

MEDLI E-News

Spring/Summer 2012 Issue 9

News from the Medical & Scientific Libraries of Long Island

President's Message

Dear Members,

I would like to begin this column with a quote from Warren Bennis: *“I used to think that running an organization was equivalent to conducting a symphony orchestra. But I don't think that's quite it; it's more like jazz. There is more improvisation.”*

As my role as MEDLI President comes to a close, I would like to reflect on what we have accomplished. I believe that we had a successful turnout with all programs either virtually or in-person. One of my goals was including virtual educational programs to benefit our members who are performing as solo librarians. Here, I should extend my appreciation to Min Liu and Christina Rivera of LILRC for facilitating the virtual sessions. We would not have been able to achieve this goal without their assistance.

During our fall 2011 program, we had the opportunity to meet with Julie Salamon (www.juliesalamon.com/books), the author of *Hospital: Man, Woman, Birth, Death, Infinity, Plus Red Tape, Bad Behavior, Money, God, and Diversity on Steroids*. Jeanne Strausman suggested inviting the author when she heard about Julie's presentation for another organization. It was nice to see the clinical librarians sharing their personal experiences at this session.

This year also marked the 50th year anniversary of MEDLI, and the celebratory dinner was well attended. We received many positive comments by all participants. It was a pleasure to see a number of retired members who came out for the event and shared their memories of the organization. We all enjoyed both meal and companionship. Thanks to the 50th Year Committee members and to Gerri Flanzraich who led the committee.

In the spring, MEDLI offered its first webinar, “Evolution of medical librarianship to a knowledge informatics paradigm,” which was presented by Dr. Julie McGowan. In this vigorous and provocative presentation, she described the process of the constant change in medical knowledge and information knowledge. She then explained the role of medical librarians as knowledge intermediators in this process, and stated “with this new image for librarians, they are expected to be out where the information is needed, and they are the ones who should figure out what is needed and what is the best way to translate it.” This session is fully recorded and available from the “Virtually MEDLI” area of the website.

Continued on Page 2

President's Message

MEDLI's journal club was revived during the last year. We had two sessions, one online and one face-to-face. I would like to express my appreciation to Colleen Kenefick, who not only selected the article but also developed the discussion questions for the first session. The second discussion was led by Mary Westermann, who taught us how to critically appraise a research article. Mary also provided CE forms for, and explained MLA's Independent Reading Program (IRP). Thank you, Mary. I hope you will continue in your role as MEDLI's IRP leader.

I encourage all of you to continue to support MEDLI by renewing your membership and by participating in future programs. For information about upcoming programs and updates, please visit the MEDLI website at www.medli.net and stay connected via the MEDLI listserv.

Lastly, I would like to wish Colleen Kenefick (the incoming president) and Theresa Rienzo (vice president) all the best and success in the upcoming year. I have confidence in building a stronger MEDLI under Colleen's leadership. I thank you all for the opportunity to serve as President of MEDLI.

Have a good summer!

Mahnaz Tehrani

MEDLI President 2011-2012

Have You Pinned? Pinterest and Libraries

What is Pinterest? Pinterest (www.pinterest.com) is a visual repository of ideas and information in the form of a social network.



Pinterest allows you to pin photos and videos to boards, which you can arrange and organize by themes—all of which can be customized. The images are known as *pins* and the boards as *pinboards*. It's very user-friendly and part of the ease of use comes from the user's ability to pin anything from anywhere online. This allows users to combine original content with other things you pull in from elsewhere.

So how are libraries using this new social networking tool? Libraries are using Pinterest to create book displays, highlight staff members, promote library resources and much more.

Here are some examples of health sciences libraries using Pinterest:

- **Baylor Health Sciences Library:** (<http://pinterest.com/bhsl>) has boards for library news, tutorials, suggestions, and more.
- **Cardiff University Health Library:** (<http://pinterest.com/cuhealthlib/>) uses Pinterest to display new print books and ebooks in the library's collection.

For additional resources on how libraries are using Pinterest, be sure to check out *20 Ways Libraries Are Using Pinterest Right Now* by Jeff Dunn online at: <http://edudemic.com/2012/03/20-ways-libraries-are-using-pinterest-right-now/>

Happy Pinning!

MEDLI Membership Renewals

July 2012-June 2013

Please be sure to renew your membership today!

Visit the MEDLI website online @ www.medli.net

SAVE THE DATE

THURSDAY, OCTOBER 25th
9AM-1PM

Fall Meeting

New York College of Osteopathic Medicine

Guest Speaker:

Michael Bailou Huang, DA (RI), Lac, MLS, MS, Med,
Associate Librarian, Health Sciences Library, Stony Brook
University will be presenting on Acupuncture

50th Anniversary Dinner Highlights

April 18, 2012 @ Library Café

April 18, 2012—MEDLI members gathered at the Library Café in celebration of MEDLI's 50th anniversary with a dinner party.

