Dive Into Morning Report with Information Resources Training: the *Library Minute*

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What is a *Library Minute*?

One to three minute “quick hit” PowerPoint presentation about some information resource or feature of a resource or tool

- Given in any meeting environment – Morning Report, staff meeting, etc.
- Components
  - Who I am and how to contact me
  - High level example
  - Focus on a feature helpful to clinicians
  - So what? slide

A Clinical *What?*

New clinical informationist service launched to Internal Medicine

And then a new month began - 8 Internal Medicine teams changed attendings, upper levels, interns and medical students

Now *who* are you and *why* are you here??

Saw an Opportunity…

Photo by Robert Nunn

http://www.flickr.com/photos/aeireono/467200342/

And now for a …

LIBRARY MINUTE

PubMed Views: Adjust the Display / Use the MeSH

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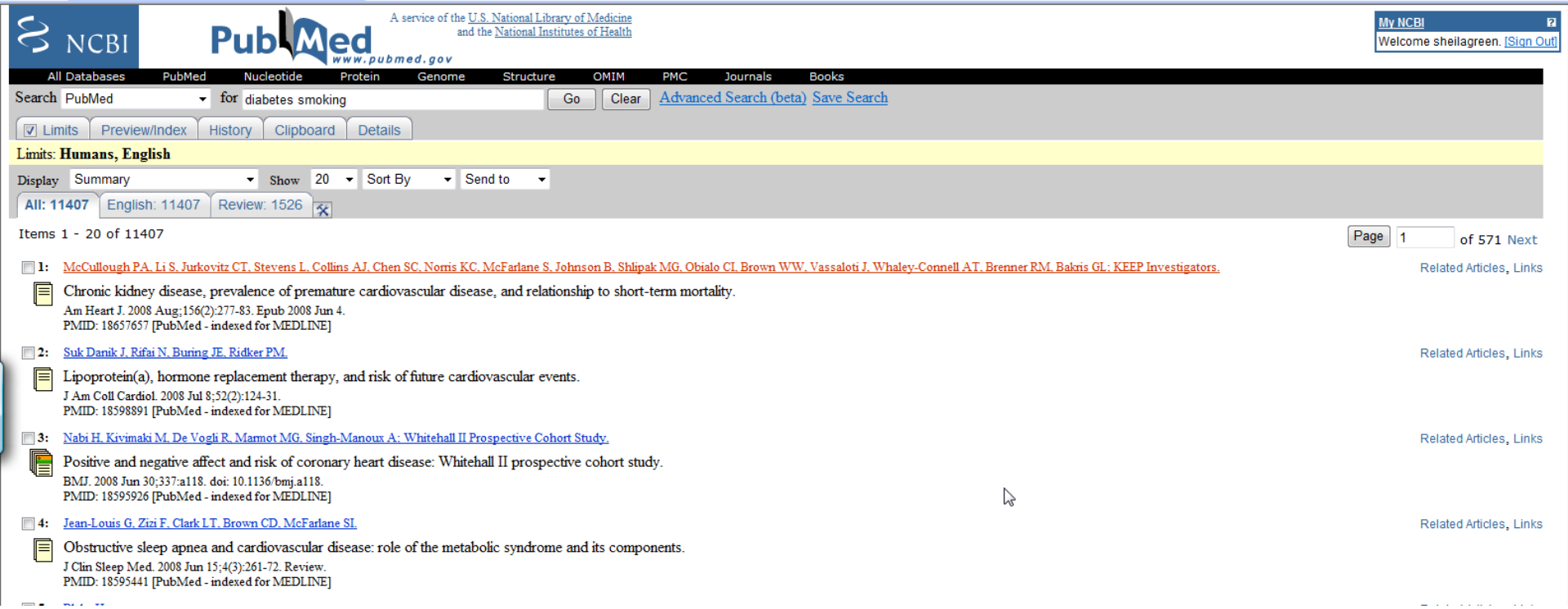
Summary View - Standard



AbstractPlus

Search PubMed for Go Clear Advanced Search (beta)

Limits Preview/Index History Clipboard Details

Limits: **Humans, English**

Display AbstractPlus Show 20 Sort By Send to

All: 1 English: 1 Review: 0

1: Circulation. 2008 Jul 8;118(2):124-30.

Full Text Circulation Links

Prediction of first events of coronary heart disease and stroke with consideration of adiposity.

