Online resources reviews

OvidMD. Connie Hughes, Ovid Global Headquarters, 333 Seventh Avenue, New York, NY 10001; 800.950.2035; Hughes@wolterskluwer.com; http://login.ovidmd.ovid.com/Login.aspx; contact for pricing.

In May 2011, Ovid (part of Wolters Kluwer Health) announced the release of OvidMD, self-described as “the first clinical tool from Ovid designed especially for physicians and other clinicians” [1]. While technically true, there was initial confusion as to how OvidMD differed from UpToDate, a clinical point-of-care tool, or OvidSP, a research platform. Simply stating that OvidMD is “the only solution that presents the latest medical research on OvidSP and synoptic content from UpToDate through the same, easy-to-use interface” [1] does not clarify what OvidMD does or how it interacts with other Wolters Kluwer resources.

While a user does not necessarily need to subscribe to any Ovid products or UpToDate to use OvidMD, access to these resources means the ability to view full-text articles. This is because OvidMD serves as a bridge between the database and the point-of-care tool. It provides the user with additional information not given on UpToDate without spending the time and effort required to search OvidSP. Having access to Ovid MEDLINE and UpToDate means that the user can access full-text articles and the point-of-care information associated with the platforms without having to leave OvidMD. (Note that pay per view and interlibrary loan options are available depending on the institution.)

OvidMD uses a basic query engine to search from multiple locations like Ovid MEDLINE (abstract and full text to subscribers, only abstracts to non-subscribers), evidence-based guidelines, drug information, patient education, practice guidelines, and UpToDate content (only the first five paragraphs available to non-subscribers). Also, any additional clinical content that the institution or user subscribes to can be made available through OvidMD; for instance, this reviewer’s institution has many journals from non-Ovid providers and the full text was easily accessible.

The strength of OvidMD is that the user does not have to use MeSH terminology, know PubMed qualifiers, or even use Boolean logic in the search query; rather, the search is conducted through keywords and automatically expands the query to include synonyms and various forms and spellings of the words. While this “Googled” searching may not appeal to librarians and researchers, this resource is meant for clinicians and purposely made to be easily utilized. In a survey of faculty and clinicians at this reviewer’s institution, one user wrote: “I really like not having to use boolean logic—such as I typed in ‘parvo exposure pregnancy’ and got exactly what I wanted.’’ However, this reviewer noted some discrepancies during the institutional trial in December of 2011: a search of “teenage pregnancy” versus “pregnancy in youth” yielded a very different set of results. Ovid stated that their tech team would look into these discrepancies.

Results are fairly easy to navigate, and top results seem to favor certain content over others. For instance, UpToDate and Evidence-based Clinical Guidelines will be in the first few results over non-Ovid articles, and naturally newer content appears before older articles. Because this reviewer’s institution has subscriptions to UpToDate and other Ovid resources, it cannot be verified whether there is an option to change the organization of results or exclude specific non-subscribed resources. However, there does not appear to be any way to change the organization, such as having non-Ovid resources appear before UpToDate. Perhaps future versions of OvidMD will allow institutions to customize their results (as is the case with the OvidSP platform).

Results are displayed in citation format, and one can click on the title for full text (if available), preview the article without leaving the search screen, find similar articles, or email the citation. Limits are located on the left side and narrow results to specific resources (such as, only reference books or patient education) or by date (last twelve months, three years, or five years). While some may wish for more limits in future versions, so far users have not voiced any complaints about it. In the institutional survey, one user wrote that OvidMD did a good job picking the most important limit options. Users also have the option of selecting many citations and choosing one of three actions: email to colleague, export to citation manager, and add to saved items.

The main complaint from users has been about exporting to citation managers, which only includes End Note, Procite, and Reference Manager. Unfortunately, exporting to RefWorks or to a portable document format (PDF) file is not available at this time, although the Ovid representative said these and other exportation methods would eventually be added. Considering that other Ovid resources have more exportation capabilities, chances are high that other options will soon be available. The only other concern voiced by a user was that there was no OvidMD mobile application; however, this reviewer has confirmed that an iPad-specific app will be released sometime this year.

Overall, OvidMD was reasonably priced and has been a good addition for an institution that has had numerous budget restraints. While it does not replace OvidSP or UpToDate (as some may have hoped in order to save money), it certainly holds its place between the two resources and adds to the research capabilities of clinicians. It definitely seems more beneficial to have additional Ovid resources so that full-text capabilities are utilized, but with interlibrary loan services, this is not a necessity. Considering this is the first year of its release, there are few problems or complaints associated with the resource. This reviewer is satisfied with the subscription, and the users are happy with the resource.

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Reference


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