Review of clinical activity by microbiologists

We read with interest the article by Balfour1 in which the clinical involvement of microbiologists was assessed. We also wished to determine the areas for which microbiology advice was sought (or offered) in one of the hospitals serviced by our laboratory. We present the results of an study in which we examined details of telephone consultations between medical microbiologists and clinicians in a South Manchester teaching hospital and compare our findings with those of Balfour.

During November 1993, details of all telephone consultations between medical microbiologists (two consultants, two senior registrars and one registrar) and ward-based clinicians (all grades) were evaluated prospectively. The intensive care unit, which was visited daily, was excluded from the study. The following information was recorded: date, time, ward, clinician, initiator of the consultation, subject, diagnosis, antibiotic details, and outcome.

In total, 136 telephone calls were recorded, of which 15 (11%) were out of hours. Consultations were evenly distributed over most wards and departments. Fifty two per cent of calls were initiated by clinicians, 46% by the laboratory and 2% by pharmacists. The range of clinical problems discussed is shown in table 1. The major consultation resulted in antibiotic advice being offered (65%) or a result being given (42%), or both. Advice was also given on further investigations (29%) and infection control (8%). The antibiotic advice usually involved recommendation of antimicrobial therapy (to be started or continued) in line with antibiopic policy (57%); a non-therapy antibiotic was recommended in 16% of consultations. Antibiotics were considered to be not indicated in 19% and were discontinued in 4%. Ten per cent of telephone consultations resulted in patient reviewed in the microbiology laboratory in order to obtain further information or make a clinical assessment. In 2% of telephone consultations advice was given to contact a further specialist (for example, infectious diseases physician).

In the UK most specialist infection advice is given by medical microbiologists who are not involved directly in patient care and because of geographical and manpower considerations much of this advice is given by telephone. A few studies have looked at the situations for which such infectious disease physicians are consulted for assessment and review of hospitalised patients.2 3 However, it is less clearly documented how microbiologists are used by colleagues to give advice in the hospital setting. Balfour has usefully recorded the clinical activity of microbiologists at one laboratory, the majority of which (82%) was in form of telephone advice. Our results, in a smaller study to Balfour’s but using a comparable methodology, suggest a very similar spectrum of clinical activity in our own laboratory. We did not attempt to measure the impact of our advice to clinicians, but our feeling is that advice is generally well received and actioned upon throughout the hospital, as Balfour found (84% compliance).

We thank Drs E Kaczynska and V Peiris for participating in the audit and Ms D Oliver, Department of Medical Audit, University Hospital of South Manchester, for computing the data.

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Lesson of the Month

The Journal would be interested to receive short reports (maximum 250 words) of lessons to be learnt, mistakes that have been avoided or committed, and fascinating phenomena that readers would find interesting. Half-tone illustrations are also welcomed.

These will be carried in the Journal as occasional fillers.

Book review


This book is the latest edition in this series, here dealing with pancreatic tumours, and is one of those books that world experts. The need for histological criteria for defining different forms of cancer permits comparative studies between various centres in different parts of the world by using a uniform terminology. The introduction contains a table describing various antibodies that have proved useful in diagnosis, as well as definitions and criteria used for TNM classification. The main text considers, in detail, the benign, borderline and malignant variants of epithelial and non-epithelial tumours of the pancreas. There follow sections on secondary tumours and tumour-like lesions including cysts. Common duct changes are described. Various miscellaneous lesions, including heterotropia, are shown. The brief text is complemented by as many pages of colour illustrations at largely appropriate magnifications. Unfortunately, the colour binding is mostly worn with the background being too blue or too yellow. This probably reflects the original illustrations submitted to the publishers. There follows an index of subjects and illustrations. Colour illustrations are now becoming common in textbooks and monographs and their quality is improving rapidly. Further editions of this book will have to improve this shortcoming.

Postgraduate Course


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Correction

In the July issue, the book Diagnostic Microbiology and Cytology of the Eye was reviewed by Dr J Hay and not Dr D V Seal. Dr D V Seal’s name was also spelt incorrectly as Seale.