

March 2012

Volume 10 Issue 3

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Low Down on the iTest iPad Project

You may have heard the iBuzz around the iTest iPad Project, especially if you were one of the 50 who received an Apple iPad2 from the National Network of Libraries of Medicine, MidContinental Region (NN/LM MCR).

The purpose of this project is to encourage librarians at full NN/LM MCR Network member institutions to adopt a new technology and demonstrate its use to their institutions and their patrons .

iPad User Plans

As part of their application, members submitted plans for using the iPad to improve service, make librarians more visible, and make library resources available on the spot. Here are some representative ideas:

... to become familiar with a device that is used by our younger physicians and explore the possibilities of the apps which might help with health literacy, reading e-books, and generally improve communication with our medical staff. I would like to explore opportunities for demonstrating use on units as an information tool to answer questions.

I am working closely with our new Chief Resident, who is great supporter of having a librarian at morning report and working with the residents/teams... A light, easy to use, iPad would make this regular collaboration easier, more interactive, and would be a great showcase for the technology.

Anything that allows us to move outside of the library's physical space and stay connected is good for us and for our patrons.

... I could use the camera for before and after shots. These shots are used to explain the work the ... staff does to the Library Oversight Committee.

I would use an iPad to run the mobile apps for our current subscriptions, so I would better understand

how they work, and then promote them to our clinicians. I could use it also to show health information to patients and their families that use our library. It would make the encounter friendlier and less intimidating.

... use my time more effectively and be able to answer questions on the spot. If awarded an iPad, I will use it at meetings to display and promote library services and resources; as a roving marketing tool by promoting and answering questions about services offered among our learning commons partners; and as a point of need reference device.

Getting Started with the iPad

The NN/LM MCR's iPad support web page contains just the gems for getting started with an iPad2. If you'd like some basic information and instructions to guide you, check it out: <http://nnlm.gov/mcr/technology/ipad.html>. To get more advanced assistance with the iPad2, a simple Google search will find millions of pages to help the iPad2 community.

iPad Support and Community on Facebook

The NN/LM MCR hopes to better understand how librarians use mobile devices like the iPad in their profession. We have provided a space on the NN/LM MCR Facebook page for iTest iPad participants and anyone with an iPad to share experiences with and get help from other iPad2 users. There was quite a bit of traffic on the NN/LM MCR Facebook page from iPad2 recipients the week the devices were delivered. There were several who shared their excitement that their iPad2 had arrived. Each expressed a varying level of progress. Some got as far as opening the packaging and setting their iPad2 on their desk and some had nearly filled their device's 16 gigs of memory with apps. A lot of posts included interesting apps to try out.



When Kitty Serling opened her box she exclaimed (in her hushed library voice), "It's Christmas morning and Santa brought me what I REALLY wanted!"

*Full Network member Kitty Serling
Carl R. Ferris Medical Library
Kansas City, Missouri*

"Liking" on Facebook

We recommend joining Facebook and "Liking" the [NN/LM MCR's Facebook](#) page so you can follow the chronicles on using the device in the workplace. When you "Like" the page, you will be notified as new experiences are added. As a requirement for participation each person agreed to post at least twice a month and contribute a picture illustrating iPad use at their institution.

- John Bramble, Technology Coordinator
- Claire Hamasu, Associate Director



NN/NM MCR on Facebook and Twitter:

What you are missing if you aren't following us

Don't forget to get yourself on Facebook and Twitter so you can follow the NN/LM MCR and take advantage of the health information access posts we are sending out everyday.

[@NLMCMCR](#) Twitter followers will get 2-3 Tweets per day related to health information access. Twitter posts will have a wide audience (e.g. Health IT, EMRs, insurance codes, minority health and more). We hope that Twitter followers will ReTweet our Tweets to their Twitter fans (say that



ten times fast!).



People "Liking" the [NN/LM MCR Facebook page](#) will get 1-2 posts per day also related to health information access. Librarians will be the main audience. Each post will be rich with information but also be conversational in tone. We want you to share your opinions and knowledge or just tell us you like the content.

Try them today!



Best Practices & DOCLINE



Document delivery has certainly evolved since health professionals started seeking articles. I started using DOCLINE in 2000, as a library technician in a small cancer research center. I really respect those librarians who went on quests for documents in the days before microcomputers and OPACS were used in libraries. Even when computers were finally in use, how did librarians function without the graphical user interfaces (GUIs) that dramatically changed the usability of the Internet?

