

# Physicians' Knowledge of Automobile Safety Seats

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In order to counsel parents effectively on the proper use of automobile safety seats, physicians must be fully knowledgeable about available restraint systems for children. Until recently little information about automobile safety was included in the curricula of medical schools or residency training programs.<sup>1</sup> Physicians have been left largely on their own to gather practical information on safety seats for children.

This study was done to determine the level of knowledge about safety seats and the current philosophies and practices regarding automobile safety among resident physicians in pediatrics and family practice.

## Methods

A questionnaire was sent to all residents and faculty excluding the author of the departments of pediatrics and family practice at the University of Kentucky College of Medicine. Questions focused on routine practice during well-child-care office visits as well as factual knowledge about automobile safety seats.

## Results

The questionnaire was returned by 8 of 25 pediatric residents (32 percent), 10 of 23 pediatric faculty (43.5 percent), 19 of 31 family practice residents (61.3 percent), and all 7 family practice faculty (100 percent), giving an overall response rate of 51.2 percent.

All 44 respondents agreed that infants and young children should be restrained in crash-tested automobile safety seats. Only 14 (32.5 percent) of the 43 physicians who completed the questionnaire reported always "buckling up" themselves.

During at least one well-child visit, 88.4 percent of physicians routinely asked if parents had a safety seat for the child. Only nine physicians (23.7 percent) asked about safety seats during all well-child visits. The majority of physicians asked about safety seats only once, usually the first time the child was seen.

Only 42.1 percent of physicians discussed some aspect of proper use of the seat, such as positioning in the car or the use of straps or belts. Only 10.5 percent routinely asked which brand of seat the parent had. Most physicians (89.5 percent) attempted to reinforce use of the seat. No physician had ever demonstrated a safety seat to a parent. In general, physicians with young children of their own were more likely to discuss safety seats with parents and include instruction in proper use.

Only 65.1 percent of physicians could correctly name a safety seat suitable for young infants, even though brand names alone without specific model names were accepted. Three quarters of physicians could list at least one significant feature of a safety seat for young infants, such as it being rear-facing. Almost one half of the physicians were unable to name a safety seat suitable for a toddler. Twenty-eight respondents (65.1 percent) could list at least one important feature of a toddler safety seat, although some listed such features as "has plastic shield" or "has padded bar," which would not be found on all brands. An acceptable age or weight for appropriate progression of a child from a safety seat to a standard lap-belt restraint was given by 60.5 percent of physicians. Eighty-six percent of physicians could list the approximate price of a safety seat. Only 34.9 percent of respondents could explain what a top tether strap is used for.

Physicians with a child under four years of age scored higher correct response rates than physicians without children under four years, and

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faculty scored higher than residents. Reported sources of information about automobile safety seats varied. Only 32.6 percent of physicians attributed any knowledge to their residency training program. Medical journals, national and local medical meetings, and discussions with fellow health personnel were frequently cited sources. The lay press, such as consumer magazines, were also mentioned. However, 67.4 percent of physicians felt they needed more information.

### Comment

The present study shows inadequate factual knowledge about automobile safety seats among resident physicians in primary care as well as among the teaching faculty. Although both the pediatric and family practice departments at the University of Kentucky have at least one faculty member especially interested in automobile safe-

ty, the amount of practical knowledge provided or retained by the residents appears poor.

Lack of interest may account for much of the lack of knowledge. Many physicians still feel that accident prevention and automobile safety are not their responsibility. Apparently, personal experience with safety seats as a parent is a large factor in raising the physician's level of knowledge and awareness.

Residency training programs must increase efforts to provide a groundwork of education for physicians about automobile safety seats. Means must be sought of providing practical experience with the seats as well as promoting general awareness of automobile accident statistics and dynamics and cognizance of the arguments in favor of safety seat use.

### Reference

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# Inpatient Documentation for Family Practice Residents

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In 1978 the American Academy of Family Physicians (AAFP) developed a manual system of documentation using a 3 × 5-inch data card to record inpatient diagnoses and procedures as a service to family practice residents to provide residency graduates with data to support their requests for obtaining hospital privileges and for

self-evaluation. The actual effectiveness of this method has yet to be evaluated, and the degree of its acceptance by residents has not been established. Throughout the country, however, documentation has continued to be implemented using various methods. Little is known of the extent, effectiveness, costs, and value placed on the use of the AAFP system by residents and faculty. As part of the ongoing development of the documentation program of the North Carolina Academy of Family Physicians (NCAFP), the Department of Family Medicine, University of North Carolina at

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