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Using a questionnaire among patient, resident doctor and senior supervisor: Are their answers the same?



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KEYWORDS

Systemic lupus erythematosus;
Chinese Medicine diagnosis;
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Agreement;

Summary

Objectives: This study aims to contribute to the development of objective diagnostic standards in Traditional Chinese Medicine (TCM), in order to improve the training of physicians.

Methods: We devised a questionnaire study to evaluate the accuracy of resident doctors' diagnostic skills by comparing their assessment of patients with those of their senior supervising physician and the patients themselves. We selected 39 patients with systemic lupus erythematosus (SLE) at Chang Gung Memorial Hospital, Taiwan, between November 1, 2008 and June 30, 2012, and had the resident doctors (R), their senior supervisor (S) and their patients (P) fill

Abbreviations: TCM, Traditional Chinese Medicine; SLE, systemic lupus erythematosus; P, patient; R, resident doctor; S, senior supervisor; EIP, effective items of P; EIR, effective items of R; AIP, P's agreement of inquiry; AIR, R's agreement of inquiry; ATR, R's agreement of tongue diagnosis; APR, R's agreement of pulse diagnosis.

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out questionnaires before treatment (V1), immediately after treatment (V5) and two months after treatment (V6), in order to record their assessments on the patients' condition. The R and S questionnaires covered subjective symptoms, tongue, and pulse, while the P questionnaires only included general symptoms. We then compared the assessment records to determine the level of agreement between them.

Results: The agreements of inquiry during the study for P and S were 0.78 (V1) to 0.84 (V6) and 0.87 (V1) to 0.94 (V6) for R and S, respectively, the agreements between R and S for tongue diagnosis and pulse diagnosis were 0.87 (V1) to 0.90 (V6) and 0.91 (V1) to 0.95 (V6), respectively. All the above agreements improved with time from V1 to V6.

Conclusions: The results show that the patient input was feasible and effective and that the questionnaire method provided an objective assessment standard to determine how successfully the resident doctor was trained. Furthermore, it facilitated a training process that could help resident doctors improve their skills.

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Introduction

Current Traditional Chinese Medicine (TCM) practice commonly depends on the clinical interaction between doctors and patients. Owing to the lack of objective assessment standards, it is difficult to generate TCM data to develop evidence-base medicine (EBM).^{1–3}

Kim's study⁴ showed low inter-practitioner (17.3–19.1%) and intra-practitioner (63.4–64.4%) agreements among 30 TCM practitioners in tongue diagnosis. Zhang et al.⁵ reported that low (27.5–35%) agreements for diagnosis and the high (85–100%) agreements for prescription among 3 TCM practitioners. Hogeboom et al.⁶ found the agreement of diagnosis among acupuncturists was poor, hence the treatment were difficult to standardize. Birkeflet et al.⁷ reported that there were poor to no agreement of TCM diagnosis for the patients of female infertility, and the variation of the treatments was large.

In the recent years, more and more studies have developed the means to investigate the agreements in TCM diagnosis. Chen et al.⁸ developed Kidney Deficiency Syndrome Questionnaire as a valid and reliable measurement to differentiate kidney yang and yin deficiency in menopausal women. Tan et al.⁹ reported high internal consistency in judging excess/deficiency syndrome with Cronbach's alpha coefficients of 0.91 and 0.87. Although King et al.¹⁰ found a 80% inter-rater agreement in pulse diagnosis, and considerable difference in the depth level, the forceful level and irregularity of pulse rhythm and rate. Lo et al.¹¹ evaluated the multiple agreement of TCM tongue diagnosis for 15 doctors and applied Krippendorff's alpha with bootstrapping to obtain the agreement for 0.7343.

The above studies only evaluated the agreement with their tools, without doing anything. We, however, designed a different SLEQ and a training program, in order to demonstrate that improving agreement is one of our purposes.

In this study, we designed a Systemic Lupus Erythematosus Questionnaire (SLEQ) and a measuring method to evaluate the agreements among patient, resident doctor and senior supervisor over a 6-month training process. The quality of resident doctor's training and the education of patients could be raised with SLEQ and this assessment method of agreement. It would serve the purpose of raising the quality of medical practice with higher agreement.

Materials and methods

The clinical observation with fixed TCM formula for SLE patients

A clinical observation was executed in Chang Gung Memorial Hospital in Taiwan from November 1, 2008 to June 30, 2012. A fixed "heat-clearing yin-enriching" TCM formula was given to treat 39 SLE patients for 4 months and then withdrawn for 2 months for evaluation.

Ethics statement

This study was approved by the Institutional Review Board and ethics committee of Chang Gung Memorial Hospital in Taiwan. All the participants provided their written informed consent to participate in this study.

The SLE questionnaire

In this study, we created a questionnaire (SLEQ) specifically to evaluate the clinical presentations of patients. SLEQ were generated from the medical charts of 1801 visits to TCM clinic, and also from the therapeutic principle for SLE according to the "Guidelines for clinical research on new drug of Chinese medicine 12." Then we summarized the high frequency items about total 187 items including 152 items for inquiry, 20 items for tongue diagnosis and 15 items for pulse diagnosis in both sides Guan position.

The questionnaire was filled out by the patient (P), resident doctor (R) and senior supervisor (S) separately at the time before treatment (V1), after treatment (V5) and after the withdrawal from the treatment (V6). The P-response represents the patient's subjective complaints traditionally gleaned through the TCM inquiry examination, while the R-response represents the revision of the P-response by R. Since the judgment of S was taken to be accurate, the responses of P and R were compared with that of S as the standard. However, the patients were not invited to make records for their own tongue diagnosis and pulse diagnosis for reasons of excessive technicality.

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