The creation of DOCLINE, the National Library of Medicine's automated interlibrary loan request system, changed the health science library's world. In a 1994 article comparing DOCLINE vs. OCLC requests, Neville D. Prendergast, noted the steady increase of DOCLINE requests at one health sciences library. Requests received at the health sciences library grew steadily from almost 4,000 requests in 1986, to 12,000 requests in 1992, for a total of about 50,000 requests during the six year period. This represents a 300% increase in requests. (In 1987, only two years after its start up, DOCLINE handled almost 800,000 requests nationwide.)¹ Today, more than 3,000 libraries are DOCLINE members. As the use of DOCLINE increased, users began developing a list of best practices. It makes sense that users would start to see trends and figure out acceptable standards for using the system.

Full NN/LM member libraries using DOCLINE, are encouraged to follow these guidelines. Following these best practices allows DOCLINE to work optimally. This list of best practices was started by users as an example of etiquette so that all libraries could employ the list as a reminder of how to be sensitive to the document delivery policies and needs of each member library. The information in this article is condensed and does not touch on all the recommended practices. To find the full version, you can review the DOCLINE Best Practices for Users at <http://nmlm.gov/rsdd/docline/bestpractices.html>. It should also be noted that although "Borrow Only" libraries are allowed in DOCLINE, that practice is not encouraged in this region, since the system's strength is in its reciprocity.

DOCLINE Best Practices

- Keep your Serial Holdings record accurate, if you don't like to receive requests for articles you can't fill. Maintenance of your library's holdings is mandated by the NN/LM in its Document Delivery Plan <http://nmlm.gov/rsdd/docline/docdelplan.html>.
- Keep your institutional record up to date so that borrowers may see your current methods of delivery, service levels, fees, group memberships, and contact information.
- Organize your routing tables. Put the libraries you trust and those with whom you have agreements, in the lower cells. You may also want to place libraries with lower fees in those cells. A library group, such as FreeShare, should be placed in a cell by itself.
- Contacting a borrowing library may be necessary if a request is accidentally updated as "filled" when the lending library doesn't hold the article. Always use the DOCLINE request number as a reference. Communicate with the borrower or lender when you are consistently seeing a problem with their practice. They may not be aware of the problem.
- Filling Requests: DOCLINE libraries need to log in daily to receive and act upon requests. Requests that cannot be filled should be updated immediately so that the request is quickly routed to the next lending library. Lending libraries should reject a request, if they can't produce a readable copy (reason would be "poor condition").
- Libraries sending requested articles via email or Ariel addresses should make sure those addresses are correct.
- Send multiple requests from the same library individually.
- The requesting library is responsible for copyright compliance.
- Comply with your institution's privacy policies.

If you are a new DOCLINE member, you may also want to review this web resource on document delivery

and resource sharing, <http://nmlm.gov/rsdd>, and subscribe to "DOCLINE-L," the users' email discussion list . http://www.nlm.nih.gov/docline/newdocline_1.html

Jim Honour, MCR DOCLINE coordinator, may be contacted with any questions or about problems you encounter with DOCLINE. Your state coordinators are also available to assist.

- Jim Honour, Wyoming/Member Services Coordinator

¹Prendergast, N. D. Trends in the use of DOCLINE and the OCLC ILL Subsystem 1986-1992. Bulletin of the Medical Library Association, 82(4), 1994.



Whooo Says:



Dear Whooo,

I'm a hospital librarian, working with one paraprofessional in a mid-sized hospital. In a former job, I worked in an academic health science library, and I miss the professional relationships I found there. I've been a librarian for a few years now, but there are still times when I would value the advice or insight from a colleague. I try to go to professional meetings and I am a member of a local health sciences library group, but that doesn't fill the need I have. Do you have any ideas?

*Wondering,
Treading Water*

Dear Treading,

If I understand you correctly, you are concerned that your professional skills are not growing in your current environment. You are able to handle the majority tasks of your job well, and enjoy the work that you do, but are unsure about how to increase your skills and perform at a higher level when necessary. Atul Gawande wrote about a similar situation in his career in a recent article in the New Yorker.¹

In Gawande's article "Personal Best: Top athletes and singers have coaches. Should you?" he discusses his career as a surgeon. He quotes one of his professors to say, "surgery is no more physically difficult than writing in cursive," and then goes on to elaborate that surgical mastery requires familiarity with procedures, conditions, and potential problems with both. Excellence in surgery requires the ability to recognize the possibility of problems and the skill to either prevent or respond to those problems.

