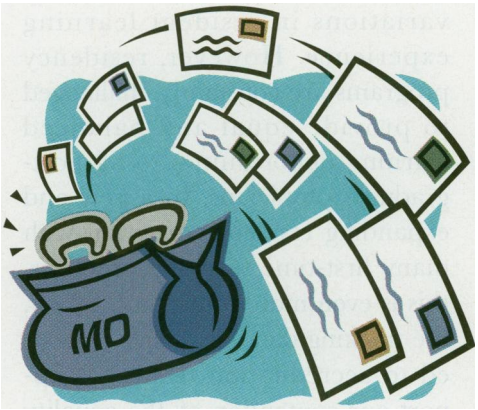
LETTERS • CORRESPONDANCE

Tracking programs waste of time



I was amazed and amused to read an evaluation of a computer tracking program for resident and patient encounters in Sudbury, Ont.[1] I was interested to read that Brian Rowe, Dale Ryan, and John Mulloy found that the Sudbury residents were able to enter regular, reliable, and valid data into the computer-based system in Sudbury.

The main argument for tracking is to validate these northern residencies, presumably in comparison to their southern counterparts. These programs, however, do not need to justify their existence. Northern Ontario family medicine residents see more or less the same patient populations that are seen in other areas of Ontario, economic and demographic features being essentially similar in both the north and the south. In fact, it might be that there is a more intense patient contact in acute care settings for northern residents who do not have to wait in line to be involved with critically ill patients, as would be the case in a more tiered system in the south. At any rate, it would be ludicrous to suggest that all residents should have similar patient encounter profiles during their 2-year residencies. All residents will have different exposures, and time and experience will generally correct for these inadequacies after graduation.

If you are going to enforce tracking in northern programs, then you should do the same in all medical programs in Ontario. Finally, even if these data were used by the residents themselves to improve their learning experience, it would have some value. However, most of these data go into the great computer bank of information, handy for people like Brian Rowe who like to play with data, but unavailable to the residents who enter the data in the first place.

The real issue here is that residents in these northern programs are being subjugated as secretaries at a significant time investment away from more important learning experiences, such as reading around patient encounters.

We are stuck in an era of data production, and as it has been said by others, data do not equate to real knowledge. In the case of the tracking program, the whole thing is so useless that it makes me, as my father often says, weak just to think about it.

— Ken Thacker, MD
Atikokan, Ont

Reference

1. Rowe BH, Ryan DT, Mulloy JV. Evaluation of a computer tracking program for resident-patient encounters. *Can Fam Physician* 1995;41:2113-20.

Response

We are dismayed by the frustration and anger Dr Thacker's letter expressed. To what extent this reflects the current medical-political climate in Ontario or this ex-resident's overall learning experience is unclear. We have only peripheral knowledge of the FMN:NWO tracking program, but clearly many unresolved issues appear to linger between Thacker and his program. We cannot and should not attempt to address these disputes. However, we can comment on his unfortunate misconceptions regarding encounter tracking in general. We note that he raises no methodological issues with respect to the research presented in the recent articles.[1,2]

First, Thacker incorrectly assumes that the main reason for the tracking program is "to validate these northern residencies, presumably in comparison to their southern counterparts." We strongly believe northern programs are valid sources of primary care training, and they do not require the tracking information to prove that. The primary use for the tracking program is as a multilevel evaluation tool for examining resident experience. Over time, the Northeastern Ontario Family Medicine (NOFM) tracking data have been used in diverse ways. Moreover, tracking is not a new program evaluation tool nor restricted in its use to evaluating northern learners.[1,2]

Second, evidence suggests that northern and rural programs offer

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