Wilson PW, **Bozeman SR**, **Burton TM**, **Hoaglin DC**, **Ben-Joseph R**, **Pashos CL**.

EPICORE, Emory University School of Medicine, Atlanta, GA 30306, USA. peter.wf.wilson@emory.edu

BACKGROUND: Prediction of coronary heart disease (CHD) and cerebrovascular disease (CeVD) can aid healthcare providers and prevention programs. Previous reports have focused on traditional cardiovascular risk factors; less information has been available on the role of overweight and obesity. METHODS AND RESULTS: Baseline data from 4780 Framingham Offspring Study adults with up to 24 years of follow-up were used to assess risk for a first CHD event (angina pectoris, myocardial infarction, or cardiac death) alone, first CeVD event (acute brain infarction, transient ischemic attack, and stroke-related death) alone, and CHD and CeVD events combined. Accelerated failure time models were developed for the time of first event to age, sex, cholesterol, high-density lipoprotein cholesterol, diabetes mellitus (DM), systolic blood pressure, smoking status, and body mass index (BMI). Likelihood-ratio tests of statistical significance were used to identify the best-fitting predictive functions. Age, sex, smoking status, systolic blood pressure, ratio of cholesterol to high-density lipoprotein cholesterol, and presence of DM were highly related ($P<0.01$ for all) to the development of first CHD events, and all of the above except sex and DM were highly related to the first CeVD event. BMI also significantly predicted the occurrence of CHD ($P=0.05$) and CeVD ($P=0.03$) in multivariable models adjusting for traditional risk factors. The magnitude of the BMI effect was reduced but remained statistically significant when traditional variables were included in the prediction models. CONCLUSIONS: Greater BMI, higher systolic blood pressure, higher ratio of cholesterol to high-density lipoprotein cholesterol, and presence of DM were all predictive of first CHD events, and all but the presence of DM were predictive of first CeVD events. These results suggest that common pathophysiological mechanisms underlie the roles of BMI, DM, and systolic blood pressure as predictors for first CHD and CeVD events.

PMID: 18591432 [PubMed - indexed for MEDLINE]

HAM-TMC Library Full Text Online

Related Articles

- Predictors of subsequent coronary events, stroke, and death among survivors of first hospitalized myocardial infarction. [J Clin Epidemiol. 2002]
- Predicting the impact of population level risk reduction in cardio-vascular disease and stroke on acute hospital admission rates over a 5 year period--a pilot study. [Public Health. 2006]
- Characteristics and baseline clinical predictors of future fatal versus nonfatal coronary heart disease events in older adults: the Cardiovascular Health Study. [Circulation. 2006]
- Role of risk factors for major coronary heart disease events with increasing length of follow up. [Heart. 1999]
- Relation of serum total cholesterol and other risk factors to risk of coronary events in middle-aged and elderly Japanese men with hypercholesterolemia: the Kyushu Lipid Intervention Study. [Circ J. 2004]

