

A quality assurance survey to improve communication between ENT specialists and general practitioners

Thong J F, Mok P, Loke D

ABSTRACT

Introduction: Communication between medical specialists and primary care providers in the community plays a pertinent role in patient care and doctor education. Referral and reply letters are the most common means by which doctors exchange information. Much of clinician time is spent writing letters, but the information or the format in which the letter is written may not meet the needs of the recipient. This study aimed to determine the type of reply letter preferred by general practitioners (GPs) and as such, attempts to improve communication between doctors as part of a quality assurance survey.

Methods: Questionnaires were mailed out to 1,700 GPs in Singapore. Each questionnaire was accompanied by two sample reply letters from the Department of Otorhinolaryngology - Head and Neck Surgery. The sample letters were written in different formats. Letter 1 was written in a non-structured, free text format and Letter 2 included a structured summary at the beginning. Both letters contained the same amount of information and the same number of words.

Results: A total of 535 replies (response rate 32 percent) were received. Letter 2 was preferred in 97 percent of the responses. 96 percent of the doctors found Letter 2 to be easier to read, while 86 percent felt it contained more information and 64 percent felt that Letter 1 took a longer time to read.

Conclusion: Our study shows that there is a preference for diagnosis and treatment plan to be presented in a summary style report rather than as free text. A structured format for reply letters, including the use of headings, allows readers to easily identify the information desired and thus improves the quality of correspondence between specialists and GPs.

Keywords: correspondence, education, family physicians, healthcare, quality assurance specialisation

Singapore Med J 2010;51(10):796-799

INTRODUCTION

Communication between medical specialists and primary care providers in the community plays a pertinent role in patient care and doctor education.⁽¹⁻⁵⁾ The most common means by which doctors exchange information is through referral and reply letters. Much of clinician time is spent writing letters, but the information or the format in which the letter is written may not meet the needs of the recipient. Improving on the quality of letters may enhance the quality of correspondence. Ensuring that the letter meets the requirements of the recipient saves time for both clinicians and patients, avoids discontinuity in care and reduces unnecessary repetition of diagnostic tests and poor patient outcomes, such as anxiety, dissatisfaction and loss of confidence in medical practitioners.⁽¹⁾ In addition to optimising patient care, this exchange of information forms a potent means of continuing medical education,⁽²⁻⁵⁾ as communication between doctors of different experience and expertise facilitates mutual teaching. When referral letters are poorly written, this opportunity is reduced. Reply letters have been described as “the most neglected route of GP (general practitioner) education”.⁽⁵⁾

This study was conducted as part of a quality assurance survey that attempts to improve communication between medical specialists and GPs. In this study, the type of reply letter that GPs preferred to receive from the Department of Otorhinolaryngology – Head and Neck Surgery was determined.

METHODS

Stamped self-addressed questionnaires were mailed out to all GPs in Singapore that were on the mailing list of the hospital. A total of 1,700 questionnaires were sent out, and each was accompanied by two sample reply letters from the Department of Otorhinolaryngology – Head and Neck Surgery. The sample letters were

Department of
Otorhinolaryngology -
Head and Neck Surgery,
Khoo Teck Puat
Hospital,
90 Yishun Central,
Singapore 768828

Thong JF, MRCS
Registrar

Mok P, FRCSG
Senior Consultant

Loke D, FRCSE
Consultant

Correspondence to:
Dr Jiun Fong Thong
Tel: (65) 6602 2197
Fax: (65) 6602 3648
Email: jiunfong@yahoo.com

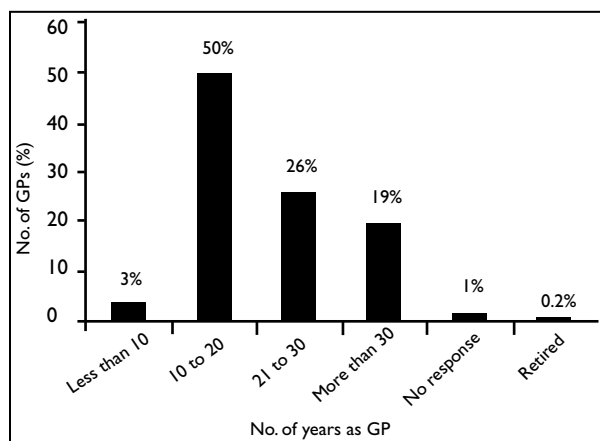


Fig. 1 Graph shows the distribution of GPs with the number of years of experience.

