

AS : Ampicillin/Sulbactim BA : Cotrimoxazole PR : Cephalexin

TE : Tetracycline CF : Cefotaxime CP : Ciprofloxacin

PF : Pefloxacin OF : Ofloxacin CX : Cloxacillin

RF : Rifampin LM : Lincomycin GM : Gentamicin

OX : Oxacillin VA : Vancomycin **Discussion :-**

The present study highlights the problem of MRSA and resistant of staphylococci in our hospital. The prevalence of MRSA was 35.89%,19.51% in coagulase negative Staphylococci. This is comparable to other studies in our country,(1,2). Isolation of coagulase negative Staphylococci and antibiotic sensitivity patterns are regarded with all seriousness in clinical practice and clinical epidemiology, because these strains are not only resistant to multiple antibiotic, but also act as a reservoir for drug resistance gene,(3). Hence, there is a need for constant monitoring of prevalence of MRSA and its antimicrobial resistance pattern. The data resulting from such studies will help the clinicians in effective treatment of Staphylococcal infection.

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KAP study of doctors regarding filling up
of the medical certification of cause
of death (MCCD) at a teaching hospital in Gujarat.

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Abstract :

Objective: To study the Knowledge, Attitude and Practice of doctors regarding filling up of the Medical Certification of Cause of Death (MCCD). **Study design:** Cross sectional. **Participants:** Doctors who have filled up MCCD forms **Place of study:** Department of Community Medicine, Government Medical College, Surat **Sample Size:** 57 doctors **Statistical analysis:** Proportions. **Results:** About half (50.9%) of the doctors have received training. Wherever 89.5% doctors expressed the requirement of training. Only 14% doctors expressed suggestions for some modification in the MCCD forms. One-third doctors (31%) knew all the 3 terms viz. definition of Immediate, Antecedent and Underlying causes of death. In spite of this, 56.0% doctors were satisfied with the completeness and accuracy of the MCCD forms, which were filled up under their guidance.

Key words: Medical Certification of Cause of Death, Death Certificate, KAP study,

Introduction:

"Death certificate is a permanent record of an individual's death." One purpose of the death certificate is to obtain a simple description of the sequence or process leading to death rather than a record describing all medical conditions present at the time of death.¹ Accurate death certification is very important, as in one study more than 50 percent of general practitioners felt that they were not sufficiently instructed about death certification.² Most physicians do not receive formal training in determining the cause and manner of death but are simply given this responsibility during residency training. Problems may arise if someone other than the primary physician is made responsible for death certification. Proper death certification is not time-consuming unless the death was unexpected or occurred under unusual circumstances. The value of accurate statements of cause of death cannot be overemphasized.³ The Government of Gujarat has also started putting special effort since year 2002 to improve the quality of MCCD forms. That is why this study was carried out to know the knowledge and practices of doctors who are filling up MCCD forms.

Material and Methodology:

To evaluate the knowledge, attitude and practices (KAP) and the requirement of training for filling up of MCCD forms, questions were asked, in the form of questionnaire, to the doctors of different departments of a big teaching hospital of Gujarat State including few private practitioners of the city who have issued death certificates in the past. Most of the respondents' chosen were resident doctors as they routinely fill up most MCCD forms. Few senior medical officers were also interviewed who had performed postmortem during their past posting. The data were collected in a period of one month from December 15th, 2003 to January 14th, 2004. The questionnaires were personally handed

over by the investigator to collect the information. The data were analyzed with the help of software EpiInfo ver. 6.04b.

Observations:

Though 29 (50.9%) doctors had received training but on inquiry 89.5% of the respondents were of the opinion that there is need of proper training for filling up of MCCD forms. On further inquiry about the MCCD forms, 86.0% doctors expressed that there is no need of any modification of forms. But, 14.0% doctors felt that there is need of modification in MCCD forms to make entry easier.

It was observed that 66.7 % of the respondents knew correct definition of immediate cause, 54.4 % knew antecedent cause and also underlying cause. (Table 1) Further analysis of data revealed that only one third (31.6%) of the respondents knew correct definition of all the three causes of death.

Table 1. Distribution of respondents according to their correct knowledge about cause of Death.

Cause of death Respondent who described correctly.

(n=57)

No. %

Immediate cause 38 66.7

Antecedent cause 31 54.4

Underlying cause 31 54.4

All above three 18 31.6

It was found that 19.3% of doctors faced difficulty in filling up of MCCD forms. Almost similar proportions (22.8 %) were unable to express any difficulty in the filling up of forms. These were the doctors who either routinely filled or had filled MCCD forms in the past in their department.

Though only one-fifth of the respondents (19.3%) told that they faced difficulty while filling up MCCD forms. These doctors were further enquired about the type of difficulty they came across while filling up of MCCD forms. About three-fourth doctors (72.7%) mentioned that at times it is hard to conclude the exact cause of death. Three doctors (27.3 %) further expressed that in their routine practice, many times the certifying doctor has to refer case paper at the time of issuing MCCD forms and if the case papers were incomplete, they found it difficult to fill up MCCD forms.

It was found that nearly half (56.1%) of the doctors were satisfied with the accuracy and completeness of the death certificates filled up in their hospital. Around one-fourth (28.1%) of the doctors were not satisfied with it and 15.8% doctors were unable to express their opinion on accuracy and completeness.

