

ment. Staffing is talked about in several areas, but the issue of an insular staff who have worked together for a long time and thus develop “problems” because of that closeness is not addressed. This reviewer has found that most long-term employee situations devolve into a family situation with the pros and cons that such a dynamic can have. Managers have to be mindful of the human factors impacting staffing. Also, and this reviewer cannot say it enough, staff make or break a library. One bad hire can destroy a cohesive, effective staff. Many times, the point of contact with patrons is not the manager but the clerk, so that clerk had better be a very capable people person. Hiring is the most important thing a manager does.

The isolation of the small library manager is touched upon but could have been better addressed. It takes a special kind of librarian to separate from colleagues and work in an environment where they are the alien element, the “other” in the organization. No one knows what the librarian does. No one understands the problems. It can be hard to relate to others in the organization. The solo librarian is constantly defending and promoting. If a librarian is not emotionally strong enough to deal with this isolation, then that librarian is advised to stay away from this area of the field.

This reviewer wrote a book, which was funnier, and this book, although containing many useful anecdotes, could use a bit of humor. The exception to this is

the area on grants where the chapter author says, and I quote, “Lie, lie, lie” (p. 101). I laughed out loud when I read that because it is so true. Truth is what we all need. From my experience, one has to entertain a little to get people to read what one wants them to know. That being said, this is an extremely readable text. It will be enjoyed by library school students and librarians alike.

This book is excellent and is going in a place of honor on my personal bookshelf.

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RESOURCE REVIEWS

Data Citation Index. Thomson Reuters, 1500 Spring Garden Street, Fourth Floor, Philadelphia, PA 19130; 800.336.4474; http://wokinfo.com/products_tools/multidisciplinary/dci/; institutional subscriptions only, contact vendor for pricing.

Introduced by Thomson Reuters in 2012 as a, “Single point of access to quality research data from repositories across disciplines and around the world” [1], the Data Citation Index (DCI) is a searchable collection of data sets and data studies from a select list of repositories. DCI is intended to facilitate the discovery of data, link data to the literature, and encourage citation of data. The audience for DCI is researchers, funders, and librarians seeking to

find and assess the impact of research data. DCI has arrived at a particularly opportune time, as the proliferation of digital data and funder requirements to make that data publicly available have created a need for an efficient and effective way to find data.

As of July 2015, DCI indexes data from 263 repositories, of which approximately half (48%) are categorized as life sciences, 23% as physical sciences, 20% as social sciences, and the remainder as either arts and humanities or multidisciplinary. The repositories reflect an international perspective, with 48% based in the United States and the remainder distributed among Canada and countries in Europe, Asia, and Africa.

The repositories vary from multidisciplinary repositories that ac-

cept multiple types of data, such as figshare and the Data Repository of the University of Minnesota, to discipline- and/or data-specific repositories, such as the National Cancer Data Base and the Chickpea Transcriptome Database. Coverage is inconsistent; for example, only 2 National Center for Biotechnology Information (NCBI) databases are indexed: Database of Genotypes and Phenotypes (dbGaP) and Gene Expression Omnibus (GEO). Repositories are continually being evaluated for inclusion and added to DCI as frequently as weekly. Currently indexed repositories are reviewed regularly to ensure that they remain relevant and accessible. All data in a repository are indexed for DCI.

DCI is available exclusively by institutional license on the Web of Science platform. The search interface is identical to a typical Web of Science database, with three search options: Basic, Cited Reference, and Advanced (command line). Users can choose from among fields common to bibliographic databases, such as topic, title, author, source (repository), document type, and subject descriptors. The document type field allows users to select one of four options: all document types, repository, data study, or data set. A data study is defined as “a description of studies or experiments...with the associated data which have been used in the data study. (Includes serial or longitudinal studies over time)” [1]. Examples of data studies found in DCI include the Framingham cohort (Framingham Heart Study) and Women’s Health Initiative Clinical Trial and Observational Study. A data set is defined as “a single or coherent set of data or a data file provided by the repository, as part of a collection, data study or experiment.” The repository option for the document type field initially seems puzzling; however, this option proved useful in a search for a repository that accepts a certain type of data or data from a specific organism, for example, “Drosophila [Topic] AND Repository [Document Type].” The subject descriptors field offers standard organismal taxonomy terms; DCI does not have its own controlled vocabulary.

Once a search has been conducted, multiple filters are available. One particularly helpful filter is data types, where the first 100 data types (by record count) are displayed. The use of this filter is almost essential, because results often include images, figures, charts, and tables from published works, which are not desirable to the user who is seeking raw data.

A full record for an item in DCI provides standard bibliographic information as well as enhanced indexing, including, where applicable: research area, Web of Science category, taxonomic data, demographics, gene name, geospatial terms, methodology, and time period. Each record has a link to the source repository and/or source study. A direct link to the item, either in the form of a link to the record in the source repository or a digital object identifier (DOI), is also provided.