I think that medical librarianship is much the same. Library skills involve good communication, judgment, and evaluation as well as the standard knowledge of databases and other resources. Treading, you mentioned that you try to continue your progress with continuing education and professional memberships. Have you considered contacting a colleague that you respect and ask for some coaching or mentorship? You may find that a coaching relationship will bring you the insight you need to develop your skills further.

Examples of coaching relationships you may want to seek include:

- Pairing with an expert searcher to improve your searching skills,
- Working with an education librarian or someone from your hospital's education department to increase your teaching skills,
- Learning from your supervisor or another manager you trust and respect to increase your political savvy.

These are only three suggestions. As you evaluate your career and identify areas that interest you, or areas that you would like to improve, you will understand the type of person you need to contact. This person might be a member of your organization, or might be someone in a completely different location or field. If you do choose an area within health sciences librarianship, you can find a mentor through MLA at <http://www.mlanet.org/mentor/index.html>. You might also call your MCR State Coordinator for help in finding a person in your state. You can find your coordinator's contact information at <http://nmlm.gov/mcr/about/staff.html>.

I hope this has been helpful, Treading. I appreciate that you are interested in increasing your skills. Do let me know how this idea works for you, and the progress you make.

Sincerely,

Whooo

¹Gawande, Atul. "Personal Best". The New Yorker. 87: 30 2011-10-03 pp. 44. <http://archives.newyorker.com/?i=2011-10-03#folio=044>



We Want to Hear From YOU!

We are collecting stories

- stories of how you have enriched the quality of your library program.



Have you:

- Completed the library valuation calculators and used the results?**
 Examples of use could be sharing the results with your supervisor, including the results in an annual report, comparing your 2011 results with prior years, etc.
- Become involved in health information literacy in your institution?**
 Involvement in health information literacy can take many forms. Do you work with the translator in your hospital to provide consumer health materials? Do you provide trainings on health information literacy to clinical staff? Do you provide consumer health information to your patients and staff? These are only three of the ways you can be involved in this area.

So, tell us your story! Help inspire us and your other colleagues with reports of how you are expanding and improving your practice. We will use your stories to present an Advocacy session later this year highlighting the excellence of your efforts.

Contact either your State Coordinator or Barb Jones with your story.



Who's Doing What in the RML

We've been moving responsibilities around in the RML so if you're a little confused, it's understandable. We are delighted to have a new Health Information Literacy Coordinator. Monica Rogers [see [Introducing Monica Rogers](#) in this issue] is one of two coordinators responsible for leading our health information literacy project. Monica is based at Creighton University in Omaha, Nebraska.

Due to a reduced budget, we downsized a position in Salt Lake City when John Bramble became Technology Coordinator. Jim Honour's fte was increased and he is now the Wyoming/Member Services Coordinator. Suzanne Sawyer claimed the Utah outreach responsibilities so she is temporarily wearing two hats: one labeled Project Coordinator, the other labeled Utah Coordinator. To keep up with the clerical and logistical support needed to run the RML we hired a part-time student.

There is one more change that we are all anticipating, the successful recruitment for the Kansas/Technology Coordinator based at the Dykes Library in Kansas City. When this coordinator starts in mid-March, the RML

will be fully staffed!

In the meantime, here is who's on board at your NN/LM MidContinental Region:

Jean Shipman, Director
 Claire Hamasu, Associate Director
 Dana Abbey, Colorado/Health Information Literacy Coordinator
 John Bramble, Technology Coordinator
 Jim Honour, Wyoming/Member Services Coordinator
 Barb Jones, Missouri/Library Advocacy Coordinator
 Betsy Kelly, Assessment and Evaluation Coordinator
 Marty Magee, Nebraska/Education Coordinator
 Monica Rogers, Health Information Literacy Coordinator
 Suzanne Sawyer, Project Coordinator and Utah Coordinator

-Claire Hamasu, Associate Director



Introducing Monica Rogers



Monica Rogers is the new Health Information Literacy Coordinator for the National Network of Libraries of Medicine, MidContinental Region. She is located at Creighton University. Monica earned her Bachelor of Arts in Sociology/Anthropology from the University of Illinois – Springfield and her Master of Library and Information Science from the University of Missouri. She was most recently at Bernard Becker Medical Library, Washington University School of Medicine, as the Community Health Librarian, working with St. Louis Public Library to develop a Consumer Health Department.

