the presence or lack of MEDLINE research?

So what am I really getting at?

If our profession is to survive mergers, downsizing, economics, rapid technological advancement, standards, and the various other woes of the world, we will need an ally. We need MHSLA. What do we get from MHSLA? Lots: Coordination of holdings in DOCLINE; Group Purchasing; Continuing Education; Networking, Communication; Consultation; Liaison to GMR, NN/LM; Research, and Outreach.

BUT, you only reap what you sew.

MHSLA needs you...!

Volunteer to run or be an Officer, Committee Chair, Local Representative, Committee member; If you can't find the time, persuade your staff to become active!; Communicate ideas to the Board, and Don't wait to be asked!

I know, "enough already!"

It has been an honor and a privilege to serve MHSLA. Like our beloved Mary Hanson, I've worn many hats; Committee Chair (Publications, Membership, Technology, etc.), Secretary (twice) and President (twice). Just think about how that looks on my resume'. Again, thank you, and you haven't seen the last of me yet!

Sincerely,  
Judith Barnes  
Immediate Past President  
(Whew!)

## **MISHULS list to be discontinued**

Sandra Howe, MHSLA Resource Sharing Committee

The Resource Sharing committee has recommended discontinuing the MISHULS list, which was an online list that provided all of the MHSLA libraries' serials holdings. The MHSLA board supports the committee's recommendation to stop producing the MISHULS list. In the past, this list had been updated every other year. Recently, the committee sent out a survey to the MHSLA Listserv members to determine whether or not the MISHULS list was still relevant and how often this information was being used. Forty-eight people from the listserv completed the survey and provided us with enough data to make our determination.

While a few people felt that we should keep the list, nineteen of the twenty-two people who provided comments on the survey stated that we should discontinue it. One respondent commented, "it was a GREAT product at one time and filled a real need. Technology renders it no longer necessary." This sentiment was echoed by a lot of people, as one is able to access other libraries' serial holdings in Docline.

Of the forty-eight people who responded, only thirty-seven had even heard of the MISHULS list. One of the main reasons that we recommended to discontinue the MISHULS list was based upon the responses that were given for the question "When was the last time your library used/accessed MISHULS?" It was very telling to find out that over sixty five percent of the respondents had not used MISHULS in over two years or had never used it at all. Another eighteen percent did not know when they had used it last. All of the survey results can be viewed (member login required) at <http://www.mhsla.org/members/purchasing/SurveyResultsMISHULS.pdf>.

The Resource Sharing Committee would like to thank everybody that responded to the survey. We appreciate your feedback. Anyone with suggestions for future projects or comments, please feel free to contact Heidi Schroeder ([hschroed@msu.edu](mailto:hschroed@msu.edu)) or Sandy Howe ([howes@bronsonhg.org](mailto:howes@bronsonhg.org)). Thank you.

## **Re-Configuring DOCLINE Cells**

Judy Barnes

DOCLINE, in my opinion, has been the most impressive improvement in interlibrary loan for medical libraries, since the ALA ILL form. (I just had to look in DEMCO's catalog, -- It's still around!) The one thing that seems to confound librarians is the way in which the cells should be arranged.



With all the mergers, cutbacks, and downsizing that's taken place in recent years, cell structures we once used are now overburdening these once well staffed institutions.

Theoretically, in cell 1 you would put the smallest collections that would lend free of charge. (Notice I did not say smallest library.) In this way the smallest libraries, which are usually the heaviest borrowers because of limited titles, would get the most common requests (i.e. NEJM and JAMA). Cell 2 would include increasingly larger non-charging libraries. Each cell would get progressively larger collections until the non-charging libraries were exhausted. Successive cells would get in-state charging libraries, followed by out-of-state charging libraries and ending up with NLM in cell 9.

New advances in DOCLINE and the aforementioned changes in library structure have made it necessary to re-think these cell structures. NN/LM and the RMLs have established lending groups of special interest such as state lists and FreeShare. These groups may occupy one cell without limiting the list to 20 libraries as the cells once did. As a result, using these group lists has had an interesting impact on the volume of ILLs received by a lot of libraries.

Since adding Freeshare and MHSLA to my cells, my volumes have gone up significantly. My library is processing 25 to 30 documents per day, while borrowing only 3 or 4 (if that) per day. My library's borrowing has gone down significantly, since adding digital online journal collections to our holdings. In 2008 we loaned 2745 items while borrowing only 665.

Here are my suggestions for cell structures that may make your interlibrary loans more equitable:

Cell 1: Smallest collections that would lend free of charge.

Again, this would put the libraries requesting the most articles first. They would provide articles for the more common titles like NEJM and JAMA.

Cell 2: Increasingly larger collections that lend free.

