LETTERS TO THE EDITORS

General Medicine Conferences

To the Editors: — We used a survey method to look at the administration, conduct, and content of general medicine conferences at academic medical centers. It was undertaken chiefly to compare our program with what was being done at other institutions and to assess sentiment for developing a core curriculum.

The chiefs of sections of general medicine at 86 medical centers in the United States who were members of the Society for Research and Education in Primary Care Internal Medicine were sent a survey questionnaire in the first week of January 1985. Seventy-nine questionnaires were returned, for a response rate of 87%. (Questionnaires are available on request.)

Eighty-one per cent of the respondents reported having a general medicine conference. Several institutions reported having more than one type of general medicine conference. Types of general medicine conferences reported included patient management (87%), ambulatory medicine (11%), journal club (8%), research (5%), and medical consultation (3%).

The most reported topic areas were preventive medicine, at 87% of institutions; psychosomatic medicine at 76%; geriatric medicine at 75%; socioeconomic issues at 75%; and epidemiology and medical ethics at 66%.

Sixty-five per cent of the respondents felt that a recommended core curriculum for general medicine conferences would be beneficial. Those who answered negatively to the question regarding a recommended core curriculum made comments stating that a core curriculum approach could lead to repetitiveness and eventually, uninteresting conferences. Several respondents reported that they felt the patient presentation approach to medical conferences was more relevant and interesting and most essential topics would be covered in this manner. Others who opposed recommendations for a core curriculum stated that they desired flexibility in what could be done in the setting of a general medicine conference.

The results of this survey indicate that 81% of the sections of general medicine queried have a general medicine conference. A majority of the respondents felt that a recommended core curriculum for general medicine conferences would be beneficial; however, further research and discussion are required before a recommended core curriculum can be developed. — *Robert C. Turner, MD, Assistant Professor of Medicine, Director, General Medicine Clinics, Section of General Medicine, School of Medicine, East Carolina University, Greenville, North Carolina*

New-onset Atrial Fibrillation

To the Editors: — Shlofmitz and colleagues are to be congratulated for their study of the outcomes of patients with new-onset fibrillation (JGIM, May/June 1986, pages 139-142). I think many clinicians who have treated patients such as theirs in the emergency room have recognized that new-onset atrial fibrillation, in the absence of other definable disease, is a relatively benign condition. The authors make a strong argument for avoiding hospitalization in the intensive care or coronary care unit.

It appears that hospitalization for the majority of patients in this study was completely benign. Specifically, no important new diagnoses were made and treatment consisted primarily of observation while the patient was digitalized. Given those findings, one can ask whether hospitalization is necessary at all. Would not the outcome have been just the same if the authors' proposed management plan had excluded the arm that dictated admission to the regular hospital floor? — *Keith I. Marton, MD, Chief, Section of General Internal Medicine, New England Deaconess Hospital, Boston, Massachusetts*

In reply: — We appreciate Dr. Marton's comments about our paper. We also considered the possibility that all patients should be managed at home. However, we ultimately decided to reject this possibility. We noted in our paper that two patients developed new medical problems in the few days after atrial fibrillation began. One patient suffered an embolic CVA, and a second developed digoxin-induced bradycardia. Neither of these problems was prevented, nor was their management altered, by the patients' being in the hospital. Nonetheless, we recognized the potential morbidity of prolonged, undiagnosed bradycardia, and the potentially greater morbidity of a CVA occurring out of the hospital.

In light of these possibilities, and given the small number of individuals in our study, we felt it prudent to suggest observation of patients whose atrial fibrillation failed to convert rapidly in the emergency room. Further studies, with larger numbers of patients, may allow us to better predict who might develop such complications as these; and