NN/LM National Network of Libraries of Medicine
MidContinental Region
Colorado ★ Kansas ★ Missouri ★ Nebraska ★ Utah ★ Wyoming

Plains to Peaks Post

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In This Issue:

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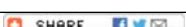
Gaming in the RML

Can Gaming + Health Sciences Librarianship = engagement opportunity to increase library advocacy and professional skills?

In 2013, the NN/LM MCR launched a game called "Mission I'mPossible" with the intent of providing a new method to engage Network members (hospital, academic health sciences, public, and corporate librarians) in developing new or improving existing skills essential to health sciences librarianship, and to do this in a fun and competitive way. The game was, by and large, deemed a success. There were over thirty-five play areas where points could be earned with three earning up to nine Medical Library Association Continuing Education (MLA CE) credits. While fourteen players registered for "Mission I'mPossible", only eight actively played and earned points. The winner was Kitty Serling. (Congratulations, Kitty!). When the non-active players were asked why they were not playing, the general response was that they were too busy, but wanted to play, "if only they could find the time." One person reported that the game was too confusing.

If you wanted to play the "Mission I'mPossible" game last year but didn't get to, you are in luck. The RML has a new game you can play called "Librarians in The Wonderful Land of Oz." Registration information is

on our web site! (http://nnlm.gov/ntcc/classes /class_details.html?class_id=835)

So, why gaming, you ask? Using gaming in adult learning is another opportunity to deliver skills training to Network members. It adds to our list of service delivery methods (publications, webinars, face-to-face trainings, asynchronous online self-paced classes, etc.) already being offered.

About The Game

This is an action game that is played in real life and focuses on developing skills that can be used to help librarians advocate for their profession and promote the library. We are using an online group learning resource called Moodle to host the game. This is where players go to learn about challenges they can take on. These challenges not only have learning objectives, earn players points that appear on the Game's Leaderboard, but also can earn them MLA CE credits. THIS IS COMPLETELY APPROPRIATE TO PLAY WHILE AT WORK .(If your boss asks, you might consider referring to what you're doing by using the game's alternative name – "Online Interactive Professional Development Experience.")

> *On a side note, it was interesting that when we first promoted the game in mid-September we only had one person register to play. Two weeks later, instead of promoting it as a game, we called it an "Online Interactive Professional Development Experience," which resulted in eight players registering to play. We are not sure what this means, but we are thinking that mixing gaming and professional development is a fairly foreign concept.*

There are four major focus areas in the game: Library Advocacy, Health Information Literacy, Education, and Emerging Technologies. Challenges are structured around the Experiential Education Theory (EET), also known as the See One, Do One, Teach One method of learning. To make EET more relevant to how librarians learn, we made some modifications: See One = Increase Knowledge; Do One = Use Knowledge; and Teach One = Share Knowledge.

An example of a challenge comes from the Education and Library Advocacy focus areas called "Where is Glinda, The Good Witch of the South?" The objectives of this challenge are for the player, also known as a Wonderful Librarian in the Land of Oz, to:

1. understand the differences between internal and external factors in a SWOT analysis
2. know how to conduct a SWOT analysis, and
3. practice applying the data in your SWOT analysis to your library programs and services.

The Wonderful Librarians who complete each of the challenge elements (Increase Knowledge, Use Knowledge, Share Knowledge) can increase their skills in this area, earn game points, and earn four MLA

CE credits.

So, where are you with the concept of gaming in adult education? Are you a gamer or are you an online interactive professional development experiencer? Either way, we hope that you register and engage in this RML service. If you have any questions or comments, please contact Game Wizard, John Bramble

-John Bramble, Utah/Technology Coordinator

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Whooo Says…

Dear Whooo,

I am a health sciences librarian, and I absolutely love my job. I'm a faithful attendee at our MLA and MCMLA conferences, and I always come away with useful information and a thousand new ideas to try. Lately however, I've been wondering if there is a way to learn more about the working environment and concerns of my users in order to provide them with more targeted, higher quality services. What do you think?

Considering

Dear Considering,

Thanks so much for writing! It is such a pleasure to hear from someone who is so happy and involved in their profession and their job.

