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389 give an impression of care, interest, and commitment to the Diversional training is only one phase in the continuum of medical doution, so in it unreasemable to ack that during training the young doctor in exposed to attitudes that endorse the concept of continuing education is The allocation of time to carry out the work of the practice must be so organised as to ensure that partners and trainiset can strend local postgraduate events and to provide for regular sessions within the practice timetable. No matter how valuable the interchange at coffee programme of practice activities and meetings. When the trainer programme of practice activities and meetings. When the trainer programme of practice activities and meetings. When the trainer programme of other distractions. This should be in addition to the existing programme of meetings that would normally be a feature of a well-organised practice. The partners the index of the partners are to keep a sign to ion events. Some of these meetings are valuable experience for a trainee, but others might be so private that the trainer would reasonably be excluded. Whe standard of their own work. In a group practice this needs monthy, so is, the work leaf, unarreity. Traines and andimy the standard of their own work. In a group practice this needs monthy or such work of the proved provide groundwork meeting of standards, but he trainer and administratives, as a form of of standards, but he time in moulding the attitude of the future principal.

The basis of good group practice is good records. Even the single-handed doctor who maintains that he keeps his records between his ears has no excuse, for the moment he takes on a trainee he becomes a group, and communication becomes evential

Communication

trainee he becomes a group, and communication becomes essential. Most family doctors would admit that the state of records in general practice is below standard. The logical starting point for improvement is in teaching practices. This is so, firstly, because to che other-and this is greatly inclinated by good brounds with secondly, because the example that the traince takes from the teaching practice should influence standards in the practices that he or she might subsequently join. More and more practices are using typewrite letters when referring patients to hospital. The carbon copies that are kept with the patients' records provide valuable communication between the paratness in the practices that still use handwritten letters for referral can justify it as good practice.

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(B Lynch, personal communication) illustrates the point. The trainee was given the following brief:

Consider the care of the chronic sick. For the purpose of this exercise the chronic sick are defined as those patients, whether ambulatory or bel-fast, who require failly frequent consultations at home, mainly for continuous illness. In the second second second second of chronic sick? How could the source of this information be improved? To what degree is the concept of the practice testing the second Much of the chronic illness in the practice occurs in the elderly. Would there be any reasy way of identifying the number of elderly patients on the practice population graph, and if so, what might this be? Would there also be an easy way of identifying the individual elderly patients in the practice?

be? Would there also be an easy way of identifying the individual elderly patients in the practice? Clinical communication between partners in this field is difficult— ment. The final communication between partners in this field is difficult— ment. Put forward proposals for the care of the chronic sick in the practice and include comment on (*ia* distancial implications for the practice; (*b*) the social implications for the patient; (*i*) the practice organisation (including financial implication of the policy. It would be thelyial to you to comple a reading list of references that might be released to this project.

Conclusion

Conclusion Although this article has only skimmed the surface of the subject, many will raise their hands in horror to asy that it is impossible to find the time to organise a practice well enough to give this much effort to a trainee. It is not easy, but it can be and has been done. The answer lies in specifiage a little money on adequate ancillary staff and a little time on delegating much of the routine organisation to those who are not clinically concerned with patients. The true is subjected by the careful is an assential perceptisite for a practice that wants to embark on the business of teaching

The technique of project teaching is not as widely practised as it should be. There are many ways of setting about projects, but they may be designed to encourage the traines to explore in some depth the values and inadequacies of the various aspect of the practice relates. At the same time the project might give an increased understanding of a clinical subject. This example

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Organising a Practice

Giving the best to a trainee

D I LLEWELLYN

"What is the structure of the practice and how is it organised ?" These are two of the routine questions to be saked when appoint-ing a trainer for a vocational training scheme in general practice. The trainer may then be seen in the context of the setting in which the training will take place. Most training practices are group practices and this article is influenced by that fact. Trainers in small partnerships—that is, two or have doctor— and those who are single-handed have special problems, and the found in group practice. When preparing to take on a vocational trainer, the trainer must be sure that the existing high standard of organisation takes account of the special needs of training, for only if this is done can the trainer give of his best to the transe.

for only if this is done can the trainer give of his best to the trainer. Because the system of remuneration in general practice is complex the grant that is given to trainers is often misunder-ing general practice under the National Health Service. Appert from remunerating the time and effort that is spont in teaching, the grant also compensates for spending more than the average amount of time on practice cognisation before being selected as a trainer. It also allows for those special expenses that will arise when the trainer is in post. This being to, it is not unreasonable for regional postgraduate committees to look for evidence of a high degree of practice organisation when a trainer is appointed. In considering the question: "How can Improve more practice "emulation, communication, and revelation" will concentrate the mind.

