

Internet Resources Digest

January 2012

American International Health Alliance

LRC project

www.aiha.com

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Point-of-Care Tools

„Point-of-care tools are those research and reference resources that a clinician can utilize immediately at the point-of-care with a patient. They are often easy to use and contain filtered information. Most of the evidence-based point-of-care tools include levels of evidence, rating scales or grade recommendations as well as citations back to the original research studies, systematic reviews, or guidelines“

(From EBM Resource Guide

<http://researchguides.dml.georgetown.edu/content.php?pid=129563&sid=1111353>)

Features of POC tools

- syntheses of current evidence for diagnosis, tests and interventions (e.g. treatments, drugs)
- designed for rapid consultation at the point of patient care
- evidence-based and frequently updated, with links to relevant literature
- include drug information, ICD coding, information for patients, PDA application, and provision for links to electronic health records

(from Point of care decision-making tools – Overview

http://hlwiki.slais.ubc.ca/index.php/Point_of_care_decision-making_tools_-_Overview)

BMJ Best Practice

“In a single source we have combined the latest research evidence, guidelines and expert opinion – presented in a step-by-step approach, covering prevention, diagnosis, treatment and prognosis. *Best Practice* provides a second opinion in an instant, without the need for checking multiple resources. Its unique patient-focused approach represents a major new advancement in information delivery at the point of care. *Best Practice* is brought to you by the BMJ Evidence Centre – a division of the BMJ Group that is working to provide healthcare professionals with innovative new products and tools that make evidence useful in practice.” *Best Practice* Mobile includes the full content of *Best Practice* and is optimised for access on Internet enabled mobile phones, PDAs or handheld devices.

Main features:

- Information delivery action orientated and structured around the patient consultation
- Standard editorial process including peer review and multiple sign-off
- Breadth and depth of coverage (information relating to over 10,000 diagnoses)
- A constantly updated resource
- A standard structure for each condition including a summary and definition, aetiology, epidemiology, through key diagnostic steps and tests into treatment approaches with drugs, guidelines and evidence, finishing with recommendations and outlook for patient follow-up
- Information for patients to support treatment options
- A drug formulary for quick checking of prescription guidance
- *Clinical Evidence* 'inside' brings together the best current evidence with expert guidance
- My *Best Practice* allowing end users to save searches and bookmarks to specific content
- Ability to upload local guidelines and links
- Full reference links and colour images where available
- Interface and navigation available in selected languages (Spanish; Chinese (Simplified); Turkish; Japanese; Thai; Swedish; German; Arabic; Farsi; Chinese (Traditional); Korean; Portuguese; Greek; Norwegian; French; Italian)

Access: By subscription. Free access through HINARI. Institutional and individual 30-day free trial. Four full articles from *Best Practice* are available for free to allow you to sample the content (Chronic cough, Adult asthma, Acne vulgaris, Swine influenza). Access to *Best Practice* Mobile is included at no extra charge with all personal or institutional subscriptions.

URL: <http://bestpractice.bmj.com/best-practice/>

Clinical Evidence

„*Clinical Evidence* is a new kind of decision-support resource. At our heart is an international peer reviewed journal publishing systematic reviews of important clinical conditions, but *Clinical Evidence* goes well beyond the boundaries of a conventional journal. We constantly update our reviews and integrate them with a range of additional evidence based medicine (EBM) resources to create a powerful support tool, providing busy clinicians with access to the very latest and most relevant medical knowledge for treatment decisions. It is owned by BMJ Publishing Group Limited... *Clinical Evidence* systematic reviews summarise the current state of knowledge and uncertainty about the prevention and treatment of clinical conditions, based on thorough searches and appraisal of the literature. It is neither a textbook of medicine nor a set of guidelines. It describes the best available evidence from systematic reviews, RCTs, and observational studies where appropriate, and if there is no good evidence it says so.“

Main features:

- evidence-based reviews of the treatments for more than 250 conditions
- each systematic review contains a page that lists key clinical questions and interventions and describes whether they have been found to be effective or not
- constantly updated
- monthly email alerts

Access: By subscription. Pay-per-view and 30-day season ticket options. Free access through HINARI and to developing countries. Some free content available (Palliative care; Smoking Cessation; Managing HIV/AIDS in resource poor settings)

