Please stand by for realtime captions.
>> Please stand by for realtime captions.
>> Please stand by for realtime captions.
>> Good afternoon welcome. We have another terrific webinar for you today entitled using PubMed, MedlinePlus, and other national library of medicine resources. My name is Joe of GPO and with me is my colleague Sean as tech-support. And we have our national library of medicine presenters. Let me read a little bit about them today. We have three presenters. Sarah, Peter, and Kate. Sarah has been a librarian at the national Library of medicine for over three years, and is a member of the PubMed training group. She is also the team lead for the learning resource database and the Lincoln out for libraries program. Peter began working as a trainer at the national Library of medicine on the PubMed training in 2014. Peter hot -- Peter is anomalous from Catholic University of America and served in the Army as a communications officer for 10 years. Kate was originally from Buffalo New York. She is a librarian, trainer, technical writer for the US national Library of medicine. Eight specializes in teaching librarians and other information specialists about PubMed and genetics resources. She holds a Masters in Library studies from University of Buffalo and has been working in libraries for more than 25 years. Before we get started, I have to go through our usual housekeeping comments. First, the questions and answers. The presentation will have a Q&A period at the end of the webinar. Please feel free to chat your questions throughout the webinar. I will be keeping track of your questions and ask presenters your questions at the end of the webinar. We are also recording today's session and will email a link to the recording and slides to everyone who registered for this webinar. We will also be sending you a certificate of participation using the email you used to register for today's webinar. If anyone needs it -- meet additional certificates because multiple people watched the webinar with you, email FDLP Outreach and include the names and email addresses -- addresses of the certificates. I will be sharing a webinar satisfaction survey. I will let you know when the survey is available -- available and the URL will -- appear in the chat packs -- chat box. GPO would appreciate your feedback after the survey. Please keep your -- in my to reserve your comments about the style and presentation for the survey and use the chat box for questions to ask the presenter and report technical issues that you encounter. The presenters will be screen sharing their presentation, which means once they start, you will not be able to see the chat box in the lower right corner. If you would like to ask a question or watch chat traffic, once the screen sharing begins, mouse over the blue bar at the top and when the menu drops down, click on chat to enable the chat box. With that, I will hand the virtual microphone over to our presenters who will take it from here
>> Hello everyone. I am Sarah and I will get us started today. I'm going to share my screen. And we will get started. Today we will be covering a couple of different topics. MedlinePlus , PubMed labs , clinical trial.gov's, genetics references and and with the learning resources database. Let's jump in to MedlinePlus. MedlinePlus is a portal bringing together health informational -- information for consumers. Of the numerous databases produced only a few are directed towards ordinary people. Not doctors or scientists. This means the content is written in an easy-to-read manner and you do not have to wade through the scientific jargon you may find elsewhere. Because it is produced by NLM, means you will get the assorted -- authoritative content you associate with us. Though it is produced in English and Spanish and is used by users all over the world. One thing with the two English and Spanish here. You would swap back and forth using the Spanish or English links in the upper corner.
>> Today, MedlinePlus is a rich consumer health website. From the homepage you can get a big picture of the content. We have health topics. Over 1000 health topic pages English and almost 1000 in Spanish. Most of the ones in English are duplicated in Spanish as well. You also have drugs and supplements. We have encyclopedia articles and patient handouts. We use the medical encyclopedia that provides us with more than 7000 articles, patient instructions, and medical images. We also have health information in multiple languages using the link at the bottom. When you click on that comment you can get the

information and 60 languages. We also have the MedlinePlus magazine published in English and Spanish. Let's take a look at health topics. This brings together relevant news, links and information about a disease or condition. This is a full view of the health topics page. This allows you to easily browse through topics by body location. If you know it is something in your digestive system or if you want to look at something based on infections or injuries, you can look through it based on disorders and look at the demographic groups, or you can just browse through your topics in a list.