Your question is a very good one. Even though librarians work in health care organizations, their direct experience with the clinical environment is often limited. Understanding more about that environment, its concerns, struggles and vision would give you the insight to fine tune your services to its needs.

Of course, there are many varied ways to get more information about the needs and concerns of your users. One that I suggest is that you consider attending a medical or nursing conference or meeting. A hospital librarian colleague of mine recently attended the Diagnostic Error in Medicine Conference in Atlanta and learned a tremendous amount from the experience. She commented that her attendance helped her learn new things, gain a deeper knowledge of some things, and to put the pieces she already knew into a more coherent whole. As a result of what she learned at the conference, she has created diagnostic error lib guides for her website and a glossary of library tools including:

- background information on the focus of each tool (disease orientation, symptom orientation, etc)
- basics on how each tool works
- when each tool would be the appropriate choice to use.

It is too soon to know the impact of these new additions. At this point, the important thing is that the conference offered new insights into the needs of a diagnosing physician and the librarian was able to respond with her skills and knowledge.

Another positive outcome of conference attendance is the opportunity to discuss the role of information/evidence and the library with new faces. The responses gathered in these conversations provide interesting insights and different points of view that should be very helpful. One physician commented that he rarely used the library or services of the librarian because the library was so hidden away. While changing the location of the library is probably not an option, a creative and determined librarian should be able to think of several ways to increase contact with the medical staff. Things that come to mind are office hours in the doctors' lounge, brown bag instructional sessions located in the hospital, attending morning report or grand rounds…the list might be endless.

A second physician comment (a teaching physician) was that the librarian always provides too much information. This physician wants small tidbits of information to use as a starter for her students. She then wants the students to take the starter and explore to find needed information to solve the clinical problem. This exchange underscored the importance of complete communication, finding out what the

user needs and for what purpose.

Considering, I understand that funding is an issue, probably more than ever before. I am certainly not suggesting that you must attend a national conference to find the insights you want. Investigate programs that are offered in your community or area. Does the local or state medical society have a meeting you might attend? I am sure that if you look around you will find local opportunities that will be beneficial. And, if you can afford to attend a national meeting, so much the better.

A third benefit of attending the meetings of other health professionals is that they get to know you. I have found that physicians are often curious about why a librarian would appear at their conference, but when you explain your interest, they are flattered to have you there. It is a great opportunity for you to show your interest and commitment to quality healthcare, and to look for opportunities to share or contribute your skills.

I hope you will find a way to try this idea, Considering. With the increasing complexity of our environment, it is so helpful to find ways to break down the silos that grow between disciplines. Please let me know if you do attend a medical,, nursing, or allied heath meeting. I would love to hear what you have to say!

Sincerely,

Whoooo

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Health Tracking Aggregator Platforms

In the last issue, we looked at wearable technology and some of the popular devices used to measure your daily activities, such as number of steps taken, stairs climbed, calories burned, sleep patterns, and heart rate. All of this data is interesting, but users are unsure of how to make use of it. Technology companies are providing the answer by developing health platforms that aggregate data from multiple devices. This provides a more complete picture of a user's health habits enabling him/her to make meaningful lifestyle improvements. The two major players developing aggregator apps are Google Fit and Apple's HealthKit.

There has been a great deal of interest in Apple's new Health app (comes installed on the iPhone 6) and HealthKit, their software platform for storage and aggregation of a user's health data, allowing all of it to be stored in one secure place. The Health app can accept data from other apps and users' input, organizing and displaying it in an easy-to-read dashboard format. Some popular apps that work with HealthKit include Jawbone UP, MyFitnessPal and Run with Map My Run+. There have been problems with the release of HealthKit and iOS8, but they appear to have been corrected and there are numerous Health-Kit enabled apps now available for users.

