

PRACTICE OBSERVED

GP Research: Inside Stories

From brainwave to breakfast television

NORMAN BEALE

In the autumn of last year Dr Norman Beale, an "ordinary general practitioner" from Calne, Wiltshire, published a paper on unemployment and health in the Journal of the Royal College of General Practitioners...

The idea came to me abruptly. I don't know why it happened or how. I can remember precisely where and approximately when...

In Cambridge I had been allowed the ultimate privilege of a British science education. The master of my college had won a Nobel prize for his work on the DNA formula and another had just completed the amino acid sequence of human myoglobin...

The Health Centre, Calne, Wiltshire SN11 8NQ. NORMAN BEALE, MRCP, D.Ph., general practitioner

The importance of luck

Conceptually, as always, was recognised only in retrospect. I was booked how many workers had been made redundant and who were they? The first measure from the essential bottle of luck was that the Harris personnel department was still extant and able to give me the names of the 302 workers with the company when it had shut...

In August I "came out" and discussed the project with the local postgraduate advisor in general practice. Ray was critical of my woolly thinking and denied my pride. But he was right. I had not even identified the 50 men with certainty...

Creativity is close to madness it is said. I could not have survived the year without a demonic manna that had developed. I now had an obsession. I was riding my luck like the most hardened gambler...

"Sick-as-hell anaemia", patients constantly remind us that we communicate poorly but do we read our own minds any better? I suddenly

presenting problem, and whether the consultation is concerned with a new problem or is a follow-up consultation.

Surprisingly little has been written about the effect of consultation time on the content of the consultation. One study that compared two practices which had adopted different waiting rates showed that consultations that were booked at more frequent intervals were associated with more patients receiving prescriptions...

This study was designed to measure a variety of variables in relation to consultations booked at different intervals of time and to test the following hypotheses. As surgery sessions that are booked at 5 minute intervals compared with surgeries that are booked at 7.5 and 10 minute intervals the following differences would be recorded...

Method

The study was carried out in the Lambeth Road Group Practice in south London in which five principals provide care for about 9000 patients.

EXPERIMENTAL SURGERY SESSIONS

Over 12 weeks each principal booked three two hour experimental surgery sessions at 5 minute intervals, four at 7.5 minute intervals and five at 10 minute intervals. A total of 60 experimental surgeries were conducted, and a method was devised to ensure that equal numbers of the different types of surgery took place in the morning and the evening and on the five working days of the week...

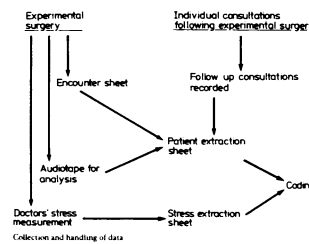
The encounter sheet included the patient's name, the type of consultation initiated by patient or doctor, examinations carried out during the consultation, prescriptions issued for antibiotics and psychotropic drugs, and a subjective statement by the doctor of whether or not he had sufficient time for the consultation...

In the experimental sessions the doctors completed the usual medical records in which they recorded the problems that were identified at that consultation and the drug treatment. At the end of each consultation the patient was invited by the practice manager to complete a questionnaire that was designed to measure satisfaction with the consultation.

ANALYSIS OF DATA

After each consulting session the audiotape, the encounter sheet, the doctor's stress rating scales and, as a monitor, the patients' answers to the satisfaction questionnaire, and all the patients' records were passed to the research administrator. The audiotapes were analysed according to a protocol which was developed over several weeks and designed to reduce observer variation to a minimum...

In testing the hypotheses the outcome variables, which in most cases were binary, were expressed as percentages. The percentage response in respect of different variables was compared between the sessions booked at different intervals of time. To test for the tendency for a particular response to increase or decrease consistently in the sessions booked at 5, 7.5, and 10 minutes logistic regression analyses were carried out...



Results

Data were collected from 780 consultations, 275 consultations booked at 5 minute intervals, 263 booked at 7.5 minutes, and 241 booked at 10 minutes. Sixteen per cent of patients would not consent to audiotaping and 4% of the tapes were unusable or incomplete. In these cases the data available for analysis was that recorded on the encounter sheet, the patients' records, and the doctor and patient questionnaires.

TIME SPENT WITH PATIENT

Table I gives the results of the analysis of the duration of face to face consultation between doctor and patient as measured on the audiotapes. Of the 780 patients, 623 provided complete tapes of consultations. The range of time spent with the patients varied from less than 1.5 minutes to over 20 minutes for all three types of surgery sessions. The median time spent with each patient increased as the booking rate reduced. In the sessions booked at 5 minute intervals the median time spent with each patient was 5.2 minutes...