Table 2. Perception of respondents about the accuracy and completeness of MCCD forms

Respondent's perception

for accuracy and completeness Respondents

No. % Satisfied 32 56.1

Not satisfied 16 28.1 Unable to answer 9 15.8

Total 57 100.0

Discussion:

Accurately filled up MCCD forms can supply very crucial information to the planners and administrators. It can provide a feedback about the pattern of morbidity prevailing in that area. This information can be utilized properly for the preparedness to implement in future specific type of preventive and curative health services in that area. On the contrary, if the MCCD recordings are poor, then the whole exercise will remain a useless effort as the reliability of information will always remain questionable. Recently, in the year 2002, the Gujarat Government showed intention towards the improvement of the quality and reliability of the MCCD recordings.

That is why this study was carried out in the year 2003-2004 to know the knowledge and practice of filling up of MCCD forms at a big teaching hospital in Gujarat State. In routine practice mostly residents fill up MCCD forms, so majority of respondents were residents, however, 10 senior Medical Officers of more than 15 years of service, who had served at various PHCs of Gujarat State, were also interviewed. Three doctors from private sectors were included to find out any major gap of knowledge between private and public setup. In this way 57 doctors were interviewed but the information gathered were found similar and not much difference was noted among different categories of doctors. Hence, the analysis carried out without classifying them as most of the time, they all expressed similar opinions regarding MCCD form. However, they all provided much important information that may be utilized in the planning of the future actions to improve the quality of information available in the MCCD forms of different hospitals of Gujarat State.

Maudsley and Williams (1993) in their study assessed the knowledge, attitudes and behavior of 174 House Officer and of 131 General Practitioners.² Messite, Jacquiline, Stellman and Steven (1996) in their study interviewed a total of 12 practicing general

internists, 21 internal medicine residents, and 35 senior medical students to assess the extent to which accuracy of death certificate completion varies with level of physician training and experience.⁵

About 89.5 % doctors in this study expressed the need of training to fill up MCCD forms. Maudsley and Williams (1993), in their study reported that 46.2 per cent of House Officers had not read the death certificate book instructions.² He, therefore, concluded that better and co-ordinate undergraduate and early post-graduate education (which should be continuing and audited), and practical accessible guidance on death certificate completion, might improve standards of practice and performance within the existing framework. It seems that the time has come to explore an alternative methods of presenting guidance on death certificate completion. Myers and Farquhar (1999) also interpreted in their study that the accuracy of death certification could be improved with the implementation of a simple educational intervention.⁶ The doctors were also of the similar opinion in this study.

Respondents were asked about the definition of immediate, antecedent and underlying cause of death. The analysis revealed that 66.7%, 54.4% and 54.4% doctors respectively could explain correctly for immediate, antecedent and underlying cause of death. But only one-third respondents (31.6%) could explain all the three terms related to the cause of death. Maudsley and Williams (1993) also observed that knowledge was variable, especially concerning underlying cause of death. Written cause of death statements were broadly similar in style and standard between House officer and General Practitioners.² He could not see any difference among different categories of doctors as was also noted in this study.

The doctors who filled MCCD forms in their department were further asked about any difficulty in the filling up of MCCD forms. Eleven doctors (19.3%) agreed as they faced difficulty in filling up of MCCD forms. Almost similar proportions (22.8 %) were unable to answer this question. (table 3). These doctors were further enquired about the type of difficulty they came across while filling up of MCCD forms. About three-fourth doctors (72.7%), out of 11, mentioned that at times it is hard to conclude the exact cause of death. As only one-third doctors understood all the three terms related to the cause of death, it seems that if they are trained and clearly explained different terms, they may find it easy to fill up the MCCD forms. Maudsley and Williams (1996) has also concluded in their study that there was a need for reoriented thinking rather than just urging more education. Evidence based educational interventions are needed.³

Three doctors (27.3 %) had expressed that many times they had to refer case paper to interpret different cause of death. And if case paper is incomplete then it really becomes difficult for them to fill up proper information into the MCCD forms (table 4). Sometime the certifying doctor do not get WHO certificate and this only requires attention of administrators to check the regular supply of the MCCD forms in the hospital..

In spite of many lacunae in the filling of the MCCD forms, nearly half (56.1%) of the doctors were satisfied with the accuracy and completeness of the death certificates being

filled up in their teaching hospital. Around one-fourth (28.1%) of the doctors were not satisfied with it and 15.8% doctors were indifferent about the accuracy and completeness of MCCD forms.

The quality of MCCD form can be improved by organizing training and refresher training after every 2 to 3 years of interval. The hospitals must also implement a system of regular internal audit by peer groups with regular feedbacks to the doctors of the hospital who are filling up the MCCD forms. The feedback regarding the improvement of the quality of MCCD data will enthuse them. The people who write the certificate may also be told that they are accountable for the certificates. The system of regular feedback may play an important role. As each one of the doctor will realize the importance of these MCCD forms on getting the feedbacks from the team of peer members after their evaluation exercise. As per the information available, it was noted that at present no feedback is provided to the issuing doctors in any of the hospital in Gujarat. However, a multi-centric study at different hospital of Gujarat State may be carried out to understand the problem at wider perspective and then a suitable strategy may be planned in the whole state for improvement of the recordings of the MCCD forms.

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Seroprevalence Of HIV in STD Patients.

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