EPIC, one of the largest electronic health record vendors, has just announced an update to their MyChart app that allows it to sync with Apple's HealthKit. For example, physicians can pull up a patient's electronic chart and view the blood pressure readings tracked by the patient and stored in HealthKit. The health app can be set to monitor key health metrics (such as blood sugar) and if they move outside a specific range, the app will automatically send a notification to the user's doctor, allowing them to follow-up with the user if needed. There are questions and concerns about the feasibility of this feature such as overwhelming clinicians with unnecessary patient-generated data and possible liability issues. And HealthKit can work with other consumer health apps, such as the WiThings Scale (wi-fi enabled body scale) and integrate the data into MyChart. The data is stored on the user's device (not in the cloud) and transmits it to EPIC, if allowed. This design should avoid regulatory or privacy issues. For a clinician's realistic, yet optimistic viewpoint, read My wish list for Apple's HealthKit initiative. Additional questions are expressed by another physician in his blog entry, A doctor is skeptical about Apple's HealthKit. Here's why.

Google also recently announced their Android application, Google Fit, as their

digital platform for tracking and aggregating data from wearable devices. Google Fit will provide a set of common application programming interfaces (APIs) that will allow developers to create software that will incorporate data from various devices, including smartphones. Users can also input their own data enabling Google Fit to display a more complete view of their health activities. Another feature of the APIs enables developers to tap into data and use it to recommend health tips for the user. Apps already using GoogleFit include Noom and Nike Fuel, and additional partners include Adidas, Polar, RunKeeper and WiThings.

Samsung S Health is described as a personal wellness application that collects and analyzes health data to assist users in maintaining a healthier lifestyle. S Health is an integrated platform preloaded on the Galaxy S5 smartphone that enables nutrition, fitness and wellness tracking. Features include a built-in heart rate monitor on the smartphone, a step counter for walking, and an exercise monitor for running, cycling, and hiking. The application is compatible with a number of third-party healthcare sensors such as blood glucose meters, blood pressure monitors and body composition scales. The collected data can be displayed in graphs and tables to provide a picture of the user's health in an easily understandable format. The latest update to the S Health app allows users to track stress levels using the heart rate sensor on the Galaxy S5. However, there is some question as to what is actually being measured to indicate stress levels and the company has not officially provided more details. Samsung S is the first health app to receive clearance from the FDA and they have announced a multi-year partnership Cigna.

Nudge is a standalone aggregator to help users manage different health tracking devices and wearables. Nudge currently syncs with MapMyFitness, Moves, Runkeeper, Strava, Fitbit, Jawbone UP, and Sleep. It also allows users to manually input other related data such as the amount of water they drink, food intake, their active hours and number of hours asleep. The app then provides the user with a visual snapshot of their overall health. Nudge is available for both iOS and Android devices.

Healthy Target from WebMD, allows users to manually input biometric data or upload it from a variety of devices, including Fitbit, Jawbone UP, Withings and iPhones. Healthy Target offers a slightly different service as it draws from the medical information on their website to provide personally designed insights for the user. The user may select goals such as losing weight, eating healthier, or controlling blood sugar. Then depending on the fitness data provided by the user, Healthy Target may recommend lifestyle changes to help the user reach their goals.

As with all new technology developments, there have been some delays and false starts from the product announcement to the release of some of these health aggregator applications. And with new developments there will be additional privacy concerns and regulatory issues to resolve. But due to the high consumer interest and possible health industry applications, this is a new technology worth watching and much more than a trend.

-Rachel Vukas, Kansas/Technology Coordinator

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Professional Development Award Funding …Still Available

First, congratulations to our first three recipients of the 2014- 2015 Professional Development Awards.

Name	Institution	Event Attending
Anne Heimann	Bryan College of Health Sciences	Association of College & Research Libraries Portland OR March 25-28, 2015

| Jan Rice | Bryan College of Health Sciences | LOEX 2015 (Library Orientation Exchange) Denver CO April 30-May 2, 2015 |
| Ben Harnke | University of Colorado Health Science Library | Systematic Review Workshop – University of Pittsburgh Pittsburgh PA November 3-5, 2014 |

There are a few more hoops this year as we are requiring applicants to stretch beyond the bounds of their libraries and speak to upper level institutional administration, organizationally placed above the library, before applying for funding. We hope this will create an opportunity for our applicants to meet that administration, talk about their professional development activity, and become more visible within the institution.
For details on how you can apply, see: http://nnlm.gov/mcr/funding/profdev.html

-Marty Magee, Education/Nebraska Coordinator

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The 2013 Network Member Questionnaire Results

Network members are the heart of the NN/LM MCR and their needs and interests drive our programming. We have, since 2002, sought input about Network member libraries and librarians, their services, resources, likes and dislikes, needs and desires. Responses are analyzed, compared to previous questionnaires, reported, considered by the NN/LM MCR staff and shared with the NLM National Network Office, the overseers of the NN/LM program. The final report is posted on our web site.