>> This is an example of a health topics page 4 opioid abuse and addiction. We will be looking at this topic today throughout our different resources. You can see that there is an extensive table of contents to help navigate through the topics. The best ways to start before taking a deep dive into the topic is the summary paragraphs underneath it. This will give you a great overview of the subject and give you an idea of where to go from there. From there you can go back to the table of context -- contents and browse through the different areas. Diagnoses or anything like that. We link this page to a variety of sources. Some from the federal government, NIH, FDA, and in this case DEA or drug enforcement agency. We also have licensed content in the form of our encyclopedia. We also have links from other medical associations, national organizations, and health institutions like the Mayo Clinic. Everything that you get here will be a food bedded source of information. This is a list of the top help pages in both English and Spanish. As you can see Comey we have some pages listed in both languages. You can also see that there is a difference in what people are looking at between the two languages. Something new think is interesting to look at. Have also talked a little bit about licensed content. Some of the information we have on MedlinePlus we create and other things we get from other areas. The drugs and supplements area and medical encyclopedia is all coming from the collaboration with other sources such as the Adam medical encyclopedia, Merriam-Webster's dictionary, -- we are getting the information for used licensing sources so you don't have to pay for it. You are getting access to the city to -- information for free. The first of the areas I want to talk about is the videos and tools section. We have multimedia information there and we are looking to do this on all health topic pages. If you know you're going to surgery you can see what the surgery will look like. You can also play games, view other videos and tools. This is all coming from licensed sources. Another example of licensed content is from the Adam medical encyclopedia. You can see the opioid intoxication page in our medical encyclopedia. We are using information on the Adam medical encyclopedia because it brings health consumers and extensive library of medical images and videos as well as over 4000 articles about diseases, tests, symptoms, injuries, and surgeries. We also have licensed content from the American Society of health system pharmacists. This provides us with excessive information about 1000 brand-name of generic prescription and over-the-counter drugs including percussions and storage for each drug. The alphabetical list of drugs has a screenshot on the right side of the screen. You will see both the generic and brand names listed which makes it easy for you to find what you're looking for and learn about the drugs. I was looking for the drug and thinking what is Narcan? Let me see what I can find. You can see there is a link to the injection and the nasal spray of naloxone, the generic version. Even though I searched by the brand name, I can still find the drugs that I am looking for. We also have information from the natural medicine conference of database. Which is an evidenced-based collection of information on alternative treatments. MEDLINEplus have 100 listings of supplements. A newer addition to MedlinePlus are the consumer from the description's of lab tests. This encompasses how the test will be done, why would you need it, how would you prepare for it, and what I find most important is, what do the results mean? These are written by writers and we have only had them for about a year. We already have over 70 articles in English and Spanish. If I take a look back at the opioid abuse and addiction help topic page and look at the page as a whole where there is a screenshot of part of that here, what I can see is some of the licensed content I was talking about on the page. For instance, the images licensed content even though this particular one is a little boring. The other information on the right side of the page is typically either licensed content or content from NIH. You can see we are linking

to the national Institute on drug abuse. You can see it links to MEDLINEplus unit -- magazine. With the magazine, is published in English and Spanish. It is published by us and includes information in NIH supported research and stories from those coping with disease. You can subscribe and receive copies for your library. We publish four issues per year in the English version and one issue per year in the Spanish version. Throughout this presentation I have been talking about licensed content and using that as a catchall phrase. I'm giving you an idea of the different areas that we are getting the content from. You can see we are getting information for Merriam-Webster's dictionary. We are getting information on the anatomy videos encyclopedia. We are getting things from all over. In addition, we are also looking at other and LM and NIH content providers as well. Clinical trials got --.gov genetics home reference both of which we will talk about later as well as other institutes and centers at NIH. For the topic we have been looking at the comment that would be the national Institute on drug abuse. One of the other sources of information is PubMed. People to -- take over to tell you about that. If you have any questions about what I have been talking about, put them in the chat box and we will address them at the end.
>> Good afternoon. I'm going to give you a brief overview of what types of materials you can expect to find in the database and an overview of searching and viewing your results. First, some basics. PubMed is a free online database from the national Library of medicine. It contains over 20 million citations to journal articles books, and book chapters. PubMed covers -- coverage officially dates back to 1966. The records for publications earlier than that the database. It is designed to help you locate biomedical research including citations covering a wide variety of topics related to the biomedical science. When you talk about PubMed, we also say the database includes two different types of citations . Medline and non-Medline.
