

Annotated Bibliographies

Bibliographic information may take one of the following forms:

Reference List

List of sources used
in an assignment

Bibliography

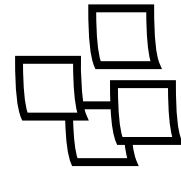
List of sources read to
prepare for an assignment
(not all sources are cited)

Annotated Bibliography

List of credible sources read to prepare for
an assignment with an annotation added.
Two types: descriptive or evaluative

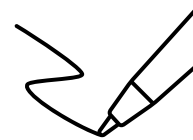
Annotated bibliography format

- start with the full reference in APA format
- indent in block style
- be brief
- start each annotation on a new page
- place in alphabetical order



Descriptive annotations include

- the purpose of the text or content
- a summary of the hypotheses/thesis statement/viewpoint or approach of the author(s)
- a summary of the theoretical concepts or frameworks (if applicable)
- a summary of the methodology (paradigm, data collection, and data analysis)
- a summary of the findings
- a summary of conclusions and recommendations



Evaluative annotations include

- descriptive annotation material
- strengths and limitations of the research
- comment on the relationship of the content to that of other annotations (use citations)
- evaluation of the relevance of the information to your assignment topic
- comment on how you will use this in your assignment (e.g., to support the point, to add an alternative perspective, to examine central points, to provide context to the main argument, ...)

Descriptive Annotation Example

Howell, E. C., Sakai-Bizmark, R., Karunungan, K., Pak, Y., Ugarte, R., Richardson, S., DeUgarte, D. A., & Lee, S. L. (2024). Disparities in outpatient rural cholecystectomy outcomes. *The American Journal of Surgery*, 236. <https://doi.org/10.1016/j.amjsurg.2024.115852>

In this study, Howell et al. (2024) conducted a quantitative retrospective cohort analysis on cholecystectomy patients treated in either rural or urban hospitals, with the purpose of comparing patients' outcomes. They expected similar outcomes in use of laparoscopy, complications, and patient discharge disposition. They found that in rural and urban hospitals the most common indication for cholecystectomy was cholecystitis. However, rural hospital cholecystectomy patients had higher rates of post-operative bleeding and higher rates of intraoperative, cardiovascular, respiratory, shock, renal, intestinal, and other complications. No difference between rural and urban hospitals in terms of use of laparoscopy, routine discharge, or mortality were found.

Evaluative Annotation Example

Howell, E. C., Sakai-Bizmark, R., Karunungan, K., Pak, Y., Ugarte, R., Richardson, S., DeUgarte, D. A., & Lee, S. L. (2024). Disparities in outpatient rural cholecystectomy outcomes. *The American Journal of Surgery*, 236. <https://doi.org/10.1016/j.amjsurg.2024.115852>

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This research was limited to ambulatory surgery encounters, excluding patients requiring urgent, inpatient care. Also, the data was American, representing American healthcare system aspects that may not be applicable to New Zealand. Regardless, findings support those of Brenton et al. (2022), with relevance to the discussion on potential surgical complications of cholecystectomy. Also, this study will be used to further introduce the global issue of inequitable health outcomes between rural and urban populations.

Updated 03 March 2025