Welcome to Mini Med!

Spring 2019
Take attendance.
Get to know each other!
Program overview
Schedule
Honors Requirements
Electives
Introduction to Patient Centered Medicine
The Patient Interview
Preceptors introduce themselves
Take attendance
Take a moment to get to know each other...
Program Overview

What is Mini Med
- 8 week program
- Designed to introduce a wide range of medical topics to students who are interested in medicine

What to expect
- Homeroom presentations with medical students
- Lectures given by Rutgers faculty
- Electives available to enhance your experience
- Final Quiz - taken online
  - Opens Friday March 22, 3 pm
  - Closes Monday March 25, 3 pm
W1 - Intro to Mini-Med | Patient Centered Medicine
W2 - Sexual Health | Gender ID and Sexual Orientation
W3 - Healthy Living and Cardiology | Cultural Humility
W4 - Common Infections and Vaccines | Health Literacy
W5 - Mental Health | Unconscious Bias
W6 - Cancer | Ethics in Medicine
W7 - Vitals | Student PCM interviews
W8 - Graduation
W1 - The Patient Experience | Health information on the Web

W2 - HIV & AIDS | Breast Cancer Screening and Imaging

W3 - Oro-Facial Pain | Puzzling Pain

W4 - Genetic Testing | Personalized Medicine

W5 - Scientific Basis of Sleep Part 1 | Part 2

W6 - Psychiatric Care | Managing Anxiety

W7 - Pediatrics and Life-limiting Conditions | Neuroscience

W8 - Graduation
Mini Med Honors Distinction

Requirements

- Maximum of one absence from Mini Med
- Participate in three electives
- Score within the top one-third of the Final Quiz Grades

Optional

- One elective may be substituted by participating in a mock-patient interview on March 20th
- Students must sign up for the mock interview by March 13th
Electives

- Basic Life Support
- Surgical Knot Tying
- Bleeding Control
- Cardio-pulm patho/physiology
- Pathology 101
- Mock patient interview

*You must physically sign in to get credit*

See your acceptance email and welcome binder for more details on electives
Basic Life Support - An Important Reminder!

- First session is this Saturday 2/9/19!
- Registration link is in your acceptance email
- Register asap if you are interested
Chances are that you’re here because you like science ...

But this is medicine! The patient always comes first!
What qualities make a good healthcare provider?
How about good qualities for a doctor? Nurse? EMT?
Are there qualities that apply to all?

Ask the class!
“You’re only half a physician if you’re just good at your craft. Unless it’s coupled with patient-centered care and humanism, it’s suboptimal care.”

Dr. Arnold Gold
Dr. Gold was the founder of the White Coat Ceremony, a tradition practiced by more than 170 medical schools. More than 260 nursing programs hold similar ceremonies.

The ceremony is meant to establish a foundation of humanism in medicine as health professionals begin their medical training.

Rutgers NJMS was the 2nd medical school to embrace and establish this ceremony, following Columbia Physicians and Surgeons.

https://www.gold-foundation.org/newsroom/video/the-legacy-of-arnold-p-gold/
In the coming weeks, you will cover a vast range of medical topics such as cardiology, neurology pathology, cancer, vaccines, and more...

But to start, we’ll focus on **How to Talk to a Patient!**
White Coat Syndrome

“With great power comes great responsibility”
Uncle Ben from Spiderman

- White Coat Syndrome - a common phenomenon where patients have higher heart rate and blood pressure while visiting the doctor due to anxiety.

- You hold a lot of power as a healthcare provider.
- It’s important to take this into account when talking to patients!
- What are some ways to combat White Coat Syndrome?
- Ask the class!
Chief Complaint & History of Present Illness

- Chief Complaint - this is your patient’s main concern.
- History of Present Illness - the medical background of your patient’s issue. Captured by CLODIERRSSS.
CLODIERRSSS is a structured method to conduct a patient history interview.

But remember! The goal is to keep humanism at the forefront of the conversation. Keep the following qualities in mind.
- Empathy
- Understanding
- Compassion
- Humility
- Awareness
- Characterize - how would you describe the pain?
- Location - can you point to the pain?
- Onset - when did this start?
- Duration - how long does the pain last?
- Intensity - rate the pain from 1 to 10
- Exacerbation - anything make it worse?
- Remission - anything make it better?
- Radiation - does the pain spread anywhere else?
- Setting - where were you when it started?
- Symptoms, other - any other related issues?
- Social impact - how is this issue affecting your life?
Now a demonstration.