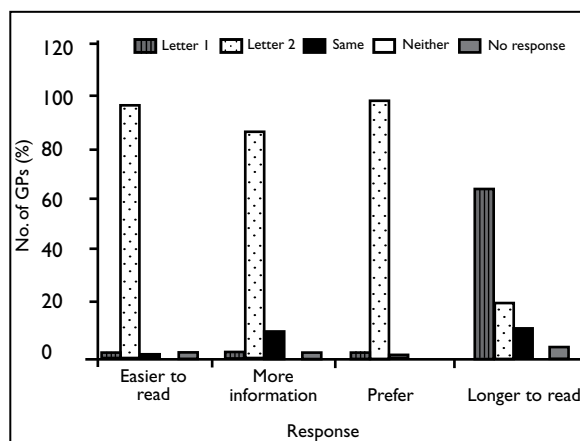


Fig. 2 Graph shows the distribution of responses from GPs.

written in different formats (Appendix). Letter 1 was written in a non-structured, free text format, and Letter 2 included a structured summary at the beginning. Both letters contained the same amount of information and had equal number of words (119 words). The GPs were asked to choose their letter of preference. They were also asked to choose the letter that they felt was easier to read, gave more information and took longer to read.

RESULTS

In total, 535 replies were received, giving a response rate of 32%. The duration of GP experience ranged from one year to over 40 years of practice, and also included one retired GP (Fig. 1). 97% of the responders preferred Letter 2 (Fig. 2), while 96% found Letter 2 to be easier to read and 86% felt it contained more information compared to Letter 1. 64% of the GPs felt that Letter 1 took a longer time to read, and 1% equally preferred both styles of letter. Of the minority of GPs who preferred Letter 1 (2%), all had more than ten years of experience (mean 29 years, median 30 years). Of these, 85% felt that Letter 1 was easier to read, 69% felt that it contained more information and 54% felt that Letter 2 took a longer time to read. Of the 97% of GPs who preferred Letter 2, 99% found Letter 2 to be easier to read, 93% felt that Letter 2 contained more information and 65% took a shorter time to read Letter 2.

DISCUSSION

From the GPs' responses to our survey, we found that there was a preference for the summaries of diagnosis and treatment plan to be presented in a list format (summary style report) rather than as free text. There are clear advantages of having a structured format for reply letters, such as the use of headings. Readers are able to

easily identify the information desired in a shorter time (this is useful, especially in a busy clinic) and are better able to retain the information. Although both letters had the same amount of information and the same number of words, the addition of a summary at the beginning of Letter 2 gave GPs the impression that it contained more information and took less time to read. This is likely to be related to a better presentation of the relevant information. Many GPs explained that the summary at the beginning was simple, succinct and clear, and that the details of the letter that followed could be read at leisure, or not at all. It was felt that Letter 1 required a longer time to read because the details were not immediately obvious and needed to be extracted slowly from the text. The summary in Letter 2 was also felt to allow for ease of future reference at a glance.

Many audits have previously shown that GPs consider a significant proportion of information in reply letters to be unnecessary, and that relevant information is poorly-communicated.^(1,6) GPs generally prefer structured, summary style letters with headings or bullet-points that convey the desired information.^(1,6-14) In a study of reply letters to GPs from an open-access chest pain clinic, GPs were found to prefer structured, computer-generated letters over unstructured dictated letters.⁽¹⁴⁾ A study of general dental practitioners' opinions regarding reply letters from consultant orthodontists also found that 82% preferred summaries in a list format as opposed to free text.⁽⁶⁾

In our study, the minority who preferred Letter 1 either felt it was easier to read, took less time to read or that it contained more information. It is interesting to note that all the GPs who preferred Letter 1 had more than 10 years of experience, and that the median duration of practice was 30 years. It may be that the

traditional style of letter-writing in free text is preferred by the 'older generation' GPs. One GP explained that free text gave the impression of being 'more personal'.

A major weakness in this study, as is typical of postal questionnaire studies, is its poor response rate of only 32%. The questionnaires were posted with stamped self-addressed envelopes with the intention of improving response rate. The response rate could, however, have been further improved with the posting of reminders to non-responders. Nevertheless, it should be noted that the overwhelming majority of GPs (97%) who replied to our survey preferred the use of structured, summary style letters with bullet-points and/or headings. It is unlikely that this group who responded forms a biased group and hence, their opinion is more likely to represent that of the majority of GPs, including those who did not respond.

The structured, summary format of letter-writing has been promoted across specialties in many countries in an attempt to improve the quality of correspondence between medical specialists and GPs. In Australia, where training courses in letter-writing have been developed for oncologists to improve communication with referring doctors after a new patient consultation,⁽¹⁰⁾ it was found that these courses have significantly improved the content and format of letters, and thus increased the satisfaction of the letter recipients.

