

Study of written communication between general practitioners and a community physiotherapist

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SUMMARY. Previous studies have shown that written communication between hospitals and general practitioners could be improved. This study investigated whether communication problems exist between general practitioners and a community physiotherapist in primary care. Deficiencies were evident in the written referral information received by the physiotherapist. The general practitioners felt they would like to receive feedback information from the physiotherapist after treatment. The information needs of the general practitioners and community physiotherapist were only partly met, and possible improvements are discussed.

Introduction

RESEARCH has illustrated the communication problems that exist between primary and secondary health care¹⁻³ and the resulting adverse effects for patients.⁴ However, little research has been carried out into communication between members of the primary health care team.⁵ The primary health care team has expanded considerably over the past few years and this may have had a deleterious effect on communication within the team. Community physiotherapy services have also expanded greatly since the 1970s⁶ and are thought to be more cost effective than hospital services.⁷

The aims of this study were to examine an existing written communication system between general practitioners and a community physiotherapist and to assess if it was meeting the information needs of these professionals.

Method

The community physiotherapist in this study received referrals from three group practices in Mansfield with a total of 14 general practitioners. The treatment was performed at the patient's home or at an outpatient clinic.

In the existing written communication system all letters were in one direction only, that is from the general practitioners to the physiotherapist. The first part of the study was concerned with determining the quantity and type of written information contained in referrals from general practitioners. Two hundred referral cards sent by the general practitioners between November 1987 and January 1988 were assessed for their information content. A negative statement, for example 'no relevant medical problems' was rated as an item of information present.

The physiotherapist completed a questionnaire rating the items of information as essential, usually important, sometimes important or unimportant. The physiotherapist also assessed her general satisfaction with the information received from general practitioners and whether communication was usually in the written form.

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The second part of the study assessed the information needs of the 14 general practitioners. The general practitioners completed a questionnaire rating the importance of items they would like to see in physiotherapy reports on a four point scale, from 1 (unimportant) to 4 (essential). An open question was appended to allow the inclusion of other items thought to be relevant.

Results

The results of the review of 200 referral cards is shown in Table 1. There were a total of 10 different information items and a mean of three information items per card.

The physiotherapist rated items 1, 7 and 10 as essential; items 2, 3 and 4 as usually important; items 5, 6 and 8 as sometimes important; and item 9 as unimportant. Of the three items thought to be essential by the physiotherapist only the accurate or working diagnosis consistently appeared in the referral cards. The other two 'essential' items appeared in only 7.5% and 4.0% of referral cards. The reason for referral, thought to be unimportant by the physiotherapist, was mentioned in 45.0% of referral cards. General practitioners usually communicated with the physiotherapist in the written form and only rarely verbally. The physiotherapist was only sometimes satisfied with the information received.

Table 1. The information content of 200 referral cards sent by general practitioners to the community physiotherapist.

Item of information	Number (%) of referral cards with item present
1. Accurate/working diagnosis	125 (62.5)
2. Presenting symptoms	55 (27.5)
3. Duration of symptoms	58 (29.0)
4. Examination findings	53 (26.5)
5. Previous treatments	33 (16.5)
6. Previous investigations	34 (17.0)
7. Relevant medical problems	15 (7.5)
8. Social/occupational history	93 (46.5)
9. Reason for referral	90 (45.0)
10. Expected aim of treatment	8 (4.0)

All 14 general practitioners returned their questionnaires. Table 2 shows the importance ratings given to items of information in physiotherapy reports by the general practitioners. No additional items were thought to be relevant. All of the general practitioners thought feedback information was necessary.

Table 2. General practitioners' ratings of importance given to items of information in physiotherapy reports.

Item of information	Mean score ^a
Results achieved	3.6
Assessment of problem by physiotherapist	3.4
Future treatment options	3.4
Patient compliance/motivation with treatment	3.3
Treatment performed by physiotherapist	3.3
Duration of treatment	3.1

^a 1 = unimportant to 4 = essential.

Discussion

This small study was carried out in order to assess communication between two members of the primary health care team — the general practitioner and the community physiotherapist. Deficiencies were evident in the existing written communication to the community physiotherapist. This was demonstrated by the lack of correlation between the items in the referral cards and the subsequent rating by the physiotherapist of their importance. Furthermore, the physiotherapist was only occasionally satisfied with the information received from the general practitioners. Lack of a definition of the information needs of the two parties was probably partly responsible for this.

Feedback information from the physiotherapist after treatment was felt to be necessary by all of the general practitioners. The assessment of the information needs of the general practitioners will be used to produce an appropriate feedback information card.

Physiotherapists are highly trained independent practitioners and they should receive sufficient and relevant information in referrals. The information needs of physiotherapists may vary but it is important that they are determined. The information could be obtained by the physiotherapist from the patient but this would be time consuming and likely to be incomplete. As well as important medical details, general practitioners can provide details about social and psychological factors, allowing a more holistic approach to treatment.

This study did not investigate verbal communication but the physiotherapist noted that it formed only a minor part of overall communication. Verbal communication might be enhanced if both parties worked from the same building and if physiotherapists were regularly invited to practice meetings.

Written information is likely to form an integral part of the communication between general practitioners and an extended primary care team, particularly if they work at different sites. Both parties should take note of each others' needs and try to meet them. This can be augmented with carefully designed referral cards and verbal communication when necessary. It is important that communication barriers should be avoided in an ever expanding primary care team.

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