Information Resources for Psychology and Psychiatry

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University of Miami, CBou@med.miami.edu

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Information Resources for Psychology and Psychiatry

Carmen Bou-Crick, MSLS, AHIP
Librarian Assistant Professor
Department of Health Informatics
Head, Reference & Education, Calder Library
August 27, 2015
Objectives

- Upon completion of this educational activity, participants will be able to use the following resources for patient care and research:
  - Calder Library resources
  - Clinical Decision-Making Tools
  - PsycINFO
  - PubMed
  - Health and Psychosocial Instruments
  - Mental Measurements Yearbook/Tests in Print
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Search by keyword, title, author, subject, or call number.
Sample search:
Keyword: clinical psychology
Sample search

**Subject:** clinical psychology

Also, search using subheadings, making the search more specific.
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<td>4. Clinical child psychology : an introduction to theory, research, and practice</td>
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<td>5. Clinical psychology : the study of personality and behavior</td>
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<td>7. Critical thinking in clinical practice : improving the quality of judgments and decisions</td>
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- Histology
- Pediatrics
- Pharmacology
- Physiology
- Plastic Surgery
- Psychiatry and Psychology
# Psychiatry and Psychology

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<td>The, Routledge, 2013</td>
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<td>Anxiety and Mood Disorders Following Traumatic Brain Injury</td>
<td>Karnac Books, 2010</td>
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Subjects: Cognitive Impairment; Dementia with Lewy Bodies; Movement Disorders; Parkinson's Disease; Adulthood (1:
Cited References: (16)
PDF Full Text (117.5KB)

2. Behavioral and psychological symptoms of dementia.
Subjects: Behavior; Dementia; Psychiatric Symptoms; Adulthood (18 yrs & older); Aged (65 yrs & older)
Cited References: (35)
PDF Full Text (423.4KB)

3. Dementia: A health care team perspective.
La Rue, Asenath; In: APA handbook of clinical geropsychology, Vol. 1: History and status of the field and perspectives o American Psychological Association; 2015. pp. 515-547. [Chapter]
Subjects: Dementia; Geropsychology; Health Personnel Attitudes; Interdisciplinary Treatment Approach; Adulthood (16
Cited References: (45)
PDF Full Text (656.5KB)
Psychology
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<td>Handbook of Research in Negotiation</td>
<td>Schoon, W. Keesing, S. D.</td>
<td>Academic Press</td>
<td>2013</td>
<td>Negotiation, Research - Mediation, etc.</td>
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<td>Blind to Sexuality: Speculations and the Social Construction of Male and Female Bodies</td>
<td>Kimmel, Michael S.</td>
<td>University of Chicago Press</td>
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<td>Sex differences (Psychology) - Social aspects</td>
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<td>Mating Masculinities: Aging, Chronic Illness, and Viagra in Mexico</td>
<td>Painter, Emily A.</td>
<td>Sagebrush Communications</td>
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<td>Intimacies: A New World of Relational Life</td>
<td>Frank, J. Z., Singh, Patricia T., Sayers, Norman</td>
<td>Taylor and Francis</td>
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Forms

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depression and anxiety in the elderly
Search only displays content that you own, as long as you are signed in.

Textbooks

Chapter 13. Psychosocial Issues and Female Sexuality > Mental Disorders in the Elderly
Williams Gynecology, 2e
... that the gender gap between rates of depression closes in late life. As in the general population, anxiety...

Chapter 7. Diagnosis and Management of Depression > Symptoms and Signs of Depression
Essentials of Clinical Geriatrics, 7e
... Table 7-3. Examples of Physical Symptoms that Can Represent Depression System Symptom...

Chapter 13. Psychosocial Issues and Female Sexuality > Evaluation of Psychiatric Disorders in Late Life
Williams Gynecology, 2e
... symptom of Alzheimer and Parkinson disease (Polidori, 2001). Alternatively, depression, anxiety...

Chapter 13. Psychosocial Issues and Female Sexuality > Treatment of Psychiatric Disorders in Late Life
Williams Gynecology, 2e
... of depression. In contrast, an analysis of 32 treatment studies for anxiety found pharmacotherapy slightly more...
Chapter 13. Psychosocial Issues and Female Sexuality

Psychosocial Issues and Female Sexuality: Introduction

More than 30 years ago, psychiatrist George Engel (1977) coined a word to describe a developing paradigm for patient care, the “biopsychosocial model.” The model encouraged formulating treatments that considered the mind and body of a patient as two interwining systems influenced by yet a third system—society.