On a more personal note, she likes to play pinball and listen to vinyl records of rock & roll music. She has over 300 LPs and over 500 45s, of which almost half have their original picture sleeve.



Refugee Health Resources



Research conducted over the past 25 years has shown a strong correlation between language barriers and poor quality health care. Language can affect the accuracy of patient histories, the ability to engage in treatment decision-making, poorer understanding of a medical diagnosis or treatment, under use of primary and preventative services, lower use and misuse of prescription medications, and a decreased level of patient trust.

Linguistically, the majority of the population in the National Network of Libraries of Medicine, MidContinental Region (NN/LM MCR) speaks English as their primary language. Spanish ranks second, German third, and French fourth. Other top languages spoken in the MCR include Arabic, Cambodian, Chinese, Cushite, French, Hindi, Italian, Korean,

Laotian, Persian, Polish, Portuguese, Russian, Serbo-Croatian, Swahili, Tagalog, Thai, Urdu, and Vietnamese.¹ Although the MCR is primarily composed of Caucasians, it is growing in diversity with an increasing number of refugees resettled in the region. Persons seeking refugee status do so because of persecution based on race, religion, nationality, political opinion, or affiliation with a social group.

In 2010, over 73,000 refugees were resettled in the United States.² Nationally Iraq, Burma, Bhutan, Somalia and Cuba have the highest representation out of 83 countries. The MCR had nearly 5,500 refugees resettled in Colorado, Kansas, Missouri, Nebraska and Utah³ – Wyoming does not officially participate in the resettlement program. The countries represented match very closely to what is seen nationally, with the addition of the Democratic Republic of Congo.

Due to this influx, medical providers may interact with patients and family members from different cultural and linguistic backgrounds. Refugee populations have been shown to have a high prevalence of mental

disorders, including post-traumatic stress disorder (PTSD), depression, substance abuse, somatization disorder (a long-term condition in which a person has physical symptoms that are caused by psychological problems), and traumatic brain injuries.⁴ So while the refugee populations are small, they can require substantial medical care.

Access to culturally and linguistically appropriate resources and training has the potential to improve the quality of care and health outcomes, and assist patients and consumers to make informed decisions about their health. However, there are barriers to accessing appropriate resources. A 2008 report exploring refugee populations identified three key issues in providing culturally and linguistically appropriate health information:⁵

1. Lack of existing materials in appropriate language
2. Expense of buying or producing materials in appropriate languages
3. Finding qualified interpreters and translators

Organizations such as the Office of Refugee Resettlement (ORR) have mechanisms in place to identify minority communities and translate health information pertinent to those groups. The ORR provides people in need with critical resources to assist them in becoming integrated members of American society.

Access to these critical resources is made possible through partnerships with federal and state agencies, mutual assistance associations, and voluntary organizations. At the state level, the MCR works with two key personnel: Refugee Health Coordinators (RHC) and State Refugee Coordinators (SRC). The role of the RHC is to administer the refugee health programs and services within their jurisdiction. The role of the SRC is to administer the resettlement program within a state. Both the health programs and resettlement programs develop language resources that can assist health care providers to provide authoritative information. MCR Coordinators encourage developers of these language resources to share through submission to open access databases, such as RHIN (Refugee Health Information Network).

Identifying and tracking population shifts in a community can also be problematic when determining what language needs might exist. The Flewelling report noted that health agencies depend on state agencies for health information materials, while health agencies employ resettlement agencies for cultural orientation.⁶ The flow of refugee information touches many agencies and follows a very specific process. For instance, the State Department notifies resettlement agencies and public health officials about the incoming populations. The Office of Refugee Resettlement contracts with VOLAGs (volunteer agencies working with the Federal Government) and participating states to provide services to refugees. The Centers for Disease Control and VOLAGs communicate with state and local public health agencies when specific individuals arrive. Finally, local health agencies or contracted clinics conduct initial health screenings.

