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Diving for PURLs

Introducing Priority Updates from the Research Literature

Do you feel overwhelmed by the volume of new research in family medicine? Wondering where to turn for authoritative updates? Unable to decipher which articles are must reads, let alone which ones should dictate a change in practice? In this issue of *The Journal of Family Practice*, we introduce **Priority Updates from the Research Literature (PURLs)**—a solution to this vexing problem.

PURLs: Reviews that meet reality

PURLs provides a literature review system that systematically identifies practice changing research and facilitates the integration of these innovations into the realities of today's clinical environment.

Each month our PURLs Editor, Bernard Ewigman, MD, MSPH, and the trusted Family Physicians Inquiries Network (which brings us *Clinical Inquiries*) rigorously survey the literature to identify those few articles (usually less than a half dozen) that might warrant a change in clinical practice. They assess the article for scientific validity and for its generalizability to the usual family practice setting, place the study's findings in the context of the literature and current clinical recommendations, and identify those few studies that warrant a change in practice.

But having identified a practice changer is only half the battle—the PURLs authors ask, “What are the barriers to implementation of this change into our daily routine? Are there challenges in reimbursement? Who is responsible for this change? How could we hasten diffusion of this innovation?”

How is a PURLs review different?

While there are many literature surveillance systems available to our readers, PURLs alone asks the question, “Should we change practice on the basis of this article?” To answer this question, not only do our experts and peer reviewers critically appraise the article, but they look at what current practice is (as assessed by resources such as UpToDate, PEPID, Dynamed, relevant practice guidelines, and recommendations from other authoritative sources). If the practice is significantly different, we then try to weigh the importance of this change, how well it can be implemented, and challenges in changing practice. So rather than a simple literature review, we go further, and ask, “Does the value of this innovation warrant implementation and how do we diffuse this change into practice?”

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The PURLs system is rigorous

If you are like me, you want to be sure that when you make a practice change, it is truly warranted. That's why PURLs is built around a rigorous development and peer review process (and provides these details at www.jfponline.com). In the next issue of the journal, Dr Ewigman will outline more completely the science behind PURLs. But rest assured, we take seriously the issue of scientific rigor.

More innovations to come

As PURLs becomes a standard for evaluating new practice innovations, we will be developing more interactive ways to engage you, our readers. We are already developing a Web based platform that will allow voting on the selection of an individual PURL, discussion of implementation challenges, and reactions to each PURL—in short, we are bringing together a community of family physician and primary care clinician learners. Our goal is to engage every reader in the creation and dissemination of PURLs, a place where “research meets reality.”

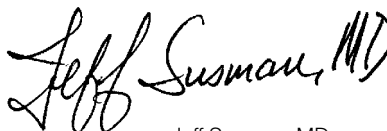
Send us your comments

While PURLs' rigorous methodology will remain the foundation of our efforts, we view these updates as a work in progress. How can the presentation of this information be improved? Do we appropriately address challenges in implementation? What pieces of this translation of research into reality have we missed? E-mail me at jfp@fammed.uc.edu with your suggestions.

Happy PURL diving!

PS: What do you think?

Write me at jfp@fammed.uc.edu



Jeff Susman, MD,
Editor-in-Chief

FAST TRACK

We view PURLs as a work in progress. Write us with your suggestions:
jfp@fammed.uc.edu

This month's PURLs:

Preventing stroke: Age does not rule out warfarin

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Double-dose vitamin D lowers cancer risk in women over 55

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