>> What are the difference between the Medline and non-Medline outlined in PubMed. For the most part come in PubMed records , they were majority of the data comes directly from the publisher. Publishers electronically submit information including the articles, title, authors abstract and other citation information like the unit as you. That you are used to dealing with in your profession. There are substantive differences between Medline and non-Medline in PubMed. First, citations come from a selected set of journals. Which we referred to as Medline journals. The other substantive difference between Mudline and non-Medline particles and content that Medline citations have had subject terms added to them. And LM indexers as medical subject headings to make it easier to find records in PubMed and easier to determine what an article is about. When you hear someone say a record is indexed with mesh or for Medline that means the medical subject headings or the mesh terms have been assigned by an expert indexer at and LM. Mash helps connects users to the biomedical literature. It is a controlled hierarchical vocabulary developed at an element imposes uniformity and consistency to the indexing of Medline citation. There are over 28,000 for medical subject headings. Each heading describes a different concept from biomedical literature. The mesh thesaurus keeps track of synonyms for each heading known as entry terms which can also be used to find a concept. For example, adult is an entry term for ibuprofen. You can find articles for this concept using either term.
>> Having human indexers assigned terms to records takes a lot of time and resources. It is impossible for indexers to assign terms to every article from every journal related to the biomedical science. This is where the other distinction factor of Medline records comes in. Indexers only assigned subject headings to citations if they come from one of the 200 specially selected journals. The journals are sometimes referred to as Medline journals. There one of the differences in PubMed. Medline journals have been carefully selected by a review team called the literature selection technical review committee. The team meets three times a year. There are 140 journal titles for people submitting journals for review to try to get them entered under -- in PubMed under Medline. The only include 14 percent of the title submitted. Only items from the 5200 or so Medline journals will be assigned medical subject headings. That is what makes them a Medline citation. PubMed includes both Medline citations and non- like citations. Let's

break down the content of the PubMed database as a whole. Out of the roughly 28 million records in PubMed, about 80 percent are Medline citations. Indexed citations. Any given time, about four percent of the record of PubMed are citations from Medline journals that have not yet been fully indexed. You can imagine how time-consuming and resource intensive it is. That is why you see about four percent in the area. The rest of the records, about eight percent and growing are records that are not Medline citations. The majority are records from articles which have been deposited in PubMed central the free repository of articles with the exception of certain out of scope materials, every article deposited must have a citation in PubMed as well. Since we are discussing PubMed central it is a good time to remind you that while PubMed central link to the full articles , PubMed is a database of citations and not indexed articles. Many PubMed records include a link to a fulltext version of the article. Depending on the article fulltext access may be available directly from the publisher depending on the age of the article. From PMC, repository of articles, or by access arranged by your institution through licensing agreements. That is what is in PubMed. Let's take a quick look at how to search. I'm going to exit out of my slides. You should see my browser. This is a national Library of medicine home page. We just revamped this a couple of weeks ago. This is a fresh display of the content. In here are links to commonly used resources. Here are clinical trials. There is MedlinePlus, and here is PubMed. You will see our homepage. Most of, all of you are familiar with search techniques or other databases and search engines. I'm sure that you use them all of the time in your job. There are differences that I'm going to go over between searching in PubMed and some other general databases and search engines. For PubMed we recommend that the easiest thing to do is enter your search terms into the general search box you see at the top. There is no need for punctuation such as quotation marks. Some of the search techniques you are used to. The best way to get started is to just type in the terms you're interested in the best address the topic or concept you are looking for, and let PubMed do the work. Keeping with the theme, I'm going to look for articles related to opioid abuse. One of the first things you'll notice is that the auto suggest menu appears. These are terms -- these terms are suggestions based on popular searches that other users are doing. You will see that I said I wanted to look for opioid abuse and it is there at number three. We have run the search and we see the list of results. We are going to take a quick look around the search results