1-28-2014

Tools for Clinicians

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Tools for Clinicians
Information Resources Available at University of Miami

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Head, Reference & Education

&

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Senior Reference Librarian

Last revision: January 28, 2014
Class Objectives

Upon completion of this lecture, participants will be able to:

• Become familiar with **Clinical Decision-Making Databases** and use them to improve patient care and outcomes.

• Keep abreast of new evidence-based findings by using **PubMed Tools**, such as **Clinical Queries and Alerts from MyNCBI accounts**.

• Select appropriate tools for clinical practice using the **Clinicians’ Resource Guide** at Calder Library.
• **Clinical Decision-Making Databases**
  - Access Medicine
  - Cochrane Library
  - Dynamed
  - Isabel
  - MD Consult
  - UpToDate
  - Visual Dx

• **Keeping Current with the Literature**
  - CINAHL Plus and MyEBSCOHost account

• **Resource Guide for Nursing at Calder Library**

**Resources** to help clinicians find evidence-based treatment options for patients. They provide background information, diagnostic tools, drug information, medical calculators, and more…
**Resource Guide for Clinicians**

- **E-Images**
- **E-Journals: A-Z**
- **Remote Access**

Enter your feedback about library hours, collections or staffing by completing this survey.

**Calder Library User Survey**

- Yes, it needs a complete overhaul.
- Maybe, some tweaks would make it easier to use.
- No, I like it just the way it is.

**Submit**

**Class Schedule**

**REGISTER FOR CLASSES HERE.** New classes being offered: Tools for Clinicians, Tools for Researchers, Evidence-Based Practice, Mobile Apps. Other classes include PubMed, PubMed on Spanish, CINAHL, RefWorks/EndNoteX, SciVal Experts, QUOSA, and other citation databases.

**Faculty Publications**

- Short anagen hair syndrome.
- Hematoma, de Solaia C, Simon J, Toth A
- Implications of 25-Year Follow-Up of White Matter Integrity and Neurocognitive Function of Childhood Leukemia Survivors: A Wake-Up Call.
- Armstrong FD
- Misaleti A, Pretto EA, Visan A, Lobe L, Paula F, Castilho-Pedrazza C, Cooper L, Guilhord PE
- Lost miRNA surveillance of Notch1, IGF1R pathway route to sarcopenia.
- Goulas R, Quattrocchi T, Itoh B, Navarro L, Temple MT

**Library Publications**

- Visit our mobile site today: calder.med.miami.edu/mobile/

- Just click on the image or scan this barcode with your phone. How?

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**Health News**

- Polo outbreak in northeast Syria risks spreading, WHO says
- 29 Oct 2012 13:54 GMT
- China tightens rules again to promote breast feeding
- 29 Oct 2012 13:42 GMT
- Taiwan detects more U.S. beef with banned feed additive
- 29 Oct 2012 11:20 GMT
- Study questions FDA's shorter drug approval times
- 29 Oct 2012 06:43 GMT
- JAMA study questions FDA's shorter drug approval times
- 29 Oct 2012 04:12 GMT
- JAMA study questions FDA's shorter drug approval times
- 29 Oct 2012 03:54 GMT
- Poverty, parenting linked to child brain development
- 29 Oct 2012 03:12 GMT

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**E-Resources**

- **Hyenda.com** - Online tutorials for computer programs, web-based resources, high tech companies, and more.
- **UpToDate** - Clinical decision support tool designed to answer clinical questions that arise in daily practice.
- **DynaMed** - Evidence-based, point-of-care tool, accessible remotely.
- **Quois Information Manager** - Supra tool for researchers to rapidly download, manage and search full text files from any and all resources.
- **SciVal Experts (formerly CiteScape)** - UM Faculty Expertise Resource
- **Scopeus** - The largest database of scientific, technical, medical, and social science literature back to 1966, including cited references
- **VisualDx Diagnostic decision support system (DSS)** - merges medical images and expert information to help you build a patient-centric differential diagnosis. Images are now integrated with Dynamed and UpToDate searches.