Watch Carefully!

You will have the chance to perform your own patient interview on March 20th to earn an elective credit.
Scenario:
- Patient is 45 years old
- Patient is visiting your office for the first time
- Complains of elbow pain
What are your thoughts of the interview?

Did you spot the CLODIERRSSS elements?

What are some other good questions to ask this patient?
Now that you’ve seen what the interview looks like, here’s the deal!

- Students can volunteer to perform an interview as a doctor on March 20th.
- Cap of 3 students per homeroom. There’s only so much time!
- Students must declare they want to do the interview during Mini Med on March 13th.
- If there are more than 3 students interested, your homeroom teacher will choose by random lottery.
Thanks!

- Questions?
- Comments?
- Concerns?

Mini Med Website

http://njms.rutgers.edu/community/public_education/minimed/schedule.cfm
Mini-Med Lecture 1

The Patient Experience: Connecting Experience to Care

Mini-Med School, Feb 2019
Wednesday, February 6th, 2019
Patricia Rondan-Mann

Patricia Rondan-Mann is the Director of Patient Relations at University Hospital. Ms. Rondan-Mann provides leadership for patient relations initiatives throughout the organization, oversees the hospital’s patient complaint and grievance process, and mentors staff. She also manages the operations of the hospital’s information desk, patient representatives and medical staff interpreters to ensure reliable delivery of customer service based on safety and quality principles. Ms. Rondan-Mann has a wealth of experience in patient relations, quality improvement and healthcare policy. Most recently, she worked for the New Jersey Hospital Association as a policy analyst, where she served as a resource to healthcare providers conducting research and providing analysis on healthcare policy, regulation and legislation. Ms. Rondan-Mann was also the director of patient relations in the St. Joseph’s Healthcare System, where she managed the patient relations program across two acute-care hospitals and several off-site locations. Ms. Rondan-Mann holds a Master’s degree in public administration and a Bachelor’s degree in sociology from Rutgers University.
The Patient Experience: 

Connecting Experience to Care

Patricia Rondan-Mann, M.P.A.
Director Patient Relations
University Hospital

Mini-Med School, Feb 2019
A Healing Environment...

We will create a professional and healing environment.

Definition:

- A therapeutic environment, supportive and respectful of each individual patient.
- Has a positive influence on the patient’s psychological response and healing process.
- Is patient-friendly, provides comfort, privacy, and security.
- Provides positive distractions.
- Avoids emotional stress.

Positive experiences contribute to healing.
Patient Experience = Patient Safety

- More than “customer service”

- Positive interactions with our patients and their families pave the way for them to speak with you and bring important information to your attention.
Three reasons a safety culture must always be “on” in health care.

1. **Frequency of Patient Harm**

<table>
<thead>
<tr>
<th>Report</th>
<th>Deaths per Annum</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>IOM Report, To Err Is Human, 1999</td>
<td>98,000</td>
<td>5 min 22 sec</td>
</tr>
<tr>
<td>BMJ, Makary &amp; Daniels, 2016</td>
<td>251,000</td>
<td>2 min 6 sec</td>
</tr>
<tr>
<td>J Pat Saf, James et al., 2013</td>
<td>440,000</td>
<td>50 sec</td>
</tr>
</tbody>
</table>

2. **Human Error in Patient Care**

76% of errors that led to serious patient harm could have been prevented had a patient safety culture been in place.

3. **Safety as a Producer of Quality and the Patient Experience**

Safety is a good producer of quality, and safety and quality together drive patient experience excellence. The reliability needed to keep people safe is what drives optimal clinical outcomes and experiences for every patient, every day. In this way, safety culture is the “operating system” for your patient experience.
Service Excellence Standards

- Dress Code
- Phone Etiquette
- Communication
- Attitude
- Noise Level

The Patient
Service Excellence Standards

- **Dress Code**
  - Following the dress code contributes to positive impressions & gives information about your role (e.g. physician, nurse, tech, etc)

- **Phone Etiquette**
  - Answer every call with: “Good morning / afternoon / evening, (department name), this is (your name), how can I help you?” This establishes a personal connection and helps assure the caller they have reached the correct department.

- **Noise Level**
  - Take an active part in maintaining a quiet and healing environment. Be aware of your own volume in hallways and other public areas.