EXAMINATION OF PATIENTS

The examination that was carried out at consultations was recorded in respect of eight systems of the body and whether or not a rectal or sigmoid examination was carried out and whether the blood pressure was recorded. At least one system was examined at 66% of consultations.

understood the importance of something I had known for four years there had been, then, earlier redundancies from the factory. Our present clearing lady was one of those who had been laid off. Did mobility change with the loss of job loss two years before factory closure? Yes, it did. But could I prove it? Were the changes significant? I was drowning in data now, and it was my wife who threw me a lifeline. She had met socially Susan Nelbert...

In August I first heard of the Joint Working Party on Unemployment and Health of the Royal College of Psychiatrists and the Royal College of General Practitioners and of their statistical adviser, Ian Russell. I met Ian in October and promptly showed him our results so far, that there were significant increases in the variance of anxiety and depression. Ian said that he was very keen. He "thought" we "might" have used "other than the most appropriate" statistical philosophy. This was not just book peddling—the "chain was off" I had even obtained a grant from the Scientific Foundation Board of the Royal College of General Practitioners which I might not now need.

My superinflated ego—oh, don't worry. The media have a way of dealing with this. As I was disconnected from the microphone at the end of my breakfast TV chat I saw the studio manager bring in the next guest—a life sized Rupert Bear.

of circulation figures. We simply felt that this journal was the appropriate medium for a paper in and about general practice, but our consuming worry was that it was all legs and no feet. At the end of each consultation on the acceptance of the paper in July and a date for celebration then the christening came in November—a noisy affair.

The phone rang at 10.15 and never stopped ringing all day. A request to be in London at the next morning for TV-AM gave me tremors. After countless interviews I was glad to escape to the metropolis. At least there would be no phone on the train. One sound recording told me that he had invited my wife to take our puppy for a walk "in case she barks." We like to think he meant the dog. Several other engineers took the phone off the hook. "Good Morning Britain" was a surreal interlude after a sleepless night. Back in Calne at 11 am it started again. At 7 pm the weekend family fled to London to the Lord Mayor's Show. After the weekend "Auntie" came, but, more important, Susan had found more significant results, the hub of another paper. To the add the fax everything.

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References

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Practice Research

The "five minute" consultation: effect of time constraint on clinical content and patient satisfaction

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Abstract

An experiment was carried out in which patients who were seeking appointments for a consultation in a general practice in south London attended consulting sessions booked at 5, 7.5, or 10 minute intervals. The particular session that the patient attended was determined non-systematically. The clinical content of the consultation was recorded on an encounter sheet and on audiotape. At the end of each consultation patients were invited to complete a questionnaire designed to measure satisfaction with the consultation. The stress engendered in doctors carrying out surgery sessions booked at different intervals of time was also measured.

At surgery sessions booked at 5 minute intervals, compared with 7.5 and 10 minute intervals, the doctors spent less time with the patients and identified fewer problems, and the patients were

less satisfied with the consultation. Blood pressure was recorded twice as often in surgery sessions that were booked at 10 minute intervals compared with those booked at 5 minute intervals. There was no evidence that patients who attended sessions booked at shorter intervals received more prescriptions, were investigated or referred more often to hospital specialists, or returned more often for further consultations within four weeks. There was no evidence that the doctors engaged in more stress in dealing with consultations that were booked at 5 minute intervals than at consultations booked at 7.5 and 10 minute intervals, though they complained of shortage of time more often in surgery sessions that were booked at shorter intervals.

Introduction

The role of the general practitioner includes evaluating new symptoms of illness, providing continuing care for chronic disease, prevention, and health education. Much of this work is undertaken in the doctor's consulting room, and it might be argued that if more time was available the general practitioner would accomplish these tasks more completely. The average consultation time in British general practice has been reported as 5.5 and 6.6 minutes... published studies suggest that several factors affect the duration of consultations. These include the age and social class of the patient,

TABLE I—The median and range of times recorded on audiotape for consultations booked at 5, 7.5, and 10 minute intervals.

Table with 4 columns: Booking rate (min), No. of consultations, Median (min), Range (min). Rows include DX, 10, and 10 for different booking rates.

relation between examinations carried out and booking times varied between patient initiated and doctor initiated consultations. At patient initiated consultations more examinations were carried out at the sessions booked at shorter intervals. 77% in 5 minute sessions, 76% in 7.5 minutes, and 69% in 10 minutes, and at doctor initiated consultations 41% in 5 minute sessions, 55% at 7.5 minutes, and 63% at 10 minutes (significance of trend < 0.01).

