

We hope the HAM-D7 will help sharpen the focus in the therapeutic environment and improve patient outcomes. We also hope that further research will continue to refine critical end points in depression and how best to measure them.

—Roger S. McIntyre, MD, FRCPC  
Head, Mood Disorders

Psychopharmacology Unit  
University Health Network

—Jakub Z. Konarski, MSC  
Toronto, Ont  
by email

### Competing Interests

Dr R.S. McIntyre is a consultant and speaker for Pfizer, Wyeth, Organon, GlaxoSmithKline, Janssen-Ortho, Eli Lilly, AstraZeneca, Biovail, Oryx, Lundbeck, and Bristol-Myers Squibb. He has received research funding from Janssen-Ortho, Eli Lilly, AstraZeneca, Wyeth, Servier, Novartis, and Organon.

### References

1. Spitzer RL, Kroenke K, Williams JB. Validation and utility of a self-report version of PRIME-MD: the PHQ Primary Care Study. Primary Care Evaluation of Mental Disorders. Patient Health Questionnaire. *JAMA* 1999;282(18):1737-44.
2. McIntyre R, Kennedy S, Bagby RM, Bakish D. Assessing full remission. *J Psychiatry Neurosci* 2002;27(4):235-9.
3. Khullar A, McIntyre RS. An approach to managing depression. Defining and measuring outcomes. *Can Fam Physician* 2004;50:1374-80.

## New family practice residency program

We thought your readers involved in teaching family practice residents might be interested in learning of a new program we have instituted.

St Paul's Hospital is a tertiary care teaching hospital with family practice as a full-admitting service. We have designated beds where patients are admitted from emergency and managed by their family physicians and first-year family practice residents. We believe that, in tertiary care teaching hospitals, this is unique to the Ottawa program and our program.

The challenges of maintaining a family doctor presence in a tertiary care hospital are well known. In many tertiary care facilities many barriers exist for family physicians, not the least of which is the "culture." A relative shortage of general internal medicine services in our facility has resulted in an opportunity to highlight the profile and value of family medicine.

As of October, we have started a new family practice consultation service for inpatient psychiatry. Approximately 100 patients pass through the psychiatry inpatient beds each month. These patients often have medical problems that need addressing, and many do not have family physicians. Until now, the psychiatrists have consulted specialists for these problems. There were concerns, however, with timely access, follow up, and the need for many specialty consultations for one patient. We were asked to provide a regular consultation service to the inpatients. This consists of daily visits by a second-year family practice resident and a family physician to patients with problems. Problems range from liver disease, cellulitis and other dermatologic conditions, minor fractures, and infections, to arthritic conditions, diabetes, and gynecological problems. The program has so far met with great enthusiasm from the psychiatry department and the residents involved.

We intend to submit a program description with our evaluation data. In the meantime, if any other residency program wishes for additional information, they can contact us directly.

—Dara Behrooz, MB BS, CCFP

—Garey Mazowita, MD, CCFP, FCFP

Vancouver, BC

by e-mail

## Family practice websites

The recent article by Dr Michelle Greiver, "Practice Tips: Website for your family practice"<sup>1</sup> provided an excellent overview of the topic.