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**Resource Guides**

- **Medical Students**
- **Collaboration / Mentoring**
- **Consumer Health**
- **Drug Information**
- **Evidence-Based Medicine Practitioners**
- **Free Authoritative Health Websites**
- **Genomics**
- **Grants**
- **Nursing**
- **Scholarly Communications and Open Access**
- **Researchers**
- **Sesiones Electrónicos de Medicina e Saúde Gratis**
- **Sesiones Electrónicos Medicina Gratis**

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**The Calder**

http://calder.med.miami.edu/
Resource Guide for Clinicians

Quick Menu of Topics Covered:
- Informed Clinical Decision Making
- Keeping Current
- Finding Collaborators
- Increasing Productivity
- Getting Help with Graphics, Photographs, and Printing
- Making Your Work Widely Available
- Finding Out Who Has Cited You and Documenting Effectiveness
- Becoming a Medical Information Power User

Quick Search: Physicians/Clinicians

Keyword: Search

Informed Clinical Decision Making:

- **Access Medicine**
  An innovative online resource that provides students, residents, clinicians, researchers, and all health professionals with access to more than 50 medical titles from the best minds in medicine, updated content, thousands of images and illustrations, interactive self-assessment, case files, diagnostic tools, a comprehensive search platform, and the ability to download content to a mobile device.

- **Cochrane Library**
  A collection of databases that contain different types of high-quality, independently assessed evidence to inform healthcare decision-making. Includes the Cochrane Database of Systematic Reviews and the Central Registrar of Controlled Trials.

- **DynaMed**
  Clinical evidence-based reference with point-of-care summaries for more than 3,200 topics.

The Calder Medical Library
Harrison’s Principles of Internal Medicine, 18e

Dan L. Longo, Editor, Anthony S. Fauci, Editor, Dennis L. Kasper, Editor, Stephen L. Hauser, Editor, J. Larry Jameson, Editor, Joseph Loscalzo, Editor

Take Interactive Self-Assessment

Show Chapters  Hide Chapters

Part 1. Introduction to Clinical Medicine

Part 2. Cardinal Manifestations and Presentation of Diseases

Part 3. Genes, the Environment, and Disease

Part 4. Regenerative Medicine

Part 5. Aging

Part 6. Nutrition
To expand & contract the list (+/-)

Click on link to open chapter

Part 1. Introduction to Clinical Medicine

Chapter 1. The Practice of Medicine
Chapter 2. Global Issues in Medicine
Chapter 3. Decision-Making in Clinical Medicine
Chapter 4. Screening and Prevention of Disease
Chapter 5. Principles of Clinical Pharmacology
Chapter 6. Women’s Health
Chapter 7. Medical Disorders During Pregnancy
Chapter 8. Medical Evaluation of the Surgical Patient
Chapter 9. Palliative and End-of-Life Care
Chapter 10. The Safety and Quality of Health Care

Chapter e1. Primary Care in Low- and Middle-Income Countries
Chapter e2. Complementary, Alternative, and Integrative Medicine
Chapter e3. The Economics of Medical Care
Chapter e4. Racial and Ethnic Disparities in Health Care
Chapter e5. Ethical Issues in Clinical Medicine
Chapter e6. Neoplasia During Pregnancy
Chapter 1. The Practice of Medicine

The Modern-Day Physician

No greater opportunity, responsibility, or obligation can fall to the lot of a human being than to become a physician. In the care of the suffering, the physician needs technical skill, scientific knowledge, and human understanding. Tact, sympathy, and understanding are expected of the physician, for the patient is no mere collection of symptoms, signs, disordered functions, damaged organs, and disturbed emotions. The patient is human, fearful, and hopeful, seeking relief, help, and reassurance.

—Harrison's Principles of Internal Medicine, 1950

The practice of medicine has changed in significant ways since the first edition of this book appeared more than 60 years ago. The advent of molecular genetics, molecular biology, and molecular pathophysiology, sophisticated new imaging techniques, and advances in bioinformatics and information technology have contributed to an explosion of scientific information that has fundamentally changed the way physicians define, diagnose, treat, and prevent disease. This growth of scientific knowledge is ongoing and accelerating.

The widespread use of electronic medical records and the Internet have altered the way doctors practice medicine and exchange information. As today's physician struggles to integrate copious amounts of scientific knowledge into everyday practice, it is important to remember that the ultimate goal of medicine is to prevent disease and treat sick patients. Despite more than 60 years of scientific advances since the first edition of this text, it is critical to underscore that cultivating the intimate relationship between physician and patient still lies at the heart of successful patient care.