URL: <http://clinicalevidence.bmj.com/cweb/index.jsp>

DynaMed

„*DynaMed* is a clinical reference tool created by physicians for physicians and other health care professionals for use at the point of care. With clinically-organized summaries for more than 3,200 topics, *DynaMed* provides the latest content and resources with validity, relevance and convenience, making *DynaMed* an indispensable resource for answering most clinical questions during practice. Updated daily, *DynaMed* editors monitor the content of over 500 medical journals on a daily basis. Each article is evaluated for clinical relevance and scientific validity. The new evidence is then integrated with existing content, and overall conclusions are changed as appropriate, representing a synthesis of the best available evidence. Through this process of Systematic Literature Surveillance, the best available evidence determines the content of *DynaMed*.” *DynaMed* provides easy-to-interpret Level of Evidence labels so users can quickly find the best available evidence and determine the quality of the best available evidence

Main features:

- Alert Notification — Create email alerts to be notified when topics are updated with new evidence
- Print/Email Topic Summaries — Print and email *DynaMed* topic summaries
- Persistent Links — Easily create persistent links to a specific topic
- Drug Information — Comprehensive drug information from respected sources
- Detailed Reference Support — More than 200,000 journal article references and web links
- Daily Updates — Systematic surveillance of hundreds of medical journals and evidence-based sources provides the most up-to-date, accurate information
- Patient Information — Access relevant supplemental content to help educate patients about their conditions
- EMR Integration — possibility of integration with all Electronic Health/Medical Records (EHR/EMR), decision support and patient record applications

Access: By subscription. Individual and institutional 30-day free trial available. *DynaMed* is available as a mobile application, compatible with devices such as the iPhone, iPad, iPod touch, Android Smartphone, BlackBerry, Microsoft Windows Phone and Palm.

URL: <http://dynamed.ebscohost.com/>

EBM Guidelines

“*EBM Guidelines* is an easy-to-use collection of clinical guidelines for primary and ambulatory care linked to the best available evidence. Continuously updated, *EBM Guidelines* follows the latest developments in clinical medicine and brings evidence into practice. *EBM Guidelines* is designed to provide you with the information that you need, using one search term, within one minute. Designed for use at the point of care, the guidelines are delivered in a format that makes it easy for a clinician to make a decision regarding treatment.”

Main features:

- Core clinical knowledge: nearly 1,000 concise primary care practice guidelines
- Trusted evidence: Over 3,000 quality graded evidence summaries, supporting the given recommendations
- Find the solution: Powerful software and indexing (including MeSH and UMLS) enabling quick and effective searching
- Watch the experts: An expanding collection of videos (currently over 60), showing clinical examinations and procedures, and ultrasonographic examinations
- See the problem: A searchable library of over 1,000 high-quality photographs and images including extensive collections of dermatological and eye images
- Hear the problem: Audio samples linked to articles, including descriptions of pulmonary diseases and heart murmurs in children
- Cochrane Inside: All Cochrane Systematic Reviews cited within EBM Guidelines are provided in full text
- Key calculations: Tools for the calculation of peak expiratory flow rate variation, body mass index and LDL cholesterol, amongst others

Access: By subscription, including a special rate for general practice and primary care physicians. Subscriptions are also available for users of hand-held devices, including iPhone/iPod touch, BlackBerry, Android, Palm, Pocket PC and Smartphone. Free access through HINARI. Free 3 month trial.

URL: <http://onlinelibrary.wiley.com/book/10.1002/0470057203>

Essential Evidence Plus

“Essential Evidence Topics are your point of entry into Essential Evidence Plus. This resource brings clinicians to the "Bottom Line" quickly and has been developed to comprehensively and concisely address over 800 conditions and diseases. You can jump quickly to background, prevention, diagnosis, treatment, prognosis, special populations, guidelines, evidence, or resources to better target answers to clinical questions at the point-of-care. Moreover, each Essential Evidence Topic is tightly integrated with evidence-based content such as decision support tools, diagnostic calculators, Cochrane Abstracts, POEMs, evidence-based guidelines, and more. Get as much or as little information as you need and feel confident in the recommendations because all content contains a "strength of evidence" rating.”