Cell 3: MHSLA (state list of free lenders)

There may be some duplication, but it is unlikely that the same library will be hit unless it is the only library with the specific title requested.

Cell 4: FREESHARE (multi-state libraries lending free of charge)

Again, there may be some duplication of MHSLA libraries.

Cell 5: In-state charging institutions.

Cell 6: Out-of-state charging institutions.

Cell 7: Association Libraries (i.e. AOA, AMA, AHA)

Cell 8: Foreign charging lenders (i.e. Canada) and other charging Document Delivery Services.

Cell 9: NLM

Other suggestions from the list-serves discussed modifying holdings in Serhold. Obviously, if you have holdings in storage that you will not lend, they should not be in Serhold. If you have cancelled subscriptions, make sure that is reflected in Serhold. Those of you still dealing with microforms that have to make a paper copy and then scan it could remove those holdings from Serhold.

Keep in mind that if you do not pick up your Docline requests on day one, they will be referred to the second library on day two. But, if you know you are going to be out of the office, Docline has a mechanism for re-routing requests sent to your library. Docline also separates “special handling” requests, which include URGENT and RUSH requests so that you do not need to receive all the requests, just the special ones.

Please take these suggestions with a grain of salt. I’ve only recently modified my cells, so it’s going to take some time to see if there is a great impact. This library also has the longstanding policy, committing itself to support of free exchange of information and will strive to fill requests as needed. Naturally, our clients come first, but with digital journals available to them, they are only coming to us with requests they cannot access themselves.

Thanks for letting me bend your ears.

### **Michigan Health Go Local @ Michigan Library Association**

By Jill Turner

The Michigan Library Association held their 2009 annual conference at the beginning of November in Lansing. Linda Draper and Jill Turner presented “Consumer Health All Stars in Michigan Libraries” during one of the concurrent sessions in the advocacy and marketing track. Our presentation focused on Michigan Health Go Local and MedlinePlus. Linda and Jill presented a Power Point slide show describing both databases and then did a live demonstration. During the presentation, Linda highlighted several Consumer Health “All Star” library websites that display links



to Michigan Health Go Local and/or MedlinePlus. Among those identified were the MHSLA website, Shiffman Medical Library Wayne State University, Schoolcraft Community Library, Saline District Library, Royal Oak Public Library, and the Bacon Memorial District Library in Wyandotte. There were about 30 attendees at the session, many of whom



were public librarians from across Michigan that showed great interest in these consumer health tools.

The following afternoon, Linda participated in the MLA poster session. The poster depicted “[10 Quick Tips to Make Consumer Health Information Shine at Your Library](#)”. Tips included linking to MedlinePlus and Michigan Health Go Local as well as joining the GMR and subscribing to the MedlinePlus magazine. Linda spoke with public librarians, administrators, library board trustees, library science students, Library of Michigan and Michigan eLibrary (MeL) staff in an effort to get the word out about these premier resources. The following handouts were also made available for attendees: [Community Flyer – Michigan Health Go Local](#), [Professional Flyer – What is Michigan Health Go Local](#), and [10 Tips Flyer – Make Consumer Health Shine at Your Michigan Library](#).

As a quick reminder for those of you that missed the Pecha Kucha presentations during the 2009 MHSLA conference in Holland, the mission of Michigan Health Go Local (MHGL) is to assist Michiganders in finding up-to-date information about medical care providers and health-related social services in their communities. MHGL also links to reliable health information about diseases and conditions from MedlinePlus, the premier source for consumer health information from the National Library of Medicine. MHGL currently has information on more than 14,000 (and growing!) health and medical care services and providers in the state of Michigan. We urge libraries to participate in Michigan Health Go Local by adding links to both MedlinePlus and Michigan Health Go Local to their websites. Instructions on how to add logos to your library’s web page are detailed in the 10 Tips Flyer linked above. We’d really like to know how your library is promoting use of these excellent consumer health resources. If you have additional questions, comments, or resource suggestions, contact Linda Draper, MHGL Project Director at [migolocal@wayne.edu](mailto:migolocal@wayne.edu). You can also visit us at the [Michigan Health Go Local blog](#).

### **MHSLA Conference Reflections From the 2009 Scholarship Winners**



*Kimberley Aslett*

I was truly delighted to find out that I was a 2009 conference scholarship winner for a first-time attendee. One of my interests as a member of both the Ontario and Michigan Health Library groups is increasing the connections between our associations, since our issues are certainly cross-border issues. The conference was certainly all I had hoped for, once I found my way back to the hotel despite the Michigan-left-turn (who designed that???), and Holland was lovely and warm. The members were all warm and welcoming too, the CE session on measuring my library’s impact was perfectly timed for me, the AGM was run like clockwork, and the collegial connections were invaluable. My conversations with other members have increased my belief that no matter what side of the border we are on, we value the same high standards of information service, that we face the same budget and image challenges, and that we’re all excited by the potential of new technologies and innovative strategies. I also confirmed my belief that librarians are one of most fun groups of people after the karaoke machine came out. I was proud to come back to my hospital and report to them that I’d received this valued scholarship, and that I’d come back with an advocacy plan, new personal contacts, renewed energy for my job, and a plan to meet my new friends again next conference. I’m looking forward to seeing all of you again!