The Science and Art of Medicine

Deductive reasoning and applied technology form the foundation for the solution to many clinical problems. Spectacular advances in biochemistry, cell biology, and genomics, coupled with newly developed imaging techniques, allow access to the innermost parts of the cell and provide a window to the most remote recesses of the body. Revelations about the nature of genes and single cells have opened the portal for formulating a new molecular basis for the physiology of systems. Increasingly, physicians are learning how subtle changes in many different genes can affect the function of cells and organisms.
Abdominal Aortic Aneurysm

Key Features

- Most aortic aneurysms are asymptomatic until rupture, which is catastrophic.
- Aneurysms measuring 5 cm are palpable in 90% of patients.
- Back or abdominal pain with aneurysmal tenderness may precede rupture.
- Hypotension.
- Excruciating abdominal pain that radiates to the back.

Essentials of Diagnosis

- Most aortic aneurysms are asymptomatic until rupture, which is catastrophic.
- Aneurysms measuring 5 cm are palpable in 90% of patients.
- Back or abdominal pain with aneurysmal tenderness may precede rupture.
- Hypotension.
- Excruciating abdominal pain that radiates to the back.

General Considerations

- The aorta of a healthy young man measures approximately 2 cm.
- An aneurysm is considered present when the aortic diameter exceeds 3 cm.
- Aneurysms rarely cause rupture until diameter exceeds 5 cm.
- 90% of abdominal atherosclerotic aneurysms originate below the renal arteries.
- Aortic dissection is usually involved.
- Common iliac arteries are often involved.

Demographics

- Found in 2% of men over age 55.
- Male to female ratio is 4:1.

Clinical Findings

Symptoms and Signs

- Most asymptomatic aneurysms are discovered as incidental findings on ultrasound or CT imaging.
- Symptomatic aneurysms.
Drug Information
A1C Test for Diabetes

What is the A1C test?

The A1C ("A-one-C") is a blood test that checks your average blood sugar over the past 2 to 3 months. This average is different from your day to day blood sugar.

Sugar absorbed from your food goes into the bloodstream. The sugar sticks to the hemoglobin protein in red blood cells, forming hemoglobin A1C. The A1C stays in the blood for the life of the red blood cell, which is 90 to 120 days. This means that the amount of A1C in your blood reflects how high your blood sugar has been over the past 3 months.

Another name for this test is hemoglobin A1C test. It is different from a regular blood sugar or blood glucose test.

Why is this test done?

There are 3 reasons to check your A1C:
• To diagnose prediabetes
• To diagnose diabetes
• To see how well you are controlling your blood sugar

A1C tests are important because:
Cochrane Library
The Cochrane Collaboration/Wiley

- Contains different types of high-quality, independently assessed evidence to inform healthcare decision-making.

Includes the:
- Cochrane Database of Systematic Reviews
- Central Registrar of Controlled Trials.
Search for specific items

Browse by clinical specialties or health issues
In the search tabs, you can use the asterisk, double quotation marks and Boolean operators (AND, OR, NOT) to refine or broaden your search.

You can also limit your search to specific fields such as Full text, Title, Author, Abstract or Keywords.

Click on “Search Limits” to restrict a search by specific database, article status, or date of publication.

Use the dropdown menu to limit your search by field.

Click the + sign to add up to five lines to your search.

Use “Add to Search Manager” to build complex searches.

Common search terms are presented as you type.

You can refine your search by selecting the databases you would like to search.
Use the search manager to create complex search strategies.

- Use this button to add or edit a MeSH search term using the Search Manager.
- Use this option to view a print-friendly copy of your search with counts.
- Click on the line count to view the results for that search line.
- Use this button to apply search limits to a search line.
- Click here to find search lines not used in your final search.
- Use this area for naming and saving your searches. Saved searches will appear below in a strategy library.
Dynamed (EBSCO)
Clinical support system organized by topics

Sections: Home, Recent Updates, e-Newsletter, Mobile, Calculators

Search on obesity

From a list of topics, we selected Complications of Obesity
What is DynaMed?

DynaMed is a clinical reference tool created by physicians for physicians and other healthcare professionals for use primarily at the point-of-care. With clinically-organized summaries for more than 3,200 topics, DynaMed is the only evidence-based reference shown to answer most clinical questions during practice.

What is the DynaMed EBM Journal?