In conclusion, modifying letter-writing practices is a relatively simple but effective means of improving the quality of correspondence between medical specialists and GPs. Effective communication plays a crucial role in the continuity and quality of patient care, and provides a potent means of continuing medical education for doctors. Our study conclusion concurs with that of many other studies published internationally, and it is therefore proposed that structured summary style letters be promoted within the various specialties across hospitals in Singapore.

REFERENCES

1. McConnell D, Butow PN, Tattersall MH. Improving the letters we write: an exploration of doctor-doctor communication in cancer care. *Br J Cancer* 1999; 80:427-37.
2. Gagliardi A. Use of referral reply letters for continuing medical education: a review. *J Contin Educ Health Prof* 2002; 22:222-9.
3. McMullan JJ, Barr A. Outpatient letters; a study in communication. *J Coll Gen Pract* 1964; 7:66-75.
4. Westerman RF, Hull FM, Bezemer PD, Gort G. A study of communication between general practitioners and specialists. *Br J Gen Pract* 1990; 40:445-9.
5. Pringle M. Referral letters - ensuring quality. *Practitioner* 1991; 235:507-10.
6. Waring DT, Harrison JE. Reply letters following orthodontic consultations: an audit of Merseyside general dental practitioners' satisfaction. *Prim Dent Care* 2007; 14:53-8.
7. Saha S, Summerwill AJ. Quality of written reports provided by consultants in restorative dentistry to referring general dental practitioners in the West Midlands. *Prim Dent Care* 2006; 13:63-9.
8. Lloyd BW, Barnett P. Use of problem lists in letters between hospital doctors and general practitioners. *BMJ* 1993; 306:247.
9. Rawal J, Barnett P, Lloyd BW. Use of structured letters to improve communications between hospital doctors and general practitioners. *BMJ* 1993; 307:1044.
10. Tattersall M, Butow PN, Brown JE, Thompson JF. Improving doctors' letters. *Med J Aust* 2002; 177:516-20.
11. Scott IA, Mitchell CA, Logan E. Audit of consultant physicians' reply letters for referrals to clinics in a tertiary teaching hospital. *Intern Med J* 2004; 34:31-7.
12. Melville C, Hands S, Jones P. Randomised trial of the effects of structuring clinic correspondence. *Arch Dis Child* 2002; 86:374-5.
13. Wasson J, Pearce L, Alun-Jones T. Improving correspondence to general practitioners regarding patients attending the ENT emergency clinic: a regional general practitioner survey and audit. *J Laryngol Otol* 2007; 121:1189-93.
14. Ray S, Archbold RA, Preston S, et al. Computer-generated correspondence for patients attending an open-access chest pain clinic. *J R Coll Physicians Lond* 1998; 32:420-1.

APPENDIX

Letter 1

Department of Otorhinolaryngology
Alexandra Hospital
378 Alexandra Road
Singapore 159964

Our Ref: GK/JEF/N003030
Date: 23rd February 2010

Dr XXX
Clinic Z
Singapore

Dear Dr XXX

Re: Sharon Tan S1365068G

Thank you for referring this fifty-one year old lady who presents with a two year history of left foul-smelling otorrhoea. Her hearing is poor on the left side but normal on the right. She is well, except for hypertension, for which she is taking atenolol. She has no history of previous ear surgery.

On examination she has a normal right tympanic membrane but there is an anterior perforation with a purulent discharge on the left side. She therefore has a left active chronic suppurative otitis media. I have microsuctioned her left ear and prescribed her with ciprofloxacin ear drops. She has been advised to keep her ear dry and to avoid self-instrumentation. I will review her in one month.

Yours sincerely

Dr XXX
MBChb (Sheffield), MRCS (Edin), FRCS (Edin)

Letter 2

Department of Otorhinolaryngology
Alexandra Hospital
378 Alexandra Road
Singapore 159964

Our Ref: GK/JEF/N003030
Date: 23rd February 2010

Dr XXX
Clinic Z
Singapore

Dear Dr XXX

Re: Sharon Tan S1365068G

Diagnosis: Left chronic suppurative otitis media

Treatment: 1) Microsuction
2) Ciprofloxacin ear drops

Follow-up: 1 month

Thank you for referring this fifty-one year old lady who presents with a two year history of left foul-smelling otorrhoea. Her hearing is poor on the left side but normal on the right. She is well, except for hypertension, for which she is taking atenolol. She has no history of previous ear surgery.

On examination she has a normal right tympanic membrane but there is an anterior perforation with a purulent discharge on the left side. I have microsuctioned her left ear and prescribed her with ciprofloxacin ear drops. She has been advised to keep her ear dry and to avoid self-instrumentation. I will review her in one month.

Yours sincerely

Dr XXX
MBChb (Sheffield), MRCS (Edin), FRCS (Edin)