Below are free online resources for health information, linguistic services, and population profile data:

Patient and Consumer Health Information Resources:

- **EthnoMed** – 10 languages. Strong in Southeast Asian and East African languages. Primarily print. <http://ethnomed.org/patient-education>.
- **Health Information Translations** – 19 languages, including American Sign Language. Formats include print, audio and video. <http://www.healthinfotranslations.org/>
- **Healthy Roads Media** – 21 languages. Formats include handouts, audio, multimedia, web-video, iPod video. <http://www.healthyroadsmedia.org/>
- **MedlinePlus** – Spanish and 48 additional languages. Formats include video, tutorials, patient handouts, and current news. <http://www.medlineplus.gov>
- **New Americans Health Information Portal** – 20 languages. Formats include audio, multimedia, podcast, video. <http://palantir.lib.uic.edu/nahip/>
- **RHIN** (Refugee Health Information Network) – 89 languages. Formats include print, audio, and video. <http://rhin.org/>
- **Refugee Health Technical Assistance Center** – provides tools, resources and support for health providers. <http://www.refugeehealthta.org/>
- **SPIRAL**: Selected Patient Information Resources in Asian Languages – 7 languages. <http://www.library.tufts.edu/hsl/spiral/>

Linguistic Services:

- **Language Services Resource Guide for Health Care Providers** – interpreter and translator associations and agencies, training programs, assessment tools. <http://www.healthlaw.org/images/stories/issues/ResourceGuideFinal.pdf>
- **"I Speak" Language Identification Card** – short phrases written in over 30 languages that a user can check to indicate the language they speak. <http://www.justice.gov/crt/about/cor/Pubs>

[/ISpeakCards.pdf](#)

- **American Translators Association** <http://www.atanet.org/>
- **National Council on Interpreting in Health Care** <http://www.ncihc.org>
- **International Medical Interpreters Association** <http://www.imiaweb.org/corporate/find.asp>
- **Video Interpreting** <http://www.imiaweb.org/basic/videointerpreting.asp>

State Level Population Profile Data:

- **Office of Refugee Resettlement** – arrivals by state and country of origin <http://www.acf.hhs.gov/programs/orr/data/fy2010RA.html>
- **U.S. Census Bureau** – languages spoken at home (release date April 2010) <http://www.census.gov/hhes/socdemo/language/> (click on “Detailed Tables”)
- **American Community Survey** – languages spoken at home <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

County Level Population Profile Data:

- **County Health Rankings** – select “Additional Measures” tab for LEP information <http://www.countyhealthrankings.org/>
- **MLA Language Map Data Center** – number, ages, and percentage of speakers of each language in a particular geographic region http://www.mla.org/map_data
- **National Center for Education Statistics** – percentage of adults with low literacy by state and county <http://nces.ed.gov/naal/estimates/StateEstimates.aspx>

- Dana Abbey, Colorado/Health Information Literacy Coordinator

¹U.S. Census Bureau. *The 2010 Statistical Abstract. Population: Language Spoken at Home by State: 2008* [cited 2012 February 6]. Available from http://www.census.gov/compendia/statab/cats/population/ancestry_language_spoken_at_home.html.

²Fiscal year 2010 refugee arrivals [Internet]. Washington: Administration for Children and Families – Office of Refugee Resettlement [cited 2012 February 6]. Available from: <http://www.acf.hhs.gov/programs/orr/data/fy2010RA.htm.lbid>.

³Ibid.

⁴Savin D, Seymour D, Littleford L, Bettridge J, Giese A. Findings from mental health screening of newly arrived refugees in Colorado [Internet]. Bethesda: PubMed Central [cited 2012 February 6]. Available from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1497730/pdf/16134561.pdf>.

⁵Flewelling K. Addressing the need for culturally and linguistically appropriate health information for newly arriving refugee populations: project report [Internet]. Bethesda: PubMed Central; p 13-14 [cited 2012 February 6]. Available from: <http://tinyurl.com/7nekeme>.

⁶Flewelling, pg. 18



Professional Development in Mindfulness:

Mindfulness in Clinical Practice, Education and Research

Emily Eresuma, Librarian
 Primary Children's Medical Center
 Salt Lake City, Utah
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Breathe in, breathe out...breathe in, breathe out...where do you feel your breath the most? Through your nose, in your chest, or when your abdomen expands? Did you know when you practice yoga that is a form of practicing mindfulness? Mindfulness is a state of active, open attention on the present, without judgment or distraction.