page to get you oriented. In the middle of the page we see the search results. With this number at the top of the page showing the total number of citations that match the search terms. We have about 28,000 citations we have retrieved. You can see this is a broad search. If this is your first time using PubMed, or in a while, you may also see a promotional box at the top of the results for something called BestMatch. BestMatch is kind of a newer future. It takes the place of an older sort order called relevance. The goal is the same to bring the citations that are BestMatch for your search that you are most likely to be interested into the top of the page, or two pages of results. Is the page there you will find less and less relevant results with the idea behind BestMatch is to help you find what you're looking for at the top of your results page. He was -- works using algorithms constantly improving itself based on PubMed user behavior. While lives in the start menu in the middle, on this pulldown, it actually may show you different and improved results. It is meant for searchers trying to find a handful of relevant results quickly. We're only thing 20 results on each page. That is the default. We can move through the pages of results using the controls right here. Next and last. You can skip to the actual page if you happen to know what page your results would be on and you can also change the number of results in the pages. To show more and then you can just scroll. On the left-hand side of the page there are a variety of filters to define a search. These are a few of the filters that are optional. You can have more on showing additional features. The language filter is often used while. We have a panel that is a discovery bar tool. It is to help you discover new directions for research. Such as other databases database types and by default our results are displayed in summary format which you have the now. The most recent additions to PubMed are at the top of the list. You can change it at the top of the page with the pulldown menu. Under format. Some is a short form that shows the article title you

are seeing, authors below and citation information but it does not show the abstract. To show the abstract I go under format and you can see the different formats we have available. The Medline format which I will show you each of the search tax associated with the data and then abstract. I will go here and click on abstract. Let's open an individual citation. I will show you the citation. It is the full abstract. On the right-hand side of the screen we have the discovery bar that provides other information related to this article. The sections of the discovery bar are different now that we are looking at a single citation. If you are viewing a different citation your discovery bar will also look different because this bar is generating dynamically and based on specific search results and the citation you are viewing. At the very top, you will see a section labeled old text links. The full text is available and you will see it here. You'll see it marked you also remember if you looked at this facet or filters back here, there was a link for limiting your search to free text or fulltext articles. Going back to the citation, further down the discovery bar you see section labeled two particles. Similar articles use an algorithm to display similar's citations to the ones you are looking at. This could be a great tool if you're ever conducting a search and you're not getting a lot of results, but you find one citation that is relevant. You can use similar articles and a similar article sections as a jumping off part to find other records. As I scroll down, I will expand this and we can see the list of mesh terms to index the supplies to represent the contact -- content of the article. We talked about mesh terms being applied to MEDLINE citations. This tell you this is indeed a Medline citation from the Medline Journal. One last thing to show you quickly. I want to come back over in the right-hand discovery from the search results page. He will see the search details. If you click on search -- Seymour this will give you an idea of how PubMed interpreted the terms you entered and how it mapped the results. This allows you to make sure you are searching for the terms you think you entered I wanted to talk about PubMed labs. This is the experimental site for PubMed and PubMed 2.0 which is going to be the next iteration of PubMed this year or early next year. PubMed labs and PubMed to my door responsibly designed. Easiest way to find was to enter PubMed labs you can see we simplifies the results page down to two sort orders defaulting to BestMatch which we discussed earlier. Down at the bottom of the page we want to the feedback. That is where click on to provide feedback from the site and we are asking for feed back from the users there is a quick timeline as I mentioned earlier. We are currently working at the next version of what we are calling PubMed 2.0. We are shooting for the end of this year or early 2019 results. As we get closer to the launch dates. If you have any questions come up with them in the chat and hopefully we will have time to get them in the end. Otherwise, my colleague will discuss finding clinical trials and give us an overview of the genetics reference. I will now head over to my colleague.