Twenty years before this paradigm, Erik Erikson (1963) created a model that describes psychological maturation across the life span. Combining these two models yields a dimensional perspective helpful for the evaluation, diagnosis, and treatment of any patient (Table 13-1).

Table 13-1. Biopsychosocial Development

Not only do women use more health care services in general than men in the United States, but more women approach their physicians with psychiatric complaints, and more women have comorbid illness than men (Andreoli, 2000; Burt, 2005; Kessler, 1994). Coupled with the “almost universal recognition” that primary care is where most patients with psychiatric illness are first seen, psychiatrists and gynecologists will often be the first to evaluate a woman in psychiatric distress (Goldberg, 2003). A clinical interview such as one presented in Table 13-2 can guide assessment and includes all three domains from the biopsychosocial model.
<table>
<thead>
<tr>
<th></th>
<th>Adolescence: 11–18 yrs</th>
<th>Early Adulthood: 18–34 yrs</th>
<th>Middle Adulthood: 35–60 yrs</th>
<th>Late Adulthood: 61 yrs–death</th>
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<td>Initiation of sexual activity</td>
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<td>Role transitions</td>
<td>Marital status</td>
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<td>Identity construction</td>
<td>Partner selection</td>
<td>Late childbearing or “empty nest”</td>
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<td>Family functioning</td>
<td>Motherhood</td>
<td>Caring for aging parents</td>
<td>Losses</td>
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<td>World-at-large</td>
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FIRST CONSULT

Depression in children and adolescents

Stuart J. Goldman, MD, Co-Director, Mood Disorder Program, and Senior Associate in Psychiatry, Boston Children’s Hospital; Associate Professor of Psychiatry, Harvard Medical School, Boston, Massachusetts. Published March 11, 2014. Last updated March 9, 2014.

MEDLINE

Collaborative care for adolescents with depression in primary care: a randomized clinical trial.

JAMA.

Richardson, Laura P; Ludman, Evette... Show all. Published August 27, 2014.

MEDLINE

Psychological interventions for depression in adolescent and adult congenital heart disease.

The Cochrane database of systematic reviews.

Lane, Deirdre A; Millane, Teri A; Lip, Gregory Y H. Published January 1, 2013.

MEDLINE

Psychological therapies versus antidepressant medication, alone and in combination for depression in children and adolescents.

The Cochrane database of systematic reviews.

Cox, Georgina R; Callahan, Patch... Show all. Published January 1, 2014.
Clinical Support: DynaMed

Enter your topic or browse
Click on a topic
To open
Schizoaffective disorder

- Updated 2015 Jun 25 11:32:00 AM: monthly paliperidone palmitate may reduce relapse risk in patients with stable schizoaffective disorder (J Clin Psychiatry 2015 Mar)

Related Summaries:
- Schizophrenia
- Bipolar disorder
- Depression

Making the diagnosis:
- in clinical practice, use of schizoaffective disorder may solve diagnostic dilemmas associated with atypical presentation of mood symptoms within context of schizophrenia, but may not serve purpose of accurate diagnosis
- unequivocal definition of schizoaffective disorder has not been attained across standard international diagnostic criteria (DSM-IV and ICD-10 propose different criteria regarding simultaneity and predominance)
- distinctions of classification, clinical features, course, and treatment of affective and psychotic syndromes not clearly demarcated by genetic, neuropsychological, or neurophysiological evidence
- alternative proposed diagnoses include:
  - comorbidity syndrome model
  - continuum model of psychotic and affective symptoms (rather than syndromes)
- "psychotic disorder not otherwise specified" may be most appropriate diagnosis if insufficient information on relationship between psychotic and mood symptoms
- stability of diagnosis poor:
  - based on 2 retrospective studies
  - only 36% of those initially diagnosed with schizoaffective disorder received same diagnosis at later time point
    - at 24-month follow-up
      - 42% diagnosed with schizophrenia
      - < 1% diagnosed with bipolar disorder
  - Reference - Arch Gen Psychiatry 2000 Jun;57(6):593
  - in study of 61 patients, 37 (61%) later diagnosed with bipolar disorder (J Affect Disord 2005 Dec;89(1-3):201)

Differential diagnosis:
- see differential diagnosis for
  - schizophrenia
  - bipolar disorder
  - mood disorders (depression, mania)
Enter symptoms
Watch for Red flags

Possible diagnosis
Or drug reactions

Isabel is not meant to replace your clinical judgment.
Clinical Support: VisualDx

- Differential Builder
- Search by Dx diagnosis, Rx medication, or F patient finding.