For additional photos from the event, visit the MEDLI website at www.medli.net and click on Photo Album.



Pictured above (left to right): Ruth Marcolina, May Chariton, Gerri Flanzraich, Barbara Elish, Christina Rivera, Angela Governale, Mary Westermann, Virginia Cook, and Joan Napolitano



Pictured above (left to right): Rimma Perelman and Curtis Carson



Pictured above (left to right): Mary Westermann, Myra Reisman, Mary Lou Glazer and Marlene Horowitz

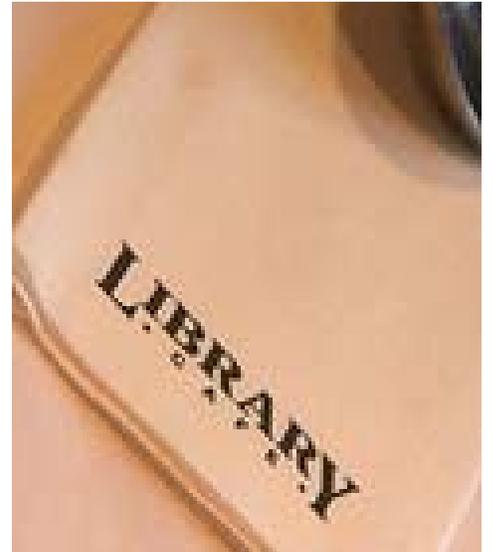


50th Anniversary Dinner Highlights April 18, 2012 @ Library Café

Pictured below (left to right): Susan Werner and Colleen Kenefick



Pictured below (left to right): Jeanne Strausman, Teresa Milone, May Chariton, Angela Governale



Medical Librarians' Role in Improving Evidence-Based Medicine Searching Skills

An Annotated Bibliography by Colleen Kenefick

Aitken EM, Powelson SE, Reaume RD, Ghali WA. Involving clinical librarians at the point of care: Results of a controlled intervention. *Academic Medicine* 2011 Dec;86(12):1508-12.

Clinical librarians on the care team led to positive effects on self-reported provider attitudes, provider information retrieval tendencies, and, notably, clinical decision making.

Anuradha S, Kruesi L, Eriksson L, Steele M, Harrison T, Lewis M, Royal B, Heslop L, Heim B, Seo JW, Malone J, Del Mar C. Evidence-based practice in action: How can your medical librarian help? *Evidence-Based Medicine* 2010 Apr;15(2):36.

We know that at least 60% of questions posed in primary care have answers that change clinical decision-making. Medical librarians share their experiences and ideas to help resolve the difficult issues of implementing EBP in daily practice.

Atlas MC, Smigielski EM, Wulff JL, Coleman MT. Case studies from morning report: Librarians' role in helping residents find evidence-based clinical information. *Medical Reference Services Quarterly* 2003 Fall;22(3):1-14.

The evolution of librarians' involvement in morning report and changes made in morning report sessions to facilitate this activity are described.

Banks DE, Shi R, Timm DF, Christopher KA, Duggar DC, Comegys M, McLarty J. Decreased hospital length of stay associated with presentation of cases at morning report with librarian support. *Journal of the Medical Library Association* 2007 Oct;95(4):381-7.

Presentation of a case at morning report, followed by the timely dissemination of the results of an online literature review, resulted in a shortened length of stay and lower hospital charges compared with controls.

Beverley CA, Booth A, Bath PA. The role of the information specialist in the systematic review process: A health information case study. *Health Information and Libraries Journal* 2003 Jun;20(2):65-74.

The information component in systematic reviews has received considerable attention in recent years. Information professionals have evolved from simply acting as 'evidence locators' and 'resource providers' to being quality literature filterers, critical appraisers, educators, disseminators, and even change managers.

Bradley DR, Rana GK, Lyson ML, Hamstra SJ. A centralized practice-based learning and improvement curriculum for residents and fellows: A collaboration of health sciences librarians and graduate medical education administration. *Journal of the Medical Library Association* 2010 Apr;98(2):175-8.

With the increased focus on EBM in residency education, health sciences librarians have found a natural partnership in teaching EBM search skills in the postgraduate curriculum. However, even with EBM opening the door for increased librarian instruction, the level of librarian involvement in residency education varies greatly by institutional or departmental interest, institutional culture, program directors, librarian expertise, and marketing techniques.

Bradley DR, Rana GK, Martin PW, Schumacher RE. Real-time, evidence-based medicine instruction: A randomized controlled trial in a neonatal intensive care unit. *Journal of the Medical Library Association* 2002 Apr;90(2):194-201.

Data suggest that measurable learning outcomes were achieved. Residents receiving instruction improved and retained searching skills six-months after intervention.

