Welcome to our Open House

November 10, 2011

Renovations are complete and the Neil John Maclean Health Sciences Library has been transformed into an extraordinary teaching and learning centre for the new century. Our students, staff and faculty are enjoying the newly upgraded facilities and are using them heavily.

The Library is an essential hub connecting our University of Manitoba health sciences faculties and providing access to evidence-based health information for the Health Sciences Centre and the entire Winnipeg Regional Health Authority.

To celebrate our beautifully upgraded Library and formally thank all of our friends and donors, we are holding an Open House on November 10th, 2011.

The Open House will include the following events:

12:00-1:00 pm  Guest Lecture
Location: Theatre B, Basic Medical Sciences

Health 2.0? The Realities of Health Informatics
(Live Webcast at 12:00 pm, Central Standard Time: http://stream.bann.umanitoba.ca/liveplayer.html)

Dr. Katrina Hurley
Director of Medical Informatics and Assistant Professor, Emergency Medicine, Dalhousie University
What are the historical information gaps in health care? Have IT innovations been successful in addressing these challenges? Can we find a new vision for the future that draws on Health 2.0 – social software innovations that promote collaboration between patients, caregivers, and medical professionals?

1:00-1:30 pm & 3:30-4:00 pm  Guided Tours
Meet on 200 Level of Library

4:00-5:00 pm  Thank-you Remarks & Reception
300 Level of Library - Wine (cash bar) and cheese

You are cordially invited to attend any or all of these events.
RSVP to Tara Victor at (204) 789-3607 or tara_victor@umanitoba.ca.

A poster advertising this event is available here.
How useful are health libraries to clinicians?
Just-released research indicates that the information libraries provide is not only of use, but actually changes practice.

Here comes RefWorks 2.0
The version 2.0 interface is now the default for University of Manitoba staff and students.

Considering publication in a Biomed Central publication?
If you are a U of M faculty member or graduate student, the cost just got a lot cheaper.

An easier way to share articles with colleagues
Use handy permalinks to alert friends or colleagues to online journal articles.

Progress Report 2011: Health care renewal in Canada
Three years after the release of Rekindling Reform, the Health Council of Canada offers this report which assesses progress made.

Give Us Feedback
Your feedback is appreciated and helps to shape future issues of Info-Rx. If you would like to tell us what you think, or if you have new ideas, please take a moment to fill out a brief online survey.

Subscribe to Info-Rx
If you are a faculty member, student, or staff member of the University of Manitoba Faculty of Medicine, Dentistry, Pharmacy, Nursing, Libraries, or the School of Medical Rehabilitation, you will likely be automatically receiving an email notification about the latest issue of Info-Rx via University of Manitoba listserves. As well, staff of the Winnipeg hospitals should receive notification via their email. WRHA staff who are interested in receiving this newsletter should subscribe.

If you have not received notification about the most current issue of the newsletter, please subscribe with this online form.

About the Health Sciences Libraries
The Health Sciences Libraries support the teaching, research and patient care activities of the staff and students of the Faculties of Dentistry, Medicine, Nursing, Pharmacy, and the Schools of Dental Hygiene and Medical Rehabilitation at teaching sites in Winnipeg and rural Manitoba.

Working with the Winnipeg Regional Health Authority, the University of Manitoba provides full library services to Winnipeg’s nine hospitals and all WRHA personnel. The Health Sciences Libraries now include the Neil John Maclean Health Sciences Library (Health Sciences Centre), and the hospital libraries of Concordia, Deer Lodge, Grace, Misericordia, Riverview, Seven Oaks, St. Boniface, and Victoria.

Manitoba’s Health Information and Knowledge Network (MHIKNET) is a special outreach service dedicated to the staff of Manitoba Health, participating Regional Health Authorities in Manitoba, and physicians in Manitoba.

The Health Sciences Libraries offer a wide range of services, including document delivery, literature searches, and innovative consulting and training. We provide access to many licensed health databases and web-based resources, as well as an extensive collection of print and online books and journals.
Publication Information

_Info-Rx_ is the online newsletter of the University of Manitoba Health Sciences Libraries. Its purpose is to inform our primary audience of services or resources that will help them to access quality health information. _Info-Rx_ is published six times a year. Comments, questions, or letters to the editor should be addressed to: info-rx@umanitoba.ca

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How useful are health libraries to clinicians?