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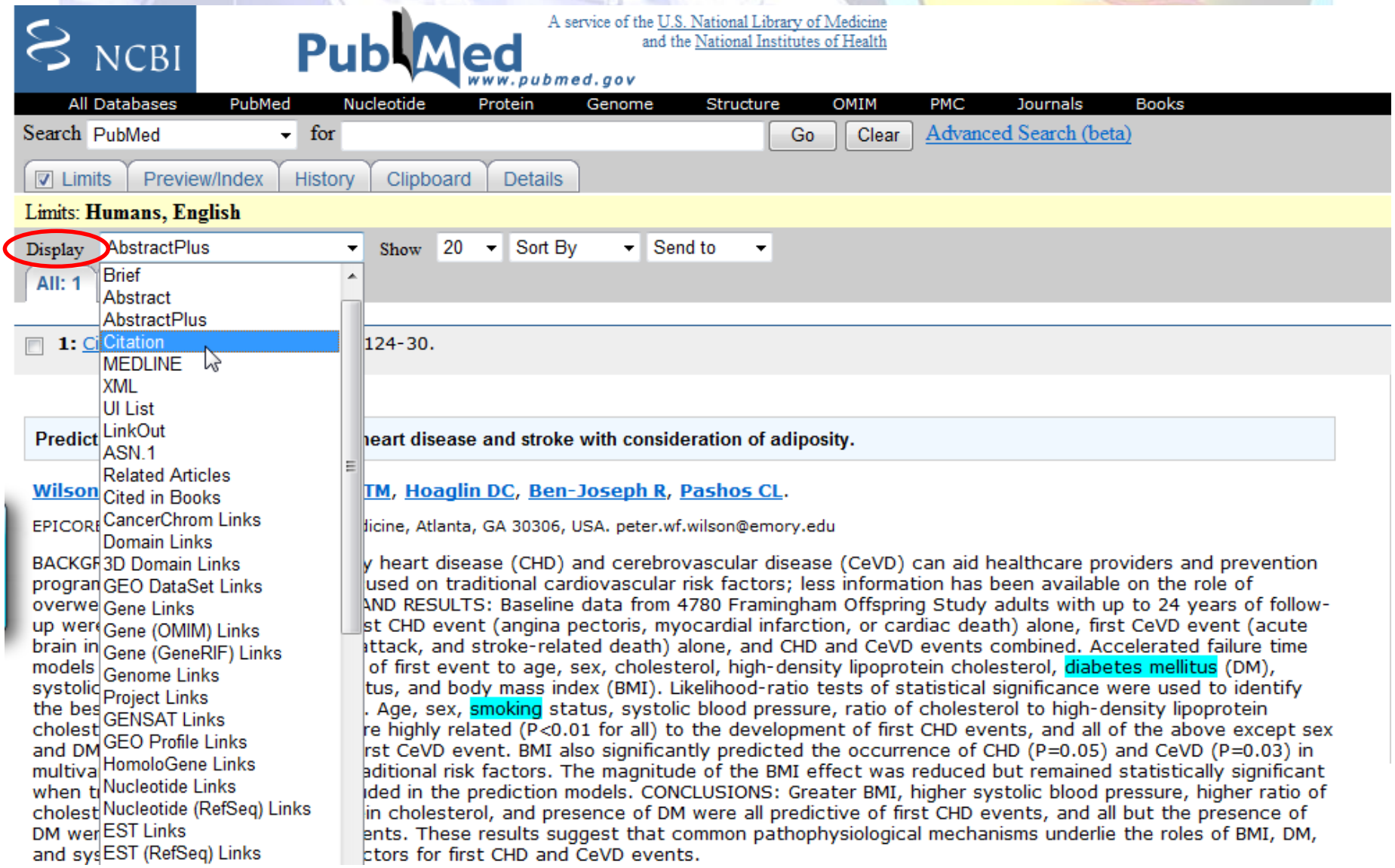
Change the Display



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Publication Types:

- Research Support, Non-U.S. Gov't

MeSH Terms:

- Adiposity*
- Adult
- Body Mass Index
- Cholesterol/blood
- Coronary Disease/diagnosis
- Coronary Disease/epidemiology*
- Diabetes Mellitus
- Humans
- Hypertension
- Male
- Middle Aged
- Predictive Value of Tests*
- Risk Assessment
- Risk Factors
- Stroke/diagnosis
- Stroke/epidemiology*

Substances:

- Cholesterol

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Citation – Work with the MeSH

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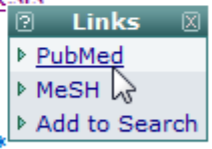


