The term pre-filtered refers to resources containing information that has been identified by experts as clinically significant. The high-quality information has been reviewed and summarized for use in clinical practice. With the exception of MEDLINE and PubMed the resources described below are prefiltered.¹

<table>
<thead>
<tr>
<th>Resource</th>
<th>Description</th>
<th>Ease of Use</th>
</tr>
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</table>
| Evidence Based Medicine Reviews (EBMR) on Ovid | Simultaneously searches four databases:  
- ACP Journal Club - Full Text  
  Contains both abstracts and expert commentaries from the fields of internal medicine, family practice, pediatrics, psychiatry, surgery and obstetrics & gynecology. The editors revisit the reviews every 5 yrs. to ensure currency. Queries can be further filtered by question type: Therapeutics, Diagnosis, Etiology and Prognosis.  
- Cochrane Database of Systematic Reviews - Full Text  
  Includes the full text of the regularly updated systematic reviews of the effects of healthcare prepared by The Cochrane Collaboration. The reviews are presented in two types: completed reviews and protocols (topics in the process of being reviewed). High quality, comprehensive reviews of therapeutics only.  
- Database of Abstracts of Reviews of Effects (DARE) - Full Text  
  Contains critical assessments of systematic reviews from a variety of medical journals. DARE records cover topics such as diagnosis, prevention, rehabilitation, screening, and treatment.  
- Cochrane Central Register of Controlled Trials | Ovid search interface.  
  Fast & Easy.  
  Keyword searching only.  
  Links to MEDLINE.  
  Updated Quarterly |
| Clinical Evidence on Ovid | A compendium of evidence on the effects of common clinical interventions, published by the British Medical Journal Publishing Group. Provides a concise account of the current state of knowledge, ignorance, and uncertainty about the prevention & treatment of a wide range of clinical conditions, based on searches of the literature. Interventions are qualified as “most beneficial,” “likely to be beneficial,” “less beneficial,” etc. Use for therapeutics. Does not consider Dx. | Ovid keyword search interface.  
  Fast & Easy.  
  Full Text.  
  Links to Medline |
| Cochrane Library | Contains the following: Cochrane Database of Systematic Reviews (CDSR), Database of Abstracts of Reviews of Effects (DARE), and Cochrane Central Register of Controlled Trials. Plus: Health Technology Assessment Database (HTA), NHS Economic Evaluation Database (abstracts of economic evaluations of healthcare interventions), The Cochrane Database of Methodology Reviews and The Cochrane Methodology Register. Some overlap with Ovid’s EBMR. Simple search engine. Updated Quarterly | Supports keyword and subject searching.  
  Fast & Easy.  
  Full Text of entire reviews available. |
| UpToDate | Frequently updated online “text book” of reviews. It is useful for answering both focused clinical questions & background questions. Major emphasis on Internal Medicine at present. | Search by topic or keyword.  
  Windows only.  
  Updated quarterly. |
| TRIP Database -- | The Turning Research into Practice database searches over 55 sites of high-quality medical information simultaneously for direct, hyperlinked access to the largest collection of ‘evidence-based’ material on the web, as well as articles from premier on-line journals such as the BMJ, JAMA, NEJM and more. | Simple search engine for searching many EBM and full text sites. |
| MEDLINE via OVID | The premier index of the primary biomedical literature. Not pre-filtered; results need to be appraised for validity & applicability. Most effectively accessed after pre-filtered resources have been consulted. Indexes a broad range (over 4,000 journals) from 1966 forward with over 12 million records. Most comprehensive database of clinical and preclinical research. Some expertise in searching is necessary. Librarian assistance is available & recommended. Links to full text for many references. | Employs MeSH vocabulary & structure.  
  Scope is very rich.  
  Size and complexity can make it difficult to use. |

¹ Hunt, Dereck L. MD, MSc; Jaeschke, Roman MD, MSc; McKibbon, K. Ann MLS; for the Evidence-Based Medicine Working Group. Users’ Guides to the Medical Literature: XXI. Using Electronic Health Information Resources in Evidence-Based Practice. JAMA April 12, 2000;283(14):1875-1879