The results are in for the *Value of Library and Information Services in Patient Care Study* (commonly called the Value Study). Funded through the National Library of Medicine and other U.S. and Canadian institutions, the Value Study was a research project designed to determine the value of the health library, information services, and the librarian in patient care.

**The Research**

The study builds on previous research, notably that of the *Rochester Study*, a similar undertaking from the early nineties. The current study updates that previous research in light of the vastly changed information environment, with its variety of online resources to support clinical decision-making.

The Value Study employed a multi-stage research design ultimately involving 56 libraries serving 118 hospitals. Briefly, the research involved:

- A web-based survey of physicians, residents and nurses affiliated with participating libraries to assess the value of the library and information services in patient care;
- Interviews with selected physicians, residents and nurses from participating sites to understand the role of the library resources and the librarian in providing information related to patient care.

The survey explored the information services used by patient care providers and the impact of the health information on patient care. As in the Rochester study, the survey employed a critical incidence approach. Respondents were asked to recall an occasion in the last six months when they had looked for information resources for patient care (beyond what was available in the patient record, EMR system, or lab results) and to answer questions about their experience.

**The Results**

Study data are not yet published but have been reported in a national webinar. The results can be summarized in this way:

- 72% of respondents agreed that having information from their health library caused them to handle some aspect of a clinical situation differently;
- 49% agreed that the information made a difference in the advice given to a patient or family;
- Clinicians were unanimous that the information was relevant, accurate, and of use in the future;
- 99% agreed the information was of clinical value.

There was general agreement by an overwhelming majority (in most cases more than 90%) that information from the library resulted in a better informed clinical decision, contributed to a higher quality of care, provided supportive or new knowledge, and saved time.

**Next Issue of Info-Rx**

The UM Health Sciences Libraries was one of four Canadian sites participating in the study. We will discuss how our local data compare to the data collected for all sites.

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Here comes RefWorks 2.0

RefWorks' new interface is here for University of Manitoba staff and students, after a long period in beta testing. The new, more up-to-date interface will make managing and sharing your research even easier. Popular features such as RefShare and Write-N-Cite are still available. And there are new additions such as the "My List" folder option and the ability to create subfolders.

The traditional interface—RefWorks Classic—will be available until the end of December 2011. Until then, you may return to Classic by clicking the “Login using RefWorks Classic” link on the RefWorks login page. Alternatively, once you have logged in to RefWorks 2.0, you can click on the “RefWorks Classic” link at the top right of the page to set your default to RefWorks Classic. You will be able to switch between Classic and 2.0 until RefWorks Classic is completely phased out.

For more detailed information, please see the RefWorks 2.0 demo, or the RefWorks 2.0 FAQs. To sign up for your free account, please go to the RefWorks login page.
Considering publication in a Biomed Central publication?

If you are considering publishing in a BioMed Central journal, read on.

University of Manitoba researchers can submit papers to any of more than 200 BioMed Central journal titles free of charge. Normally the cost is $1,520 USD. No author fees are necessary because the U of M Libraries is already a pre-paid member. With Open Access Week just behind us, we thought this reminder might be timely.

BioMed Central is an open access publisher that uses an "author pays" business model to cover the costs associated with making research freely available in high-quality, peer-reviewed open access journals. However, there is an alternative to this model whereby the author's institution covers the cost, either partially or completely, through various membership options.

The University of Manitoba supports publication models that enable free, immediate, online distribution and access to scholarly research. For U of M researchers, therefore, the Libraries has opted to cover the complete cost of publication in BioMed Central.

An easier way to share articles with colleagues

Have you ever found a really good article in, say, PubMed that you want to send to a friend or colleague immediately? Up till now it hasn't always been straightforward.

Click here for a brief screencast on how to create a permanent link to share an online article.

If you send the URL of an online article you've just read to a colleague, the link may or may not work an hour from now or the next day. To ensure that you're sending a link that will always work, you need a durable link, commonly called a "permalink."

As shown in the red box above, the University of Manitoba Libraries now provides a handy permalink for sharing online articles. You'll find it on the same Article Linker page that pops up when you click on the Get It @ UML button.
Progress to date
• Commitments made in the 2003 First Ministers’ Accord on Health Care Renewal and 2004 10-Year Plan to Strengthen Health Care (Accord themes: Wait times; health human resources; home care; primary care; pharmaceuticals; Aboriginal health; accountability and reporting; dispute avoidance and resolution; electronic health records; access to care in the North [2004]; Prevention, promotion, public health [2004]; and health innovation [2004]).

