

Written prompts to GPs to elicit patient concerns led to a small increase in 1 measure of patient satisfaction in self limiting illness

McLean M, Armstrong D. Eliciting patients' concerns: a randomised controlled trial of different approaches by the doctor. *Br J Gen Pract* 2004;**54**:663–6.

Clinical impact ratings GP/FP/Primary care ★★★★★☆

Q In patients with self limiting conditions, is prompting general practitioners (GPs) to elicit patient concerns beneficial?

METHODS

Design: randomised controlled trial.

Allocation: un concealed.*

Blinding: unblinded.*

Follow up period: immediately after consultation.

Setting: 4 semirural training general practices in the southeast UK.

Patients: 110 patients presenting with self limiting conditions. Exclusion criteria: referral to hospital, prescription given for purposes other than symptom control, or spontaneous expression by the patient of a clear concern about his/her illness.

Intervention: after a history and examination, 56 patients were allocated to written prompts to the GP to facilitate elicitation of patient concerns. Written prompts were "May I ask if you have any concerns about this [illness or pain] you have come about today?" and "Anything in particular about the [illness or pain]?" and "What is it about the [illness/pain] that concerns you?" 54 patients were allocated to usual care.

Outcomes: patient satisfaction (Consultation Satisfaction Questionnaire [CSQ]), enablement (patient enablement instrument), anxiety (6 item short form of the Spielberger State-Trait Anxiety Inventory state scale), and consultation length.

Patient follow up: 100%.

*See glossary.

Written prompts for general practitioners to elicit patient concerns v usual care in patients presenting with self limiting illness*

Instrument	Mean scores		
	Written prompts	Usual care	Mean difference (95% CI)†
CSQ—professional care	88.2	80.9	7.3 (2.0 to 12.6)‡
CSQ—general satisfaction	80.3	81.2	-0.9 (-8.4 to 6.5)
CSQ—depth of relationship	66.1	61.3	4.8 (-2.8 to 12.5)
CSQ—perceived time	72.8	71.9	0.9 (-9.2 to 11.1)
Patient enablement instrument	39.0	37.0	2.0 (-8.6 to 12.6)
Spielberger State-Trait Anxiety Inventory (6 item short form of state scale)	32.9	35.4	-2.5 (-6.4 to 1.5)

*CSQ = Consultation Satisfaction Questionnaire. CI defined in glossary. Questionnaire scores were adjusted to fit scales of 0–100 for the CSQ and patient enablement instrument and 20–80 for the Spielberger State-Trait Anxiety Inventory. †Negative mean differences favour written prompts. ‡Significant.

Commentary

McLean and Armstrong examined the effects of prompting GPs to elicit patient concerns in those presenting with self limiting conditions. They concluded that the minimal changes in patient satisfaction and statistically non-significant increase in length of consultation weighed against using patient centred skills. The non-significant difference in length of consultation was about 1 minute, but it was recorded as an "estimate...to the nearest minute" by the physician conducting the consultation. The sample may not be representative given the recruitment rate of only 38%: 147 patients did not return the consent form, and 27 declined. As well, the authors did not provide information on how non-participants compared with study participants on measures such as age and sex. The "patient centred" intervention was minimal, comprising 3 brief questions, all similar to each other, to be asked of each patient. Some research suggests that being truly patient centred does not take more time.¹ Indeed, if anything, we might infer that a limited intervention had a surprising effect on the main outcome, patient satisfaction with the provider's professional care. However, we have little information about the clinical significance of the finding or about the psychometrics of the questionnaire.

The findings of the study by McLean and Armstrong should not dissuade clinicians and educators from teaching and using patient centred principles. Such practices enhance communication and provider-patient relationships, and evidence suggests that patient centred care reduces lawsuits,² and leads to improved satisfaction³ and health outcomes^{3,4}—and that it does so efficiently.¹

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- 1 Levinson W, Roter D. *J Gen Int Med* 1995;**10**:375–9.
- 2 Levinson W, Roter DL, Mullooly JP, et al. *JAMA* 1997;**277**:553–9.
- 3 Roter D. In: Stewart M, Roter D, editors. *Communicating with medical patients*. London: Sage, 1989:183–96.
- 4 Fawzy FI, Fawzy NW, Hyun CS, et al. *Arch Gen Psychiatry* 1993;**50**:681–9.

MAIN RESULTS

The written prompt group gave higher mean scores on the professional care component of the CSQ, but did not differ from the usual care group for other measures of satisfaction, enablement, anxiety (table), or length of consultation (11 v 10 min, mean difference 1 min, {95% CI -0.7 to 2.7}*).

CONCLUSION

In patients with self limiting illness, providing written prompts to general practitioners to elicit patient concerns slightly increased 1 measure of patient satisfaction (professional care), but had no significant effect on other measures of patient satisfaction, patient enablement, patient anxiety, or length of consultation.

*Data provided by author.

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Source of funding: no external funding.