Databases:

- Essential Evidence Topics
- EBM Guidelines
- POEMs Research Summaries - POEMs (“Patient-Oriented Evidence that Matters”) Research Summaries are synopses of new evidence carefully filtered for relevance to patient care and evaluated for validity. POEMs Research Summaries emerge from continuous review, grading, and critical appraisal of all 3000+ studies published monthly in more than 100 journals. Using Essential Evidence Plus, you will have complete visibility into the archived collection of over 4,000 regularly updated POEMs
- Cochrane Systematic Reviews
- NGC Practice Guidelines

- Decision Support Tools - 400+ Decision Support Tools Based on the results of valid and relevant studies, these calculators support the clinical decision making of healthcare professionals by offering risk and probability assessments. These rules and calculators are specifically designed to help estimate the likelihood of a diagnosis, calculate a patient's risk for disease, estimate a prognosis, or calculate a drug dose.
- H&P Calculators
- Diagnostic Test Calculators
- Derm Expert Image Viewer

Access: By subscription. 30-day free trial. Free access through HINARI

URL: <http://www.essentialvidenceplus.com/>

Medscape Reference from WebMD

Medscape Reference comprises the largest and most current Clinical Knowledge Base **available freely to physicians and other healthcare professionals**. Nearly 10,000 physician authors and editors contribute to the eMedicine multimedia Clinical Knowledge Base, which contains articles on 7,000 diseases and disorders. The evidence-based content, updated regularly, provides the latest practice guidelines in 43 medical specialties. Professional content undergoes 4 levels of physician peer review plus an additional review by a PharmD prior to publication. „Medscape Reference articles represent the expertise and practical knowledge of top physicians and pharmacists from leading academic medical centers in the US and worldwide. In addition, rigorous literature survey process allows to rapidly integrate new practice-changing information into the relevant topics by systematically reviewing the major medical and pharmacy journals, news announcements, and important practice guidelines.”

Main features:

- Evidence-based and physician-reviewed disease and condition articles are organized to rapidly and comprehensively answer clinical questions, as well as to provide in-depth information in support of diagnosis, treatment, and other clinical decision-making
- Topics are richly illustrated with more than 30,000 clinical photos and radiographic images.
- More than 650 clinical procedure articles provide clear, step-by-step instructions, and include instructional videos and images to allow clinicians to master the newest techniques or to improve their skills in procedures they have previously performed
- More than 2,100 monographs, including prescription and over-the-counter drugs, plus over 5,000 corresponding brand-name drugs, herbals, and supplements, are provided. Drug images and pricing are also included. In addition, a Drug Interaction Checker provides rapid access to tens of thousands of interactions between brand and generic drugs, over-the-counter drugs, and herbals and supplements
- *Best Evidence* email newsletter features current and clinically relevant journal citations. This newsletter serves as a quick and easily accessible way to stay up to date with clinically relevant journal articles that impact clinical practice
- *Case Studies* - challenging and classic case presentations provide a quick way for practicing physicians to sharpen their diagnostic and patient-management skills. Each

case starts with how the patient presented in the clinic and then using a question and answer format, progresses through diagnosis and on to treatment and includes follow up information about outcome for the patient

Access: free (registration needed)

URL: <http://reference.medscape.com/medscapetoday>

NHS Clinical Knowledge Summaries

U.K. National Health Service product was designed to provide "a reliable source of evidence-based information and practical 'knowhow' about the common conditions managed in primary care. CKS provides quick answers to real-life questions that arise in the consultation, linking to detailed answers that clearly outline the evidence on which they are based". Searchable by topic or alphabetically or by clinical topic, includes patient information, drug data, links to Cochrane . From March 2011 the content of CKS is no longer being maintained (To check if the topic you are viewing is current or out of date, please refer to the topic publication details by clicking on the '**How up-to-date is this topic?**' link in the left hand menu on individual topic pages.) Free access.

URL: <http://www.cks.nhs.uk/home>

UpToDate

UpToDate is an evidence-based clinical information resource available online and via tablet or mobile device. It is one of the most popular POC tools in medicine It offers specific, detailed answers to clinical questions. „UpToDate covers over 9,000 topics across 19 medical specialties and includes more than 23,000 graphics, 125 medical calculators, links to Medline abstracts, over 328,000 references and a drug database. UpToDate includes treatment recommendations based on the best medical evidence. Recommendations are kept current as new studies are released, and those with important or immediate implications are identified in Practice Changing UpDates . In addition, we are now grading our recommendations , so you can assess their strength and the quality of the evidence more quickly.“ „More than 460 journals are hand-searched by editors and authors, and anytime something of importance is published, it is incorporated into the program.“

It is recommended by the American Academy of Family Physicians and is an official educational program of or offered in cooperation with the American College of Obstetricians and Gynecologists, American College of Rheumatology, American Gastroenterological Association, American Thoracic Society, Society of General Internal Medicine and The Endocrine Society. It offers CME credits/CE contact hours for physicians, physician assistants, nurses and nurse practitioners.