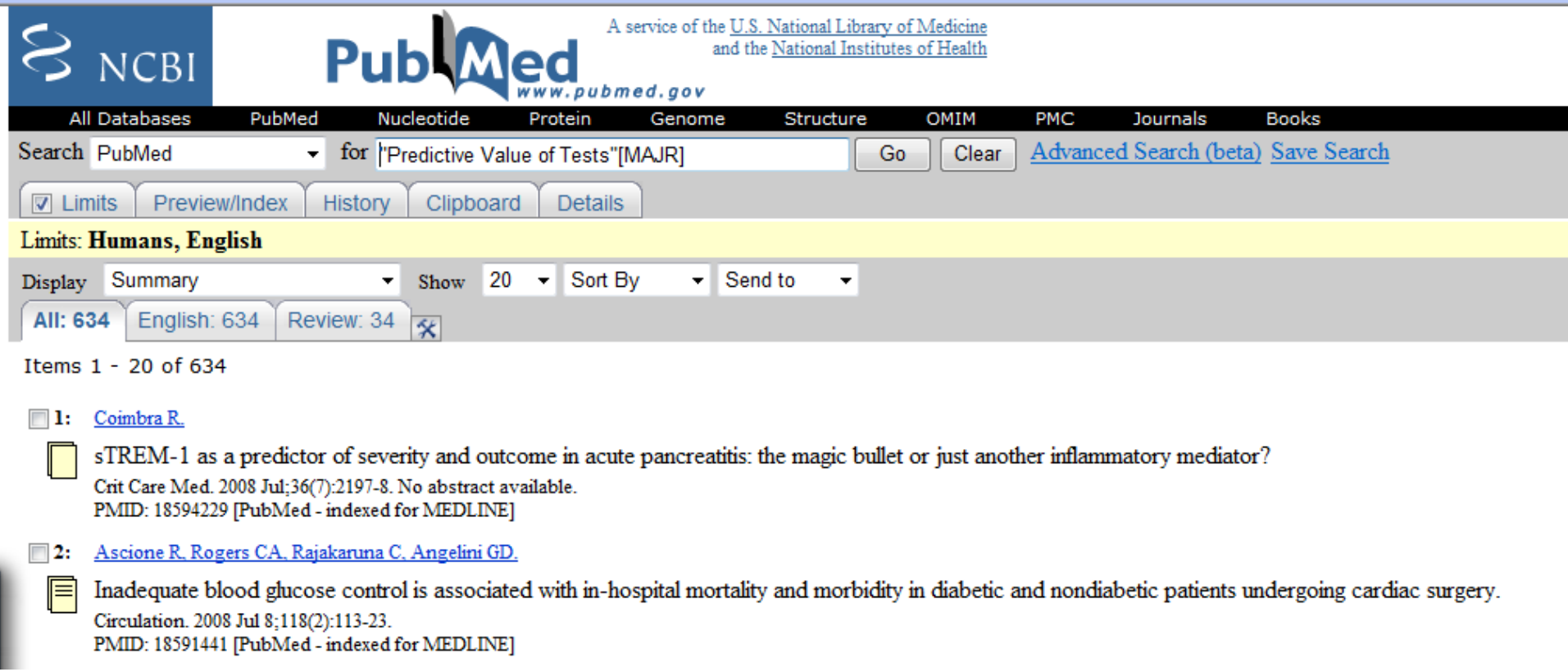
Substances:

- Cholesterol

The * means it's a major topic of the article

Click on a term to get more options

Citation View - So What?



Use the MeSH terms from a "good" entry as a springboard to similar ones

Citation – More So What?

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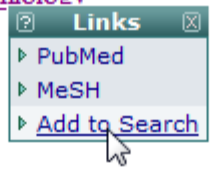