- **Attitude**
  - A positive attitude, eye contact, a smile, a friendly tone of voice—all contribute to creating a space where patients, visitors, and co-workers feel welcome.

- **Communication**
  - Communication must be professional, clear, and delivered in a manner that ensures the recipient’s understanding.
Speak UP!

Speak Up™ About Your Care

Speak up...
- If you don’t understand something or if something doesn’t seem right.
- If you speak another language and would like a translator.
- If you need medical forms explained.
- If you think you’re being confused with another patient.
- If you don’t recognize a medicine or think you’re about to get the wrong medicine.
- If you are not getting your medicine or treatment when you should.
- About your allergies and reactions you’ve had to medicines.

Pay attention...
- Check identification (ID) badges worn by doctors, nurses and other staff.
- Check the ID badge of anyone who asks to take your newborn baby.
- Don’t be afraid to remind doctors and nurses to wash their hands.

Educate yourself...
- So you can make well-informed decisions about your care.
- Ask doctors and nurses about their training and experience treating your condition.
- Ask for written information about your condition.
- Find out how long treatment should last, and how you should feel during treatment.
- Ask for instruction on how to use your medical equipment.

Advocates (family members and friends) can help...
- Give advice and support—but they should respect your decisions about the care you want.
- Ask questions, and write down important information and instructions for you.
- Make sure you get the correct medicines and treatments.
- Go over the consent forms, so you understand it.
- Get instructions for follow-up care, and find out who to call if your condition gets worse.

Know about your new medicine...
- Find out how it will help.
- Ask for information about it, including brand and generic names.
- Ask about side effects.
- Find out if it is safe to take with your other medicines and vitamins.
- Ask for a printed prescription if you can’t read the handwriting.
- Read the label on the bag of intravenous (IV) fluid so you know what’s in it and that it is for you.
- Ask how long it will take the IV to run out.

Use a quality health care organization that...
- Has experience taking care of people with your condition.
- Your doctor believes has the best care for your condition.
- Is accredited, meaning it meets certain quality standards.
- Has a culture that values safety and quality, and works every day to improve care.

Participate in all decisions about your care...
- Discuss each step of your care with your doctor.
- Don’t be afraid to get a second or third opinion.
- Share your up-to-date list of medicines and vitamins with doctors and nurses.
- Share copies of your medical records with your health care team.
Patient Rights

**INFORMED DECISIONS**
- Be informed about proposed treatment options including the risks and benefits, other treatment options, what could happen without treatment, and the outcome(s) of any medical care provided including any unanticipated bad outcomes. You must sign your name before the start of any procedure and/or treatment. This “informed consent” is not required in the case of an emergency.

**PRIVACY AND CONFIDENTIALITY**
- Personal and informational privacy as required by law.
- Be interviewed, examined, and to discuss your care in places designed to assure reasonably that no one else can hear or see you.

**CARE PLANNING**
- Participate in the care that you receive in the hospital.
- Receive instructions on important follow-up care and to participate in decisions about your plan of care after you are out of the hospital.
Health Literacy

• Degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.

• Among adults who received Medicare or Medicaid, 57% had Below Basic health literacy.

• As of 2015 50.4% of all University Hospital patients were receiving Medicaid.*

*National Assessment of Adult Literacy: The Health Literacy of America’s Adults Results From 2003 National Assessment
Language Services

• Phone interpreters
• Video Remote Interpreters
• In-person certified medical interpreters

• DO NOT USE children as interpreters.
• DO NOT USE adult family members or friends as interpreters.
• DO NOT USE bilingual staff/physicians who have not undergone a qualification process.
Consider the story of 18-year-old baseball player Willie Ramirez. In 1980, Ramirez was taken to a South Florida hospital in a coma, says Helen Eby, a certified medical interpreter in Oregon. "His family apparently used the word 'intoxicado' to talk about this person," she says. "Well, 'intoxicado' in Spanish just means that you ingested something. It could be food; it could be a drug; it could be anything that has made you sick."

The family thought something Ramirez had eaten might have caused his symptoms. But the staff member translated their Spanish as "intoxicated."

“So the doctor immediately made a diagnosis of drug overdose," Eby says. A couple of days later, the health team figured out that Ramirez's problem was actually bleeding in his brain. But by then he'd suffered lasting damage. "The guy ended up quadriplegic," Eby says.