It helps to:

- *access* the most current information within different specialties
- *recognize* clinical manifestations of disorders
- *describe* options for diagnosis, management and therapy (e.g., efficacy, doses and interactions of drugs)
- *identify* optimal screening and prevention strategies

Access: By subscription. Free Patient content. Donation program for developed countries in collaboration with the Global Health Delivery (GHD) Project

URL: <http://www.uptodate.com/index>

Comparison of Point-of-Care Tools

Ahmadi SF, Faghankhani M, Javanbakht A, Akbarshahi M, Mirghorbani M, Safarnejad B, Baradaran H. **A comparison of answer retrieval through four evidence-based textbooks (ACP PIER, Essential Evidence Plus, First Consult, and UpToDate): a randomized controlled trial.** *Medical Teacher*, 2011, Vol. 33, No. 9, Pages 724-730

„One hundred and twelve residents were taught information mastery basics and were randomly allocated to four groups to use: (1) ACP PIER, (2) Essential Evidence Plus (formerly InfoRetriever), (3) First Consult, and (4) UpToDate. Participants received 3 of 24 questions randomly to retrieve the answers from the assigned textbook. Retrieved answers and time-to-answers were recorded by special designed software, and the researchers determined if each recorded answer was relevant... The rate of answer retrieval was 86% in UpToDate, 69% in First Consult, 49% in ACP PIER, and 45% in Essential Evidence Plus... The mean time-to-answer was 14.6 min using UpToDate, 15.9 min using First Consult, 16.3 min using Essential Evidence Plus, and 17.3 min using ACP PIER.“

URL: <http://informahealthcare.com/doi/abs/10.3109/0142159X.2010.531155>

Banzi R, Liberati A, Moschetti I, Tagliabue L, Moja L. **A review of online evidence-based practice point-of-care information summary providers.** *J Med Internet Res*. 2010 Jul 7;12(3):e26

The aim of this study was to describe online point-of-care summaries and evaluate their breadth, content development, and editorial policy against their claims of being “evidence-based.” „We included English Web-based point-of-care summaries designed to deliver predigested, rapidly accessible, comprehensive, periodically updated, evidence-based information to clinicians. Two investigators independently extracted data on the general characteristics and content presentation of summaries. We assessed and ranked point-of-care products according to: (1) coverage (volume) of medical conditions, (2) editorial quality, and (3) evidence-based methodology. We explored how these factors were associated.“ **Conclusions:** Publishers are moving to develop point-of-care summary products. Some of these have better profiles than others, and there is room for improved reporting of the strengths and weaknesses of these products.

URL: <http://www.jmir.org/2010/3/e26/>

Banzi R., Cinquini M., Liberati A., Moschetti I., Pecoraro V., Tagliabue L., Moja L. **Speed of updating online evidence based point of care summaries: prospective cohort analysis.** *BMJ* 2011; 343:d5856 doi: 10.1136/bmj.d5856 (Published 23 September 2011)

„Top five point of care information summaries (Clinical Evidence, EBM Guidelines, eMedicine, Dynamed, UpToDate) ranked for coverage of medical conditions, editorial quality, and evidence based methodology... From June 2009 to May 2010 we measured the

incidence of research findings relating to potentially eligible newsworthy evidence... At nine months, Dynamed had cited 87% of the sampled reviews, while the other summaries had cited less than 50%. The updating speed of Dynamed clearly led the others.”

