We try to publish authors' responses in the same edition with readers' comments. Time constraints might prevent this in some cases. The problem is compounded in a bimonthly journal where continuity of comment and redress are difficult to achieve. When the redress appears 2 months after the comment, 4 months will have passed since the article was published. Therefore, we would suggest to our readers that their correspondence about published papers be submitted as soon as possible after the article appears.

Teaching Information Mastery

To the Editor: Slawson and Shaughnessy, in their article in the November–Decemer 1999 issue of *The Journal*,[1] described the results of an innovative 2-year longitudinal intervention to teach family practice residents the techniques and philosophy of evidence-based medicine and information mastery. Their results showed a 17% more positive attitude toward use of the literature, an 8% difference in self-perceived ability to evaluate clinical trials, and a 9% increase in the self-reported frequency of use of information sources. These are important intermediate findings in our quest for proof that the teaching of evidence-based medicine makes a difference to the current behavior and future practice of clinicians.

The authors, however, failed to acknowledge any inherent weaknesses of this study. This study involved only 29 residents in two programs. Because there was also no control group (which would have excluded this study from the review conducted in 1998 by Norman and Shannon[2]), it is impossible to know how much of this change would have occurred naturally, without the educational intervention.

Although the instrument was well validated, the self-reported constructs were subjective rather than objective; thus, it is difficult to translate their meaning into measurable behavior change. It is also difficult to judge the clinical significance of the small (but statistically significant) changes from their preintervention to postintervention scores.

We do not wish to attack the authors in any way. In fact, we hold them in considerable personal esteem, all of us having attended their excellent course on information mastery at the University of Virginia. Like Slawson and Shaughnessy, we are struggling in our attempts to show that our interventions change learner behavior in a clinically important way. Given the modest evidence of their program's effectiveness, and the methodologic weakness of its evaluation, we were especially surprised by the strength and scope of their conclusions: "Offering a structured curriculum to family practice residents creates dynamic, confident, and independent clinicians skilled in the art of information mastery." Increased dynamism, confidence, and independence appear to lie beyond what could realistically be inferred from the study.

Slawson and Shaughnessy have been leaders in developing the concept and techniques of teaching information mastery, but proponents of evidence-based medicine–and we are card-carrying members of that group–should not allow their enthusiasm to override their critical appraisal skills. Perhaps Slawson and Shaughnessy have taught us too well.

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References

1. Slawson DC, Shaughnessy AF. Teaching information mastery: creating informed consumers of medical information. J Am Board Fam Pract 1999;12:444–9.
2. Norman GR, Shannon SE. Effectiveness of instruction in critical appraisal (evidence-based medicine) skills: a critical appraisal. CMAJ 1998;158:177–81.

The above letter was referred to the authors of the article in question, who offer the following reply.

To the Editor: We appreciate the attention of Drs. Dobie, Schneider, and Ferrer regarding our article on teaching information mastery. We agree with their critique of our work to date. Our main thrust in publishing this article was not to evaluate our curriculum rigidly, but instead to get it down on paper so that others would have more direct access to it. We were encouraged by this preliminary evaluation of its usefulness. We have focused our academic efforts on the consumer education division of the information business as outlined in the article (we appreciate the positive feedback on our workshops). We hope publication of this work will encourage others to complete the information business cycle by constructively evaluating our work. Evaluation of one's own "children" is usually best done by others.

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Congestive Heart Failure Clinical Outcomes Study in a Private Community Medical Group

To the Editor: The article by Civitarese and DeGregorio[1] on congestive heart failure clinical outcomes is an important contribution as a descriptive study on implementing a disease management program in private practice. Though supportive of their process, we are suspicious of their conclusions.

In presenting the data, it is unclear when the actual intervention took place. Was it throughout the data collection period? Are there comparison data from before

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