

PRACTICE OBSERVED

Practice Research

Acute pharyngitis: a symptom scorecard and microbiological diagnosis

PAUL PLATTS, P G C MANSON, ROGER FINCH

Upper respiratory tract infections are the commonest reasons for patients to consult their general practitioners...

Methods

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

Paul Platts, BM, MRCP, trainee general practitioner
P G C Manson, MB, DRCO, trainee general practitioner
Roger Finch, MRCP, MRCPATH, consultant physician and senior lecturer

practice had five partners and a list of 12 500 patients, the other was a rural prescribing practice with two partners and 3500 patients...

Organising a Practice

Giving the best to a trainee

D J LLEWELLYN

"What is the structure of the practice and how is it organised?" These are two of the routine questions to be asked when appointing a trainee for a vocational training scheme in general practice.

Because the system of remuneration in general practice is complex the grant that is given to trainees is often misunderstood—particularly by those who have no experience as principals in general practice under the National Health Service.

Emulation

Most trainees 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.

Postgraduate Department, Welsh National School of Medicine, Cardiff CF4 4XW
D J LLEWELLYN, MRCP, FRCS, senior lecturer and adviser in general practice

Results

A total of 269 swabs was collected from patients with 269 separate episodes of pharyngitis; 219 were collected from the urban practice and 50 from the rural practice...

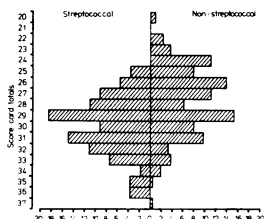


TABLE 11—Ten-item scorecard

Table with 4 columns: Item, Score, (2) Age (years), Score. Rows include Month, Temperature 100.5°C, Sore throat, Headache, Abnormal pharynx, Abnormal cervical lymph nodes, Abnormal tympanic membranes, Coryza.

Modified after Bresne.

TABLE 12—Analysis of each factor on scorecard according to result of throat culture (as determined by medical laboratory scientist) on selective blood agar

Table with 5 columns: Factor, Percent positive for factor, SE of differences between percentages, P < diff SE. Rows include Fever, Sore throat, Headache, Abnormal pharynx, Abnormal cervical lymph nodes, Abnormal tympanic membranes, Coryza, conjunctivitis.

NS—Not significant.

The overall clinical assessment of the likelihood of a streptococcal throat infection was unreliable, being correct in 25/65 (38%) of the cases confirmed bacteriologically to have been correctly assessed.

Discussion

During the survey 20% of patients presenting with acute pharyngitis were positive for Streptococcus. The unreliability of clinical assessment in discriminating between streptococcal or non-streptococcal pharyngitis was confirmed...

score of <24 reliably indicated only 39/215 (18.1%) of the true negative, while a score of >30, although indicating approximately half of those true positives, also included 27.4% of the culture-negative patients...

References

- 1 Fry J. Trends in general practice. Chapter 4. London: Royal College of General Practitioners, 1979.
2 Ross PW. Accuracy of the clinical assessment of the microbial aetiology of sore throat. Practitioner 1971;207:650-63.

Communication is not only necessary between doctors but also between all staff. This is the concept of the practice team, which if it is to work means that all team members must be able to talk to each other and to be understood.

Revolution

It would be possible to work as a bank teller without learning anything about the foreign exchange department, how personal or business loans are made, or how the bank might act as an executor.

The foundation of the NHS practice organisation is in the Statement of Fees and Allowances for the Health Service is found in Schedule 1 of the General Medical and Pharmaceutical Services Regulations.

Project 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 trainee to explore in some depth the values and inadequacies of the various aspects of the practice, and some of the outside agencies to which the practice relates.

(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 bed-fast, who require frequent consultations at home, mainly for continuous illness.

Put forward proposals for the care of the chronic sick in the practice and include comment on: (a) clinical implications for the practice; (b) the social implications for the patient; (c) the practice organisation (including financial) implications of the policy.

The exercise was conducted over four or five months before being presented to a practice clinical review meeting. A great deal of understanding was achieved from the following: the discovery of several published reports on the chronic sick; 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...

Conclusion

Although this article has only skimmed the surface of the subject, many will raise their hands in horror to say that it is impossible to find the time to suggest a practice which would give this much effort to a trainee. It is not easy, but it can be and has been done.

References

- 1 Stout NCH, Davis RH. Clinical and administrative review in general practice. 3rd Ed. Gower Press 1975:88-90.
2 Jones RVH, et al. Running a practice. London: Croom Helm, 1981.
3 National Health Service General Medical Services. Statement of Fees and Allowances payable to general medical practitioners in England and Wales. London: DHSS.