The DynaMed EBM Journal is an outlet for the DynaMed community to share clinical evidence and insights. Sections of the DynaMed EBM Journal include:

- **DynaMed EBM Focus** - A weekly report focused on DynaMed articles that are categorized as most likely to change clinical practice. The articles are selected by the DynaMed Editorial Team.
- **DynaMed Resident Focus** - A periodic report authored by residents in the DynaMed community focused on sharing information and EBM best practices.

For the full DynaMed EBM Journal archive, click [here](#). To view the DynaMed Resident Focus section archive, click [here](#).

Free CME for Reading DynaMed EBM Focus

Through a partnership with Antidote Education Company, an ACCME accredited provider, physicians who complete the post-test associated with the DynaMed EBM Focus will receive CME credit. For more information on this educational activity, see the CME sidebar in e-newsletter issues (beginning with Volume 5 Issue 8).

DynaMed EBM Focus Archive

[Join Our Mailing List](#)

**Volume 8**

EBM Focus 29

![The Calder Medical Library](#)
DynaMed Mobile Access
(request login code from Librarian bwood@med.miami.edu)
Dynamed Calculators tab

Ideal body weight calculator
Isabel
(Isabel Healthcare)
*Provides a checklist of likely diagnoses
*Serves as a gateway to clinical information resources

Enter symptoms (one per line)
Click to get Differential Dx
Enter age and gender
Or enter keywords for a quick knowledge search
Links to DynaMed for knowledge base
Age: Adolescent
Gender: male
Symptoms: persistent joint pain and fever

Diagnoses list tab
“Don’t miss” diagnoses (red flags)
To see all possible diagnoses
Drugs tab will list drugs that might cause those symptoms.
Back at list of diagnoses, a knowledge window opens when you click on Lime Disease.
Resources to make you more proficient in Isabel and DynaMed
Isabel Mobile Device Access

Isabel is now available via the iTunes app store and Google Play store - your institutions ID and PW will now work on your mobile device (iPhone / iPad / Android / Tablet) once you download the app.

For access on an iPhone / iPad you can download the Isabel app from iTunes App Store: https://itunes.apple.com/gb/app/isabel/id473503904?mt=8. For access on an Android device you can download the Isabel app from Google Play store https://play.google.com/store/apps/details?id=com.isabelhealthcare.isabelPro. Follow these instructions to bypass the charges.

1. Download the Isabel app
2. On the registration page – click on ‘login’ (bottom left corner)
3. Login with the UID and PSW you were provided, check remember me
4. Once logged in – go to Settings – select preferred default age group & region

Note: iPhone/Android access is included as part of paid subscriptions only!

If you are experiencing any issues with access please contact us (specify device): mobile@isabelhealthcare.com.
MD Consult
Provides access to over 130 medical books, journals, and images organized by topic, along with patient handouts, clinical guidelines, drug information, recent medical news, and more

Search on hypertension
Goldman: Goldman's Cecil Medicine, 24th ed.

Chapter 67: Arterial Hypertension

Ronald G. Victor

Definition

Hypertension has been defined as a usual blood pressure of 140/90 mm Hg or higher (Table 67.1), blood pressure levels for which the benefits of drug treatment have been shown in randomized controlled trials. This conservative definition has been called into question by epidemiologic data showing continuous positive relationships between the risk for death from coronary artery disease (CAD) and stroke with systolic or diastolic blood pressure values as low as 115/75 mm Hg (Fig. 67.3). Thus, an artificial dichotomy between "hypertension" and "normotension" may delay medical treatment until vascular health has been irreversibly compromised by elevated blood pressure values previously considered normal. For certain high-risk patients, such as those with CAD, the recommended medical treatment threshold recently has been lowered to 130/80 mm Hg.

TABLE 67.1 - Staging of Office Blood Pressure

<table>
<thead>
<tr>
<th>Blood Pressure Stage</th>
<th>Systolic Blood Pressure (mm Hg)</th>
<th>Diastolic Blood Pressure (mm Hg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>&lt;120</td>
<td>&lt;80</td>
</tr>
<tr>
<td>Prehypertension</td>
<td>120-139</td>
<td>80-89</td>
</tr>
<tr>
<td>Stage 1 hypertension</td>
<td>140-159</td>
<td>90-99</td>
</tr>
<tr>
<td>Stage 2 hypertension</td>
<td>&gt;160</td>
<td>&gt;100</td>
</tr>
</tbody>
</table>

*Calculation of staged blood pressure is based on the mean of two or more readings on a separate office visit.