Briccetti C, Rowe P. Searching for answers: Strategies for searching for the clinical literature. *Pediatrics in Review* 2011 Aug;32(8):351-2.

Most busy practitioners do not have the time for exhaustive literature searches for each clinical question they encounter. However, they can use the basic steps outlined in this article to find answers that matter most to them and their patients.

Brookman A, Lovell A, Henwood F, Lehmann J. What do clinicians want from us? An evaluation of Brighton and Sussex University Hospitals NHS Trust clinical librarian service and its implications for developing future working patterns. Health Information and Libraries Journal 2006 Dec;23 Suppl 1:10-21.

Data suggest that the service is valued by its users and that patient care and continuing professional development are the most common uses for searches; that searches generally result in some change in knowledge; and that this knowledge is disseminated.

Chen HC, Tan JP, O'Sullivan P, Boscardin C, Li A, Muller J. Impact of an information retrieval and management curriculum on medical student citations. Academic Medicine 2009 Oct;84(10 Suppl):S38-41.

An information and retrieval and management (IRAM) curriculum that includes a workshop plus librarian participation produced the best student citation habits.

Coats TJ, Sutton S, Vorwerk C, Cooke MW. In an emergency--call the clinical librarian! Emergency Medicine Journal: EMJ 2009 May;26(5):321-3.

This paper reviews the role of the clinical librarian in the emergency department.

Crites GE, McDonald SD, Markert RJ. Teaching EBM facilitation using small groups. Medical Teacher 2002 Jul;24(4):442-4.

The problem-centered, learner-focused, small-group process (PLS) is used by faculty to train learners in evidence-based medicine (EBM). The results of a novel course to train faculty in the PLS process are described, participants were seven clinicians and four medical librarians.

Dorsch JL, Jacobson S, Scherrer CS. Teaching EBM teachers: A team approach. Medical Reference Services Quarterly 2003 Summer;22(2):107-14.

A collaborative Evidence-Based Medicine (EBM) course, co-taught by medical and library faculty, targets the needs of health care and information professionals involved in teaching and practicing EBM by introducing concepts, methods and tools of the EBM process.

Eldredge JD. The randomised controlled trial design: Unrecognized opportunities for health sciences librarianship. Health Information and Libraries Journal 2003 Jun;20 Suppl 1:34-44.

The RCT design offers the potential to answer far more EBL questions than have been addressed by the design to date. Librarians need only extend their horizons through use of the versatile RCT design into new subject domains to facilitate making EBL a reality.

Grandage KK, Slawson DC, Shaughnessy AF. When less is more: A practical approach to searching for evidence-based answers. Journal of the Medical Library Association 2002 Jul;90(3):298-304.

The information needs of practicing clinicians are distinct from the needs of students, researchers, or nonclinical personnel. Librarians can play a significant role in evaluating the ever-increasing variety of synthesized resources, placing them into the searching hierarchy, and training clinicians to search from the top down.

Greco E, Englesakis M, Faulkner A, Trojan B, Rotstein LE, Urbach DR. Clinical librarian attendance at general surgery quality of care rounds (Morbidity and Mortality Conference). Surgical Innovation 2009 Sep;16(3):266-9.

The authors created a modification to their hospital's Quality of Care rounds by incorporating a clinical librarian, who assisted residents in conducting literature reviews related to clinical topics discussed during the rounds. The clinical librarian program has greatly improved the Quality of Care rounds by aiding in literature searches and quality of up-to-date, evidence-based presentations.

Kealey S. Continual evolution: The experience over three semesters of a librarian embedded in an online evidence-based medicine course for physician assistant students. Medical Reference Services Quarterly 2011 Oct;30(4):411-25.

This article examines the experience of a librarian embedded in an online epidemiology and evidence-based medicine course over three years.

Keating L, Carter H, Darwent M, Bateman S, Mackay DM, Pullinger R. Partnership working in the production of clinical guidelines. Health Information and Libraries Journal 2004 Jun;21 Suppl 1:46-51.

Formative evaluation has shown how the application of evidence-based health care needs adequate resources and requires people with appropriate knowledge and skills. This article charts the progress of a guideline project and highlights how the partnership between the clinical team and the clinical librarian has been deemed to be essential to the success of the project.

Kenefick, C. The case for embedded hospital librarianship. Journal of Hospital Librarianship 2011 Apr;11(2):195-199.

This article advocates for hospital librarians to reposition themselves by becoming embedded into clinical care, research, and education departments to become integral team players within their institutions.

Li P, Wu L. Supporting evidence-based medicine: A survey of U.S. medical librarians. Medical Reference Services Quarterly 2011 Oct;30(4):365-81.

This study sought to identify medical librarians' roles in supporting evidence-based medicine (EBM) practice; determine whether medical librarians' work settings, work experiences, or job titles made a difference in their EBM responsibilities; and find out medical librarians' perceptions of their roles in EBM practice.

