period of time (5 years) returned to it." Further, it supports the pattern observed by Densen et al[9] that "in a three-year period only one fifth of individuals initially tagged as high medical utilizers remained at that level for two years."

These data suggest that the notion of a consistent overuse of the health care system by the same patients each year can be refuted. Further, this critical analysis of studies of psychotherapeutic effectiveness has important implications for the interpretation of results of utilization studies in primary care. Conclusions about the effectiveness of an intervention can be drawn from utilization data gathered before and after an intervention.[2,4,6,7] The same conclusion may not be drawn if utilization data were gathered over a series of years on comparable groups before and after the same intervention[3] and if measures of the occurrence of the intervention were made.

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An Infectious Disease Fellowship for a Family Physician

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Teaching fellowships have been developed in family practice education; however, no fellowship training in medical subspecialties designed for board certified or board eligible family physicians has been described. The purposes of this communication are (1) to outline a university sponsored fellowship program in infectious diseases based on a medical school clinical campus and designed for a family practice residency graduate, and (2) to initiate discussion regarding subspecialty training for family physicians.

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The Fellowship

The trainee was a recent graduate of a university based family practice residency. The fellowship program covered one year and included clinical work, teaching, and laboratory research. One hundred fifty-two consultations were seen by the Fellow in three acute care hospitals or in a Veterans Administration hospital. The Fellow also taught in the university affiliated community family practice residency, which co-sponsored the experience, made rounds on family practice patients, helped staff the ambulatory department, prepared family practice conferences on a rotational basis, and presented conferences in infectious diseases for the medical community.

During a formal laboratory experience encompassing four weeks, the Fellow was taught basic techniques, identification of common organisms, and antibiotic susceptibility testing. The Fellow also participated in two laboratory research projects: one involved antibiotic susceptibility testing of group A streptococci from ambulatory patients, the results of which were presented at a regional infectious disease meeting, and the second involved studying bacterial isolates from blood cultures for susceptibility to new antibiotics. For an additional project 66 cases of infective endocarditis seen in the community over a period of 15 years were reviewed retrospectively. A paper describing the findings was presented at the annual state family practice research day and has been accepted for publication. Participation in laboratory and clinical research was believed an important aspect of the program for learning research methods and for correlating basic science and clinical medicine.

Comment

It has been believed by some that family physicians, by the nature of their specialty, should be generalists only and not work in subspecialty areas.[1] We believe that training in some subspecialty areas is not inconsistent with the discipline of family practice. Feldman,[2] a well-known infectious disease specialist, has expressed his opinion that it would be ideal if infectious disease personnel functioned within all the clinical fields, including family practice. He has also pointed out that since there are 5,255 accredited hospitals in the United States, the demand for individuals with some training in infectious diseases is readily apparent if looked at from the standpoint of infection control alone.

The importance of teaching research in a family practice residency has recently been reviewed by Wilson and Redman.[3] Although the majority of studies are in the areas of behavioral science and primary care management of patients, it also appears that it would be natural to carry out infectious disease research in the primary care setting. This has been well documented by the studies on pertussis, among other diseases, carried out by general practitioners in the United Kingdom.[4]

A unique approach to training faculty for academic programs in family practice, fellowship study, and clinical research in infectious diseases also provides an advanced year of training in general medicine for family physicians. We believe that training in infectious diseases is appropriate for certain family physicians. Since family practice residents in some medical centers may have difficulty obtaining subspecialty rotations, it may be advantageous for family practice residencies to be able to offer some subspecialty training within their own programs.

Subspecialty training brings to academic family medicine a basic science base that is well complimented by the unique assets of the family and individual approach to medical care as opposed to the disease/organism slant used by the usual subspecialist teaching family medicine residents. The remarkably wide range of disease encounters experienced in this program is available upon request.

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