

# Letters to the Editor



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## Diphtheria-Tetanus Immunization

To the Editor:

Tetanus, an acute, often fatal (35 to 70 percent) disease, is best treated by prevention. Current recommendations suggest giving both diphtheria and tetanus immunization to adults every 10 years. Even recovery from tetanus does not result in solid immunity; second attacks may occur.<sup>1</sup>

After receiving news about a tetanus death in the May 1982 issue of the State of Maryland communicable disease newsletter,<sup>2</sup> a decision was made in my practice to question all patients during any visit about their tetanus status. A register was designed to include a patient's age, sex, and history of immunization during the 10 years prior to visit; the month and any immunization reaction of a patient who received a diphtheria-tetanus immunization at the visit were also recorded. Patients with febrile illness or those refusing immunization were excluded (approximately five a month) and were asked to return at a later date. All patients were instructed to report by telephone any reaction, including local and systemic.

For the period January to May 1983, 2,548 patient visits were recorded. A total of 237 diphtheria-tetanus immunizations were given

(male—112, female—125). Out of 237 immunizations given, there were no immediate reactions and only five people later reported a local reaction.

Tetanus is still a very dangerous disease. In this practice 10 percent of all patients seen over a designated five-month period were unprotected. In this study it appears that diphtheria-tetanus is a relatively safe immunization. Any office visit can be used as an opportunity to obtain a patient's current tetanus status. There are relatively few visits during which the unprotected patient could not be immunized.

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1. Benenson AS (ed): Control of Communicable Disease in Man. Washington, DC, American Public Health Association, 1975, p 323
2. State of Maryland, Division of Communicable Diseases and Epidemiology Newsletter. May 1982

## Training Family Practice Residents in University Obstetrics-Gynecology Departments: A National Survey

To the Editor:

The teaching of obstetrics and gynecology is an integral part

of family practice residency programs.<sup>1,2</sup> The responsibility for such teaching often falls upon specialists in obstetrics-gynecology, usually in conjunction with the training of obstetrics-gynecology residents. A national survey was conducted to assess family practice training activity and determine how family practice residents interact with university obstetrics-gynecology departments.

*Methods.* In June 1983, a one-page questionnaire was mailed to the directors of medical school departments of obstetrics and gynecology listed in the 1983-1984 Directory of the American College of Obstetricians and Gynecologists. Of 126 surveys mailed, 101 (80.2 percent) were satisfactorily completed and returned within four months. Forty-six of the 101 program directors (45.5 percent) requested the results of the survey. All pertinent responses were recorded; where more than one response was possible, total percentages exceeded 100.

*Results.* Of the 101 respondents, 84 (83.2 percent) indicated that their university had a family practice training program. Seventy-six (90.5 percent) of the 84 departments of obstetrics and gynecology had family practice residents rotating on one or more of their clinical services. In the eight departments (9.5 percent) where such residents did not rotate, there was no interaction in 3 cases, consultations only in another 3, and service transfers alone in the remaining 2.

In the 76 university departments of obstetrics and gynecology offering postgraduate training to family practice residents, a majority had rotations in areas of needed competence at one or more levels, eg, in-

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**Table 1. Postgraduate Training of Family Practice Residents in University Obstetrics-Gynecology Departments (n = 76)**

Experience Setting	Level of Postgraduate Training (PG)			
	PG I (%)	PG II (%)	PG III (%)	One or More (%)
In-Hospital Care				
Obstetrics	77.6	55.3	30.3	96.1
General gynecology	39.5	31.6	19.7	60.5
High-risk obstetrics	27.6	28.9	18.4	48.7
Ambulatory Care				
Family planning	42.1	40.8	22.4	60.5
Prenatal care	64.4	42.1	26.3	75.0
Gynecology	47.4	40.8	27.6	77.6

house obstetrics and gynecology, outpatient gynecology, prenatal care, family planning (Table 1). Although most of the rotations occurred at the first- and second-year levels, a sizable proportion of the departments had residents rotating in the third year. Several programs had training experiences beyond the third year, whereas others offered rotations in the more specialized fields of gynecologic oncology and reproductive endocrinology and infertility.

In keeping with the concept of maintaining continuity of health care,<sup>3</sup> family practice residents, although assigned to the obstetrics-gynecology services, regularly participated in the care of their own family practice patients in a majority of programs (68/76, or 89.5 percent).

The last part of the survey inquired about the management of family practice patients with problems related to obstetrics and gynecology. Such patients, who included low-risk obstetrical cases, were routinely admitted to the obstetrics-gynecology services in 50 of the 76 residency programs (65.8 percent). However, the family practice resident continued to

serve as the primary physician in most programs (38/50, or 76 percent). Where such patients were not admitted to obstetrics-gynecology services (26/76, or 34.2 percent), obstetrics-gynecology residents or attending staff still provided consultations or emergency back-up in 65.4 percent (17/26) of the programs.

*Comment.* Several findings of this survey should be of interest to medical educators in both family practice and obstetrics and gynecology. The large overall response rate of 80 percent coupled with the large proportion of programs requesting survey results (46 percent), even among those not training family practice residents directly, indicates a high degree of involvement and concern in this area. In addition a majority of university obstetrics-gynecology departments (91 percent) have family practice residents rotating on one or more services; most of these rotations take place during first and second postgraduate years and cover those clinical rotations that are basic to the training of family physicians in obstetrics and gynecology.<sup>2</sup> Finally, the survey confirms the strong commitment to continuing care that

family practice residents have for their patients both inside and outside obstetrics-gynecology services.

A few unsolicited comments on the questionnaires suggested that university obstetrics-gynecology departments were having problems working with their respective family practice departments. While the present survey did not address conflicts and difficulties in the training of family practice residents, a follow-up inquiry regarding this subject might be worthwhile.

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3. Lynch DA: Obstetrics in family practice: A model for residency training. *J Fam Pract* 7:723, 1978