Linton AM, Wilson PH, Gomes A, Abate L, Mintz M. Evaluation of evidence-based medicine search skills in the clinical years. Medical Reference Services Quarterly 2004 Summer;23(2):21-31.

Working in teams led by a resident and librarian, students researched real cases and then evaluated the effectiveness of their approach to the problems. This paper outlines the rationale for the team approach, reviews the administration of a computer-based workshop, and discusses the evaluation process.

Maden-Jenkins M. Healthcare librarians and the delivery of critical appraisal training: Attitudes, level of involvement and support. Health Information and Libraries Journal 2010 Dec;27(4):304-15.

Debate continues over the extent of librarian involvement in delivering critical appraisal training. As long as healthcare librarians recognize their own capabilities and identify the boundaries within which they feel comfortable then there is no reason why they should not be involved in delivering critical appraisal training.

Maden-Jenkins M. Healthcare librarians and the delivery of critical appraisal training: Barriers to involvement. Health Information and Libraries Journal 2011 Mar;28(1):33-40.

Two types of barriers were noted: extrinsic barriers (organizational, environmental, training, role expectations) and intrinsic barriers (knowledge, skills, attitude). The challenge lies in developing strategies to deal effectively with these barriers to encourage and support librarians in the delivery of critical appraisal training at a level at which they feel confident and able.

Mann M, Sander L, Weightman A. Signposting best evidence: A role for information professionals. Health Information and Libraries Journal 2006 Dec;23 Suppl 1:61-4.

Research shows that a major barrier to practicing evidence-based practice is lack of time and skills needed by the health-care professional. Therefore, an involvement of a librarian is a benefit to health-care professionals. The traditional skills of searching, organizing, processing and locating information are still the foundation for the new information age.

McGowan J, Hogg W, Rader T, Salzwedel D, Worster D, Cogo E, Rowan M. A rapid evidence-based service by librarians provided information to answer primary care clinical questions. Health Information and Libraries Journal 2010 Mar;27(1):11-21.

This service showed that it was possible to provide evidence-based answers to clinical questions in 15 minutes or less. The project overcame a number of barriers using innovative solutions. There are many opportunities to build on this experience for future joint projects of librarians and healthcare providers.

Moore M. Teaching physicians to make informed decisions in the face of uncertainty: Librarians and informaticians on the health care team. Academic Medicine 2011 Nov;86(11):1345.

To improve health outcomes, physicians must first realize what they need to know, and then how to find it, including how to efficiently employ complex biomedical databases. Librarians, informaticians, and medical educators must join together to make curriculum-integrated informatics education and training a reality.

O'Dwyer L, Kerns SC. Evolution of an information literacy curriculum for third-year medical students. Medical Reference Services Quarterly 2011;30(3):221-32.

After initial evaluation and feedback of a series of rotation-specific information resource overviews, a curriculum was developed to include more focused and interactive clinical information sessions with a quiz-based assessment.

Pappas C. Hospital librarians' perceptions related to evidence-based health care. Journal of the Medical Library Association 2008 Jul;96(3):235-8.

Because of their contact with clinicians at the point of care and their roles as information providers in hospitals, hospital librarians are in a position to contribute to promoting and enhancing the practice of evidence based health care. Further exposure, education, and training may help hospital librarians with reservations about EBHC to increase their support for its practice.

Patrick TB, Demiris G, Folk LC, Moxley DE, Mitchell JA, Tao D. Evidence-based retrieval in evidence-based medicine. Journal of the Medical Library Association 2004 Apr;92(2):196-9.

Clinical decisions based on a meta-analysis that is based on ineffective retrieval strategies may have serious negative consequences for patients. This study objective was to investigate the extent to which meta-analyses report proof of their retrieval strategies' effectiveness. The conclusion was that peer-review standards must be developed that require authors of meta-analyses to report evidence for the effectiveness of their retrieval strategies.

Perry GJ, Kronenfeld MR. Evidence-Based Practice: A new paradigm brings new opportunities for health sciences librarians. Medical Reference Services Quarterly 2005 Winter;24(4):1-16.

It is questionable whether the evidence-based health care model, whereby end users appraise all potentially pertinent information, is sustainable. The authors suggest new roles for health sciences librarians: partnering to integrate advanced information management technologies into the clinical enterprise and integration into the processes for developing these technologies.

Rana GK, Bradley DR, Hamstra SJ, Ross PT, Schumacher RE, Frohna JG, Haftel HM, Lybson ML. A validated search assessment tool: Assessing practice-based learning and improvement in a residency program. Journal of the Medical Library Association 2011 Jan;99(1):77-81.

The objective of this study was to validate an assessment instrument for MEDLINE search strategies at an academic medical center. Search strategy scores were significantly higher for residents who received training than the comparison group with no training. There was no significant difference in search strategy scores between senior residents who received training and faculty experts.