Choose a Clinical Scenario

- Pediatric Skin
  - Neonate/Infant < 1 year
  - Multiple Lesions or Rash
  - Single Lesion or Growth
  - Child < 15 years
  - Multiple Lesions or Rash
  - Single Lesion or Growth
  - Specialized Content
    - Male Anogenital
    - Female Anogenital

- Adult Skin
  - Adult > 18 years
    - Multiple Lesions or Rash
    - Single Lesion or Growth
  - Elder > 70 years
    - Multiple Lesions or Rash
    - Single Lesion or Growth
  - Specific Clinical Scenarios
    - Fever & Rash
    - Immunocompromised
    - International Travel
    - Bites, Stings, & Infestations
    - Marine Exposures
    - Male Anogenital
    - Female Anogenital
    - Nail & Distal Digit
    - Hair & Scalp
    - Cellulitis DDx
Search by lesion type & body location
Clinical Support: UpToDate

Select Age Group

Pick a topic

See each Topic outline
Psychiatric evaluation — Psychiatric evaluation should proceed after the patient is medically stable. The goals of the psychiatric evaluation include:

- Determination of the risk of suicide completion or subsequent attempt
- Identification of predisposing and precipitating factors that can be treated or modified

The psychiatric evaluation should be performed by a clinician who has specialized training and experience in the psychiatric problems of children and adolescents. In some situations, it may be transferred to another facility for a formal psychiatric evaluation. The information used in the evaluation should be gathered from several sources, including the child or adolescent and their family or caregivers, and may have reason to providing inaccurate information (e.g., to avoid hospitalization).

Three main areas should be addressed when evaluating the seriousness of suicidality and the risk for future attempts or completion. These areas are discussed in detail above.

Screening — Different instruments are available to screen for suicidal ideation and behavior, but it is not known if screening improves outcomes.

The Ask Suicide-Screening Questions is a four-item instrument that clinicians can administer to screen for risk of suicide in patients who present to pediatric emergency departments:

- In the past few weeks, have you wished you were dead?
- In the past few weeks, have you felt that you or your family would be better off if you were dead?
- In the past week, have you been having thoughts about killing yourself?
- Have you ever tried to kill yourself?

Answering yes to at least one question constitutes a positive screen that should trigger a more extensive evaluation of the patient's risk for suicide.

A cross-sectional study in patients aged 10 to 21 years who presented to pediatric emergency departments with psychiatric (n = 180) or general medical (n = 344) problems for suicide risk assessment. In general medical patients, positive and negative predictive values were 39 and 100 percent. A limitation of the study was that it was not diagnostic. By contrast, a systematic review found that two other screening instruments for suicidal ideation or behavior in high-risk adolescents performed poorly.

MANAGEMENT — Based upon a review of randomized trials, there are several principles to bear in mind when managing suicidal children and adolescents:

- Most effective interventions for reducing suicidal ideation and preventing recurrence of suicide attempts address family interactions or increase nonfamilial support
- Better outcomes can be achieved with more treatment sessions (e.g., 10 or more)
- Targeting alcohol and substance abuse when clinically indicated
Online Assessment Measures

For further clinical evaluation and research, the APA is offering a number of “emerging measures” in Section III of DSM-5. These patient assessment measures were developed to be administered at the initial patient interview and to monitor treatment progress, thus serving to advance the use of initial symptomatic status and patient reported outcome (PRO) information, as well as the use of “anchored” severity assessment instruments. Instructions, scoring information, and interpretation guidelines are included. Clinicians and researchers may provide APA with feedback on the instruments’ usefulness in characterizing patient status and improving patient care.

+ Level 1 Cross-Cutting Symptom Measures
+ Level 2 Cross-Cutting Symptom Measures
+ Disorder-Specific Severity Measures
+ Disability Measures
+ Personality Inventories
+ Early Development and Home Background

These measures should be used to enhance clinical decision-making and not as the sole basis for making a clinical diagnosis. Further information on these measures can be found in DSM-5. The measures can be broadly classified into four types:

* Cross-cutting symptom measures may aid in a comprehensive mental status assessment by drawing attention to symptoms that are important across diagnoses. They are intended to help identify additional areas of inquiry that may guide treatment and prognosis. The cross-cutting measures have two levels: Level 1 questions are a brief survey of 13 domains for adult patients and 12 domains for child and adolescent patients, and Level 2 questions provide a more in-depth...
Bibliographic Databases: PsycINFO (EBSCO)

Simple keyword search
Select Title instead of All Fields

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- Citations in MARC21 format
- Direct Export to RefWorks
- Direct Export to EasyBib
Option: Send to eMail

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| Comments: | |

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Use the Thesaurus to select the appropriate Descriptors

