Training and the quality of care

THE debate about the quality of care in general practice, how best to measure it and its relation to prior training, has its counterparts in other developed countries. We would do well to consider the results of studies carried out in other countries, such as this audit study of 120 randomly selected family physicians in Ontario.

Research nurses abstracted data from patients' records about social information, prevention and diagnosis and management of selected common conditions. Samples of patients were surveyed regarding accessibility, preventive procedures and quality of communication. The criteria for good care had previously been agreed by panels of (mainly non-academic) family doctors. Individual scores for the dimensions of care were combined to produce an overall 'quality assessment score'. This was highest for family physicians who had undergone residency training before taking the certificate examination of the College of Family Physicians of Canada and lowest for non-members, with intermediate scores for those entering the College by other routes. Younger doctors, those in large cities and women also had higher scores.

It is gratifying to see evidence for some benefit from training programmes, and the methods used in this project might have some relevance to the Royal College of General Practitioners as it considers how to implement practice based assessment for prospective fellows.

(J.W.)

Source: Borgiel AEM, Williams JI, Bass MJ, *et al.* Quality of care in family practice: does residency training make a difference? *Can Med Assoc J* 1989; **140:** 1035-1043.

Serious injury by abbreviation

ALTHOUGH doctors have failsafe measures to prevent damage and injury to patients, these are not foolproof and catastrophes can result from misunderstandings and poor communication. Ignorance is rarely a cause of tragedy.

This report in *South African Family Practice* describes the case of a three-week-old baby girl who was still jaundiced. Her general practitioner decided to check serum bilirubin and wrote TSB (total serum bilirubin) on the request form. The phlebotomist was unsure what this meant, and phoned the doctor to find out. The doctor was unavailable so the phlebotomist contacted a paediatrician who felt that it might be a request for thyroid function. The phlebotomist inserted a needle to get a large sample of blood. The baby screamed with pain, vomited, aspirated the vomitus, and had a cardiorespiratory arrest. Fortunately skilled help was available and the child was resuscitated and discharged from the intensive care unit three days later. The relieved general practitioner reflected ruefully that he had almost killed her with his pen.

Near misses are more common than disasters but are rarely subjected to statistical and critical analysis. Perhaps doctors would be more objective and less defensive if near miss rates were analysed.

(C.D.)

Source: Ellis C. A series of misunderstandings. *S Afr Fam Pract* 1989; **10:** 447.

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INFECTIOUS DISEASES UPDATE

Listeriosis

Listeria monocytogenes has emerged as a bacterium of public health significance owing to the nationwide increase in cases of listeriosis (170 to end of June 1989 compared with 136 for the same period in 1988). Ubiquitously distributed, in soil, water and vegetation, making exposure unavoidable, it has the unusual property of multiplying in foods at domestic refrigerator temperatures. Fortunately it is killed by adequate cooking.

Up to 5% of the population are symptomless gastrointestinal carriers but there is no clear evidence of person to person spread except at birth. Rarely does an uncompromised member of the public become ill with listeriosis. Those principally affected are pregnant women, their fetuses or newborn offsprings, the immunocompromised, and the elderly (predominantly those aged 75 years and over). The incubation period is uncertain. Clinical presentation can be septicaemia, meningitis or a non-specific febrile illness. Cases among pregnant women commonly present as premature or spontaneous labour with the fetus or neonate being infected. The organism is usually ampicillin sensitive but mortality is around 30% as a result of the underlying clinical conditions.

The majority of food related case reports highlight foodstuffs eaten without further cooking or a failure in processing or heating. Foods implicated include coleslaw, soft cheeses, pate, chicken and turkey sausages. Chief medical officers have issued advice to all doctors on the importance of observing food hygiene precautions and on following manufacturers' instructions for storing foods in refrigerators, and on the use of microwave cookers.

(D.C.)

Pertussis

It is anticipated that the next whooping cough epidemic will occur soon and notifications and laboratory confirmed cases suggest that numbers of cases are already increasing. Traditionally, in a partially immunized community epidemics occur every three to four years and last for 12 to 18 months. However, as immunization rates increase the peaks and troughs become less well defined. It may be timely to note that monovalent pertussis vaccine is available for children who missed out on primary vaccination as infants and whose parents may have had second thoughts.

Whooping cough can still occur in those immunized but the illness is usually mild. It may then be confused with other causes of a persistent cough. Isolating the organism using pernasal swabs remains the most definitive method of diagnosis (a carrier state is unproven) but some regional laboratories can now look for immunoglobulins M and G in serum which are useful tests, especially in older children and adults, from whom isolation of the organism is less reliable. Antimicrobial drugs give little or no benefit after the first five days of the illness but sometimes they are used later to try and cut down infectivity. For example, they can be given to older ill siblings if a newborn child is about to return home, at the same time as attempting to arrange isolation of the infected child. There is no placentally transferred protection against this disease and children under six months of age tend to have a more severe illness.

(E.W.)

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