• Since the Accords, spending by provincial and territorial governments has increased annually by $40 billion, from $85 billion to $125 billion in 2010 (average annual increase of about 6.7%).

• Federal transfer payments for health care through the Canada Health Transfer have also increased by 6%. This annual increase has been legislated through 2013/2014.

• Progress on five themes (wait times, pharmaceuticals management, teletriage, electronic health records, and health innovation) has been achieved but varies across the country.

Wait times
• In 2004, the federal government established a ten-year $5.5 billion Wait Times Reduction Fund.

• Governments have tackled long wait times for a set of priority procedures (i.e., hip and knee replacement, etc.).

• Eight out of 10 patients are treated within pan-Canadian benchmarks announced by governments (in select procedures).

• Public reporting on wait times is easily accessible online within each province.

• Despite the Diagnostic and Medical Equipment Fund of $1.5 billion (created in 2003) there still are long waits for MRI scans. The Health Council, other national organizations and researchers have expressed concern about the overuse of diagnostic imaging which may be compounding wait times for these services.

Electronic Health Records (EHR)
• By the end of 2010, an EHR was available for nearly half of Canadians.

• Nine jurisdictions had at least four of the six core databases in place.

• Nearly $4 billion has been contributed to the electronic health initiatives.

• Individual provincial and territorial governments are responsible for building their systems according to their own health care priorities.

• Nationally, 32% of community pharmacists and 51% of hospital emergency departments have access to drug information systems.

• Over 80% of radiology scans done in hospitals are stored digitally.

• Need for physicians’ offices (especially primary health care), to invest in and use electronic medical records (EMRs).

• Interoperable EHRs including EMRs are essential for improved co-ordination of care.

Teletriage
• Teletriage (via telephone) implementation has been widespread.
• Three jurisdictions (PEI, Nunavut, and Northwest Territories) do not offer teletriage services to their residents but provide 24/7 access to advice through community health services or hospitals.

**Pharmaceuticals management**

• Drugs are the second highest spending area in the Canadian health care system and one of the major focuses of the Accords.

• Catastrophic drug coverage.

• Pharmacists’ scope of practice.

• Joint purchasing initiatives.

• Drug information systems.

• e-prescribing.

**Health Innovation**

• Federal government continues to invest in life sciences and health research innovation.

• Canada must continue to invest to maintain competitive edge and improve health of its citizens.

• Investment into Canadian Institutes of Health Research (which funds over 14,000 researchers) has reached over $1 billion.
UpToDate introduces Graphics Search

UpToDate has a new feature: Graphics Search. Have a look at UpToDate's brief instructions on how to view graphic search results at a glance.

Several changes have been made to the UpToDate search screen. For example, you will now find prioritization by adult topics, pediatric topics, patient topics and graphics on the left navigation bar.

The ability to search graphics has been a frequently requested feature in subscriber surveys. With Graphics Search, clinicians can search graphics directly without going to a topic first. Finding the right graphic quickly will now be much easier, saving you time.

UpToDate has over 23,000 graphics, which include pictures, tables, illustrations, diagrams, graphs, algorithms, and videos.

Graphics Search enables users to:
- Search all the graphics in UpToDate
- See search results in thumbnail format
- See all topics that reference a particular graphic
- View all graphics associated with a topic in thumbnail format

Clinician response from early testing

"This is a great idea, as oftentimes you are after a representative image rather than text."

"Excellent, value-added addition to your product."
Searching for images in PubMed Central

The NCBI Images Database is no longer a separate database. It is now folded into basic searching of PubMed Central (PMC). PMC is the National Institutes of Health digital archive of biomedical and life sciences journal literature. It contains about 3 million articles.

You can find images in PMC articles through a simple PMC search. Here is NCBI's example:

There are two important exceptions: images will **not** appear for searches that use the *Limits* or *Advanced Search* features. If you want to see a demonstration of the new format, click here to perform a search for West Nile Virus in PubMed Central. Images appear as thumbnails and open up on mouse-over into an enlarged view with descriptive captioning:

The images contained in PMC may be subject to the general copyright restrictions that apply to material available through the NCBI site. For more information, see the NCBI Copyright Notice, and the PubMed Central Copyright Notice.
Access Physiotherapy now online

**AccessPhysiotherapy**, another excellent collection of e-books from McGraw-Hill, is now available online through the Health Sciences Libraries website.

AccessPhysiotherapy is an award-winning resource for physical therapy students, educators, and those in practice seeking to maintain certification.

