the uncertainty that a position would be available in the specialty of my choice after several years in family practice were the 2 main reasons I did not choose family medicine.

We should consider reintroducing a 1-year rotating internship as qualification for practising family medicine. Many students finishing medical school feel they are not ready to choose a specialty, and it is likely that more of them would try family medicine if they knew they could later enter a different training program without losing time. Presumably, many of the students trying family medicine would enjoy their work experience and stay. If some chose to do further training after a few years in family practice, they would be better physicians because of the experience. In addition, at any given time the total workforce of family physicians would be larger, helping to alleviate at least some of the shortages we're currently experiencing.

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Reference

1. Sullivan P. Family medicine loses lustre as students "vote with feet" in 2001 residency match. *CMAJ* 2001;164(8):1194.

Hand-held brain extenders

I read with interest Michelle Greiver's discussion of the use of a Palm Pilot ("hand-held brain extender") in her practice.[1] She stated that her patients have not found her Palm to be intrusive; rather, they appreciate the extra information that she can now bring to their health care.

My experience has been similar. In the spring of 2000, I asked 12 of my patients to fill out an anonymous questionnaire after I used a handheld personal computer during my encounter with them. None of the patients reported having any negative thoughts or feelings about my use of a handheld personal computer during our visit, and 9 of them were impressed that I used one: they felt that I was "up to date."

Gavin Greenfield
Family physician
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Reference

1. Greiver M. Evidence-based medicine in the Palm of your hand. *CMAJ* 2001;164(2):250.

[The author responds:]

I thank Gavin Greenfield for his comments on my article.[1] I think that research on the acceptability of this technology and the barriers to its use for both patients and health care providers may be warranted, owing to the increasing use of personal digital assistants in the medical field. *CMAJ* has started publishing the table of contents for each issue as well as selected articles in a format compatible with handheld devices (www.cma.ca/cmaj/etoc/etoc-pda.htm).

In a recent article on problems in clinical judgement, Donald Redelmeier and colleagues noted that computerized diagnostic tools have been found to be inferior to a clinician's judgement.[2] I think that the use of a personal digital assistant is qualitatively different from the use of a PC-based diagnostic tool, as the handheld does not supplant, but rather supplements, the clinician's skills.

I have found that my Palm helps me by providing information nuggets in a just-in-time manner and diagnostic information to supplement my decision-making. One example of this would be the Wells table for diagnosis of deep vein thrombosis.[3] However, such anecdotal reports may not necessarily reflect actual changes in patient care; clinical trials are needed to compare outcomes with and without Palm-based clinical tools. I look forward to reading the results of such trials in future issues of *eCMAJ*.

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2. Redelmeier DA, Ferris LE, Tu JV, Hux JE, Schull MJ. Problems for clinical judgement: introducing cognitive psychology as one more basic science [editorial]. *CMAJ* 2001;164(3):358-60.
3. Wells PS, Hirsh J, Anderson DR, Lensing AWA, Foster G, Kearon C, et al. Accuracy of clinical assessment of deep vein thrombosis. *Lancet* 1995;345:1326-30.

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