Click on “Thesaurus”
Enter term in box
Click “Browse”
First search for Depression & select the most appropriate term

Depression (Emotion)  
For Depressive Reaction (Neurotic)—Use Major Depression. Click “Add”

Click if you want “Depression” to be the Major Concept of the article and “Explode” (if Appropriate)
Click “Search”
Search results for “Depression (Emotion)”
New Search for Anxiety (Click “New Search,” “Thesaurus,” enter “anxiety” in box, & “Browse”)

Select “Anxiety Disorders” and click on “Add” then on “Search”
Search results for “Anxiety Disorders”
New Search to Combine Terms

Click on “New Search” then on “Search History”
Combining Terms with “AND” (will retrieve citations with both terms)

Select terms and “Search with AND”

You can also “Search with OR” (will retrieve citations with any of the terms)
Refine Search Results and continue the process as shown in previous slides...
Bibliographic Databases: PubMed/Clinical Queries
Results of searches on this page are limited to specific clinical research areas. For comprehensive searches, use PubMed directly.

**Clinical Study Categories**
- Category: Therapy
- Scope: Broad

**Systematic Reviews**
- Results: 5 of 64
  - Efficacy of Acupuncture in Children with Nocturnal Enuresis: A Systematic Review and Meta-Analysis of Randomized Controlled Trials.
  - Predictive parameters of response to desmopressin in primary nocturnal enuresis.
  - No effect of basic bladder advice in enuresis: A randomized controlled trial.
    - Coderbal M, Sarkadi A, Engwall O, Neveus T.
  - Efficacy and safety of acupuncture in children: an overview of systematic reviews.
    - Yang C, Hao Z, Zhang LL, Guo Q.
  - Efficacy of transcranial interferential electrical stimulation in treatment of children with primary nocturnal enuresis: a randomized clinical trial.
    - Kairatbedzho AM, Shahr-Rad L, Mozafarpoor S, Lodi-Soyedian SS.

**Medical Genetics**
- Results: 5 of 101
  - Inconvenience in persons with Noonan Syndrome.
  - Imipramine expels histone deacetylase 11 to increase the IL-12/IL-10 ratio in macrophages infected with antimobility-resistant Leishmania donovani and clear organ parasites in experimental infection.
    - Mukherjee S, Mukherjee B, Mukhopadhyay R, Naskar K, Sundar S, Dujardin JC, Roy S.
  - Possible impact of comorbid conditions on the persistence of nocturnal enuresis: results of a long-term follow-up study.
    - Ferrara P, De Angelis MC, Caporale O, Malemud M, Del Volgo V, Vena F, Gatto A, Chiarelli A.
    - Akil IO, Ozmen D, Celikkaya AC.
  - Clinical and genetic characteristics for the Urofacial Syndrome (UFS).

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See all (64)
See all (101)
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Results by year

 PMC Images search for bedwetting in children

Nocturnal Enuresis among Nigerian Children and Its Association with Sleep, Behavior and School Performance
Anyanyiwe O, Ibeke RC, Oji ML.
PMID: 26244952
Similar articles

Rapid maxillary expansion in therapy-resistant enuretic children. An orthodontic perspective.
Bazargani F, Jönson-Ring I, Neveus T.
Angle Orthod. 2015 Aug 13; [Epub ahead of print]
PMID: 26270462
Similar articles

Early childhood psychological factors and risk for bedwetting at school age in a UK cohort.
Joinson C, Sullivan S, von Gontard A, Heron J.
Eur Child Adolesc Psychiatry. 2015 Aug 21; [Epub ahead of print]
PMID: 26294078
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Advanced Searching Techniques using Medical Subject Headings (MeSH)

Click to open the MeSH Database
Enter a topic (i.e., depression)

Possible Terms; choose the best and click on the link
Select appropriate subheadings, add to Search Builder, and Search PubMed

Select as many subheadings as you need

Restrict to Major MeSH

Click “Add to search builder” then click on “Search PubMed”
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Finding Questionnaires...

- Health and Psychosocial Instruments (HAPI)
- Mental Measurements Yearbook/Tests in Print
- PsycINFO – Limit Search Results to Classification: Tests & Testing (2220)
- PubMed – combine results with MeSH terms that refer to research studies, i.e. Psychometrics, Questionnaires, Psychological Tests, Sensitivity and Specificity, etc.
Go to: e-Databases
(click on “H” for “Health and Psychosocial Instruments”)

Electronic Databases

| A | B | C | D | E | F | G | H | I | J | L | M | N | O | P | Q | R | S | T | U | V | W | Z |
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Click on “H”
2. **Hospital Anxiety and Depression Scale.**

Rafnsson, S. B., Deary, I. J., Smith, F. B., Whiteman, M. C., & Fowkes, F. G. R.