Rigby E, Reid L, Schipperheijn JA, Weston L, Ikkos G. Clinical librarians: A journey through a clinical question. Health Information and Libraries Journal 2002 Sep;19(3):158-60.

Taking information resources out to clinicians enables clinicians to seek answers to questions that may otherwise go unasked and so helps contribute to patient care. Clinical librarians use their contextual knowledge to guide the formation of clinical questions, whether the request is for background information or to confirm a diagnosis or a treatment plan.

Sampson M, McGowan J. Errors in search strategies were identified by type and frequency. Journal of Clinical Epidemiology 2006 Oct;59(10):1057-63.

Errors in the electronic search strategy of a systematic review may undermine the integrity of the evidence base used in the review. Two librarians assessed eligibility and scored the eligible electronic search strategies for 11 possible errors. When the MEDLINE search strategy used in a systematic review is reported in enough detail to allow assessment, errors are commonly revealed.

Scherrer CS, Dorsch JL, Weller AC. An evaluation of a collaborative model for preparing evidence-based medicine teachers. Journal of the Medical Library Association 2006 Apr;94(2):159-65.

The authors studied the effectiveness of a train-the-trainer collaboration model between librarians and medical faculty to instruct librarians and health professionals in teaching evidence-based medicine (EBM) principles. As evidence-based health care continues to extend to other disciplines, librarians can position themselves to participate fully in the EBM educational process.

Schwing LJ, Coldsmith EE. Librarians as hidden gems in a clinical team. Medical Reference Services Quarterly 2005 Spring;24(1):29-39.

The learning environment of residency programs is ripe for innovative librarian involvement. How librarians can become part of a clinical team outside of the library and provide real-time reference services while teaching by example is illustrated. Benefits of the alliance include the integration of disciplines to provide enhanced resident learning and improved patient care.

Shurtz S, Foster MJ. Developing and using a rubric for evaluating evidence-based medicine point-of-care tools. Journal of the Medical Library Association 2011 Jul;99(3):247-54.

Differences between EBM tools' options, content coverage, and usability were minimal. However, the products' methods for locating and grading evidence varied widely in transparency and process. EBM tools need to provide more information about authorship, reviewers, methods for evidence collection, and grading system employed.

Summerskill W. Literature searches: Look before you leap. Lancet. 2005 Jul 2-8;366(9479):13-4.

There is nothing easy about the skills required for a trustworthy literature search. To avoid the danger of superficial results, researchers, practitioners, and managers need ready access to experts who can undertake reliable searches, and are conversant with the many databases that different clients require.

Traditi LK, Le Ber JM, Beattie M, Meadows SE. From both sides now: Librarians' experiences at the Rocky Mountain Evidence-Based Health Care Workshop. Journal of the Medical Library Association 2004 Jan;92(1):72-7.

Participating librarians share how they incorporated lessons learned into their support of evidence-based practice related to teaching about evidence-based resources, assisting health care practitioners with developing answerable questions, enhancing the clinician-librarian partnership, and assisting practitioners in selecting evidence-based resources for quick answers to clinical questions.

Voisin CE, de la Varre C, Whitener L, Gartlehner G. Strategies in assessing the need for updating evidence-based guidelines for six clinical topics: An exploration of two search methodologies. Health Information and Libraries Journal 2008 Sep;25(3):198-207.

This study compared two methods regarding comprehensiveness and effort for deciding whether to update guidelines. Librarians were an integral part of the research process that streamlined the searches.

Wallach PM, Roscoe L, Bowden R. The profession of medicine: an integrated approach to basic principles. Academic Medicine 2002 Nov;77(11):1168-9.

While it is important for undergraduate medical students to master the basic and clinical science foundations of medical practice, it may be even more important to teach students how to find and interpret medical information, form professional relationships with mentors and peers, and make a commitment to lifelong learning and professionalism.

Weightman AL, Williamson J. The value and impact of information provided through library services for patient care: A systematic review. Health Information and Libraries Journal 2005 Mar;22(1):4-25.

When health care providers used professional library services, the result was improved general patient care, diagnosis, choice of tests, choice of therapy, and reduced stay. Clearly, educating physicians in how to appropriately use information resources could lead to improved health outcomes.

Weller AC. Mounting evidence that librarians are essential for comprehensive literature searches for meta-analyses and Cochrane reports. Journal of the Medical Library Association 2004 Apr;92(2):163-4.

The findings of researchers illustrate the need for librarians to be on any team that sets out to undertake meta-analyses or Cochrane reviews. Not only does the literature search strategy need to be reproducible, documentation should be provided that a comprehensive search was done. The role of librarians in this process is essential.

Zipperer L. Clinicians, librarians and patient safety: Opportunities for partnership. Quality & Safety in Health Care 2004 Jun;13(3):218-22.