URL: <http://www.bmj.com/content/343/bmj.d5856.fullRita>

Ketchum AM, Saleh AA, Jeong K Type of evidence behind point-of-care clinical information products: a bibliometric analysis. *J Med Internet Res.* 2011 Feb 18;13(1):e21.
„This study is a comparative bibliometric analysis of references cited in monographs in POC products. Five commonly used products served as subjects for the study: ACP PIER, Clinical Evidence, DynaMed, FirstCONSULT, and UpToDate. The four clinical topics examined to identify content in the products were asthma, hypertension, hyperlipidemia, and carbon monoxide poisoning. Four indicators were measured: distribution of citations, type of evidence, product currency, and citation overlap. The type of evidence was determined based primarily on the publication type found in the MEDLINE bibliographic record, as well as the Medical Subject Headings (MeSH)... FirstCONSULT had the greatest proportion of references with higher levels of evidence publication types such as systematic review and randomized controlled trial (137/153, 89.5%), although it contained the lowest total number of references (153/2330, 6.6%). DynaMed had the largest total number of references (1131/2330, 48.5%) and the largest proportion of current (2007-2009) references (170/1131, 15%). The distribution of references cited for each topic varied between products. For example, asthma had the most references listed in DynaMed, Clinical Evidence, and FirstCONSULT, while hypertension had the most references in UpToDate and ACP PIER. An unexpected finding was that the rate of citation overlap was less than 1% for each topic across all five products.“

URL: <http://www.jmir.org/2011/1/e21/>

Kettermana E. Megan E. Besawa. An Evaluation of Citation Counts, Search Results, and Frequency of Updates in DynaMed® and UpToDate® *Journal of Electronic Resources in Medical Libraries, Volume 7, Issue 4 October 2010, pp 273 - 280*

„This study examines two point-of-care products: DynaMed® and UpToDate®. These resources were evaluated based on four criteria: search result counts, search result answers, reference counts, and currency of updates. The results of the study suggest that of the four areas evaluated, two indicate a statistical advantage of one database over the other. DynaMed contained updates that were more current, and UpToDate had a more significant total number of references used in a topic. The other two criteria, of initial search result counts and if there was an exact answer to the clinical question, did not produce a statistically significant difference.“

URL: <http://www.tandfonline.com/doi/abs/10.1080/15424065.2010.527238>

Shurtz S, Foster MJ. Developing and using a rubric for evaluating evidence-based medicine point-of-care tools. *J Med Libr Assoc.* 2011 Jul;99(3):247-54.

The authors searched the literature for EBM tool evaluations and found that most previous reviews were designed to evaluate the ability of an EBM tool to answer a clinical question. The researchers' goal was to develop and complete rubrics for assessing these tools based on criteria for a general evaluation of tools (reviewing content, search options, quality control, and grading) and criteria for an evaluation of clinical summaries (searching tools for treatments of common diagnoses and evaluating summaries for quality control). Differences

between EBM tools' options, content coverage, and usability were minimal. However, the products' methods for locating and grading evidence varied widely in transparency and process

URL: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3133902/?tool=pubmed>

Chan R, Stieda V. **Evaluation of three point-of-care healthcare databases: BMJ Point-of-Care, Clin-eguide and Nursing Reference Centre.** *Health Info Libr J.* 2011 Mar;28(1):50-8. doi: 10.1111/j.1471-1842.2010.00920.x. Epub 2010 Dec 9.

„Point of care resources make it easier for clinicians to find answers to questions that arise during a clinical encounter. In order to make informed purchase decisions in times of tight budgets, librarians need to have a better understanding of which resources will meet their patrons' clinical information needs. The goal of this study was to assess the content, interface and usability of three point-of-care tools: BMJ Point-of-Care, Clin-eguide and Nursing Reference Centre... The themes that arose – ease of use, validated content, relevancy to practice – generally echoed those stated in the literature. No one database fared significantly better, due to differing features, content and client preference.“

URL: <http://onlinelibrary.wiley.com/doi/10.1111/j.1471-1842.2010.00920.x/pdf>

Farrell, A. **An evaluation of the five most used evidence based bedside information tools in Canadian Health Libraries.** *Evidence Based Library and Information Practice* 2008, 3, 3-17.

„This project sought to identify the five most used evidence based bedside information tools used in Canadian health libraries, to examine librarians' attitudes towards these tools, and to test the comprehensiveness of the tools... Survey respondents reported that the five most used evidence based bedside information tools in their libraries were UpToDate, BMJ Clinical Evidence, First Consult, Bandolier and ACP Pier. Librarians were generally satisfied with the ease of use, efficiency and informative nature of these resources. The resource assessment determined that not all of these tools are comprehensive in terms of their ability to answer clinical questions or with regard to the inclusion of levels of evidence. UpToDate was able to provide information for the greatest number of clinical questions, but it provided a level of evidence only seven percent of the time. ACP Pier was able to provide information on only 50% of the clinical questions, but it provided levels of evidence for all of these.“

URL: <http://ejournals.library.ualberta.ca/index.php/EBLIP/article/view/1515>

Thiele RH, Pairo NC, Scalzo DC, Nemergut EC. **Speed, accuracy, and confidence in Google, Ovid, PubMed, and UpToDate: results of a randomised trial.** *Postgrad Med J.* 2010 Aug;86(1018):459-65.