>> I am going to be using a couple of other response features in WebEx. If you do not have your WebEx participants panel, if you would move your mouse to the top of the screen so your WebEx controls popped out and click on participants, while you are there you might as well actually go back and click on detach and enter your questions there as well. I see that there were three PubMed questions and we will try to get to those at the end. Thank you for the questions. Let's get to clinical trials.gov. It is one of the most important resources from the US national Library of medicine because it serves as a registry of clinical studies. A source for recruitment information, and a source for summary results data from clinical studies including information that may not be published elsewhere. What is a clinical trial? Clinical trials are research studies were people volunteer to test new ways to treat or manage a disease or condition. People are assigned to one or more interventions which may include a placebo or other kind of control so researchers can evaluate the effects of the interventions on the volunteer's health or behavior. Clinical trials often involves some risk to the patient. The most common risk in the lack of effective treatment for the treatment. I interested in the clinical -- relevance to the clinical trials of your. When you indicated your patient are interested in clinical trials. Use the response indicators at the bottom of the participants panel. Agreed check for yes and a red X for no. Use the mouse to move to the top of the screen and you will see the drop down and click on participants. You see the response buttons

at the bottom of the participants panel. I have a few folks who have patrons interested in clinical trials and some who are not. Fair enough. For those of you who do not have patrons interested, you may want to pay attention for your own purposes as an information principal. Patients and families can use clinical trials.gov to find trials in which to participate or learn about new treatments being studied. Researchers a cancer to the database to stay current, find collaborators, and identify unmet needs. We hope interface for clinical trials.gov is intuitive to use and to find useful information. I'm not going to walk you through every detail. My goals for today are for you to be able to find clinical trials.gov, do a basic search and explain what you can expect to find. Please put your questions in the chat if anything is not clear.

>> Here is a quick example. We will look for trials that are recruiting to study a particular condition. On the search form on the homepage, clinical trials.gov, to find trials in which to participate, you would select recruiting and not yet recruiting studies. Under condition or disease, start typing the condition and select from the options. Here I use the option opioid dependence and click on search. With my example for 55 results when I ran it. You can click on the study to learn more about it. From the screen you can find the map. On map there is an option in the tabs above your clinical trials results. The map is clickable allowing you to select regionally and also by country for studies. There are many filter options to help you find studies of interest. Those most often of interest are the volunteer eligibility criteria by age and sex, for example. Full study details include a description of the study. The who come what come out when, and we're. The study design, terms and introductions, how they are splitting up the different groups to be studies. Outcome measures. This is how they are determining the effects of the intervention. Inclusion and exclusion criteria. That is who may or may not be able to use it as a subject and content information to learn more about the study. In most cases, volunteers must contact their doctor and have the doctor contact the study research staff. You may or may not the serving health professionals or researchers, or patient groups with sophisticated research needs who would be interested in getting into study results information. Even if you are not, I would encourage you as -- to pay attention to the next part. There are three key elements reporting on biomedical research. One of not all trials get published. Trials like a published 10 -- tend to have positive results. A trial on the same treatment that did not find interesting result is less likely to be published and may actually be more valid. Another is that publications do not always include all of the priest -- prespecified outcome measures. Researchers may plan to study three or four uncle measures but if some of them are good, may choose to not report the outcomes. Another is that changes are often made to the trial protocol that might affect the interpretation of the findings. And then think about this. An investigation of randomized controlled trials in 2014 showed trials I really reanalyze the independent authors and when they are, about 35 percent come up with conclusions different from the original analysis. We have problems with both the availability of research information and the credibility of medical claims. Fortunately, US regulations require researchers studying drugs, biological products, and certain medical devices to register trials and make results available through publicly accessible databases like clinical trials.gov. This means that regardless of how exciting or positive trial results are, you can find them using clinical trials.gov and regardless of how researchers may want to interpret results, they must report on the outcome measures specified when they began their study. Therefore, rather than just looking at the published literature, consider adding clinical trials.gov two researchers were looking for copperheads of information about medical treatment. This is especially important if your conducting a systematic review.

