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Creating and Teaching an Annotated Bibliography Class to Medical Students

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What is an annotated bibliography?

- A list of scholarly works
- Includes descriptive and evaluative comments

Annotations vs. Abstracts

- Annotation
 - brief descriptive and evaluative paragraph
 - discusses relevance, accuracy and quality of works cited
 - primarily critical or analytical of the work
 - conveys a point of view, either author's or annotator's
- Abstract
 - summarizes
 - purely descriptive

Background

- New curriculum for 2019/2020 includes a medical scholarship component
- Scholarship course supporting this requirement encompasses all 4 years of medical school, culminating in a Capstone project
- Goals include exposing students to scientific inquiry, developing scientific literacy, cultivating basic competency in written and oral scientific communication
- Librarians asked to lead student sessions on formulating research questions, selecting and searching appropriate databases, using EndNote, and creating an annotated bibliography

Description

- Students divided into teams and assigned to
 - find 20 relevant, reputable sources of information relevant to a preselected research question
 - create annotated bibliography to be graded
- Librarian
 - developed 45-minute lecture and PowerPoint presentation on how to write and format an annotated bibliography
 - prepared by searching library literature and the Internet for information related to teaching and writing annotated bibliographies
 - compiled information to explain what constitutes a good annotated bibliography, its purpose in scholarly literature, using a publication style and good citation practices
 - identified several published annotated bibliographies on healthcare topics
 - select annotations used as examples of good annotations and to illustrate the difference between an abstract and an annotation

Abstract Example

Rogers FB, Madsen L, Shackford S, et al. A needs assessment for regionalization of trauma care in a rural state. *Am Surg.* 2005;71(8):690-693.

Abstract

Systems of trauma care in urban areas have a demonstrated survival benefit. Little is known of the benefit of trauma system organization in rural areas. We hypothesized that examination of all trauma deaths during a 1-year period would provide opportunities to improve care in our rural state. We used a medical examiner database of trauma deaths occurring during a 1-year period. Five board-certified surgeons analyzed deaths as preventable (P), potentially preventable (PP), and non-preventable (NP) using modified Delphi technique. There were 223 trauma deaths during a 1-year period. Most (63%) died at the scene prior to any medical intervention. Adjudication of the deaths demonstrated 5 P (2%; 95% CI 1-5%), 36 PP (16%; 95% CI 12-27%), and 179 NP (81%; 95% CI 76-86%). Agreement among trauma surgeons was only moderate with a kappa of 0.46. Suicide accounted for a significant number of the overall trauma deaths at 32 per cent. Rural trauma system design should focus on discovery, as that is where the majority of deaths occur. Suicide is a significant problem in this rural state that should be aggressively targeted with prevention programs.



Annotation Example

Rogers FB, Madsen L, Shackford S, et al. A needs assessment for regionalization of trauma care in a rural state. *Am Surg.* 2005;71(8):690-693.

Annotation

Most trauma literature comes from urban trauma centers, most trauma training occurs at urban centers. However, there are real differences between trauma encountered in rural areas and that seen in urban areas. The Division of Trauma at the University of Vermont is one of the few academic leaders who are in a rural area. They reviewed all the trauma deaths occurring in their area during a 1-year period, with the aim of determining how they could improve their trauma system. They found that almost two thirds of trauma deaths occurred at the scene before any medical intervention and that suicide accounted for almost one third of deaths. Their main conclusion was that rural trauma system design should focus on improving discovery and earlier/ quicker access to the emergency medical system, as well as on suicide prevention training. Having moved from an urban trauma center to a rural one, I fully agree with Dr Rogers and colleagues.¹

1. McCabe CJ, Warren RL. Trauma: an annotated bibliography of the recent literature—2005. *Am J Emerg Med.* 2006;24(2):317-328.



Why do an annotated bibliography?

- Provides an overview
- Aids in conducting research and research projects
- Promotes reading more critically and carefully
- Helps develops research skills
- Gain experience in locating, analyzing and evaluating sources
- See previous research on your topic
- Prevents repeating what has already been done

Using good citation practices

- Shows have done proper research
- Demonstrates responsible scholarship by giving credit for others' work
- Avoids plagiarism
- Allows others to locate sources

Good annotations answer questions

- What is the main subject and scope?
- Who is the intended audience?
- What are the work's goals and conclusions?
- Is the research methodology sound or flawed?
- What are the background and authority of the author(s)?
- When was it published - is it still current or out-of-date?
- How does the work compare and contrast with other works?
- What is its relevance to your topic or research question?
- Is there anything distinctive or new about the work?

Conclusions

- Formal evaluations from medical students and class assessment not yet available
- Positive feedback from faculty who oversee the medical scholarship course
- Student questions after the class made it apparent that students needed more assistance than anticipated in using publication styles and good citing practices
- Future instruction will either strengthen these sections of the annotated bibliography class or create a separate session
- Librarian involvement in medical scholarship will continue to include teaching this subject