Patient care in the information age

I found the exchange following the letter "Time to rethink EMRs [electronic medical records]?"[1] interesting.[2,3] My experience in Halifax, NS, with an electronic medical record has spanned 12 years, with 1400 patients and up to 30 medical office assistants. In 2013, my clinic successfully pilot-tested a personal health record that gave online access to booking, consultation, and release of imaging and other diagnostic results to patients,[4] and I was able to increase my capacity for care by 22%. (I suffered a self-imposed loss of 18% to my earnings. I believed the personal health record had to be test-driven to its full extent, and as the remuneration for the work was a stipend, I consciously incurred this expense.[5])

There is no question that the introduction of technology and automation to the family doctor's office has both positive and negative effects. End users—be they doctors, patients, or staff—have diverse skills in the use of technology, so an effect on care and outcomes is to be expected. Attrition is also to be expected. These tools are limited by many issues that are yet to be worked out. However, the gains, when realized, are irreplaceable. Their value and effects are immeasurable. Activation and engagement of people in acquiring and understanding information about their bodies and behaviour is yet to be captured with our "evidence-based tools." The outcome-based presentation of e-health effects often does not capture elements that are relevant in the actual field of practice. New tools, such as geographic information systems, are necessary to capture the complex effects of such interventions longitudinally.

It is important to capture feedback about all aspects of e-health tools and pull together the picture that is evolving. Through iterative methods, we can then intelligently address the gaps, losses, and unanticipated harms that will emerge. We cannot afford to overrule or silence any such feedback by presenting "evidence" as the literature presents it. After all, what happens in the real world of the healing arts is contingent upon the relationships between the healers and the people who choose to engage with them.

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Competing interests

Dr Jayabarathan collaboratively worked with the Practimax electronic medical record vendor with no funding to develop it for use in primary care, and has participated in a government-funded pilot project to integrate the use of personal health records with electronic medical records.

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Supporting medical students in family medicine training

We read with interest the article by Oandasan et al entitled "Giving curriculum planners an edge. Using entrance surveys to design family medicine education."[1] It described the state of undergraduate medical education in Canada and the results of a pilot survey of incoming residents that asked, among other things, about their family medicine experiences in medical school training. In their discussion, the authors "argue that exposure to what family physicians do (competencies) within the contexts that reflect the comprehensive scope of family medicine practice (domains of clinical care) should be considered in the curriculum planning of those introducing family medicine into medical school curricula."[1]

We are pleased to reassure readers that a curriculum supporting a comprehensive scope of family medicine practice has been developed that serves to educate all undergraduate medical students in Canadian medical schools and already partly delivers on the curriculum argued for in the paper by Oandasan et al.

The Shared Canadian Curriculum in Family Medicine started in 2006 as a project of the Canadian Undergraduate Family Medicine Directors. Supported by the College of Family Physicians of Canada, the Shared Canadian Curriculum in Family Medicine is a national consensus curriculum that supports undergraduate family medicine leaders in delivering medical student training in family medicine. This curriculum, which includes core topics, competency-based objectives, and learning resources, is available for free to anyone who accesses the website (**sharcfm.com**). In addition, this curriculum development process has provided a novel route to