*Beth Trapp*

The MHSLA Conference was awesome! After driving to Holland on Tuesday night, the first breath of air was of a fresh breeze coming off of Lake Michigan. How wonderful! The DoubleTree Hotel had a comfy bed, a professional staff, great buffets and hors d'oeuvres, delicious chocolate chip cookies, and room temperatures that were just right.

On Wednesday, the Measuring Your Impact CE class showed us how to plan backward and implement forward. We starting with setting a goal and then working one's thinking backward with planning activities, and resources needed to achieve the goals. This course was replete with ideas and strategies to show the value of a library and staff to its organization.

Forensic Pathologist Dr. Stephen Cohle provided an interesting presentation on Thursday, how current medical literature can be used by a pathologist to answer after-the-fact questions. Our State Librarian, Nancy Robertson announced potential changes to MeL and the Library of Michigan. With the budget deadline in October it was clear that things were up in the air! The annual MHSLA Business Meeting showed me how much work is put into running the Association. My hat off to them! The Exhibits and Posters session was a great place to catch up on the newest vendor products and ideas that several presenters put down on (poster) paper. The Pecha Kucha Dutch presenters were informative, funny and gave mind engaging presentations in a snappy 6 minutes and 40 seconds. There weren't any wandering minds here!

Closing keynote speaker Judge Sara Smolenski wrapped up the Conference on Friday afternoon with hilarious anecdotes while offering us her 3-D approach to life of Desire, Determination and Drive when pursuing personal and professional projects.

For every session attended there were some that were missed. I would've liked to have attended the Emergency Preparedness concurrent session. I heard rave reviews about Geeks Bearing Gifts and also heard that PubMed for Experts was expected to be standing room only. There are always great tips and short cuts to pick up in an advanced PubMed session. In between the sessions and snack breaks there were meal-time vendor presentations, great music by the Lazy Blue Tunas and sing-a-longs with the karaoke groups on the terrific cruise on Lakes Macatawa and Michigan, and window shopping in downtown Holland. It was great to meet the librarians and staff on 'the other side of the state,' to gather for a few days of camaraderie and discussion, and to hear a slightly different perspective on librarianship from each attendee.

I would like to thank the MHSLA for awarding me a WSU student scholarship, and the Holland Planning Committee for putting on a fabulous 2009 Conference. I am looking forward to next year's MHSLA Conference at the Kellogg Center in East Lansing, MI on October 13-14, 2010.

*David Silberman*

Prior to attending the recent MHSLA conference in Holland, I had very little idea of what to expect. All I really knew was that I won a scholarship to attend and did not know anyone going in. I didn't know what medical librarians are like in large groups because I had never seen more than a handful in a room. I was hoping to network and ended up learning more than I anticipated. Upon completion of the conference, I found I made some excellent contacts and learned a lot of information which I hope will be valuable to me as I enter the profession.

I learned as much from the MHSLA conference in Holland as I have in entire semesters of grad school as far as developing and marketing my skills applicable to medical librarianship. From attending "Measuring your impact: using evaluation for library advocacy", I feel much better equipped to justify a medical library and its budget challenges whether discussing the topic with a colleague or administrator. I know that the NNLM tools to quantify a library's value will come in handy. Prior to attending the conference, I was biased towards using OVID but now feel equally confident searching PubMed. The emergency preparedness CE class got me thinking about entirely new ideas on how to safeguard the operations of an institution. Just as important as the classes was the advice I received from the friendly faces I encountered.

Through the dancing, eating, laughter, karaoke and more, I had a memorable first MHSLA conference and I hope to attend many more throughout my career.

## **News & Events**

Arlene Weismantle is the new Assistant Director of Public Services for the Michigan State Universities Libraries. Congratulations to Arlene, and we wish her the best of luck in her new position!

Halloween Contest  
Mary K. Fitzpatrick  
McLaren Medical Library

Halloween made an appearance at McLaren Regional Medical Center courtesy of a Pumpkin Decorating Contest sponsored by the Nutritional Services Department. Seasonal Reference Desk staff in the Medical Library was Ms Libby Pumpkin. As you can see Ms. Pumpkin likes to read the unusual and obscure books in the collection and was taking time out of her busy schedule to

relax when we caught up with her.

P.S. Due to stiff competition Ms. Pumpkin did not win an award.



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