A librarian's expertise in accessing the evidence base could enhance the safety and appropriateness of care in clinical environments. In addition, librarians could apply specific technical knowledge management skills to medicine. To realize improvements from these skill sets, healthcare leaders must consider ways of working with librarians to enhance patient safety.

MEDLI Members on the Move

2012 Medical Library Association Annual Conference

This year's MLA Annual Conference took place in Seattle, Washington from May 18-23, 2012. The Conference programs and poster sessions featured the work of some of our local librarians.



Colleen Kenefick (above left), librarian at SUNY Stony Brook Health Sciences Library, presented a poster called *“What’s the Librarian Got To Do With It? Partnering with Residents for Evidence-Based Practice.”* Tanya Shkolnikov (above right), Senior Librarian at the Daniel Carroll Payson Medical Library, North Shore University Hospital, presented *“Enhancing PubMed Search Outcomes for Evidence-Based Articles with Customized My NCBI Filters.”*

2012 Long Island Library Conference



For the fourth year in a row, MEDLI was represented at the Long Island Library Conference, and displayed info and raffled off a basket in the Associations area. **Gerri Flanzraich** (left) and **Jeanne Strausman** (right) provided information about MEDLI to fellow Long Island librarians.

Mary Westermann (left) was honored at the Conference as the recipient of the 2012 LDA Award for Excellence in Library Achievement.

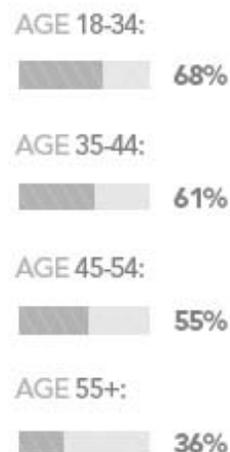
To view Mary’s acceptance speak, visit: <http://www.youtube.com/watch?v=B96cU-Er8OI>. For additional photos from the conference, visit: <http://flic.kr/s/aHsjzHmrpT>.



Mobile Mindset Study Smartphone Users Experiencing *Mobile Attachment*

58%
OF SMARTPHONE USERS

**DON'T GO
1 HOUR
WITHOUT CHECKING
THEIR PHONES**



Smartphone use is everywhere. Smartphone users seem to constantly be checking their device; whether at the dinner table, in line at the coffee shop, at meetings, and even while walking or driving. Has the smartphone changed the way Americans interact with their mobile devices? A new study conducted by Harris Interactive and released by Lookout Mobile Security has found just that. The Mobile Mindset Study found that “a new mobile mindset has emerged: our thoughts, emotions and behavior are impacted by smartphones.”

The study found that when it came to “mobile attachment,” 58% of smartphone users don’t go one hour without checking their phones. The study also asked those surveyed “how do you feel when you misplace your phone?” and 73% of smartphone users felt panicked when they misplace their phone. Smartphone users are also checking their devices while lying in bed and during meals with others. Moreover, 24% reported checking their devices while driving.

The study concludes that a “new set of behaviors and emotional attachments driven by smartphones” has developed. Society today has a new “mobile mindset” and this mindset is impacting our thoughts, behaviors, emotions, and even our social interactions with others.

To view the entire report in PDF format, visit: <https://www.mylookout.com/downloads/lookout-mobile-mindset-2012.pdf>.



MEDLI Ballot Results: Vice President/ President-Elect

Congratulations to **Theresa Rienzo**, Associate Librarian, Head of Circulation, Health Sciences Librarian at Molloy College Library who has been elected as MEDLI Vice President/President-elect.

Claims About Cocoa

Can Chocolate Really Be Good for You?

Many of us would love to believe that chocolate is a health food. Maybe you've heard or read about its potential benefits. Eating chocolate may have some health pluses, but the research is far from certain. The drawbacks, on the other hand, are clear. Think twice before you reach for that tempting treat.

The idea that chocolate might be good for you stems from studies of the Kuna Indians, who live on islands off the coast of Panama. They have a low risk of cardiovascular disease or high blood pressure given their weight and salt intake. Researchers realized that genes weren't protecting them, because those who moved away from the Kuna islands developed high blood pressure and heart disease at typical rates. Something in their island environment must have kept their blood pressure from rising.

"What was particularly striking about their environment was the amount of cocoa they consume, which was easily 10 times more than most of us would get in a typical day," says Dr. Brent M. Egan, a researcher at the Medical University of South Carolina who studies the effect of chocolate on blood pressure.

But Kuna cocoa is a far cry from the chocolate that most Americans eat. The Kuna make a drink with dried and ground cocoa beans (the seeds of the cocoa tree) along with a little added sweetener. The chocolate we tend to eat, on the other hand, is made from cocoa beans that are roasted and processed in various other ways, and then combined with ingredients like whole milk.