3. **Psychosocial Screen for Cancer.**

Linden, W., Yi, D., Barroetavena, M. C., MacKenzie, R., & Doll, R.


View Abstract
Cardiovascular Diseases and Decline in Cognitive Function in an Elderly Community Population: The Edinburgh Artery Study

Rafnsson, Snorri B. PhD; Deary, Ian J. PhD, FRCPE; Smith, Felicity B. PhD; Whiteman, Martha C. PhD; Fowkes, F Gerald R. PhD, FRCPE

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From the Wolfson Unit for Prevention of Peripheral Vascular Diseases (S.B.R., F.B.S., F.G.R.F.), Public Health Sciences, Medical School, University of Edinburgh, Edinburgh, Scotland; Department of Psychology (I.J.D., M.C.W.), School of Philosophy, Psychology and Language Sciences, University of Edinburgh, Edinburgh, Scotland.
Address correspondence and reprint requests to Snorri B. Rafnsson, Wolfson Unit for Prevention of Peripheral Vascular Diseases, Public Health Sciences, Medical School, University of Edinburgh, Teviot Place, Edinburgh EH8 9AG, UK. E-mail: S.B.Rafnsson@ed.ac.uk
Received for publication May 19, 2006; revision received February 22, 2007.
The Mental Measurements Yearbook with Tests in Print (Buros Institute, Univ. Nebraska) (start in E-Databases)
Search on Dementia in the Title

Refine Results

Current Search

Boolean/Phrase:

TI dementia

Limit To

Review Available
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Publication Date: 1973-2007

Search Results: 1 - 6 of 6

1. Behavioral and Psychological Assessment of Dementia
   Subjects: Behavior Assessment
   HTML Full Text

2. Dementia Rating Scale-2 Alternate Form
   Subjects: Neuropsychological
   HTML Full Text

3. CERAD Behavior Rating Scale for Dementia, Second Edition
   Subjects: Behavior Assessment
Behavioral and Psychological Assessment of Dementia

Acronym: BPAD.

Authors: Schmidt, Kara S.; Gallo, Jennifer L.

Publication Date: 2007


Purpose: Designed to 'assess changes in behavior and mood associated with the onset of various dementia syndromes.'

Test Category: Behavior Assessment.


Scores: 24: Total Current, Total Past, Total Change, Perceptual/Delusional Current, Perceptual/Delusional Past, Perceptual/Delusional Change, Positive Mood/Alienation Current, Negative Mood/Alienation Past, Negative Mood/Alienation Change, Aggressive Current, Aggressive Past, Aggressive Change, Disinhibited Past, Disinhibited Change, Biological Rhythms Current, Biological Rhythms Past, Biological Rhythms Change.

Administration: Individual.

Time: (15) minutes.

Price Data: 2015: $290 per introductory kit including software portfolio with on-screen help and quick start guide, professional manual (67 pages), and 25 response booklets.

Comments: 'Should be completed by family members, paraprofessionals, or other professionals ages 18-90 who have regular contact with individuals who I

Cross References: For reviews by Shawn K. Acheson and Anita M. Hubley, see 18:12.


Yearbook Volume: 18.

Other Bibliographic Databases

- Cochrane Library of Systematic Reviews
- Joanna Briggs Institute Database of Evidence Based Medicine (Nursing procedures)
- Natural Medicines
- Embase (International in scope)
- Scopus (conferences and author productivity)
- SciVal Experts (UM faculty researchers)
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**CITRIX for Jackson Hospital faculty/staff/students**
From the Domain drop-box, choose um-jmh.org. Login with your Jackson issued (Outlook) username and password. After you are logged in, open a browser session and go to the library’s homepage and you’ll have access to the library’s resources. You’ll also have access to your network files.

**Off-Campus Access FAQs**

- What are my options for off-campus access to e-journals and databases?
- I am having trouble with the Off-Campus Access Service. Where can I get help?
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- Are there any restrictions?
- Will I need to re-enter my name and university ID every time I connect to a database or electronic journal?
- Why can’t I get into some electronic journals without logging in?
- I can’t access UoG, DALLAS from off-campus, even though I’m using the proxy server or the VPN. What’s wrong?
- Why can’t I view or print a PDF?
- I’m from the Coral Gables UM campus, how do I access the Calder Library online resources from home?
- I’m from the Latin American program, how do I access the Calder Library online resources from home?
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