



THE FUTURE OF INFORMATION LITERACY

**Laura Saunders
Bentley College
March 2012**

WHAT IS IT?

- We have familiar definitions
 - ACRL
 - ALA
- IL is the ability to find, evaluate, and use information efficiently and effectively.



WHO IS INTERESTED?





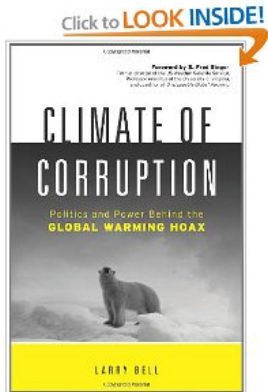
ISN'T IT ALL ON THE WEB?

The Challenges to IL

ISSUES OF SEARCHING



ISSUES OF SOURCES



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Larry Bell (Author)

★★★★☆ (29 customer re

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Tag Archives: health care reform

FactChecking Health Insurance Premiums

Posted on October 24, 2011

Health insurance premiums for employer-sponsored family plans jumped a startling 9 percent from 2010 to 2011, and Republicans have blamed the federal health care law. But they exaggerate. The law—the bulk of which has yet to be implemented—has caused only about a 1 percent increase.

FactChecking Obama

Posted on May 10, 2011

We are periodically taking a look at past claims from the 2012 presidential candidates. Up next: President Barack Obama. The president officially launched his 2012 campaign on April 4, but we've been fact-checking his statements for about four years now. Among the major misstatements: Obama has misrepresented Republican plans for ...

Ryan's Budget Spin

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HOME / FIGHTING WORDS : A WARTIME LEXICON

Defending Islamofascism

It's a valid term. Here's why.

By Christopher Hitchens | Posted Monday, Oct. 22, 2007, at 11:33 AM ET



The attempt by David Horowitz and his allies to launch "Islamofascism Awareness Week" on American campuses has been met with a variety of responses. One of these is a challenge to the validity of the term itself. It's quite the done thing, in liberal academic circles, to sneer at any comparison between fascist and jihadist ideology. People like Tony Judt write to me to say, in effect, that it's ahistorical and simplistic to do so. And in some media circles, another kind of reluctance applies: Alan Colmes thinks that one shouldn't use the word *Islamism* even to designate jihad, because to do so is to risk

RICK SANTORUM

HOME WHY RICK? ISSUES EVENTS LATEST CONNECT STORE STATES DONATE

Repeal and Replace ObamaCare with Patient-Centered Healthcare

FAITH FAMILY & FREEDOM tour

Repeal and Replace ObamaCare with PATIENT-CENTERED HEALTH CARE

- Every American should have access to high-quality, affordable health care, with health care decisions made by patients and their physicians, NOT government bureaucrats
- America needs targeted, market-driven, patient-centered solutions to address the costs and underlying causes of being uninsured rather than a one-size fit-all, government-run health care system

THE SANTORUM HEALTH CARE SOLUTION

- Priority number 1 is repeal ObamaCare and its burdensome job-destroying bureaucracy, taxes, mandates, and heavy-handed government decision-making—and replace it with market-driven, patient-centered alternatives to increasing health care access and affordability
 - President Obama promised that ObamaCare would decrease health care costs—but in a cruel bait-and-switch, the law significantly increases costs and mandates that working Americans foot the bill through increased taxes, mandates, taxes and fees
 - Especially cruel are ObamaCare's multiple incentives for employers to discontinue offering health care coverage to their employees—leaving patients uninsured and required to purchase health insurance the government chooses or pay stiff penalties
 - Strengthen patient-driven health coverage options such as Health Savings Accounts coupled with high-deductible insurance plans (and repeal ObamaCare policies that cut such options)

JOIN the FIGHT

- EVENTS
- VOLUNTEER
- E-MAIL SIGN-UP
- CONTRIBUTE
- CALL FROM HOME

Rick Santorum on Facebook

198,746 people like Rick Santorum

Facebook share page

Rick Santorum

Republicans 21 are campaigning today in Beaver Dam & Janesville, Wisconsin. It's 10:00 AM!

Rick Santorum on Thursday isn't he having a rally at the Jolly Boly Candy Co. in Fairfield, California. It's 9:00 AM!

Rick Santorum is awake in the state of...

ObamaCare Watch

ISSUES OF EVALUATION

- What is good information?
- Where do you find it?
- How do you evaluate?



QUICK ACTIVITY

- Question: Have you heard that vaccines can cause autism?
- How would you investigate this claim?
 - What information would you look for?
 - Where?
 - How would you evaluate it?



Detailed Record

MARC Record

HTML Full Text

Find Similar Results using SmartText Searching.

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Choose Language Translate

Title: Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children. By: Wakeheld AJ, Murch SH, Anthony A, Linnell J, Casson DM, Malik M, Berelowitz M, Dhillon AP, Thomson MA, Harvey P, Valentine A, Davies SE, Walker-Smith JA, Lancet, 0140-6736, 1998 Feb 28, Vol. 351, Issue 9103

Database: MEDLINE

Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children

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- Results
- Discussion
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- Contributors
- Acknowledgments
- Table 1: Clinical details and laboratory, endoscopic, and histological findings
- Table 2: Neuropsychiatric

Section: Early report **Summary**

Background We investigated a consecutive series of children with chronic enterocolitis and regressive developmental disorder.

