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Training specialists to write appropriate reply letters to general practitioners about patients with medically unexplained physical symptoms; A cluster-randomized trial.

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ABSTRACT

Objective: To evaluate effects of a communication training for specialists on the quality of their reply letters to general practitioners (GPs) about patients with medically unexplained physical symptoms (MUPS).

Methods: Before randomization, specialists included ≤3 MUPS patients in a multi-center cluster-randomized trial. In 14 h of MUPS-specific communication training, 2.5 h focused on reply letters. Letters were discussed with regard to reporting and answering GPs' referral questions and patients' questions, and to reporting findings, explaining MUPS with perpetuating factors and giving advice. After the training, all doctors again included ≤3 MUPS patients. Reply letters to GPs were assessed for quality and blindly rated on a digital scale.

Results: We recruited 478 MUPS patients and 123 specialists; 80% of the doctors wrote ≥1 reply letters, 285 letters were assessed. Trained doctors reported (61% versus 37%, OR = 2.55, F(1281) = 6.60, $p_{group*time}$ = .01) and answered (63% versus 33%, OR = 3.31, F(1281) = 5.36, $p_{group*time}$ = .02) patients' questions more frequently than untrained doctors.

Conclusion: Training improves reply letters with regard to patients' questions, but not with regard to the following: GPs' referral questions, somatic findings, additional testing, explaining, and advice.

Practice implications: Training specialists to write appropriate reply letters needs more focus on explanation and advice.

1. Introduction

Patients with medically unexplained physical symptoms (MUPS) are substantially prevalent in the caseload of general practitioners and medical specialists [1,2]. Medical specialists find patients with invalidating symptoms without underlying pathology much more difficult to handle than patients with symptoms that are medically explained [3]. Specialists use a predominant disease-

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centered approach that seems inadequate for many of these symptom-prompted encounters [4]. On the other hand, many patients with MUPS do not feel understood, and belief that their symptoms are not taken seriously and need further investigation [5,6]. Repeated referrals and medical investigations suggest that patients' needs are unmet and that healthcare is used inefficiently–suggestions that may be reinforced if the exchange of information in general practitioners' (GPs') referrals and specialists' reply letters is inadequate [7–11]. Various studies have indicated that while GPs should be more specific about their reasons for referral, specialists should focus more on meeting GPs' need for information [11–13]. After an outpatient clinic visit, GPs often discuss specialists' findings with the patient; if necessary, they can correct the patient's misinterpretations and aim to increase patients' quality of life by perpetuating factors that maintain the symptoms. As MUPS can be explained and interpreted in various, sometimes inconsistent ways, it is important for specialists' reply letters to contain valid information that supports GPs and patients in gaining trust, reassurance and effective follow-up care [14]. To improve reply letters regarding MUPS patients, we therefore developed postgraduate training for medical specialists that included communication at the interface between specialist care and primary care [15]. To determine whether this training improved specialists' communication to GPs we measured whether reply letters about referred MUPS patients of trained medical specialists contained more specific information than reply letters of untrained medical specialists.

2. Methods

2.1. Study design

We designed a multi-center cluster-randomized trial to evaluate the effectiveness of a communication skills training for medical specialists to improve MUPS specialist care. Part of this training focused on specialists' reply letters to GPs. Medical specialists and residents from six different hospitals[1] in the Netherlands were involved in this study. To participate they had to have consultation hours, in which they encountered patients with MUPS as well as symptoms stemming from a somatic disease that are more severe than might be expected on the basis of disease parameters.

The medical receptionist briefly informed the patients about the study. Patients' participation was voluntary; they could decide to end it at any time, with their data being deleted immediately upon their request. The medical specialists and residents were instructed to include new and follow-up patients at the end of a consultation only when 'no medical explanation or just a partial medical explanation defined patient's symptoms. After the consultation the research assistant informed the patient about all study-related procedures, including further use of data and completion of web-based questionnaires. To prevent patient-induced bias during the consultation, more detailed information about the scope of the study was given by the research assistant afterwards. A patient information letter was provided, and patients were included in the study only after written informed consent had been obtained. Upon non-participation or withdrawal, all data were deleted by the research assistant.

After the medical specialists and residents had obtained up to three MUPS patients, a web-based randomization program was used to allocate them at random to the intervention or the control group. To ensure overall balance and balance within each group, they were stratified by a minimization procedure. Stratification factors were medical center and clinical experience (medical specialist versus resident).

Approximately six months after randomization, the research assistants contacted the specialists and residents to organize the post-measurement inclusion of MUPS patients. For post-measurements, new patients were recruited who had not participated in the pre-measurements. Doctors allocated to the intervention group were trained in MUPS communication skills, whereas doctors allocated to the control group treated patients with care as usual.

2.2. Intervention

The MUPS-focused communication skills training for medical specialists and residents consisted of four sessions with a total duration of 14 h; it has been described extensively elsewhere [15]. To summarize: the training was organized in small groups (7 to 12 participants) and provided by two trainers experienced in post-graduate education and MUPS skills for medical specialists. All the trainers were instructed (by AW and AHB) about the training model. Medical specialists were informed about the Dutch multidisciplinary guideline for MUPS and somatoform disorders and they practiced patient–centered communication [15].

One hundred and fifty minutes of the overall training were devoted to reply letters. Participants exercised on writing referral letters and peer-reviewed each other's real-practice reply letters. Letters were discussed with regard to the following: reporting and answering GPs' referral questions and patients' questions, reporting of findings, explaining MUPS with perpetuating factors, and giving advice.

2.3. Data collection

Specialists' reply letters to GPs about the MUPS patients included were retrieved by a research assistant (GL), collected through the electronic patient records and anonymously uploaded into the research database. If reply letters had not been traced six months after the consultation date, the researcher (AW) defined them as missing.

2.4. Outcome measure: quality of reply letters

The quality of reply letters was derived from the insights of the Dutch multidisciplinary guidelines on MUPS. It was measured on the basis of each of the eight following items, and also by the sum of these items: (1) reporting and (2) answering GPs' referral questions; (3) reporting and (4) answering patients' questions; (5) reporting of somatic findings; (6) reporting of additional testing; (7) explaining MUPS and perpetuating factors; (8) and giving advice to patient and GP [16].

Each item was coded on a digital scale (0 = no or non-specific information, 1 = specific information).

2.5. Rating procedure

Six trained doctors, (two neurologists (MW, EV), two internists (PD, AB), one gastroenterologist (AO) and one GP (AHB)) were instructed in a workshop about rating procedures. They blindly scored the reply letters independently, which meant that they had no knowledge about doctor or patient, no knowledge about when the reply letters had been written (before or after the training period) and no knowledge about the intervention or control status of the doctor. The researcher (AW) randomly allocated the reply letters to the raters. To obtain adequate inter-rater reliability the

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