I was very excited to be a recipient of the Professional Development Award from the NN/LM Mid-continental Region! The professional conference I attended, "Bridging the Hearts and Minds of Youth," was in the perfect setting, near the ocean in San Diego. I learned not only about mindful awareness for children but also for myself. The mission for the hospital I work in, Primary Children's Medical Center, is "The Child First and Always." Integrated medicine is an integral part of achieving this for our patients. In the last year our hospital hired a physician, whose focus is integrated medicine. She has worked to improve the inpatient process as well as started an outpatient referral clinic with the focus of whole medicine. As a librarian, I have built a collection of integrated medical resources for both clinicians and families of the pediatric patients. I have also been asked to be an information consultant for a new interdisciplinary bereavement group. As an information professional, I serve on the pediatric grand rounds committee which develops and presents weekly CME education for hospital staff and community clinicians. Within all of these areas, mindful awareness for the pediatric patient is studied and implemented. Attending this inaugural conference allowed me to gain knowledge in this exciting area that is a new trend in western medicine. I attended amazing presentations and met presenters that could be potential speakers at our pediatric grand rounds program as well.

The experts that came together had the whole range of ages covered. I would invite you to explore Susan Kaiser-Greenland's web site, <http://www.susankaisergreenland.com/>. Her focus is younger children and she has developed many great strategies for children to practice mindfulness. She developed the Inner Kids Program with her husband, which brought mindful awareness to under-served schools and neighborhood schools in Los Angeles from 2000-2009. For the teenage group, visit www.stressedteens.com, a program designed and implemented by the conference co-organizer, Gina Biegel.

Rick Hanson, PhD., is another expert and was the keynote speaker of the conference. He is a neuropsychologist and has a lot of information and resources on his web site for happiness, love, and wisdom, www.rickhanson.net. Dr Hanson's focus is the evolution of the brain and understanding how all the parts of the brain can work together for personal well-being.

If you're interested in the science of mindfulness, I recommend Dr. Amishi P. Jha's web site, www.amishi.com. She has published many scientific papers on the study of attention and working memory. Most of her papers are available full-text on her web site under her publications link.

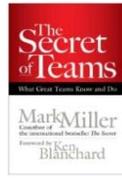
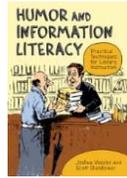
The last resource I would like to introduce is the University of California San Diego Center for Mindfulness, <http://cme.ucsd.edu/mindfulness/index.html>. For a plethora of mindfulness resources check out the Center for Mindfulness blog, <http://ucsdcm.wordpress.com/>. Make sure to scroll down and view the entire list of expert's web sites and resource links.

And remember to breathe.



Downloadable E-books

Yes, we have them!



For several years the NN/LM MCR has maintained a collection of more than 100 e-books focused on technology and library management topics. This year – we've increased our EBSCOHost (formerly NetLibrary) collection again by adding a few new titles:

- 101 Learning and Development Tools
- Business Cases for Info Pros
- Challenge of Library Management
- Cybrarian Extraordinaire
- E-journals Access and Management
- Health Literacy in Primary Care
- How to Thrive As a Solo Librarian
- Humor and Information Literacy
- Library Statistics for the Twenty-first Century World
- Licensing Digital Content
- Marketing Libraries in a Web 2.0 World
- PDQ Evidence-based Principles and Practice
- The Accidental Health Sciences Librarian
- The Secret of Teams

Books may always be read online by accessing them through the portal of our Training and Educational Opportunities webpage at: <http://www.http://nmlm.gov/mcr/education/>. You'll also find a brochure here which you can print out and keep handy with a list of books in the collection.

AND there is more good news. Many of our books are now downloadable! Downloading to a PC or MAC will require setting up your personal EBSCOHost account and downloading Adobe Digital Collections. Instructions for downloading to all devices can be found at the EBSCOHost eBooks Support Center at: <http://support.ebsco.com/ebooks>.

To download an e-book over a wireless connection to an iPad, you will need to download Bluefire Reader. Instructions for downloading to an iPad can be found at: http://support.ebsco.com/knowledge_base/detail.php?id=5748

Checkout times have been set at a maximum of seven days. However, you may select a shorter number of days if you know you won't be using a book that long. Doing this allows the book to be placed "back on the shelf," so that someone else may check it out, as our license allows for one check-out of a book at a time. Individual users may download up to three books at a time.

Now, **JUST READ!**

-Marty Magee, Nebraska/Education Coordinator



This project has been funded in whole or in part with Federal funds from the Department of Health and Human Services, National Institutes of Health, National Library of Medicine, under Contract No. HHS-N-276-2011-00006-C with the **University of Utah Spencer S. Eccles Health Sciences Library**.

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