Figure 67-1: Absolute risk of coronary artery disease and stroke mortality by usual systolic blood pressure (SBP) levels. (From Leverington S, Clarke R, Quinlivan M, et al, for the Prospective Studies Collaboration. Age-specific reference values of usual systolic blood pressure to vascular mortality: a meta-analysis of individual data for one million adults in 61 prospective studies. Lancet. 2001;358:1383-1383.)
National Guideline Clearinghouse
A public resource for evidence-based clinical practice guidelines
Search on “weight” for a child


UpToDate

A clinical support system with over 7,000 entries designed to answer clinical questions that arise in daily practice. The information presented is primarily consensus-based opinions developed by teams of experts.

Enter topic: Example: bruxism
Temporomandibular disorders in adults

- Oral habits and orofacial development in children
- Sleepwalking and other parasomnias in children
- Classification of sleep disorders

Authors:
Steven J. Schwartz, DMD, DMSc
Noshir R. Mehta, DMD, MDS

Disclosures:
All topics are updated as new evidence becomes available and our peer review process is complete. Literature review current through: Jun 2013 | This topic last updated: Apr 8, 2013.

INTRODUCTION — Temporomandibular disorders (TMD) are common, but they are diagnostically challenging due to the complex anatomy and innervation of the head, face, and neck. TMD is sometimes classified as a subtype of a secondary headache disorder [1]. The common goals of managing temporomandibular disorders are to alleviate pain and improve jaw function.

TMD is associated with substantial morbidity and affects individual work productivity and quality of life. In the United States, it is estimated that for every 100 million working adults, TMD affects approximately 10 million. This topic will review the epidemiology, pathogenesis, clinical manifestations, diagnosis, and treatment of temporomandibular disorders.

Temporomandibular joint (TMJ) disorders

EPIDEMIOLOGY — The prevalence of and risk factors for temporomandibular disorders (TMD) have been assessed in different study populations. In one survey of adults in the United States, 6 percent reported pain in the temporomandibular joint (TMJ) and 6 percent reported preauricular pain [2]. Observational studies in patients with TMD have illustrated the following:

- The prevalence of TMD is about 1.5 times higher in women than men [3,4].
- The greatest risk of onset of TMD is between the ages of 16 and 44 [4].
- Non-Hispanic Caucasians have a higher risk for TMD [5]. There does not seem to be an association with socioeconomic group.
- There is an association between chronic TMD and mood disorders and other psychiatric comorbidities [7-18].
- Individuals with rheumatoid arthritis (RA) are more likely to develop temporomandibular pain at some point [14]. The prevalence of TMD in patients with RA ranges from 53 to 60 percent [21].
- RA is weakly associated with teeth grinding (bruxism) [16]. A systematic review showed a slight association between bruxism and TMD symptoms.
- Although not formally studied, gum chewing, pencil biting, pipe smoking, and other repetitive jaw motions (e.g., violinists, singers, and woodwind players), are thought to be risk factors for TMD.

PATHOGENESIS — For a long time, the cause of temporomandibular disorders (TMD) was attributed to changes in dental occlusion (the alignment of the upper and lower teeth) that there is a structural component to TMD, biologic, behavioral, environmental, and cognitive factors all play a role in the development of symptoms [19-21].

Joint trauma — Trauma to temporomandibular joint (TMJ) ligaments, articular cartilage, disc, and bone produces oxidative stress and generates free radicals in the intrarticular synovial fluid that cause degenerative TMJ disease [19-23]. Joint trauma can result in whiplash injuries, bruxism, or external injuries to the jaw [24]. TMJ disc displacements can also cause diaphragm.
Clinical Diagnostic-Decision Support System merges medical images and expert information to help you build a patient-centric differential diagnosis. Images are now integrated with UpToDate searches.

Begin a differential by entering patient findings.