Processing can extract 2 main components from cocoa beans: cocoa solids and cocoa butter. Powdered cocoa is made using the solids. Chocolate is made from a combination of cocoa solids and cocoa butter. The color of the chocolate depends partly on the amount of cocoa solids and added ingredients, such as milk. In general, though, the darker the chocolate, the more cocoa solids it contains. Researchers think the solids are where the healthy compounds are. White chocolate, in contrast, contains no cocoa solids at all.

The past decade has seen many studies into the health effects of chocolate. "We have good science on chocolate, especially about dark chocolate on blood pressure," says Dr. Luc Djoussé of Harvard Medical School and Brigham and Women's Hospital. His research team found an overall drop in blood pressure among people who eat more chocolate. "The results suggest that chocolate may, in fact, lower blood pressure," Djoussé says. "This effect was even stronger among people with high blood pressure to begin with."

Laboratory studies have uncovered several mechanisms that might explain chocolate's heart-healthy benefits. However, it's hard to prove whether the chocolate that most Americans eat actually has those effects in the human body. Controlling how much chocolate people eat and tracking them for long periods of time is not an easy task.

"The clinical trials that have been done in people have all been fairly short," says Dr. Ranganath Muniyappa, an NIH staff clinician who studies diabetes and cardiovascular health. These studies, he explains, look at cardiovascular risk "markers"—factors related to heart health, such as blood pressure—not long-term outcomes like heart disease and stroke.



Studies looking into the long-term health effects of chocolate have relied on people to recall how much chocolate they ate. The researchers then compared those levels with health outcomes. While such studies can find associations, they can't prove the effects of a particular food.

"People usually eat food in a pattern. A chocolate lover would eat chocolate with something else," Djoussé explains. "It could be not so much the chocolate by itself, but chocolate in conjunction with, let's say, whole grain or exercise or not smoking—the pattern of the lifestyle habit in general. It's really hard to separate the effects of individual components."

Chocolate contains high levels of compounds thought to help prevent cancer, too. But Dr. Joseph Su, an NIH expert in diet and cancer, says that direct evidence here is similarly hard to come by. Since cancer can take many years to develop, it's difficult to prove whether eating chocolate can affect disease. Instead, researchers look to see if factors linked to cancer change when chocolate is consumed.

"Right now, some studies show really a remarkable modification of those markers," Su says. But the evidence that chocolate can reduce cancer or death rates in people is still weak. "There are a few studies that show some effect," Su says, "but the findings so far are not consistent."

Some research also suggests that chocolate might help prevent diabetes. However, the challenges in proving this link are similar to those of heart disease and cancer.

Another thing that makes it hard to interpret these studies is that they often use different chocolates, and so their ingredients and health effects may vary.

Compounds called flavanols are thought to be responsible for many of chocolate's beneficial effects. These compounds are also found in tea, wine, fruits and vegetables. Different chocolates can vary greatly in their flavanol content. Cocoa beans naturally differ in their flavanol levels. A large portion of the flavanols can also be removed during processing. In fact, companies often remove these compounds intentionally because of their bitter taste. The end result is that there's no way to know whether the products you're looking at contain high flavanol levels.

So should you eat chocolate? Chocolate can have a lot of calories, and the importance of a healthy weight is well known. "If you're eating chocolate, make sure to watch the calorie content, the fat content and the sugar content," Su says.

"For those who are already consuming chocolate, I would advise them to look for the darker ones," Djoussé adds, "not the white chocolate or the milk chocolate. You won't get any of the benefit. It's just going to be unneeded calories."

But there's no need to start eating chocolate if you don't already. "The science doesn't allow us to make recommendations because the evidence is just not there," Muniyappa says.

Meanwhile, NIH will continue to fund studies into the health effects of chocolate, and many other foods. Wouldn't it be sweet if the research proved that chocolate is definitely good for us?

Source: *NIH News in Health*. Retrieved July 19, 2012 from <http://newsinhealth.nih.gov/issue/aug2011/Feature1>