Source: npr “In the Hospital, A Bad Translation Can Destroy a Life”
A patient-centered culture is defined by caregivers that are engaged to deliver safe, reliable and high quality care. Organizations that foster and build a patient-centered culture not only save lives and improve quality of care, but deliver better patient experiences and have improved employee, nurse and physician engagement and retention.
Hospital Compare

- What is Hospital Compare?

Hospital Compare is a consumer-oriented website that provides information on how hospitals provide recommended care to their patients.

- It was created to help consumers make informed decisions about their health care.
The Patient Experience, measured: **CAHPS**

- **Consumer Assessment of Healthcare Providers & Systems**
- Data is publicly reported via Hospital Compare website
- Value-based purchasing (VBP) - creates a financial incentive to improve the patient experience

- ✔ HCAHPS = Hospital (inpatient)
- ✔ CGCAHPS = Clinician & Group (outpatient)
- ✔ EDCAHPS = Emergency Department
- ✔ OASCAHPS = Outpatient Surgical (Same Day Surgery)
HCAHPS Domains

- Nurse Communication
- Doctor Communication
- Cleanliness & Quietness
- Responsiveness of Hospital Staff (toileting & call bell)
- Pain Management
- Communication about Medications
- Discharge Information
- Care Transitions
- Overall Rating
HCAHPS: “How often did...?”

1. During this hospital stay, how often did nurses treat you with courtesy and respect?
   - Never
   - Sometimes
   - Usually
   - Always

2. During this hospital stay, how often did nurses listen carefully to you?
   - Never
   - Sometimes
   - Usually
   - Always

3. During this hospital stay, how often did nurses explain things in a way you could understand?
   - Never
   - Sometimes
   - Usually
   - Always
No Points for 2nd Place...

ONLY
“ALWAYS”
“DEFINITELY YES”
and “9” or “10”
responses are used for public reporting
and
value-based purchasing reimbursement.

How do we get
to “Always”?
Guiding Principles:

1. Communicate while the patient is waiting.
2. Make a positive impression: You are “On Stage”
3. Listen.
4. Don’t blame the patient, or another department/colleague.
5. Encourage the patient & family to ask questions.
6. Know how to handle complaints.
7. Follow through.
8. Keep your language simple- communicate effectively.
9. Relate to the person.
10. Work as a team.
## Keep it Positive:

<table>
<thead>
<tr>
<th>Instead of this...</th>
<th>Say this...</th>
</tr>
</thead>
<tbody>
<tr>
<td>That’s not my department.</td>
<td>I’ll find the right person to help you.</td>
</tr>
<tr>
<td>I don’t know.</td>
<td>I’ll find out for you.</td>
</tr>
<tr>
<td>He/she is not my patient.</td>
<td>I’ll help.</td>
</tr>
<tr>
<td>NO.</td>
<td>Here is what I <em>can</em> do for you. <em>(Offer an alternative.)</em></td>
</tr>
<tr>
<td>I don’t understand what you want.</td>
<td>I think I understand. Is this what you mean...? <em>(Restate to confirm understanding)</em></td>
</tr>
<tr>
<td>Hold on.</td>
<td>Please hold on for just a minute.</td>
</tr>
<tr>
<td>“OK” or “Bye”</td>
<td>Is there anything else I can help you with?</td>
</tr>
</tbody>
</table>
Guiding Principle: Make a positive impression

You are “On Stage”

- Be welcoming and accessible
- Always put a smile in your voice, be cheerful and positive
- Maintain your energy for each interaction
- Be clear and understandable
- Be aware of:
  - The Volume & Speed of your voice
  - Correct grammar & pronunciation
  - Your Body Language
  - Unprofessional conversations
Guiding Principle:

Listen

1. Give them your undivided attention.
2. Show your are listening, use body language, words: “I see...”
3. Allow them to finish, try not to interrupt.
4. Provide feedback: “I think this is what you are saying...”
5. State what you will do: “I will...”

Convey a general attitude that it is “our pleasure to help you”.
Guiding Principle:  
Don’t blame.

Don’t blame the patient.  
Don’t blame another department.