Network members have been invited to respond to the Network Member Questionnaire four times since 2002, affording us the opportunity to look at trends over time. In 2002 we asked about connectivity – dial-up, DSN, ISDN or T-1 lines? How many computers were in the library for staff and for users? How many staff were employed, both professional and support? Did the library subscribe to electronic journals? Particpate in consortial buying? What do librarians teach and who do they serve? Which NLM resources are used and, just as importantly, which are not? And, of course, are the NN/LM MCR programs and services meeting our Network members' needs and what else can we do to support them?

We note, graph and describe trends and findings. We drop questions that are no longer an issue – no one uses dial-up anymore and computers are pervasive. About half of our Network members subscribed to electronic journals in 2002. In 2013 we didn't ask whether libraries subscribe, rather we asked how many e-books and e-journals they subscribe to or buy.

Once the analysis is complete and the report is written, the NN/LM MCR coordinators discuss the report and draw their conclusions. Specific action items are identified and incorporated into our plans for the current contract period. The most recent questionnaire was administered in January 2013. The final report, compiled by Cindy Olney, Betsy Kelly and Claire Hamasu, is 80 pages long and includes 53 tables and 6 figures illustrating the data.

Our conclusions, from responses to the 2013 Network Member Questionnaire are:

1. **The resources and services of the NN/LM MCR are fulfilling member needs.**
   The majority of the respondents use the majority of the services that the NN/LM MCR offers. They indicated that these services were either useful or very useful, telling us that they benefited from our efforts and that we are addressing their needs.
2. **The status of health sciences members in the region is declining.**
   Although staffing is stable, the majority of hospital and about half of academic/other libraries had a reduced or a flat budget. The reporting structure within member institutions has changed so that fewer members have regular access to top level administration. A decreasing number of members

have involvement in the decision making process that affects the technology in their libraries and their institutions. These three factors – funding, placement in the organizational structure, and decision making responsibilities – together show the declining status among health sciences libraries.

3. **Librarians are assuming new roles.**
   Librarians are taking on new roles in all environments. Librarians need to assume new roles within their institutions to remain relevant in the changing environment. Librarians may be assuming new roles because they have created opportunities for themselves (e.g., evidence based medicine, health information literacy, or patient safety efforts). More hospital librarians have assumed a new role than academic/other librarians. This may be caused by budget cuts resulting in reduced staffing. Hospital administration may be assigning roles to librarians that were once the responsibility of others (e.g., more hospital librarians are doing CME coordination as CME staff is released).

4. **The NN/LM MCR needs to continue to track and support professional development in the region.**
   The RML should continue to track professional development among members. Although not yet critical, there appears to be a downward trend in participating in professional development. This is especially true among hospital library staff. For library staff to continue to provide excellent support for information access there should be an increase in professional development, not a decrease. The NN/LM MCR has a responsibility for continuing education for hospital library staffs. The RML is second only to their institutions in providing training for this category of membership.

The NN/LM MCR staff reflected on the findings, determined the implications for regional programming, and decided to implement the following short term activities to respond to the findings presented in this report. Long term strategies will be developed as we write the proposal for the 2016-2021 NN/LM Request for Proposals.

1. **Professional development needs assessment.**
   Use formal and informal methods to assess the professional development needs of the different librarian audiences we serve: health sciences, public, school, community college.

2. **Focus activities for each library type.**
   Be more cognizant of the different audiences when developing programs. Personalize the promotion of programs for each audience. Clearly spell out the value of the program for the audience.

3. **Promote NLM resources and programs.**
   Inform members about updates to NLM resources. For resources that are infrequently used, identify why the different librarian audiences or those they serve would find them valuable. Share links to NLM programs available live online and/or asynchronously.