Methods 12 children (mean age 6 years [range 3-10], 11 boys) were referred to a paediatric gastroenterology unit with a history of normal development followed by loss of acquired skills, including language, together with diarrhoea and abdominal pain. Children underwent gastroenterological, neurological, and developmental assessment and review of developmental records. Ileocolonoscopy and biopsy sampling, magnetic-resonance imaging (MRI), electroencephalography (EEG), and lumbar puncture were done under sedation. Barium follow-through radiography was done where possible. Biochemical, haematological, and immunological profiles were examined.

Findings Onset of behavioural symptoms was associated, by the parents, with measles, mumps, and rubella vaccination in eight of the 12 children, with measles infection in one child, and otitis media in another. All 12 children had intestinal abnormalities, ranging from lymphoid nodular hyperplasia to aphthoid ulceration. Histology showed patchy chronic inflammation in the colon in 11 children and reactive ileal lymphoid hyperplasia in seven, but no granulomas. Behavioural disorders included autism (nine), disintegrative psychosis (one), and possible postviral or vaccinal encephalitis (two). There were no focal neurological abnormalities and MRI and EEG tests were normal. Abnormal laboratory results were significantly raised urinary methylmalonic acid compared with age-matched controls ($p=0.003$), low haemoglobin in four children, and a low serum IgA in four children.

Tools

- Add to folder
- Print
- E-mail
- Save
- Cite
- Export
- Create Note
- Permalink
- Bookmark

Background We investigated a consecutive series of children with chronic enterocolitis and regressive developmental disorder.

Methods 12 children (mean age 9 years (range 3–16), 11 boys) were referred to a paediatric gastroenterology unit with a history of normal development followed by loss of acquired skills, including language, together with diarrhoea and abdominal pain. Children underwent gastroenterological, neurological, and developmental assessment and review of developmental records, neurocaterology and brain mapping, magnetic-resonance imaging (MRI), electroencephalography (EEG), and lumbar puncture were done under sedation. Serum follow-through radiography was done where possible. Biochemical, haematological, and immunological profiles were examined.

Findings Onset of behavioural symptoms was associated by the parents, with measles, mumps, and rubella vaccination in eight of the 12 children, with measles infection in one child, and other infections in two. All 12 children had intestinal abnormalities, e.g., the lymphoid nodular hyperplasia to terminal ileitis. Histology showed patchy chronic inflammation in 11 children and inactive inflammation in one. Biopsies in seven, but no granulomas. Biopsies of duodenum included enteritis (nine), dermatitis (one), and colitis (one), in possible postinfective or allergic aetiologies. There were no focal neurological abnormalities and EEG tests were normal. Abnormal laboratory results were significantly raised urinary creatinine and acid compared with age-matched controls (p < 0.05), low haemoglobin in four children, and low ferritin in one child.

Interpretation Chronic associated gastrointestinal disorder and regressive regression in a group of previously normal children, which was generally associated in time with possible environmental triggers.

Lancet 2002; 360: 637–41
See Comment on page 637

We are aware of one other study of regressive developmental disorder, but acquired skills, including communication. They all had gastrointestinal symptoms, including abdominal pain, diarrhoea, vomiting and, in some cases, food intolerance. We describe the clinical picture, and gastroenterological features, of these patients.

Patients and methods

12 children, consecutively referred to a department of paediatric gastroenterology at a tertiary UK paediatric development unit with loss of acquired skills and increased symptoms of chronic enterocolitis (morning and food intolerance), were investigated. All children were admitted to the ward for overnight assessment by their parents.

Clinical investigations

Each child underwent detailed clinical examination and history to identify any disease, and assessed the children in UK and the laboratory obtained by the senior clinician (J.W.K.). Neurological and psychiatric assessments were done by paediatricians (J.W.K., J.S.) with 3000–4 criteria. Developmental records included a range of prospective developmental records from parents, health visitors, and general practitioners. Four children did not undergo psychiatric assessment in hospital, all had been assessed professionally elsewhere, so these assessments were used as the basis for their behavioural diagnosis.

After bowel preparation, colonoscopy was performed by SED or MAI under sedation with midazolam and propofol. Paired biopsies and formalin-fixed mucosal biopsy samples were taken from the terminal ileum, ascending, descending, and sigmoid colons, and from the rectum. The procedure was recorded by video or still images, and were compared with images of the previous acute colitis regressive paediatric colonoscopies. Bowel terminal colonoscopies and films on children with chronic colitis, in which the physician reported normal appearances in the terminal ileum. Before follow-through radiographs were possible in some cases.

After under sedation, cerebral magnetic resonance imaging (MRI), electroencephalography (EEG) (including sleep, fast eye movements, and sensory evoked potentials) (where compliance made them possible), and lumbar puncture were done.

Laboratory investigations

Urine, faeces, serum, long-chain fatty acids, and cerebrospinal fluid (where possible) were measured to exclude known causes of childhood neurodevelopmental illness. Urinary





SO WE AGREE IT'S IMPORTANT...

Now What?

CURRENT STATE OF IL



WHERE DO WE GO FROM HERE?



INCUMBENT ON ALL OF US...

- Faculty
- Students
- Librarians
- Administrators and Staff



CONTINUOUSLY LEARNING

- Fundamental elements are the same for everyone
 - At upper levels, IL is context-dependent
 - Have to integrate beyond the course level
 - Have to identify and address the challenges
-
- Becoming information literate is a life-long process



CONTINUOUSLY LEARNING

- Means continuously questioning
 - Seek multiple sources of information
 - Seek multiple perspectives
 - Keep digging
 - Test assumptions
-
- Always ask a librarian!

