Engaging patients in a triangular communication process by offering patients clinic letters that are dictated in their presence

SIR, Effective communication between health care commissioners, consumers and providers still remains a problem in the 21st century despite growing advances in information technology. Traditionally, in the UK, specialists in secondary care translate patient consultations to general practitioners (GPs) by means of clinic letters. Despite this seemingly simple process, patients often remain confused and out of the communication loop, falling short of achieving optimum treatment and health outcomes. Based on the Department of Health (DH) initiative [1], and reflecting the National Health Service (NHS) plan [2], we set out to determine whether patients:

(i) wish to be present during the dictation of their clinic letters, where they can engage and be part of the communication process;
(ii) would like to receive a copy of the dictated clinic letter; and
(iii) gained a better understanding of their condition thereby possibly improving compliance.

Our study consisted of two phases; the initial pilot study conducted over 2 months where we determined that 85% of patients thought it beneficial to have clinic letters dictated in their presence as that gave an insight into their disease management plan before leaving the clinic. An equal proportion felt it was helpful to receive copies of clinic letters, although only 64% fully understood the content of the letter. A significant proportion believed the management and understanding of their illness was enhanced. Approval was obtained from the audit committee before commencing the data collection. All patients were informed that their opinions may be published in a paper for educational purposes only, and having accepted this information all patients happily gave their verbal consent.

The second phase of the cycle was performed after 6 months of rigorous education of patients and explaining the function of the clinic letters including its role as a tool for communication between their GPs and specialists. This phase included a face to face collection of data from the questionnaire distributed to 104 consecutive patients attending the rheumatology follow-up clinics, after their consultation. This was carried out on random days of the week where the patients were requested to respond before they left the department. The survey questions are shown in Table 1.

Table 1 Response summary table

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you think the dictation of the letter to your GP in your presence is helpful?</td>
<td></td>
<td>100</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Do you think it is a good idea to receive a letter following appointments with the consultant detailing the content of your consultation?</td>
<td></td>
<td>100</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Does the letter help you to understand the management of your disease?</td>
<td></td>
<td>97</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Do you understand the content and the language of the letter?</td>
<td></td>
<td>77</td>
<td>27</td>
<td>0</td>
</tr>
<tr>
<td>Does the section on AGREED PLAN is useful to you? (this is normally the summary of what action was agreed between you and your consultant to manage your condition)</td>
<td></td>
<td>102</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Would you like us to send these letters to you?</td>
<td></td>
<td>100</td>
<td>3</td>
<td>1</td>
</tr>
</tbody>
</table>

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The response rate was 100%. The female: male ratio was 63:41. 49 of these patients were aged >60 years, 43 were between 41 and 60 years and the remainder were aged 20–40 years. Our audit cycle confirms that sharing information with patients and involving them in their care has a positive impact on their understanding and management of disease (90%). Dictating the clinic letters in their presence may also improve the understanding and mutual trust between patients and specialists.

Our study suggests that 96% of patients would prefer to receive copies of clinic letters as this contributes to a better understanding and perhaps enhances the ability to self-manage their disease. They also felt that the quality of communication was particularly satisfying as the consultants took notice of their views and values. Ninety-eight per cent of patients also felt that highlighting the management decision as an agreed plan was particularly useful, as they knew what the expected course of action would be.

In this study, 75% of patients understood the content of the letters fully and 25% partially. The latter is possibly related to the use of medical terminology. However, by dictating the letter in their presence, the patients were given the opportunity to question anything that they did not understand. Previous studies [3, 4] have shown that sensitive issues were often avoided from being mentioned in the letters, but such issues do not arise when letters are dictated in the patients’ presence as consent is easily obtainable.

This survey confirms that patients prefer not only to be informed about their illness and treatment in a passive way, but also very much like to be involved in their management decisions as an active player. This form of triangular communication may also generate better understanding and mutual trust between patients and doctors. This combined approach to care is being emphasized by the NHS at all times, and should be encouraged, propagated and practised by all in the health care industry. By involving patients in their care and dictating and providing copies of clinic letters, we engage patients in a seemingly indirect educational process besides the application of evidence-based medicine, which shows our commitment to good clinical practice according to the DH guidelines.

### References


### Osteopontin in the development of systemic sclerosis—relation to disease activity and organ manifestation

Sir, SSc is characterized by an interplay between early immunological activation and vascular damage, resulting in the generation of activated fibrogenic fibroblasts and, ultimately, excessive synthesis of extracellular matrix with deposition of increased amounts of structurally normal collagen [1, 2]. The organ involvement in SSc ranges from skin-limited to multi-organ fibrosis. Depending on the degree of skin involvement, SSc is frequently categorized as lcSSc or dcSSc type.

Osteopontin (OPN) is a pleiotropic cytokine involved in the recruitment and retention of macrophages and T cells to sites of inflammation [3]. Classical mediators of acute inflammation (TNF-α, IL-1β) as well as fibrogenic cytokines (angiotensin II, TGF-β) strongly induce OPN expression [3]. OPN has been implicated as a key factor in the development of interstitial fibrosis [4, 5].

Due to its chemotactic and pro-fibrotic properties, we analysed circulating levels of OPN in patients with SSc and varying degrees of organ involvement by a commercially available ELISA (R&D Systems, Minneapolis, MN).

Plasma of a total of 70 patients with SSc was analysed. Twenty age-matched healthy volunteers and 59 patients with idiopathic pulmonary hypertension served as controls. All patients were recruited from the Department of Immunology and Rheumatology and the Department of Dermatology at Hanover Medical School and Charité University Berlin, Germany, between 2008 and 2009. The study was carried out in accordance with the