Content includes:

**Textbooks**

- Dutton: Orthopaedic Examination, Evaluation, and Intervention
- Malone: Imaging in Rehabilitation
- Panus: Pharmacology for the Physical Therapist
- McPhee/Hammer: Pathophysiology of Disease: An Introduction to Clinical Medicine
- Prentice: Therapeutic Modalities in Rehabilitation
- Hall: Basic Biomechanics
- Hamilton: Kinesiology: Scientific Basis of Human Motion
- Dutton: National Physical Therapy Evaluation
- Dawson: Basic & Clinical Biostatistics
- Chandrasoma: Concise Pathology
- Waxman: Clinical Neuroanatomy

**Modalities**

List of modalities, plus search by therapeutic goal, with list of modalities useful in achieving that goal.

**Videos and Animations**

Over 90 chapterized videos from Dutton’s book and Breukner and Khan’s Clinical Sports Medicine DVD.

**Custom Curriculum**

A powerful online tool used to assign, manage, and track the progress of student assignments.

**Anatomy & Physiology | REVEALED**

An online cadaver dissection resource developed by McGraw-Hill Higher Education and the University of Toledo.

**My AccessPhysiotherapy Account**

By creating a My AccessPhysiotherapy account, or personal profile, users can save and maintain a collection of images from the site for educational or personal use.

**Drug database**

Integrated, updated drug database provides critical information on medication indications, dosages, contraindications, and drug classes, as well as patient handouts in English and Spanish.
We're pleased to announce a new addition to our online resources: McGraw-Hill's AccessPediatrics is now available from the library's website. AccessPediatrics is an integrated online resource covering the entire span of pediatric practice, from neonatology through adolescent medicine.

Content includes core textbooks, atlases, and case & examination review:

**Textbooks:**
- *Rudolph's Pediatrics, 22e*
- *Neonatology, 6e*
- *Current Diagnosis and Treatment: Pediatrics, 20e*
- *Texas Children's Hospital Handbook of Pediatrics and Neonatology*
- *Pediatric Emergency Medicine, 3e*
- *Pediatric Practice, Infectious Diseases*
- *Pediatric Practice, Sports Medicine*
- *Pediatric Practice: Endocrinology*
- *Pediatric Practice: Neurology*
- *Current Procedures: Pediatrics*

**Atlas:**
- *Color Atlas of Pediatric Dermatology, 4e*

**Pediatric Animations and Procedural Videos:**
AccessPediatrics offers a library of animations detailing pediatric procedures and exams, as well as providing general information on conditions and treatments. Additionally, AccessPediatrics will include a growing series of pediatric emergency medicine videos developed by Judith Tintinalli, the world-renowned author of Tintinalli's Emergency Medicine, 7e.

**Q&A:**
- *PreTest: Pediatrics, 12e*

**Clerkship Resources:**
- *Case Files™: Pediatrics, 3e*
Citing YouTube videos in a scholarly paper

APA bibliographic format is a standard in the health sciences. There are rules for citing just about any kind of information out there, from personal communications to monograph collections. As more and more research is done using web-based resources, it's important to know how to cite it correctly in a term paper or dissertation.

From the APA Style blog, here is an excellent piece on how to cite videos posted on the web. The general format is as follows:


For retrievability, the person who posted the video is put in the author position. You might have noticed that the template shows both a typically formatted author name and a place for a screen name, and here’s why: On YouTube and many other video-posting websites, users must post under a screen name. This screen name is integral to finding the video on YouTube, so including it in the reference is important. Sometimes, however, the real name of the individual who posted the video is also known. The individual's real name likely better connects him or her to the real world as well as to any other sources he or she may have provided for your paper (e.g., an author who wrote an article and also produced a YouTube video). Providing the real name, when available, aids the reader by highlighting these interconnections and also makes it possible to alphabetize the reference among any other references by that same author in the reference list. Thus, the reference format for a YouTube video includes both elements when both elements are available.

Example:


(The capitalization [or lack thereof] in the screen name is in keeping with how it appears online.)

On YouTube, the screen name is most prominent. If the user’s real name is not available, include only the screen name, without brackets:

Screen name. (year, month day). Title of video [Video file]. Retrieved from http://xxxxx

Example:


In text, cite by the author name that appears outside of brackets, whichever one that may be. For example, the two example references provided above would be cited as follows: (Apsolon, 2011; Bellofolletti, 2009).