Search options: by Diagnosis, Medication, or Patient Finding.
http://www.visualdx.com/features/video-overview

<table>
<thead>
<tr>
<th>Choose a Clinical Scenario</th>
<th>Adult Skin</th>
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<td>Pediatric Skin</td>
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<tr>
<td>Neonate/Infant &lt; 1 year</td>
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<td>Multiple Lesions or Rash</td>
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<td>Child &lt; 18 years</td>
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<tr>
<td>Multiple Lesions or Rash</td>
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<td>Male Anogenital</td>
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<td>Fever &amp; Rash</td>
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<td>Oral Mucosa</td>
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<td>Pulmonary</td>
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<td>Pulmonary Infections</td>
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<td>Public Health / Education</td>
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<tr>
<td>Pressure Ulcer Staging</td>
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<tr>
<td>CA-MRSA</td>
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<tr>
<td>Child Abuse Recognition</td>
</tr>
<tr>
<td>Terrorism Recognition</td>
</tr>
<tr>
<td>Smallpox Vaccination</td>
</tr>
</tbody>
</table>
Lesion type: Scaly Papular/Plaque  Body Location: Foot or Toes
29 Diagnoses match all 2 current findings

Click on diagnosis to expand the info
Dermatitis, Atopic

ICD-9 Codes
691.8 – Other atopic dermatitis and related conditions

Synopsis
Atopic dermatitis, also known as atopic eczema, is a condition primarily affecting allergy-prone people (often with atopic triad of eczema, allergic rhinitis, and asthma). The exact cause of the condition is unknown; however, defective function of the skin barrier due to mutations in the gene that encodes filaggrin is thought to play a major role. Most patients have marked xerosis and an inability to retain moisture in the skin. Atopy may include the presence of allergen-specific immunoglobulin E. The clinical presentation ranges from weeping and crusted areas of eczema to papules or lichenified plaques. Infants and children are most frequently affected, but the condition may persist into adulthood.

There is no known cure for atopic dermatitis. Environmental triggers such as heat, low (or high) humidity, detergents-soaps, abrasive clothing (eg, wools), chemicals, smoke, and stress aggravate atopic dermatitis. The disorder is associated with intense itching that is aggravated by scratching. Scratching increases the chances of cutaneous infections because it produces breaks in the skin. Patients with atopic dermatitis are more prone to impetiginization with Staphylococcus aureus and infection with herpes simplex virus (eczema herpeticum).

Look For
Thickened, scaly, erythematous papules and plaques involving the flexural surfaces. Lesions are most prominent on the face, neck, antecubital fossae, popliteal fossa, and extremities in general. The nose is often spared. Impetiginized plaques can develop thick, oozing, yellow crusts.

Chronic papules and plaques can be deeply pigmented.

Allergy to eggs, cow’s milk, and peanuts is common.

Nicotine in women may be extensively involved bilaterally.
Differential Diagnosis/Point of Care Resources for Handhelds

- Dynamed
- VisualDx
- Isabel
- PubMed 4HH

- Get access codes from Barbara Wood
  bwood@med.miami.edu
# How to Keep Current with the Literature

## Keeping Current:
- Clinical Queries from PubMed.gov
  - Allows you to quickly focus your PubMed search on clinical studies and systematic reviews. Find out more in our online tutorial.
- PubMed
  - Includes millions of MEDLINE citations and journal articles.
- Library News (RUH)
  - Stay current with the latest database enhancements, tools, offered, and services provided by the Calder Library faculty and staff.

## Finding Collaborators:
- Social Experts
  - A mentoring and collaboration resource, which features an in-depth profile of individual RUH faculty members, including their areas of expertise, publications in PubMed, and their grants in NIH Reporter. Links to some national experts are also available.
- Collaboration and Mentoring Portal
  - A "ือ back" bag of collection of essential resources for mentoring and collaboration.

## Increasing Productivity:
- QIOMA Information Manager
  - Extracts all or selected full-text articles from your PubMed, Ovid, SCOPUS, Google, or Google Scholar searches with one click, organizes article collections, and searches across the contents of the articles you retrieve.
- Endnote, EndNote X
  - A web-based bibliographic citation manager, used to easily create a personal database of imported references from text files or online databases. Facilitates reference storage, retrieval, formatting for publication, and sharing of folders among collaborators.

## Getting Help with Graphics, Photographs, and Printing:
- Biomedical Communications
  - Provides the University of Miami Miller School of Medicine's Web Health System, and Jackson Memorial Hospital with professional medical photography, graphic design, and printing services.