4. **Share training resources.**
   Provide resources for members who teach what RML coordinators teach. Make available PowerPoints and handouts.

5. **Continue advocacy focus.**
   Provide training and support for mid-level management skills. These include succession planning, reporting, statistics and marketing.

-Betsy Kelly, Assessment & Evaluation Coordinator

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Communication Advice from the MCR Regional Advisory Board

During the last two meetings the National Network of Libraries of Medicine, MidContinental Region staff and the Regional Advisory Board members have explored how we communicate. There are so many different communication media—email, telephone, listservs, blogs, all the social media (Facebook, Twitter, Pinterest, etc.), and we shouldn't forget in person. How does the RML best get our message across to the audiences we want to influence? There are also many audiences: health sciences librarians, public librarians, school librarians, community college librarians, unaffiliated health professionals, the public health workforce, staff of community based organizations, patients, and family members.

The Regional Advisory Board recommended an audit of each of the groups we want to reach. The assessment, they reasoned, should offer a better idea of what is important to each group. They then recommended that messages be tailored when promoting resources and services. Knowing what is important to the specific audience can result in describing how our products and services differ from our competitors and the added value the audience will receive. For some of the audiences the RML already has assessment data. Key informant interviews were conducted for the audiences that are part of the NN/LM National Initiatives (school and community college librarians). The Network Member Questionnaire results provide us with assessment information for health sciences librarians. The NN/LM MCR will develop an audit plan for the remaining audiences.

Personal contact was recommended as a key way to promote our program. We already exhibit and present at conferences and health fairs. They suggested that getting ourselves invited to internal organizational meetings as another way of making personal contact.

The board recommended that we insert our message where our audience congregates and today that may be in locations on the social media plane. The NN/LM MCR has cut back on our use of social media but we are doing some through our Health Information Literacy project. Our Bringing Health Information to the Community blog reaches academics, government agencies, community based organizations and others. We insert messages responding to questions on an organizational listserv and promote resources on organizational facebook pages. We will rethink how we use social media to reach our many audiences.

Much of the NN/LM MCR communications are distributed through email. How many times have you decided to open or delete an email based on the subject line? The board recommended that staff spend time on creating the subject line. Adding reputable names such as the National Library of Medicine, personalizing the email by incorporating the profession or institution name of the recipient might just be enough to get the person to click open the email.

Since last year the RML has focused on working with health care professionals who serve limited English proficiency clients, whose first language is not English. Health information resources are available for those who speak another language or who have low literacy skills. NN/LM MCR staff has been working with refugee populations, ethnic community based organizations and public health departments. The board suggested that promontoras, who are respected individuals in Mexican communities, and also translator organizations could be interested in our resources. We will include these organizations in our outreach efforts.

–C. Hamasu, Associate Director

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Mobile App Sharing Project:

the 1st quarter reviews are in!

Working with Network members on technology projects is not a new endeavor for the RML. We learned that the cost of apps is a major barrier to accessing and experimenting with apps making it difficult to determine if an app will improve work performance or efficiencies. Most for-fee apps have a free version but those, often times, only provide bare bones functions and work as a tease to get the user to purchase the full versions.

To address this issue, in April, a handful of Network members applied to be apart of the Mobile App Sharing Project. We selected thirteen eager and willing individuals (see box below for a list of participants), representing both academic and hospital settings, and we have at least one person in each of the six states in the region. In exchange for the project participant's evaluation of four for-fee apps (say that ten times fast), the RML provided each of them with a $50 iTunes or GooglePlay purchase card.

The app evaluation criteria we are using for this project is a modified version of the app evaluation worksheet http://campusguides.lib.utah.edu/content.php?pid=105887 developed by faculty at the Spencer S. Eccles Health Sciences Library. In addition to the base information (app name, operating system, sponsor/publisher/creator, cost, web links, etc.), we wanted to collect other helpful information that librarians typically would provide a client. Information such as: primary user

(professional/layperson); creator's credentials; bias; up to date information; ease of app's navigation/access; etc. We also asked the evaluator to rate the app from excellent all the way down to "don't bother wasting your money."

