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The Colorado Compendium: An Article-Based Literature Review Program

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The immense body of knowledge that emergency medicine (EM) encompasses is constantly growing and ever changing. Textbooks build a strong foundation for the EM resident, but journal articles critical for modifying and improving EM practices are equally important for a well-rounded education. Determining which journal articles are vital to an EM residency education is a challenge. Lacking a formalized list of key articles available to EM residents and realizing that a list of articles without a guide may be difficult and confusing for novice readers, we created the “*Colorado Compendium*”: a recommended reading list, limited to 100 articles with accompanying summaries, tailored to emergency medicine residents.
[*WestJEM*. 2009;10:21-22.]

INTRODUCTION

Internalizing the canon of knowledge in emergency medicine (EM) is a daunting task. As we all know, this knowledge base is not completed during residency. Instead, residency serves as the launching point for a lifetime of medical education. How do residents become familiar with the library of knowledge that will aid them at the bedside? Textbooks are a start. Clinical hours are the mainstay. But journal articles provide the basis for a change in practice. The *Colorado Compendium* is an attempt to identify sentinel articles that are often referred to during clinical rotations. By providing a summary of each article, residents are exposed to the information that lies in these references, while the complete articles remain for further investigation.

METHODS

Attending physicians at the Denver Health Residency in Emergency Medicine were queried via email as to which articles they deemed important for inclusion in the list of “top articles in emergency medicine,” with no other caveat listed. In response, we received recommendations for several hundred articles. From this group, we culled for duplication and outdated articles. There were no absolute requirements regarding the characteristics of each article. The litmus test for inclusion was to ask whether an article would fundamentally

enhance the clinical expertise of residents practicing EM. The list was narrowed by the authors to 100 articles. Subsequently, the three authors compiled a one-page summary of each article. The summaries were then reviewed and edited by attending physicians at Denver Health Medical Center and the University of Colorado Health Sciences Center with an interest or specialization in the subject area, after which the authors revised each summary.

DISCUSSION

Nationally available lists of articles pose a challenge from a resident education perspective. Using a national poll of “most important” leaves two critical issues that would need to be addressed: first, the issue of influence, and second, the issue of distance. For example, the Lifelong Learning and Self-Assessment (LLSA) articles, chosen by submission from a national audience, may include submissions from specific authors themselves.^{1,2} Also, this same pool of articles is subject to a bias towards new, untested modalities, as the inclusion of the nesiritide article in the 2005 LLSA list demonstrates.³ Lastly, outside influences (drug companies, etc.) can be more apparent in a list that is based on suggestions, with secondary gain of increased knowledge of specific drugs influencing submissions. Through a literature review on PubMed using the search terms “emergency medicine article list,”⁴ no other

lists are commonly available. Some commercial sites, such as *eMedicine*, have lists of articles relating to EM, but these articles are not based on published articles themselves, instead acting as a general topic summary.⁵ Finally, some web sites organize content based on subject, such as the *New England Journal* collection of EM articles. However, this is a collection of all EM-related articles listed in their publication, with no filter (and currently numbering at more than 250).⁶

That is not to say that some articles or guidelines included in our list are without any taint of influence or possible contradiction. However, we attempted to choose articles that have withstood the test of time in our program and guidelines that did not undergo immediate revision.

The article summaries themselves can be critiqued. As a conglomeration of opinion of three authors and one additional attending physician, there may be inherent bias in comments made. There may also be nuances in each article that are not discussed (or even mentioned) in the summaries that appear in the articles themselves. These summaries are not simply copies of the article abstracts, nor do they serve as adequate substitutes for reading the article itself. They are meant to serve as a brief guide to the associated full-text reference. Hopefully, residents reading the summaries will expand their knowledge base and will be encouraged to go to the original articles for further investigation.

How does one use the *Colorado Compendium*? Does distribution itself equal knowledge acquisition? This remains to be seen. Eighty-three different residency programs recently requested copies of the *Colorado Compendium* to incorporate in their curriculum. As with any educational endeavor, possession of a curriculum does not translate into an effect. At our program, weekly distribution of a single summary was thought to be a method that was best suited to resident interest. Other institutions have distributed the entire *Colorado Compendium* at the beginning of residency. Assessing the *Colorado Compendium* from an educational success standpoint is an ongoing process.

As a final note, our list and summaries are not meant to be a final document for all time. We intended for this *Colorado Compendium* to be a living document, with additions and deletions occurring in an ongoing fashion. To maintain an article-based source for resident education, we encourage others to assist us with updating and editing this list. The article summaries are available online at www.westjem.org as a related file, "*Colorado Compendium*," via this link: <http://repositories.cdlib.org/uciem/westjem/vol10/iss1/art7/>

CONCLUSION

The *Colorado Compendium* is a starting point for article-based resident education. While textbooks form the basis for a broad knowledge base, the articles with summaries attempt to refine our knowledge of and potentially change our practice in EM.

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