



## More clinical care: survey

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*Some said, "John, print it"; others said, "Not so."  
Some said, "It might do good"; others said, "No."  
John Bunyan, *The Pilgrim's Progress**

In June 2008, *Canadian Family Physician (CFP)* conducted a readership survey that went out by e-mail to members of the College of Family Physicians of Canada. We asked questions about your reading habits, your use of the Internet, and your thoughts about *CFP*. Almost 1000 members responded to the survey.

What did you tell us? More than 90% of you spend at least 2 hours (and most more than 6 hours) per month reading medical publications. On average, you read 5 medical publications. You find peer-reviewed journals, such as *CFP*, to be useful or important to your practice of medicine. Every week, almost 40% access medical journal websites, usually to search for information on specific topics. Those who access medical information on the Internet spend a long time in cyberspace—some up to 80 hours per month.

What about *CFP* in particular? You told us that *CFP* was the most important medical publication to your practice of medicine. More than 97% of English respondents and 80% of French respondents always, often, or sometimes read *CFP*. You thought that *CFP* was relevant to family physicians and applicable to your practices. You like the Canadian focus and the trustworthy content. You enjoy the mix of articles and range of topics. You like the new website at [www.cfp.ca](http://www.cfp.ca) and the option to have tables of contents e-mailed to you monthly.

What would you like us to change? You want us to focus on evidence-based clinical care and provide specific, comprehensive information that can be used in your practices. You want more in-depth reviews of common family medicine topics. You want articles to reflect the range of practice types, locations, and interests of the readership—as one reader commented, “the full spectrum of family practice, birth to death, community, obstetrics, palliative care, emergency, surgical assists, minor surgery, etc.” Some want more research articles, while others want fewer, but overall you prefer research with clinical relevance. And for some, the organization of the journal content was confusing.

Based on the extensive feedback we received, *CFP* has been reorganized to focus on clinical practice. The Current Practice section has been enlarged to include more of the information you need to provide effective care to your patients. During the next year you will see new series on child health, care of veterans, and

emergency medicine. The journal will continue to publish 1 to 2 in-depth Clinical Review articles on common family medicine topics each month. The Research section will highlight studies with clinical relevance for family physicians. The *CFP* website will offer practical resources on many of the topics covered in the journal. Look for the **CFPlus** symbol. This month, for example, you will find the next installment of our Minor Surgery Video Series, lipoma removal.


In this issue, you will find answers to many common family medicine questions. Want to improve your care of patients with diabetes? The article by Patasi and Conway (**page 1237**) describes a national program to help you keep track of your patients' diabetes control. A diabetes flow sheet is available on the *CFP* website. Wondering how to advise your pregnant patients on the safety of flying? Koren (**page 1241**) reviews the risks of flying at different stages of pregnancy. You will find a handy reference chart with the latest guidelines for Canadian airlines.

Injections of low-molecular-weight heparin are being increasingly used for the treatment of many medical problems. Are they safe? This month's Case Report (**page 1246**) discusses a fatal complication of injection into the abdominal wall.

Many types of feeding tubes are available for patients who are unable to take food by mouth. Stiglick et al (**page 1255**) review the risks, benefits, and indications of various feeding tubes and offer practical advice on managing common problems such as blockages.

This month, the 2 Clinical Review articles look at very different topics: milk protein allergy in infants and evolutionary medicine. Brill (**page 1258**) provides a practical evidence-based algorithm on managing milk protein allergy. But how does evolutionary medicine fit into our day-to-day practice? Naugler predicts that the way we tackle antibiotic resistance and the prevention and treatment of many diseases, including cancer, will be affected by newfound interest in this area (**page 1265**).

The Research articles this month also have implications for the way we practise: how we manage postfracture care in older women (**page 1270**), reduce the risk of violence in our practices (**page 1278**), and balance our work-home lives (**page 1285**).

You spoke. We listened. 

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