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- Stroke/dia
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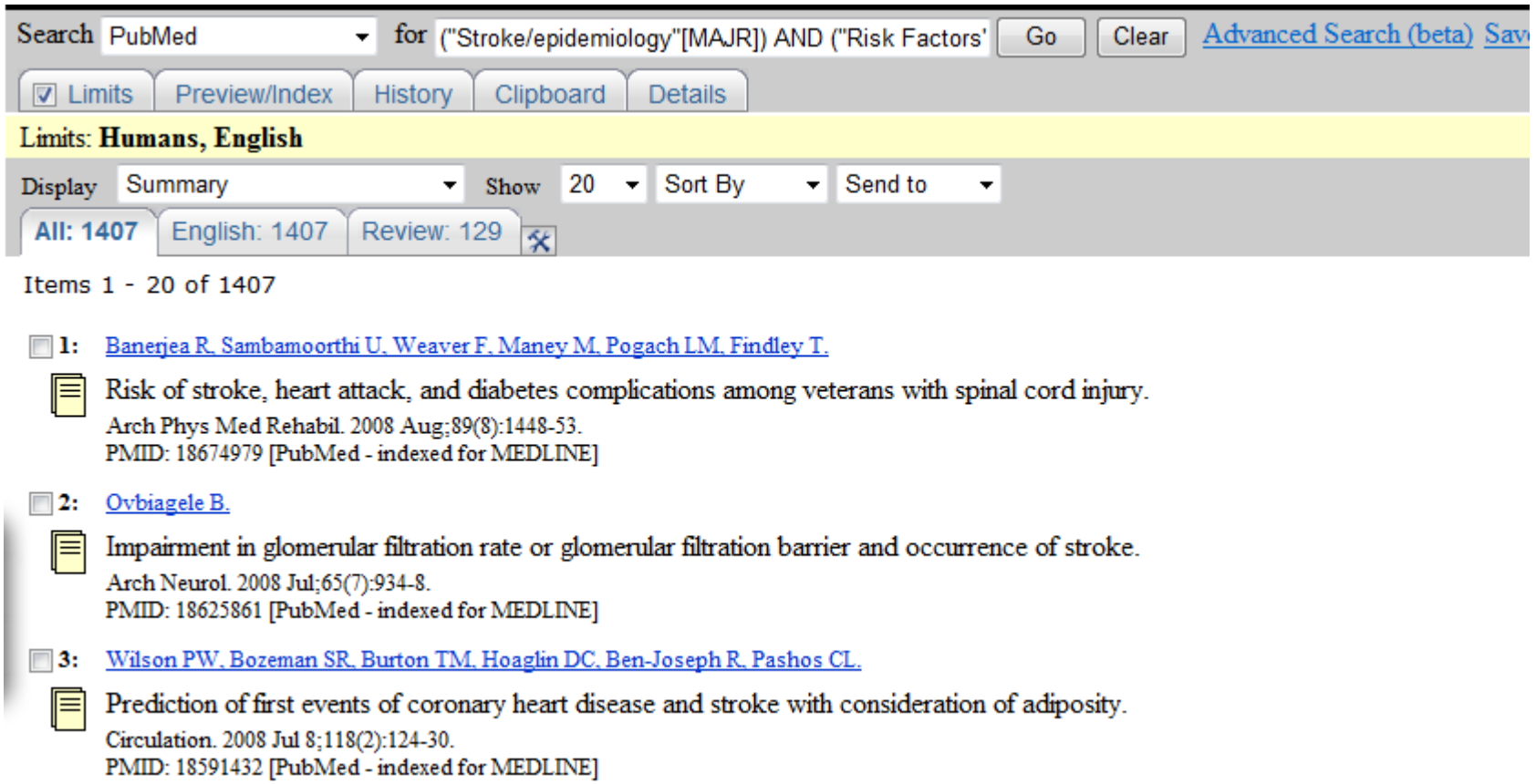
- Cholesterol

Build a Search



Citation - So What?

- What type of article is this?
- What is it about?
- What are the Main Topics (or stars *) of the article?
- What MeSH terms can I use from this view to build other searches that will help me?

The Big Finish

- Announce
  - office hours that day
  - anything of interest from the Library

http://www.flickr.com/photos/aeireono/467200346/

Examples

PubMed

- Search building blocks (History)
- Why your best search term for info on that tumor probably isn't "brain mass" (Details)
- Limits
- MeSH (about three different *Minutes*)
- Citation View
- Subsets

More Examples

ClinicalTrials.gov (two *Minutes*)

MedlinePlus

- Five Features for County Hospital Patients

Theme Month Resources

- Oncology – NCI Cancer Database
- Infectious Disease – CDC, IDSA

Point of Care Tools

Remote Access

Unconventional Examples

Just how far back can I get full text?

Wikipedia (discernment)

Google Translator

What questions do people ask a clinical informationist anyway?

Shameless Promotion of Library Services

Evolution

- More 3-5 minute *Minutes* than before
  - recent chief residents happy to have me handle the “filler” between cases
- Questions and comments generate new *Library Minutes* or small group training
- Cycling back around to attach specific learning objectives, refine the examples

Points to Consider

- Represent the library, resources and services 3x / week to 50+ clinicians
- The effect on the overall meeting time is minimal
- Those who know the tool might pick up something new, those who don't, learn something without "standing out"
- Twelve *Library Minutes* per month avg.
- *If* I know the resource well, it takes approx. 30 minutes to prepare one *Minute*
- Reuse and repeat – suggest a "library" of at least 20 *Minutes* that are refreshed regularly
- Can get "bumped" from the agenda (Hurricane Ike prep)

Conclusion

Time consuming for you BUT…

The *Library Minute* has been a good way to present resources to a relatively captive audience WHERE they use the information …

(And stay around afterwards for questions, consults, and feedback)

Dive Right In!

http://www.flickr.com/photos/kaptainkobold/2738334040/