Determining how to directly access data was occasionally confusing. For example, a basic search for “oxytocin receptor” retrieved 133 items classified as data sets. The record for a data set from the UniProt Knowledgebase repository provided a link to the home page of the repository, as well as a link to the unique record for the item within the repository. The record for an image, also classified as a data set, from figshare provided the name of—but not a link to—the home page of the repository, a link to the DCI record for the study from which the image originated, and a DOI link, which opened the image itself. This item was one of several images and movies from a single study. The study had been indexed in its entirety as a data study. Its component images and movies had been indexed separately on the item level as data sets. A user could find it difficult to determine how items are related to one another and how to access the data or record within the source repository. On one occasion, the source link in an item record did not go to either the repository record or the data itself. Rather, the link went to the source repository home page, where a search for the data had to be executed.

DCI provides the number of times that each item has been cited by articles indexed in Web

of Science databases. Some repositories offer usage metrics on their own sites, such as number of views, shares, or downloads per item. Figshare, the Harvard Dataverse, and other repositories that use the Dataverse web application will soon provide number of citations. In DCI, the times cited feature is currently of limited utility because most items have few, if any, citations. However, it has the potential to be useful when data attribution and citation become more widely practiced. Each DCI record shows how to cite the item using the DataCite citation standard. Unfortunately, the link to the citation example is difficult to locate on the item record page.

DCI is unique in its scope, cross-repository data search, and ability to connect data to published literature. Freely available, searchable lists of repositories, such as the Registry of Research Data Repositories <<http://www.re3data.org>> and National Institutes of Health Data Sharing Repositories, do exist online. However, these lists do not index the data within repositories as DCI does. Resources that allow cross-repository search at the item level typically query resources from a single organization, such as NCBI, the European Molecular Biology Laboratory-European Bioinformatics Institute, or the Swiss Institute of Bioinformatics. The DataCite Metadata Search tool permits cross-repository and publisher search of the metadata of data sets registered with DataCite but does not connect data to the literature.

DCI can help researchers and librarians identify repositories and data sets from different subject areas and countries and assess the impact of research data. The multidisciplinary nature of the database, incomplete coverage in some areas, and occasional trouble ac-

cessing source repository records may be frustrating for researchers with specific needs. DCI cannot (nor does it intend to) replicate the specialized search and analysis features of some repositories. Researchers and librarians who are familiar with the repositories in their disciplines will likely find it easier, and indeed necessary, to access those repositories directly. Nevertheless, DCI does present one solution to the problem of finding and using data. Additional solutions, such as the DataCite Metadata Search and DataBridge, are likely to continue to develop as funders and journals continue to release policies that require researchers to share and reuse data.

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Journal of Medical Insights. 101 Arch Street, Suite 1950, Boston, MA 02110; contact@jomi.com; <http://www.jomi.com>; subscription; contact vendor for pricing. ISSN: 2373-6003.

INTRODUCTION

Targeting medical students, residents, and attending physicians, the *Journal of Medical Insights* (JOMI) is designed to systematically produce and make available high-quality, peer-reviewed surgi-

cal videos. At present the journal is focused on developing content in orthopedics, orthopedic trauma, and general surgery. Surgical procedures are selected for inclusion in the journal based on educational guidelines established by the Accreditation Council for Graduate Medical Education and procedure volume data from professional surgical organizations.

Currently, the journal has 6 surgical specialty modules, with a seventh in development, containing 34 available videos, plus 13 in production and 100 planned. JOMI refers to its content as “video-articles,” and each video features a surgical procedure narrated by a physician along with a “Case Overview” outlining patient history, details of the physical exam, treatment options, pre-operative and postoperative images, outcomes, and a discussion. The overview includes tips for practitioners related to the patient history and physical exam. Also, accompanying each video is a “Procedure Outline,” a text description of the filmed procedure from pre-procedural planning to the postoperative protocol.

In addition to providing detailed supportive educational content, JOMI incorporates a social networking component into each video-article. The “Share this Article” feature allows viewers to easily share a link to the journal’s content via email or several social networking platforms, including Tumblr, Facebook, and Twitter. JOMI promotes discussion of its content through a comment section at the end of each video-article, which is available to all subscribers, and a blog.

ACCESS

JOMI is a web-based resource that is compatible with hypertext markup language 5 (HTML5)

and Adobe Flash. While the default setting for the journal’s visual content is high definition, subscribers can also view surgical procedures in standard definition. This reviewer watched six videos in their entirety in high definition, and all started immediately and played with no discernable lag. Individual subscribers and institutions with high-speed Internet access should anticipate similar experiences.

SEARCHING

Upon logging into JOMI, users encounter an introductory screen featuring a list of the journal’s seven content areas, as well as an “All Article” index, a comprehensive list of all available video-articles. This home screen also includes an article index that lists all videos by specialty, including those that are planned or in production. This topical structure allows users to search for content via distinct specialties and browse all available video-articles easily from the journal’s home page. Video-articles appear to be listed by date of production within the content areas. This arrangement helps users find new content serendipitously, but it can make it more difficult to find video-articles on a specific procedure. This problem is compounded when browsing the “All Articles” module. Users can find relevant articles more easily by using the article index; although it is not alphabetized, it is easy to scan by specialty. The index includes direct links to available articles, making it a superior aid for finding specific content. Users can also search for articles by keyword via a search box at the top of every page.