## Making Your Work Widely Available:
- University of Miami Scholarship Repository
  - Contains select full-text research and scholarly works by faculty, students, and staff at the University of Miami and the Miller School of Medicine. Make your publications widely available (as allowed by your publisher) by placing them on this site.

## Finding Out Who Has Cited You and Documenting Effectiveness:
- Web of Knowledge
  - Established academic citation indexing and search service, encompassing the sciences, social sciences, arts, and humanities since 1945.
- Scopus
  - A database of abstracts and citations for scholarly journal articles published since 1996, covering nearly 18,000 titles from the arts, medicine, physical sciences, and the social sciences.
- Google Scholar
  - Provides an easy way for broadly searching scholarly work, including grey literature, across disciplines. Coverage information is not available.

## Becoming a Medical Information Power User:
- Class Registration
  - Register for two classes to learn how to find the perfect article, create a bibliography in minutes, find out who cited your article, identify mentors, and/or download full-text articles in seconds.
Sample search on non-alcoholic fatty liver

Clinical Study Categories

Scope: Broad or Narrow

See all citations

Systematic Reviews

Medical Genetics
Apply filters to streamline your search
Filters: English

And Adult

Streamlined Results: 33

Click on Advanced to save your Search and set up Alerts
Save Search and Set up Alerts

Click on Search # to “Save in My NCBI”
• **Resource Guide for Clinicians @Calder Library**

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  • Access Medicine
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  • Dynamed
  • Isabel
  • MD Consult
  • UpToDate
  • Visual Dx

• Keeping Current with the Literature
  • PubMed Clinical Queries and MyNCBI

We will be providing an overview of the many other additional resources available for patient care at the **Resource Guide for Clinicians**.
Resource Guide for Clinicians
http://calder.med.miami.edu


Class Schedule

Faculty Publications

Short anagen hair syndrome. Hernkowitz J, de Souza KC, Simon J, Tosti A
Implications of 25-Year Follow-Up of White Matter Integrity and Neurocognitive Function of Childhood Leukemia Survivors: A Wake-Up Call. Armstrong FD
Lost miRNA surveillance of Notch, IGFR pathway road to sarcomagenesis. Galasso K, QuinTosuco T, Issac B, Navarro I, Temple HT

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Health News

Donor age may not affect many corneal transplants Tue, 03 Dec 2013 15:53:54 GMT
OncMed and Celgene to jointly develop six cancer drugs Tue, 03 Dec 2013 13:15:07 GMT
Novo confident of strong drug pipeline and future growth CEO Tue, 03 Dec 2013 11:27:45 GMT
Novartis opens animal health books to Bayer, others - sources Tue, 03 Dec 2013 11:22:53 GMT
With website improved, Obama to pitch health plan Tue, 03 Dec 2013 11:19:27 GMT
New data backs promise of long-acting Sanofi insulin

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Previous Featured Resources

E-Resources

Lynda.com - Online tutorials for computer programs, Web-based resources, high tech companies, and more
UpToDate - Clinical decision support tool designed to answer clinical questions that arise in daily practice
DynaMed - Evidence-based, point-of-care tool, accessible remotely
Isabel - Diagnostic Decision Support Tool
QUOSA Information Manager - Superb tool for researchers to rapidly download, manage and search full-text files from any and all sources
SciVal Experts (Formerly Colloca) - UM Faculty Expertise Resource
Scopus - The largest database of scientific, technical, medical and social science literature back to 1999, including cited references
VisualDx Diagnostic decision support system (CDSS) merges medical images and expert information to help you build a patient-centric differential diagnosis. Images are now integrated with DynaMed and UpToDate searches.
**Additional Resources**

* SciVal Experts for finding collaborators

* QUOSA and RefWorks for increasing productivity

* BioMed for assistance with graphics, posters, & photos.

* UM Scholarly Repository for making your work widely available
Finding out who has cited you...
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Web of Knowledge, Scopus, Google Scholar
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Questions?

The **Tools for Clinicians** PowerPoint is available in the University of Miami Miller School of Medicine’s Scholarly Repository: [http://scholarlyrepository.miami.edu/health_informatics_clinicians/](http://scholarlyrepository.miami.edu/health_informatics_clinicians/)

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Please do not hesitate to contact us if you have any questions 305-243-6648 or reference@med.miami.edu