AVOID:

• “Well, you were supposed to...”
• “I tried calling them already.”
• “I don’t know why they told you that.”
Guiding Principle: Problem-Solve

- Do whatever you can to “make it right” when you receive a complaint.
- Say, I’m sorry that happened to you, even if you or your department was not involved.
- Always give people more than they expect, and never “under-deliver”.
Guiding Principle: Know how to handle complaints

- Stay calm, never argue.
- State apology and accept responsibility.
- Listen and allow them to finish.
- State your understanding of their dissatisfaction.
- Offer solutions with “I Can” or “I Will” phrases.
- Do whatever it takes to solve the problem.
- Never blame others or the system.
Guiding Principles: Follow Through

- Follow up with patients to ensure their questions are answered.
- Follow through with family members to ensure their needs are met.
- Don’t hand the patient/family member off to someone else and leave them to explain their issues over again.
Guiding Principles: Communicate Effectively

*Use non-clinical ("plain") language...*

<table>
<thead>
<tr>
<th>Instead of this...</th>
<th>Say this...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute</td>
<td>Short-term, sudden start, quick</td>
</tr>
<tr>
<td>Adequate</td>
<td>The right amount</td>
</tr>
<tr>
<td>Contraindication</td>
<td>Dangerous to give, not good for</td>
</tr>
<tr>
<td>Exhale</td>
<td>Breathe out</td>
</tr>
<tr>
<td>Glucose</td>
<td>Sugar</td>
</tr>
<tr>
<td>Mobility</td>
<td>Ability to move</td>
</tr>
<tr>
<td>Sanitize</td>
<td>Clean, wash, make germ free</td>
</tr>
</tbody>
</table>
Guiding Principle: Relate to the Person

- State your name, every time.
- Introduce yourself to family and visitors.
- Get to know your patient—what would “wow” them?
Guiding Principle: Work as a Team

- Take opportunities to help coworkers.

- Refrain from making judgment or criticism of others, praise and support each other often and whenever possible.

- Remember that everyone’s input is important.
Empathy: The Human Connection to Patient Care
Mini-Med Lecture 1

Maneuvering Health

Information Resources on the Web

Mini-Med School, Feb 2019
Wednesday, February 6th, 2019
Mina Ghajar is an Information & Education Librarian at Rutgers University, George F. Smith Library of the Health Sciences. She has more than 25 years of experience working at different academic and special libraries. Before joining Rutgers, Mina served as Associate Director for the College of Saint Elizabeth Mahoney Library. Prior to that, Mina managed the library at the Center for State Health Policy at the Rutgers Institute for Health, Health Care Policy and Aging Research where she worked closely with research and policy analysts on a variety of healthcare policy and scientific issues. While at the center, Mina contributed to the research involved in developing the New Jersey Obesity Prevention Action Plan and also published an issue brief, “Perspectives on Urban Health Care: Patients with Chronic Medical or Mental Health Conditions.” In the past, Mina was also a co-investigator on a grant received from the National Library of Medicine regarding Health Information Awareness. The results were published in the Journal of Hospital Librarianship. Mina is currently 2019-2020 Chair-Elect of the Medical Library Association Consumer and Patient Health Information Section. CAPHIS provides a forum for health science librarians in the area of consumer health information. Mina’s research interests include health literacy, medical education as pertains to delivering care to a diverse population, and healthcare policy.
Maneuvering Health Information Resources on the Web

Mina Ghajar, MLS
Information & Education Librarian
Rutgers, George F. Smith Library of the Health Sciences
February 2019
Information Consumption

• Americans consume information for about 1.7 trillion hours per year!
• this is an average of 15.5 hours per person per day
• For a total 8.75 zettabytes of data or
• 74 gigabytes per person/per day

Put another way, if 6.9 zettabytes of text was printed in books and then stacked as tightly as possible across the United States, including Alaska and Hawaii, the pile would be almost 14 feet high.

Information Consumption

• Everyday people are inundated with the equivalent amount of 34 GB of information – enough to overload a computer in a week!