Emulation

Emulation Most trainers have nothing with which to compare their training practice: the structure and organisation will be new to them, and they will tend to accept it as the norm. The formative effect that this has on future generations of young principals will be considerable. Trainers etend to be very loyal to their trainers, rather than critical, and are more likely to learn by emulating than by rejecting standards. The trainers will be influenced on the standard of the practice only will due trainer be observed in this context but so also will the other partners and ancillary staff, and the end result must

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Communication is not only necessary between doctors but also between all staff. This is the concept of the practice team, which if is to work means that all team members must be able to talk to each other and know what is going on. To achieve this, much organisation is needed to bring together the separate activities of doctors, nurses, health visitors, midwives, social workers, secretaries, receptionists, clrcks, and others. The network of practice meetings, whether clinical, business, or training sessions, can include the different groups that make op the practice team—while the occasional whole practice team seminar can only help to exemute relationships, define objectives, the providing for the welfare of the patient. Developing a satisfactory system of meetings in a large practice may well take several years to achieve.¹

Revelation

Revelation It would be possible to work as a bank teller without learning arything about the foreign exchange department, how personal or business leans are made, or how the bank might act as an executor. The same is strue for a trainer who, when dealing with the patients in surgery or on home visits might well fail to discover how all the back-up services of the practice contribu-tor patient care. The well organised practice will reveal itself of the observed the same services of the practice contributed to do not which therefore the additional and influences and a discover there were the trainers of practice team members may be required if they are to "yield the secrets of the practice". There are many technicues available to nowide such sevice

questions. Some in-service training on practice train memory may be required if they are to 'yield the secrets' of the practice' to the rest of the practice' to the rest of the practice' to the rest of the practice' to the practice' term of the practice' to the practice' term of the practice term of the practice' term of the term of term of the term of the term of the term of the term of the term of term of term of the term o

Project teaching

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Acute pharyngitis: a symptom scorecard and microbiological diagnosis

PAUL PLATTS, P G C MANSON, ROGER FINCH

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Upper respiratory tract infections are the commonent reasons for patients to consult their general practitioners, annually accounting for 240 consultations per 1000 patients of which 40 patients reproduced to a proporting the track of the

Methods

The study was conducted by two trainees in general practice over four months in two general practices during their attachment. One

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practice had five partners and a list of 12 500 patients, the other was a rural prescribing practice with two partners and 3500 patients. Both were in purpose-buils bath focations for the the focation of the two partners and the two partners and the two diditions on overall clinical assessment of the likelihood of a strin-occoal throat infection was made. Once completed the scorecard was not used in the management of the patient of the likelihood of a strin-diditions on overall clinical assessment of the likelihood of a strin-tic string throat the score and the patient. The the bacterial isolations and identification of 3*reg programs* in plarment invest scale practice was provided with a 37C inclusion sparse plates, and a selective broch medium to detect haemolytic represence isocating 5%, however, serving 'outgot', erystal violet, naliditie acid 100 mg/l, and colistin subparts 5 × 10' units/i in 45 min alternt brock.

PRACTICE OBSERVED

streptococci containing 3%, hore serum, 0.0002%, crystal volet, anidatic cit 00 mg/t, and olitatin subjact 5.40° (unistin 14.5 m Freah supplies were obtained weekly from the hospital laboratory and refrigerend at 4°C. The coujournet was placed and sample processed in an area separate from where patients were seen and a "laboratory" code of practic observed. The top of the inclusion ow doubly wrapped and returned to the hospital laboratory for disposal. Patients with some throw there investigated non-consecutively. A threat web sample from both fasces was plated onto the crystal volet incouliest dags. The wab was then broken of time the haerondy to the second stress of the second stress of the second stress incouliest dags. The wab was then broken of time the haerondy into the second stress of the second stress of the second stress due to the second stress of the second stress of the second test in the second stress of the second stress of the second test inspected for haerondysis. Both times received one hour or tuning in these tasteriological therest to the second stress of the second stress of the the theory were checked by a medical laboratory iscentific officer, and all servere conclusions were grouped. The second stress the second stress of the second test inspected for haerondysis. Both times were to be construction of the the the the inter-vere checked by a medical laboratory iscentific officer, and all servere conclusions were grouped. The second stress were transpected on the base of the transpe-pharyngeal cultures were treated orally with penciellin V 200 mg four time a dw for 10 dwys or erytheomycin 220 mg four times a dw for 10 dwys or scretcher and the second stress of the second stress of the second task as dw for 10 dwys or erytheomycin 220 mg four times a dw for 10 dwys or erytheomycin 220 mg four times a dw for the second