“The explosion of biomedical information has led to an ‘information paradox’—the volume of biomedical information available has made it increasingly difficult to find relevant information when needed. It is thus increasingly critical for physicians to acquire a working knowledge of biomedical informatics. **Aim** To evaluate four search tools commonly used to answer clinical questions, in terms of accuracy, speed, and user confidence. From December 2008 to June 2009, medical students, resident physicians, and attending physicians at the authors' institution were asked to answer a set of four anaesthesia and/or critical care based clinical questions, within 5 min, using Google, Ovid, PubMed, or UpToDate (only one search

tool per question). At the end of each search, participants rated their results on a four point confidence scale. One to 3 weeks after answering the initial four questions, users were randomised to one of the four search tools, and asked to answer eight questions, four of which were repeated. The primary outcome was defined as a correct answer with the highest level of confidence. **Results:** Google was the most popular search tool. Users of Google and UpToDate were more likely than users of PubMed to answer questions correctly. Subjects had the most confidence in UpToDate. Searches with Google and UpToDate were faster than searches with PubMed or Ovid”

URL: <http://pmj.bmj.com/content/86/1018/459.abstract>

Point of care decision-making tools – Overview from HLWIKI

URL: http://hlwiki.slais.ubc.ca/index.php/Point_of_care_decision-making_tools_-_Overview

Training materials on Point-of-Care Tools

Best Practice Tutorials

A series of user-based tutorials to highlight a range of useful features appropriate to your information needs. Each tutorial has been developed around a specific user scenario that you can progress through at your own pace: Medical student tutorial, Junior doctor tutorial, Nurse tutorial, Clinician tutorial

URL: <http://bestpractice.bmj.com/best-practice/marketing/help.html?button=site-nav>

EBM Guidelines Userguide

URL:

http://onlinelibrary.wiley.com/book/10.1002/0470057203/homepage/UserGuide_1_.pdf

HINARI Training Modules

- Module 7.2 Evidence based Practice Resources for HINARI Users - PART A - updated 08 2011 ppt, 2.76Mb
- Module 7.2 Evidence based Practice Resources for HINARI Users - PART B - updated 08 2011 ppt, 2.82Mb
- Module 7.2 Evidence based Practice Resources For HINARI Users Workbook - updated 08 2011 doc, 64kb
- Module 7.2 Evidence based Practice Resources Case Studies Appendix 1 - updated 08 2011 doc, 32kb

URL: http://www.who.int/hinari/training/module_7_additional_resources/en/index.html

Find It Fast!

A series of video tutorials on the various evidence-based practice (EBP) information resources. The series is called "Find It Fast" because all of these resources may help you find clinical information faster. Find It Fast #5: Clinical Evidence. Find It Fast #6: ACP's PIER
URL: <http://library.medicine.yale.edu/guides/feature/finditfast>

Related AIHA Resources

Clinical Practice Guidelines: Development and Implementation, Health Resources Digest, September 2007

http://www.eurasiahealth.org/attaches/99496/digest_Sept07_eng.pdf

Translating Medical Knowledge into Practice. Health Resources Digest, January 2009

http://www.eurasiahealth.org/attaches/99922/digest_Jan09Eng.pdf

Clinical Information Alerting Services. Internet Resources Digest, January 2011

URL:

https://sites.google.com/site/lrczambia/home/newsletters/digest_Jan11.pdf?attredirects=0&d=1

Internet Resources Digest Forthcoming Topics [Provisional]

Monitoring and Evaluation Resources

Critically Appraised Topics

If you have a suggestion for a Digest topic, or would like to contribute information about Internet resources, then please contact [ibra\[at\]zadar.net](mailto:ibra[at]zadar.net)

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Back issues of the Health Resources Digest for 2001-2009 are archived at
<http://www.eurasiahealth.org/eng/misc/publication3/>