>> To find results, data@clinicaltrials.gov start your search using the same form on the homepage. This time select all studies and to filter for trials with results data, you want to scroll down to the filters section labeled study results and select with results and click apply. To get to the result, click has results. Study results records are too long for a slide. If you scroll down, you can find outcome measures and the adverse event sections. Noted that any publications will be referenced with a link to PubMed at the

bottom of the lacquer -- record. That is all I wanted to share today but please enter the questions in the chat and hopefully we can get to some of them. Let's talk about genetics information. Using the response buttons at the bottom of the participants panel, are your patrons interested in information about genetics and genetic conditions? I have a few. Maybe about half of the people who have responded. Okay. Even if your patrons -- maybe you are for yourself. Let's take a look at another resource. Another incredible useful tool is genetics home reference. And LM has many information sources on genetics and molecular biology. With genetics home reference it is a from the front door to all of it. Genetics home reference is for everyone including patients, students, health care professionals and designed to answer questions like what genetic mutations are associated with what condition. How do we know -- what do we know about how the specific proteins lead to a disease state? What is the pattern of inheritance for a specific disease? How we find a test for a genetic disease. There also -- you can explore by condition, gene, and chromosome and let's take a quick look at a health condition using the same example we looked at earlier. We will look at opioid addiction, to explore how you would answer what genes are associated with opioid addiction, and where do I go to find a genetic test.
>> By searching or browsing you can find records on health conditions. Here is the example for opioid addiction. It starts with a description, and if you scroll down, there is a discussion on genetic changes. This is the section of any record that will tell you about the links we found between genes and the condition described. Here we find a reference to the OPR M 1 gene which produces the new OPM receptor. Variations seem to influence opioid response and could be related to the risk of addiction. At the bottom of the section you can find a list of other teams that have been indicated as being possibly associated with opioid addiction. Scrolling further you find the diagnosis and management resources. This is where you find links to the genetic testing Registry. Another national library of medicine resource where providers of genetic tests post information about the test and how to order them. Those are just two quick examples of the kind of information you will find a genetic home reference. There are lots more. Be sure to also check out the online lessons and readings on fundamental topics related to genetics. This includes sections on precision medicine, and pharmacodynamics hot topics. It is written for a general audience. It is appropriate to share with patients and families. Now I know that I'm competing with your genetic research. I know it is hard to pull away from this site. I will ask you to do that as we transition to the next topic. Here is Sarah to tell us about how you can find all of these resources easily using MedlinePlus.
>> Before we headed to the last resource, I wanted to take you back into MedlinePlus for a second. We talked about a lot of resources today and if you're like me you will probably not remember what they are called or how to find them. One of the great things about MedlinePlus is that it links between the different resources. If we look back at the help topic page for opioid abuse and addiction. You can see areas in the table of contact for genetics, clinical trials, and journal articles. If I clicked on the links I would be taken further down the page you can see that there are links to genetics that will take you back to genetics home reference, like Kate was talking about. The same thing with the link to clinical trials and we also have links to journal articles as well. Those are coming straight from PubMed. The point of the fight is really to say that MedlinePlus can be a great resource for consumers and it is also great if you're trying to remember where I start with this. What is the best place to get my feet wet on this certain topic. Now that we have talked about several places to get information from and LM -- NLM. I was a another place. It is not to get scientific information, but training on the different resources we have talked about. We believe that all of our learning resources videos, webinars, tutorials and everything from NLM should be easily discoverable for the public. We do not want you to have to go across multiple areas to find what you are looking for. We do not want to to go one area to find disaster medicine information. In a totally different area to figure out how to use PubMed. We want you to go to one place and find everything in one spot. That was the reason that we initially created this. To bring together all of the different materials. You will see things like the PubMed quick tours and the webinars

about finding clinical research on clinical trials.gov, and one area. We are still currently in the process of adding additional resources from around the library. This is the original goal to find the information in one area. The pieces of the learning resources database are's in the back and where the resources added. In the front and come out where you as these are going to search as well as the rest EPI. In the back and we are adding resources, and adding metadata to increase the research of the material. The search interface allows you to search without any background knowledge of how to find the information. You do not need to know how to set everything up. You can type it in and search. The API functions as the glue of the project. This is what allows the front and back and the database to talk to each other. It also allows libraries or anyone else who is interested to embed the training researchers -- resources on your own library website. This means that you can create a table of resources, and they will be updated every time we update resources and the learning resources database.
