

find solutions to the problems they encounter in their practices. Linkages can be established so that academic and community family physicians work together in mutual respect. Meaningful questions generated by family physicians can be developed into research projects with the needed support, resources, skills, and expertise of academic groups. Because the questions generated are relevant to primary care, the answers can be disseminated to family physicians in a form that will make a positive difference in their practices. Networks can revitalize family physicians and improve the care they provide to their patients through organized curiosity.

The United Kingdom, Australia, and the United States have all recently recognized the importance of primary care and the need for research in this area. In each of these countries, the national level of funding for primary care researchers has been increased. This is not yet the case in Canada. I hope, with the support and recognition of organizations providing support to primary care research, this will happen.

—Donna Manca, MD, CCFP
Edmonton, Alta
by e-mail

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Cochrane reviews not so useful

Shea and colleagues¹ hit the mark in acknowledging the potential contribution of family practice researchers to the work of the Cochrane Collaboration. But wait a minute! Is the Cochrane Library "one of the most useful tools for clinicians making decisions..." as they and others have suggested?^{1,2}

In a recent survey, physicians ranked Cochrane reviews 22 out of

24 possible sources of evidence for use in daily management of patients (unpublished manuscript by Landry R, et al. *The uptake of health research by Canadian physicians*; 2001). Last year, eight colleagues evaluated mobile access to *InfoRetriever*,³ a database for family practice containing multiple sources of evidence, including all abstracts from the Cochrane database of systematic reviews.

In a 6-month trial with *InfoRetriever* on hand-held computers, Cochrane reviews or their abstracts were not perceived as very useful sources of information for clinical practice. For only one participant did mobile access to *InfoRetriever* potentially influence frequency of reading Cochrane reviews (unpublished observations by Grad RM and Goldstein H entitled "Can we bring evidence closer to the point of care? A pilot study to evaluate *InfoRetriever* software on handheld computers in primary care"). These findings tell us that we need better methods for adapting the results of Cochrane reviews for use in family practice, an issue that has already started to receive some attention.⁴

There is no single reason FPs do not yet make substantial use of Cochrane reviews in clinical practice. Quality of information does not seem to be a big issue. Cochrane reviews are about as good, on average, as systematic reviews published in printed journals.⁵

Like any source of information, the Cochrane Library must be so useful to FPs that they will consult it in preference to books, colleagues, or other secondary databases.⁶ The true effect of the Cochrane Library on decision-making in clinical practice awaits better methods of translating research into practice.

—Roland Grad, MD, CM, MSC, CCFP
McGill University's
Site Representative to the
Canadian Cochrane Network
Montreal, Que
by e-mail

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Preceptors set good examples

Thank you for your July 2002 issue devoted to maternity care. Of particular interest to me were the two editorials^{1,2} and the Reflections article.³ They were written by my former preceptors during residency training at the Jewish General Hospital in Montreal, Que.

Dr Cheryl Levitt and Dr Michael Klein were among the leaders in my residency in advocating for more obstetrics experience for family practice residents. Dr Perle Feldman taught me how to enjoy obstetrics and appreciate the family component of a delivery, as her Reflections article³ aptly describes. These three doctors made obstetrics seem less technically complicated and more down-to-earth. I still have good feelings about my obstetrics training and always will.

—Samuel N. Grief, MD
Chicago, Ill
by e-mail

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