TABLE II—Percentage of consultations booked at different intervals of time at which examinations took place. (For doctor and patient initiated consultations.)

Table with 3 columns: Examination carried out, Doctor initiated, Patient initiated. Rows include An examination, Ear, nose and throat, Lymphatic system, Blood pressure, Abdomen, Vaginal*, Rectal*, Joints, Skin, Nervous system, Eyes.

These differences may be explained to some extent by the way surgeries were booked. Surgery sessions that were booked at 5 minute intervals offered 24 appointments compared with 12 at the sessions booked for 10 minutes, thus providing more opportunities for patients to be booked in at the last minute. The excess of examinations at patient initiated consultations in 5 minute sessions was largely accounted for by examinations of the ear, nose and throat and abdomen which affected a large number of consultations for acute illness of the upper respiratory tract and gastro-intestinal tract.

REFERRED, PRESCRIBING, RETURN CONSULTATIONS, AND REPORTED PROBLEMS

The results concerning the rate of referral to hospital specialists and for investigations, prescribing rates, the number of return consultations in the ensuing four weeks, the number of problems identified at each consultation were not appreciably influenced by the type of consultation (doctor or patient initiated). Table III gives these results for all consultations combined. There was no significant relation between referral to hospital specialists, other health professionals, or for hospital investigations and the sessions booked at different intervals of time.

Prescriptions were issued at 59% of consultations in the 5 minute sessions compared with 49% and 62% in the 7.5 and 10 minute sessions. Antibiotics were most likely to be prescribed at surgeries booked at shorter intervals (15%, 10%, 11% in the 5, 7.5, and 10 minute sessions). Although antibiotics were prescribed more often in sessions booked at 5 minute intervals, this was not accounted for by the higher proportion of patient initiated consultations which took place at these sessions. Psychotropic drugs were slightly more likely to be prescribed in sessions booked at longer intervals.

TABLE III—Events recorded per 100 consultations.

Table with 4 columns: Events recorded per 100 consultations, Consultations booked at 5 min, 7.5 min, 10 min. Rows include Referral to specialist, Referral to other health worker, Hospital investigation, Prescription issued, Antibiotic prescribed, Psychotropic drug prescribed, Return consultation booked, Two or more problems recorded, A psychological problem recorded.

There was no significant trend in the proportion of patients being asked to make an appointment for a return visit in the different types of surgery session, and there was no difference in the proportion of patients seen in the three types of session consulting again over the following four weeks.

Doctors were significantly more likely to have more problems in surgeries booked at longer intervals (p < 0.01), and they were more likely to record psychological problems in the surgeries booked at longer intervals. The consultations in which a psychological problem was recorded actually took a mean of 3.9 minutes longer than other consultations, independent of the booking rate of the surgery.

DOCTORS' STRESS

The doctors recorded that they had insufficient time for the patient's problem more often in sessions booked at shorter intervals (23% at 5 min, 26% at 7.5 min, 28% at 10 min), but there were no consistent differences between the responses of the doctors to the rating scales in the three types of surgery. Both the scores on the rating scales and mean heart rate tended to be least for the 7.5 minute sessions and greatest for the 5 minute sessions (table IV).

TABLE IV—Mean (SE) scores on stress rating scales and mean (SE) pulse rate recorded at consultation sessions.

Table with 4 columns: Stress measurement, Consultations booked at 5 min, 7.5 min, 10 min. Rows include Stress measurement, Pulse rate.

PATIENT SATISFACTION

Patients were more likely to complain of shortage of time in the sessions booked at shorter intervals (table V). Patients who had been seen in the sessions booked at longer intervals were more likely to state that they had felt "very free" to discuss their problems with the doctor. Among those saying that they needed information about their condition a higher proportion said that they were very satisfied with the information given in the sessions booked at longer intervals (90%, 91%, 93% in the 5, 7.5, and 10 minute sessions). Likewise, among patients receiving information who were seen in sessions booked at longer intervals were more likely to say that they had received enough information about their treatment (92%, 96%, 97% in the 5, 7.5, and 10 minute sessions). Though in each case the trend was in favour of sessions booked at longer intervals of time, it was not significant. This probably reflects the sample size in terms of the numerical differences recorded.

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