



health concerns with trained registered nurses. Over the next 2 years participants' attitudes, knowledge and behaviour will be followed through questionnaires, interviews and tracking of their use of health services. Patterns of use will then be compared with those of a similarly matched group in Kelowna, BC, that did not receive the book. "US studies have shown that every dollar you spend on patient education you get a return of between \$3 and \$4 dollars in reduced utilization," Hume says.

Participant reaction has been positive. "I think it's great," says Michael McEvoy. He and his wife has already consulted the book twice about viruses affecting their 2 children, and both times they decided not to visit the doctor. "It just made us feel more confident that we should manage these things at home."

Reaction to the project among the region's 450 doctors has been mixed, with some criticizing the \$600 000 price tag as another example of government waste. "Maybe I am cynical, but I don't think it will work — in fact they may find that the number of visits increases," says Dr. Stephen Roome, a family physician whose comments echo those of many area doctors. "I don't think there was a need for it. There are already dozens of health books that people can buy if they are interested."

However, some of his colleagues have been pleasantly surprised. "I read through it with a jaded eye, looking for things to criticize," says Dr. Glen Lowther, chief of emergency medicine for the Capital Health Region. "But to be honest, I couldn't find anything. I think it is an excellent information source."

Dr. Brian Winsby, a Victoria physician who chairs the project's steering committee, says that despite some doctors' negative response, the program was launched because of requests from physicians. During fee negotiations with the government, physicians complained that increased utilization was unfairly being blamed on doctors. "They asked for a patient-education component, and this is the result," says Winsby. — © Anne Mullens

### Clinical assessment program launched in Newfoundland

A new program to assess and upgrade family physicians was announced during Newfoundland and Labrador's 1997 Rural Health Forum, held at Memorial University. The program will be aimed primar-

## CMA thinks it has right recipe with new cookbook

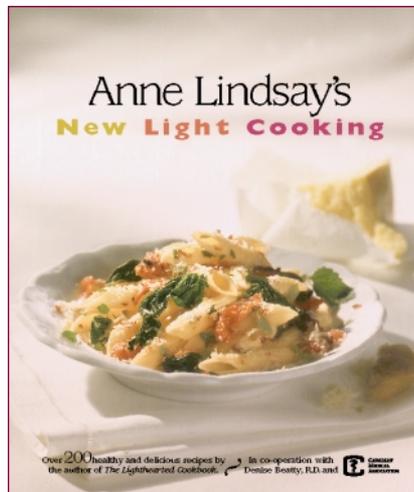
Anne Lindsay, Canada's doyenne of healthy cooking, has collaborated with the CMA to produce a new cookbook in which the emphasis is divided between recipes and detailed nutritional information.

She says the goal of *Anne Lindsay's New Light Cooking* was to publish a cookbook that not only contained attractive recipes but also helped readers eat a more healthy selection of foods. Each recipe includes a detailed analysis of its nutritional content and Canada Food Guide recommendations on how many servings the recipe contributes to a person's recommended daily total.

"For years I have tried to find ways to make healthy foods tasty," said Lindsay. "So I was delighted when the CMA asked me to work with it to produce a book that was sound in scientific research and also dispelled the myth that healthy

foods had to be bland and boring."

The book, which is being released this month to coincide with National Nutrition Month, is Lind-



say's fifth dealing with the light-cooking theme. The previous 4 have sold more than 1.5 million copies.

Lindsay said part of the appeal of

her books is that the recipes are quick, easy to prepare and use ingredients that can be found easily. She said the new book takes that convenience one step further by providing answers to commonly asked questions about healthy eating for people with conditions such as hypertension and cardiovascular disease.

Lindsay wrote the book and created the recipes with the assistance of registered dietitian Denise Beatty, while a CMA-appointed advisory board verified the nutrition-related health information. It is available to CMA members for \$20.95, plus \$3 shipping and handling; the nonmember price is \$25.95, plus \$3. Related taxes — the HST in New Brunswick, Nova Scotia and Newfoundland and the GST everywhere else — also apply. It can be ordered by calling 800 663-7336 x2307. — Steven Wharry



ily, but not exclusively, at graduates of foreign medical schools who are seeking Canadian licensure.

The Clinical Assessment and Enhancement Program (CAEP) will be run by the Professional Development Office at Memorial's Faculty of Medicine. Dr. Francine Lemire, a family physician from Corner Brook, is director of the new program, which will be based on the province's west coast. It is the first major faculty program to be run from outside St. John's.

Dr. Carl Robbins, the vice-dean of medicine, said the new program will meet a critical need. "Many physicians responding to recruitment en-

deavours for rural areas require further training to meet minimal licensure requirements. Right now there's no mechanism in Newfoundland to assess these applicants adequately and provide the training required to ensure competency."

CAEP will be open not only to foreign medical graduates but also to graduates of Canadian schools who have been out of practice and require assessment and skill enhancement. It will also be used by practising physicians who have been identified, by themselves or otherwise, as needing upgrading.

The assessment instruments in CAEP will be standardized and take

the form of multiple-choice examinations, case-based therapeutics and structured oral tests, standardized patient examinations, short-answer examinations and psychological assessments. — *Sharon Gray*, information officer, Memorial University

## BC launches computerized organ-donor registry

British Columbia has developed Canada's first computerized organ-donor registry. The new system, designed to address current problems surrounding consent and long waiting lists, is expected to increase organ and tissue donations significantly.

## Paying physicians: Is a different method really better?

Dr. Sam Shortt, the director of health policy at Queen's University, says the university's alternative funding plan is generating little of the change in physician behaviour that had been expected.

"The theory behind [the plan] was that it would allow physicians to get off the fee-for-service treadmill and give them more time for research and more time for each patient," Shortt said during the first in a series of information sessions sponsored by the CMA's Research Directorate. "However, so far we have been unable to detect any substantial change in physician behaviour."

The plan, launched almost 4 years ago, provides a block-funding budget for all full-time clinical staff at Queen's and covers teaching, research and all inpatient and outpatient clinical services provided in 3 Kingston hospitals — the Providence Continuing Care Centre, Hotel Dieu and Kingston General.

Shortt, a member of the plan's evaluation steering committee, told physicians attending the CMA in-

formation session in Ottawa that even though the plan is solid in theory, figuring out how well it works is proving difficult. The meeting attracted practising physicians, leaders from organized medicine and health researchers.



Shortt said the steering committee examined outpatient waiting times in an attempt to measure the new plan's impact on patient care.

"While results varied considerably by specialty, no clinically significant changes were detected," he said.

When the program began it was expected to generate widespread changes in the way physicians allocate their time and in the relationships between clinical faculty at Queen's and referring physicians from the community. Shortt admitted that the scope of change has been smaller than expected.

"This was supposed to be a fundamental change in mind-set, but depending on the number of years a physician has been in the system, it is hard to change. However, some physicians came to the program because they knew it would allow them to conduct their research."

Evaluation of the alternative funding plan will continue throughout 1998 and the steering committee is scheduled to produce a final report by Jan. 1, 1999. The CMA's Research Directorate hopes to schedule a series of sessions on various aspects of the health care system throughout 1998. — © *Steven Wharry*