NLM Drug Information Portal Goes Mobile

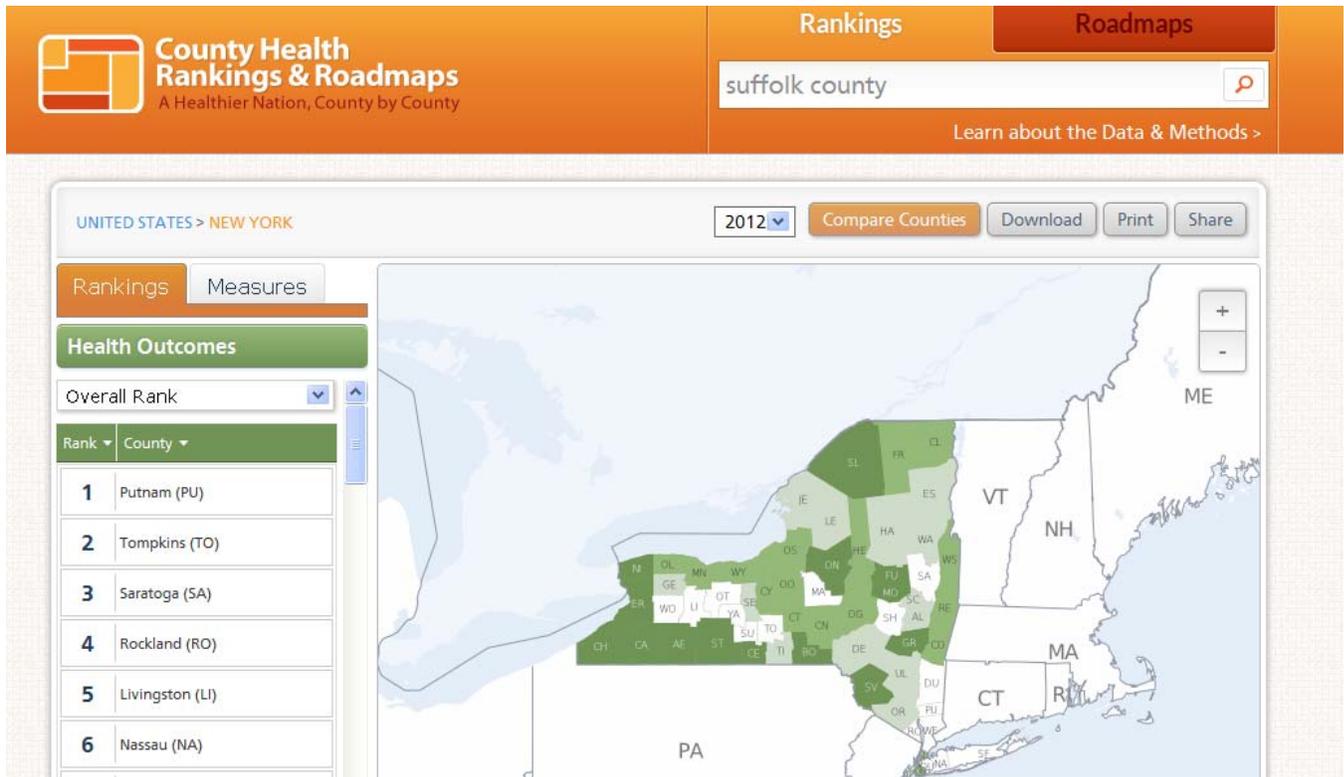
The National Library of Medicine (NLM) recently launched a mobile version of its Drug Information Portal (<http://druginfo.nlm.nih.gov/drugportal/drugportal.jsp>).

The Drug Information Portal is a free Web resource that provides an informative, user-friendly entryway to current drug information for over 32,000 drugs. Links to sources span the breadth of the NLM, NIH and other government agencies. Current information regarding consumer health, clinical trials, AIDS-related drug information, MeSH pharmacological actions, PubMed biomedical literature and physical properties and structure is easily retrieved by searching on a drug name.

Smartphones accessing the main Drug Portal site will be taken to the mobile site directly. Names, usage and structures are displayed, as well as search links to key NLM and government sites, using their mobile version when available. Spell checking and auto-suggest are also used during input.

County Health Rankings & Roadmaps Program

2012 County Health Rankings Released



On April 3, 2012, the *County Health Rankings 2012* (<http://www.countyhealthrankings.org>), which measures the health of nearly all counties in the nation and ranks them within states, was released. The Rankings are compiled using county-level measures from a variety of national and state data sources. These measures are standardized and combined using scientifically-informed weights.

This year's edition includes the addition of the *County Health Roadmaps* to show what can be done to create healthier places to live, learn, work, and play.

The *County Health Rankings & Roadmaps* program is intended to help communities create solutions that make it easier for people to be healthy in their own communities, focusing on specific factors that we know affect health, such as education and income. The Robert Wood Johnson Foundation collaborates with the University of Wisconsin Population Health Institute to provide this program to cities, counties, and states across the nation.

Not sure how to get started with using the *County Health Rankings & Roadmaps* website? The website provides a number of resources to get you started, including a free archived webinar (<http://match.wisc.edu/countyhealthrankings/webinars/20120327/index.htm>), which provides an introduction to the new tools, features, and resources from the updated 2012 *County Health Rankings & Roadmaps* website. Also available for download is an *About the New Website* flyer (<http://www.countyhealthrankings.org/sites/default/files/About%20the%20New%20Website.pdf>) which highlights the new resources available.

Please refer to the full press release for additional information at: http://www.countyhealthrankings.org/sites/default/files/CHRR%20national%20release_0.pdf.



Mobile Apps Worth-A-Look ★★★★★

LibraryFloods—LibraryFloods from the National Library of Medicine covers basic steps for recovering collections after a water emergency in your library.

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