>> As the diagram shows how the information flows to the search interface and the external pages that would use the API to populate a table with resources from NLM. We will enter the information in the learning resource database and it flows to the other two. The API will automatically public the website with the new content every time it is added to the registry because we really want outside users to be able to use our training materials to help train your own patrons by linking to the API on your page. So that you always have the most up-to-date resources. This is great to talk about in broad concept of how to actually find it. You look -- the URL is learned.now -- NLM . -- It is linked on the homepage. Let's take a look. We are at the NLM homepage. It is no things may change a little in the future as we are still updating. But if you click on the upcoming -- training link that will take you to the learning resources database. Once you click on that comment this is where you will end up. We want you to be able to use it without knowing if you want information about how to use PubMed, you can type it in and see all of the resources every resource you can always use this to narrow down the area. To sort of narrow down when you're materials are from. He also have a link to upcoming classes and webinars. If you say that is great to have the resource packet, but I would really rather have someone tell me about it. This is somewhere that you can go to get started finding a class for that. Then we also have this help area as well. This is just if you look at the sample code page. This is the sample code to create the table to embed resources from our site. This is the educational training and resources page. I'm the one who manages this. I created the table to embed to say that every time somebody comes to this page, I wanted them to see the most up to -- up today's resources. All that I did was simply said, I want link out resources. Created a quick URL and abetted it in this page using the sample code on the last page. It will always be here and will always be the most up-to-date resources. It sounds a little technical for me. Want to let you know that I am not a technical person at all and I was able to copy and paste this and it worked fine. If I can do it, anyone can do it. That was just something that I wanted to point out about that. Let me go back to my flight. Like I said, if you did want to use the API to embed content, it is a simple process. To determine what you want to embed, we have examples on how to do it in the health documentation and then just copy and paste and stick it in the sample code we have provided for you. One last thing that I want to talk about in general is how to get help. You may have noticed in the health dropped out there is a link to customer support. That will take you to this page or any page in the website that should have a link in the bottom right corner saying support center, or NLM customer support. Something along those lines. That will take you to this area. This will allow you to browse health topics with some of our FAQs but will also allow you to write to the helpdesk. If you click on that link, it will give you a form to fill out and then it will send you to the person who is most equipped to help you answer questions based on what you are asking. That was the last bit of information that we have today. Thank you all for listening. Let's see if we can answer some questions.
>> Thank you, Sarah, Peter, and Kate. I learned quite a bit. I am sure that the audience did also. Left check for questions. Do you want to flip back and stop the screen share so we can get back to the chat box.

>> Michelle asks, how long on average does it take to assign the mesh terms.
>> It will depend a little bit on the terms based on when we get things. There is a little bit of a backlog. I believe 14 month on average. Kate is telling me I have the wrong information. Here is Kate.
>> It is really difficult to give an answer to that question because it depends very much on what journal it is, and whether it is English. We only have a few experts on different languages. If it is an English language journal, it might be a matter of months. If it is a different language, it might be many months longer. It is also changing a lot like Sarah said we currently have a bit of a backlog and we are working on that. There is a big project to address it.
>> Kathy asked a question. Why is English as a limited not always visible?
>> That is a great question. So the limits are not immediately visible in PubMed but not always customizable. If you are signed in coming may have noticed that Pete was. You can see his name of the upper right corner. When you are signed and you can specify the filters that will allow you to see that there.
>> There's a way to save results to an Excel file or a CSV file.
>> Absolutely is. When you're in PubMed and it on your search, it is right below -- I'm going to share my screen for a second so I can show you how to do that. If I can go back to my PubMed search, if you just click, you can choose to save your searches that way. That is the best way to do that.
>> I noticed that PubMed is still abbreviating the name of the journal in the name of the citation. These are always intuitive and also confusing to the end-user, if they have to find the article in another source. Is there a plan to spell out the full name of journals going forward, and she says I imagine that it would be impractical to do it retrospectively.
>> That is a great question. I'm not sure that there are any current plans on that, but one thing I want to point out in terms of current plans is to use the PubMed labs feedback about them. Anything for PubMed will be considered in there as well.
>> I have been informed that you can hover your mouse over that and it will show you the shortened abbreviation and that will show you the for name -- full name of the journal as well.
>> Heidi asked if -- would you email a list of all the database talked in the webinar and URL. The audience will get the slide deck.
>> I'm not sure if the exact URL is in there but we can get those to you and you can include that in the link that you send out.
>> Thank you.