• Through use of mobile phone, internet, email, social media, TV, radio, newspapers, books, etc., everyday, people receive about 105,000 words or 23 words per second in a half a day (12 hours)
Information Consumption

• 3.0 billion Internet users in 2018

• 300 hours of video are uploaded to YouTube every minute

• We watch over a billion hours of videos on YouTube everyday

• Worldwide there are 2 billion Facebook users

• Over 1 billion Instagram users

• 200 billion tweets are tweeted per year

• 269 billion emails are sent and received per day

• 8 trillion text messages sent per year

https://www.statista.com/
Google

• As of today, Google estimated it has over 62 billion web pages!
  http://www.worldwidewebsite.com/

• Google processes over 40,000 search queries every second, 3.5 billion per day and 1.2 trillion per year
  http://www.internetlivestats.com

So, how healthy is your information diet?
Information Overload

Information overload or “Infobesity”

- Inability to absorb and process all the information we are exposed to

Information Fatigue Syndrome (IFS)

- Results in “analysis paralysis” exposure to too much information that paralysis you from making the right decision

"Watch the news with the sound turned off. You’re suffering from information overload."
Online Health Information

• 81% of U.S. adults use internet

• 72% of internet users said they looked online for health information within the past year

• 77% of online health searchers said they began their session at a search engine such as Google, Bing, or Yahoo

• Only 13% said they began at a site that specializes in health information

http://www.pewinternet.org/2013/01/15/information-triage/
Making Healthcare Decisions

• 1972 - Patient Bill of Rights
• 2003 - Patient Care Partnership
• Patients are now asked to make decisions about their own treatment
• Do they have the resources, tools and expertise to make these kinds of decision?
• Librarians can help!
Health Literacy is...

“The degree to which individuals have the capacity to obtain, and understand basic health information and services needed to make appropriate health decisions”


Health Literacy is...

“The wide range of skills, and competencies that people develop to seek out, comprehend, evaluate and use health information and concepts to make informed choices, reduce health risks and increase quality of life”

Predictor of an Individual’s Health Status

- Age
- Income
- Employment Status
- Education Level
- Racial/Ethnic Group
Literacy Rate

According to a U.S. Department of Education and the National Institute of Literacy Study

• 32 million adults in the U.S. can't read, that is 14% of the population.
• 21% of adults in the U.S. read below a 5th grade level
• 19% of high school graduates can't read
• Most health care materials are written above 10th grade level

What does this tell you about “health literacy”?

http://www.huffingtonpost.com/2013/09/06/illiteracy-rate_n_3880355.html
Why is health literacy so critical?

Health literacy is an essential life skill for individuals.
• It helps individuals seek and use information and take control over their health

Health literacy is a public health imperative.
• Building health literacy improves overall population health

Health literacy is an essential part of social capital.
• Low health literacy is a strong contributor to health inequalities

Health literacy is a critical economic issue.
• A US study estimated that low health literacy costs the US economy between $106 billion to $238 billion annually.

https://nnlm.gov/initiatives/topics/health-literacy
Navigating Health: The Role of Health Literacy, Ilona Kickbusch, Suzanne Wait, Daniela Maag, 2006
Librarians’ Role

- Collection Management
- Knowledge and Resource Sharing
- Advocacy
- Access and Dissemination of Information
- Education
- Research

Librarians are experts in identifying and providing information

By providing authoritative resources librarians can assist the individual to make more informed health decisions

Consumer and Patient Health Information Section (CAPHIS) of the Medical Library Association (MLA)
Evaluating Health Resources on the Internet

Evaluation Criteria -

- **Currency** - The timeliness of the information
- **Relevance** - The importance of the information for your needs
- **Authority** - The sources of the information
- **Accuracy** - The reliability, truthfulness and correctness of the content
- **Purpose** - The reason the information exists

*The CRAAP Test was introduced by librarians at Miriam Library - California State University, Chico, CA*
Evaluating Health Resources on the Internet

The 5W’s of Website Evaluation*

**WHO:**
- Who wrote the pages and are they an expert?
- Is a biography of the author included?
- How can I find out more about the author?

**WHAT:**
- What does the author say is the purpose of the site?
- What else might the author have in mind for the site?
- What makes the site easy to use?
- What information is included and does this information differ from other sites?

**WHEN:**
- When was the site created?
- When was the site last updated?

**WHERE:**
Where does the information come from?
Where can I look to find out more about the sponsor of the site?

**WHY:**
- Why is this information useful for my purpose?
- Why should I use this information?
- Why is this page better than another?

*Created by Kathy Schrock*
Good Websites vs. Bad Websites

- https://www.arthritis.com/
- http://doctoryourself.com/
- https://medlineplus.gov/
- http://www.medical-library.net/
- http://www.thepregnancytester.com/
- http://www.dhmo.org/
- http://www.havidol.com/
- https://www.curezone.org/
Question?