Take a look at the summary of the app evaluations below and perhaps it will help you select an app that is right for you or your clients (the full evaluations can be found on our web site http://nnlm.gov /mcr/technology/shareapps/index.html.

-John Bramble, Utah/Technology Coordinator

Rank – Excellent:

GoodReader | iOS | $6.99 | Content Current
User: Anyone
NOTE: This tool is a great application to collect professional and personal reading material with easy to use note taking and a search function for finding information quickly once the user becomes proficient at using the app. It is most useful for clinicians.

Spine Pro III | iOS, Android, Windows Phone | $9.99 | Content Current – Yes
User: Health Prof, med student, Anatomist, Chiropractor
NOTE: The app allows the physician to annotate, remove layers (muscle etc.), illustrate, and walk through animations with ease. For medical students there is a quizzing function, as well as social media integration.
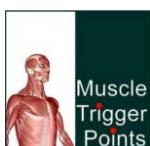
Muscle Trigger Points by Real Bodywork | iOS, Android, Windows Phone, Kindle | $2.99 | Content Current – Yes
User: Physical therapist, massage therapists, chiropractors
NOTE: Based on dozens of positive reviews, this app would be most useful to bodywork professionals that have a knowledge base about muscles. The graphics are excellent and the app is very inexpensive.

Rank – Very Good:

Nurse Tabs Complete | iOS, Android, Windows Phone, Kindle | $23.99 | Content Current – Unknown
User: Nursing Students or recent graduates
NOTE: Provides useful and very basic information for nursing students or nurse graduates on clinical rotation. Pharmacology information does not include interaction and other free pharmacology apps will provide more details. There is no information about updates, or quality of evidence used when developing the content.

Mediquations Medical Calculator | iOS | $4.99 | Content Current – Yes
User: Medical Students
NOTE: Author / content creator is a medical doctor

Medical Spanish: Healthcare Phrasebook with Audio | iOS | $5.99
User: Health professionals
NOTE: There is also a French version available. It works on both iPad and iPod, and iPhone

Rank – Fairly & Mildly Good:

Polaris Office5 | iOS & Android | $13.00 | Content Current – Unknown
NOTE: Polaris Office5 got great reviews for working with MS Office files on a mobile device. More limitations were found with Polaris than expected — for example, it can't add or even play sounds on slides.

UltimEyes | iOS | $5.99 | Content Current – Yes
User: Anyone
NOTE: By doing visual exercises 4 times a week, reviewer's vision has not changed. The program consists of finding random dots on a screen. The dots fade as the exercises increase in difficulty. The reviewer does not understand how playing this has affected reviewer's vision. Scores are bouncing all over, one day they are really high and the next session quite low.

NCLEX-RN Practice Test & Questions | iOS, Android, Web Browser | Content Current – Yes
User: Nursing Students – Undergraduate and Pre-licensure
NOTE: Integrity/quality of the content is difficult to determine. Not known who developed the questions or the rationales for the questions. The app provides a wonderful display of all tests taken and review of the questions answered. The information is stored. Results are broken into content areas so that the student can identify areas of weakness. There are 400 questions available. The app does not provide enough questions for several long practice exams. More questions can be downloaded for free by linking to Facebook or Twitter. App is easy and intuitive.
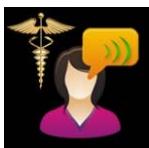
Medical Term Pronunciation | Android | $1.99 | Content Current – Unknown
User: Anyone
NOTE: There were typos and inaccuracies in "Categories"; under Muscles, Bones, Joints, listed hypchondriac [sic]; under Obstetrics & Gynecology, listed autopsy; under Directions & Regions of the Body, listed diarrhea (but diarrhea not listed in Digestive System)

Rank – Not Good At ALL

Everyday First Aid | iOS | $0.99 | Content Current – No
User: Anyone
NOTE: This app may be helpful for really basic information on the go but the reviewer would not recommend it. No citations were given which makes the information questionable. Further, the cartoons on the app make it really seem as if it were designed for children. This does not give the reviewer confidence in the information presented.