388 Results

A total of 269 swabs was collected from patients with 269 separate episoden of pharyngiits; 219 were collected from the urban practice and 50 from the rural practice. Fifty-four(20%), subple were positive for *Strap progenet*. There were no faise-negative readings by the trainees, though selective bords and agar amples from as patients and a further two bords samples were interpreted as falsely pointive. 100 473-71 senset two kinds and 273-273 an

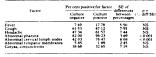
and a further two both samples were interpreted as falsely positive. This gave specificity scores for the borch and agar media of 96.4%, and 97.3%, respectively. The distribution of the overall scores for patients determined by the sorteard, according to the results of the throat cultures, is shown in the figure. The mean symptom scores for patients who were culture-positive and culture-negative were 23.5 and 27.4 respectively, the difference being gambarati at p<0.26. Analysis of each factors on the figure. The other scores for patients and culture-negative were 23.5 and 27.4 respectively, the difference being gambarati at p<0.26. Analysis of each factors on the hose factors on the figure. The single significant of a poly of the state of the presence of an abnormal pharynx or abnormal certical lymph nodes was significantly greater than for those who were culture-negative (p < 0.001).

TABLE 1- Ten-stem scorecard





TABLE 11—Analysis of each factor on scorecard according to result of throat culture (as determined by medical laboratory scientific officer on selective blood agor)



The overall clinical assessment of the likelihood of a streptococci troat infection was unreliable, being correct in 25/65 (38.5%) for one assessed as streptococcal and in 175/204 (65.5%) for those sensed as non-streptococcal. The mean daily time required to pro-s and interpret the throat cultures was 15 minutes.

Discussion

Discussion During the survey 20% of patients presenting with acute pharpagitis were positive for Strap program. The unsclability of clinical transmission of the strap program. The unsclability of clinical transmission of the strap program. The survey is a the cases confirmed bacterologically had been covered in meaning-ful difference in the individual and mean scores for patients confirmed as culture-positive or culture-negative, it was not sufficiently discriminatory to dispense with taking specimens from the throat for culture, as can be seen from the figure. A

BRITISH MEDICAL JOURNAL VOLUME 284 6 FEBRUARY 1982 Streatococcol 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 37 37 777 V//// Ø 20 18 16 14 12 10 8 6 4 2 0 2 4 6 8 10 12 14 16 18 20 Percentoge of potents

Percentage distribution of total scores in patients with strepts and non-streptococcal pharyngitis.

and new-tropposed patrongms. score of < 24 reliably indicated only 39/215 (18.1%) of the true negative, while accore of < >30, 41 hough indicating approximately ball of those true positives, also included 27.4%, of the culture-negative patients. On the scorecard we substituted the presence of abormal rympanic membranes for the results of the white blood cell count for practical reasons. It is unlikely that this of interest is the finding that the presence of corrya was distributed equally between the patients with streptococcil and balpful indicator of viral upper respiratory tract infections. The sample diagnostic microbiological methods that we used whether and without mission. The techniques were readily hardwed well and without mission. The techniques. The selective solud be retricted to the culture-positive samples. The selective is also gave troo for viral upper positive results. The selective sound approximation of the interpretation is required this could be retricted to the culture-positive samples. The selective sound approximative results. The techniques, thus asystem to find the processing specimens. Without doub such bacterinological investigation rationalised there expected by the patients, who appreciated the substructive samples of their problem. All but one either blophond on solutions the selective profile processing speciments. Without doub such bacterinological investigation rationalised there was accepted by the selections. All but one either blophond or low the duscational and clinical benefit of the current of both the duscational and clinical benefit of the current of both the duscational and clinical benefit of the current of both the duscational and clinical benefit of the current of both the solution benefit of them.

We thank the partners and staff of both training practices for their p-operation and especially Dr B Jacobs and Dr M Leadley for their co-operation and especially D1 a Jacob encouragement. Requests for reprints should be addressed to Dr Roger Finch.

The exercise was conducted over four or five months before being presented to a practice clinical review meeting. A great the discovery of several published reports on the chronic site; conversations with the health visitors and practice nurses concerning the vast amount of work that had been done in identifying and caring for the chronic sick; the discovery of an elderly patients' club that had been founded by one of the patterns; in awareness of the inadequacies of general practice records in helping to identify the more deserving of the chronic sick; and the absence of any continuuino notes in the patient's Several tuorials with the trainer throughout the project led to a better understanding of the problems with the trainee learning about the contribution of the social worker to the care of the chronic sick, relado discover data, the partners accepted the need for change and were willing to consider policies that could be implemented in the future.

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