

more restrictive for women of child-bearing age and children (less than 12 years of age).

- Low-mercury fish that can be consumed freely include salmon, shrimp, prawn, rainbow trout, Atlantic mackerel, and sole or Dover sole.
- Tuna, shark, marlin, and swordfish are higher in mercury and should be limited. See BC Health File #68m on mercury (English + translations): www.bchealthguide.org/healthfiles/pdf/hfile68m.pdf

Recommendation: Ask parents and women of childbearing age about the types and amounts of fish they eat and compare with the BC Health File.

Introduction of solids to infants—It's not just rice cereal any more!

- Exclusive breastfeeding is recommended for the first 6 months of life for healthy term infants.

- Why *not* solids earlier than 6 months?
 - Growth and brain development are supported with essential fatty acids (EFAs) found in breast milk/formula. Solids can displace EFAs when introduced too early.
 - Earlier introduction of solids has not been shown to help babies' development or growth, or to sleep through the night.
- At 6 months the first foods should be iron-rich meat, poultry, fish, cooked egg yolk, lentils, beans, tofu, or iron fortified cereal. Cereals, vegetables, and fruits no longer have to be introduced first.

Recommendation: BC Health File #69C Baby's First Foods (English + translations): www.bchealthguide.org/healthfiles/pdf/hfile69c.pdf and Toddlers First Steps: www.health.gov.bc.ca/children/initiatives/toddler.html.

Dietitian vs. nutritionist—There is a difference

- A nutritionist is not necessarily a registered dietitian. There are many different practitioners giving nutrition advice. Some use the term "certified nutritionist" and may have little or no training.
- "Registered dietitian" and "dietitian" are protected titles by law, indicating a health professional with a minimum of a bachelor's degree specializing in food and nutrition and an internship. Referral to a dietitian is possible through outpatient clinics at hospitals, or in private practice through the Dietitians of Canada web site at www.dietitians.ca.

—Kathy Cadenhead, MD
Chair, Nutrition Committee
—Shefali Raja, BSc, RD

college library

Healthy offices, healthy patients

The built environment has a deep effect on our sense of well-being. In the particular instance of the medical office space, design modulates workflow efficiency, employee comfort and productivity, and patients' perception of quality of care.¹

A core text on this topic is *Medical and Dental Space Planning* by Jain Malkin, now in its third edition. Malkin reviews the psychology and the general parameters of medical space planning, and then offers specific recommendations for work spaces in over 30 specialties, including primary care, diagnostic imaging, ambulatory surgery, and sport medicine. Other useful texts on the topic include *Hospital and Healthcare Facility Design*

by Richard L. Miller and Earl S. Swensson (2002), *Healthcare Facility Planning* by Cynthia Hayward (2006), and *Healthcare Architecture in an Era of Radical Transformation* by Stephen Verderber and David J. Fine (2000).

The movement toward human-scaled, environmentally sensitive facilities can be explored in *Sustainable Healthcare Architecture* by Robin Guenther and Gail Vittori (2008). The library can provide articles on office planning such as "Practical Tips for Dealing with Office Construction and Repair" (L.S. Hills, 2008), "10 Ways To Give Your Office a Face-lift" (J. Pangrazio, 2006), the three-part series "The Myriad Faces of Facility Development," and the four-part series

"Office Space Planning and Design for Medical Practices" (both by R.C. Haines and colleagues, 2005 and 2003). College members are welcome to contact the Library to borrow the above texts (*Sustainable Healthcare Architecture* is available by interlibrary loan for a small fee) or a compilation of articles on office design.

—Linda Clendenning
—Karen MacDonell
—Judy Neill

Librarians/Co-Managers, CPSBC Library

Reference

1. Becker F, Douglass S. The ecology of the patient visit: Physical attractiveness, waiting times, and perceived quality of care. *J Ambul Care Manage*. 2008;31:128-141.