>> John asked, how is medical marijuana treated in your databases?
>> As far as I am aware it is treated the same as any sort of drug or supplement. In PubMed you can do a search for marijuana and see how it is. When you are in PubMed it will look at the mesh terms. That will draw that information in from mass. The best option is to look and see how it is dissuaded in mesh.
>> Morris says -- Mara says on MedlinePlus you able to download the magazines. Once you are on can you print?
>> Honestly, I have not ever downloaded them. I would imagine that what you have downloaded it, you can print it. I do not know if there are any crumbs with that. If you are worried, I would encourage you to go to the customer support link that I showed you at the end and into theand they will be able to answer that for you.
>> Thank you. Would have time for more questions. I noticed one thing. I was thinking, could I contact a reference librarian if I was having trouble? You mentioned towards the end of the presentation that there is a form to fill out and you can get an expert at NLM. Did I get that correct?
>> When I was mentioning the customer support form at the end it is the first level of customer service. That is the best way to reach anyone at NLM if you have questions. We have some reference librarians who may be able to help you but we also have people who will answer your PubMed questions and people who answer questions about clinical trials . I'm answering questions about link up in library. If

you have any questions about any NLM resources, the support center or helpdesk area, that is the best way to get in contact with us. We have someone who will triage it and send it out to the right person.
>> That is great to know. I had a person interested in looking at clinical trials. I will use the help center. Any other questions for the team. These are great questions. We are getting close to 3. But we have time for more questions. Keep them coming. I will go into a wrap-up comment. While we are talking we can still get questions and answers knowing. Please keep those in the chat box.
>> First off I would like to think Sarah, Peter, and Kate for a great webinar. I apologize Peter, if I pronounce your name incorrectly. A great webinar. I would like to think my LSCM colleague Sean for keeping everything running smoothly. Thank you to the audience. I hope you enjoyed the webinar is the month -- S much as we did at GPO. Do not forget our upcoming webinars. We have two more scheduled for June. The next when is tomorrow. Wednesday, June 27 including -- entitled homelessness in the United States. The 2017 point in time estimates of homelessness in the United States. That is done by Steve Ballew. Before he retires and when he retires he will do more for us. Please check that out. He received notice of all of our upcoming webinars when they are announced. If you sign up for our news and events email alert service on FDLP. From the FDLP Academy webpage, which is linked in the index section at the bottom of the FDLP homepage, you can view a calendar of upcoming webinars and other events, access past webinars from the archive, and also link to a web form to present a FDLP webinar. There are plenty of people in the audience who could present a great webinar. Please think about it. He could be on any issue. How you run the repository or anything else. I forgot to the earlier that -- a satisfaction survey. Shonto put the link to the satisfaction survey into the chat box. Please give that a look and fill that out. We would very much appreciate that. There it is right there. Also, if you wanted to know more about the FDLP Academy, we do many things . Sean will also put a link to the article. One of my colleagues. All about the FDLP Academy and things that we do. Please do that a look. . It is in the chat box. Let's see if we have any last questions for Sarah, Peter, or Kate. A lot of great shout outs rolling in. Thank you's. A great presentation. Very important to have -- informative.
>> I am not seeing the new webpage when I search.
>> Sean, I do not see that. Could you read the question.
>> And said, I am not seeing your new webpage when I search. This is from John Kelly.
>> Would he be able give us more information. I'm not sure which website he is talking about.
>> That is the link to PubMed. If you are looking for PubMed labs, if you Google PubMed labs , it should be the first thing that comes up, or you could use PubMed .gov/labs. That will also take you right there.
>> Any last questions?
>> What information should I send in an email, if a coworker needs a certificate for the webinar.
>> This is a side issue. Let me go back. Sent the email to FDLP Aldrich at GPO -- outreach at GPO .gov. Any last questions? We could talk all night, but we have to close out the webinar. It looks like that of all the questions. Thank you again. Fantastic webinar. We appreciate it and we welcome you back anytime to talk about the great resources the national Library of medicine. Thank you's -- thank you to Sean and to the audience. Come back to the FDLP Academy tomorrow. We have another great webinar for you. Have a great rest of the day.
>> [Event Concluded]