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Protocols: A Check-List for Health Care



JUST A SIMPLE SORE THROAT?—Maybe so. Maybe not. Determining when they are and when they're not, and setting out the proper course of action to take, is the purpose behind a "patient care protocol" on sore throat developed by Dr. Kitty Shimoni (left) of the Department of Community Health Sciences. The sore throat patient being examined in the University Health Services clinic in the Pickens Building is Vinnetta Golphin, a Duke freshman. Nurse Practitioner Cathy Severns conducts the examination. (Photo by Jim Wallace)

Two Researchers Receive Grants for Cancer Studies

The National Cancer Institute has announced grants to two medical center scientists who are conducting clinical and basic science research on malignant tumors.

The awards will total almost \$240,000 over the next three years.

Dr. Nelson L. Levy, assistant professor of immunology, will receive \$182,440 to support his studies of the body's immune response to tumor growth, and Dr. F. Stanley Porter, professor of pediatrics, has been awarded \$56,531 to finance his participation in the activities of the Southwestern Oncology Group.

Levy prefaced an explanation of his work by saying that when a tumor begins to grow in a cancer victim, the victim's immune system recognizes that unnatural growth is occurring. Some of the host's responses to the tumor are protective of the host, and others are strangely protective of the tumor itself.

The researcher said he is currently attempting to discover what part of the tumor cell stimulates a particular response and how the response comes about.

Working with melanomas, tumors of pigmented cells often found on the skin, and sarcomas, tumors arising out of connective tissue, Levy is particularly interested in "a type of immune response known as 'blocking antibody.'"

An antibody should normally be one of the body's allies in combating disease and preventing the formation of tumors, the Duke scientist explained, but for some reason the "human blocking antibody" does just the opposite. It inhibits the natural defenses and thereby "encourages tumor growth."

Porter said the Southwestern Oncology Group is one of a number of similar cancer research associations around the United States. Its members, all physicians involved in clinical research, treat their cancer patients "under a common protocol" (using similar methods) agreed upon by the group.

The physicians have joined together, he said, so that data concerning the illnesses and the results of the treatment can be collected in a central location and analyzed more rapidly.

"We're involved in those aspects of cancer which have to do with various malignant diseases in children," Porter explained, "such as leukemias and certain solid tumors."

Seven Faculty Promotions, Appointments Announced

Two appointments and five promotions at the medical center have been announced by University Provost Frederic N. Cleaveland.

They are:

* Dr. David G. Warren appointed professor of health administration.

* Dr. Robert F. Wilfong appointed assistant professor of neurosurgery.

* Dr. Joseph C. Farmer Jr. promoted to associate professor of otolaryngology.

* Dr. Dorothy E. Naumann promoted to assistant professor of community health sciences and administrative director of the Student Health Service.

* Dr. John W. Reed promoted to associate professor of ophthalmology.

* Dr. M. Bruce Shields promoted to assistant professor of ophthalmology.

The term "patient care protocol" isn't exactly a household expression, and it probably never will be.

But it just could have something to do with the quality of health care you receive in the years to come.

At least that's the belief of a group here, and the Henry J. Kaiser Family Foundation has become interested enough in it to award Duke a two-year, \$50,000 grant to develop the idea further.

A protocol is a system of doing something, and a patient care protocol is a system of decision-making steps in the diagnosis and treatment of an illness. When followed precisely, Duke physicians believe it can greatly reduce the chance for error, it may mean a cost saving to the patient, it can be a training aid to medical students and others and it can be a means of monitoring the quality of care patients are receiving.

The work is being conducted in the University Health Services clinic under the direction of the Department of Community Health Sciences. The person working the closest in developing the protocols is a Swiss-born physician who also has a master's degree in public health, Dr. Kitty Shimoni.

So far Dr. Shimoni has written protocols for sore throat and urinary tract infections in women. Others planned for development include vaginitis upper respiratory infection, lower back pain and hypertension (high blood pressure). As many as 10 may be developed under the grant.

If protocols were developed for the 10 most common complaints brought to the Health Services clinic (which treats Duke students, faculty, staff and some off-campus patients), Dr. Shimoni said, "We believe they would cover more than 80 per cent of the visits to the clinic."

Among the reasons for having written procedures to be followed step-by-step are these:

* They provide standardized pathways

for handling patient problems with the objective being a high standard of health care.

* They are a means of teaching medical students how to approach and care for minor illnesses in an organized, efficient and economical manner.

"Most students have little contact with such illnesses in a teaching hospital setting," Dr. Shimoni said, "and certainly an inadequate exposure in which they can devise and perfect a personal approach to each presenting complaint."

* They provide a means of training health-care professionals such as physician's assistants and nurse practitioners.

Physicians and medical students "should be taught to delegate to others those simple tasks which do not require their skills," Dr. Shimoni said.

"The wisdom and necessity of delegating tasks which do not require the physician's skill to those with lesser training has been underscored, not only by the shortage of physicians but also by the positive demonstration of the high quality of the services rendered by nurse practitioners, physician's assistants and others," she said.

All the physicians and other health care professionals at the Duke Health Services clinic are following the protocols.

Dr. Harvey Estes, chairman of the Department of Community Health Sciences, said the protocol might be compared with the check list an airline pilot uses in preparing for takeoff.

If a pilot flips a switch on his control panel and a light comes on, or doesn't come on, this may mean he can advance to the next item on his check list or it may mean a malfunction he needs to check out first.

In the same fashion, Estes explained, if a doctor finds a high fever and swollen glands accompanying a sore throat, this is the signal of a "malfunction" that needs to be investigated further before going on down the check list.

Sore throat was selected as the subject of the first protocol because it is a common symptom of upper respiratory infection and because streptococcal throat infections (commonly called "strep throat") can have very serious complications if not detected and treated early.

Rheumatic fever, for example, which can result in heart damage, is almost always preceded by a streptococcal respiratory infection.

The sore throat protocol also contains guidelines for the management of non-strep sore throat and infectious mononucleosis, a debilitating illness accompanied by swollen glands and abnormal blood counts that most often strikes adolescents and young adults.

The sore throat protocol is a 38-page booklet which is summarized in the form of a two-page flowchart at the end giving each step that should be

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