Please meet the project evaluators:

Christina Magnifico
University of Kansas
Kansas City, KS

Kathy Schrag
Newton Medical Center
Newton, KS

Cindy Perkins
Creighton University
Omaha, NE

Margaret Bandy
Exempla Saint Joseph Hospital
Denver, CO

David Owens
AT Still University
Kirksville, MO

Myoung Fry
Mercy Regional Medical Center
Durango, CO

Emily Eresuma
Primary Children's Hospital
Salt Lake City, UT

Sara Robertson
University of Kansas
Kansas City, KS

Jean Winkler
Valley View Hospital

Shawn Ammon
Creighton University

Glenwood Springs, CO   Omaha, NE

Jenny Garcia   Valerie Meyer
University of Wyoming   Chamberlain College of
Laramie, State: WY   Nursing
    St. Louis, MO

Judi Bergjord
Creighton University
Omaha, NE

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Wonder Where We've Been – And Where We're Going?

Ever wondered about the reach of the NN/LM MidContinental Region Coordinators? We exhibit at a wide variety of venues each year and thought you might be interested in knowing about them. In addition, if you are interested in exhibit opportunities, contact your state coordinator!

	COMPLETED EXHIBITS	LOCATION	DATES
Colorado	Innovative Education Colorado	Copper Mountain, CO	June 2014
	American Veterinary Medicine Association	Denver, CO	July 2014
	National Nurse Practitioner Symposium	Keystone, CO	July 2014
	Colorado Association of Libraries	Loveland, CO	October 2014
Kansas	Kansas Academy of Family Physicians	Overland Park, KS	June 2014
	Kansas Public Health Association	Topeka, KS	September 2014
	Kansas Library Conference / Kansas Association of School Librarians	Wichita, KS	October 2014
Missouri	Missouri Public Health Association	Columbia, MO	September 2014
	Missouri Library Association	Columbia, MO	October 2014
Nebraska	Cinco de Mayo	Omaha, NE	May 2014
	Indian Suicide Prevention & Health Fair	Lincoln, NE	May 2014
	Nebraska School Nurses	La Vista, NE	June 2014
	CIMRO Nebraska Health Quality	Kearney, NE	June 2014
	Nebraska Minority Health	Kearney, NE	June 2014
	Joy of Life Ministries	Omaha, NE	July 2014
	Nebraska Association of Translators and Interpreters	Omaha, NE	August 2014
	Women's Health Conference	La Vista, NE	October 2014
	Nebraska Library Association/Nebraska School Library Association	South Sioux City, NE	October 2014
	Bi-National Health Week Health Fair	Omaha, NE	October 2014
Utah	Utah Library Association	Sandy, UT	May 2014
	Utah Nurse Association	Salt Lake City, UT	October 2014
Wyoming	Wyoming Association of Physician Assistants	Casper, WY	July 2014

	Wyoming Trauma Conference	Cheyenne, WY	August 2014
	Colorado/Wyoming Public Health Association	Ft. Collins, CO	September 2014
	Wyoming Library Association	Casper, WY	September 2014
	Wyoming School Nurse Association	Casper, WY	October 2014
	Wyoming Speech-Language Hearing Association	Casper, WY	October 2014
	Cinco de Mayo	Omaha, NE	May 2014

	UPCOMING EXHIBITS	**LOCATION**	**DATES**
Colorado	Family Medicine Review	Aurora, CO	November 3-7, 2014
	Colorado Association of School Nurses	Loveland, CO	November 7-8, 2014
	STEMtech	Denver, CO	November 10-12, 2014
	Public Health Nurse Association	Denver, CO	March 2-4, 2015
Missouri	Missouri Coordinated School Health Association	Lake of the Ozarks, MO	December 5-6, 2014
Nebraska	Nebraska Association of Physical Education, Recreation and Dance	Omaha, NE	November 21, 2014
	Nebraska Educational Technology Association	Omaha, NE	April 23-24, 2015
Utah	Utah Educational and Media Library Association	Ogden, UT	March 2015
	Utah Academy of Physicians Assistants	Mesquite, NV	April 2015
Wyoming	Wyoming Association for Health, Physical Education, Recreation and Dance	Laramie, WY	November 12-13, 2014

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