



Educational/counselling model health care

Soliciting additional concerns in the primary care consultation and the utility of a brief communication intervention to aid solicitation: A qualitative study



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ABSTRACT

Objective: To investigate the perspectives of general practitioners (GPs) on the practice of soliciting additional concerns (ACs) and the acceptability and utility of two brief interventions (prompts) designed to aid the solicitation.

Methods: Eighteen GPs participating in a feasibility randomised controlled trial were interviewed. Interviews were semi-structured and audio-recorded. Data were analysed using a Framework Approach.

Results: Participants perceived eliciting ACs as important for: reducing the need for multiple visits, identifying serious illness early, and increasing patient and GP satisfaction. GPs found the prompts easy to use and some continued their use after the study had ended to aid time management. Others noted similarities between the intervention and their usual practice. Nevertheless, soliciting ACs in every consultation was not unanimously supported.

Conclusion: The prompts were acceptable to GPs within a trial context, but there was disagreement as to whether ACs should be solicited routinely. Some GPs considered the intervention to aid their prioritisation efficiency within consultations.

Practice implications: Some GPs will find prompts which encourage ACs to be solicited early in the consultation enable them to better organise priorities and manage time-limited consultations more effectively.

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1. Introduction

Primary care is generally patients' first point of call [1]. Demand for general practice in countries like the United Kingdom is

increasing, with 40 million more consultations in 2014 than in 2008/09 [2]. Although patients typically attend GP appointments with multiple concerns [3–5], British GP consultations are time-limited; often scheduled to last for approximately 10 minutes [6]. In this time-restricted context, patients do not raise all of their concerns at the outset of their appointment, instead presenting their further concerns towards the consultation's close [4]. Where new concerns are raised late in the consultation, there may not be time to adequately address them.

Soliciting additional concerns (ACs) towards the beginning of the consultation has been recommended [7,8]. Previous research, however, suggests such solicitations occur in only a minority of consultations [9], and where attempted, is usually towards the

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close of the consultation, once the presenting concern has been addressed [4,10]. This may mean a number of patients leave with unvoiced ACs [10–12], although prevalence estimates range widely from 20–89% of consultations [10,13].

Late-arising and unvoiced ACs can prevent GPs and patients prioritising important issues for discussion. This is particularly important since time restrictions may prevent the full management of multiple concerns [5]. Conversely, successfully soliciting ACs may facilitate early identification of serious problems, reduce patient anxiety, decrease the need for unnecessary intervention, and potentially increase patient satisfaction [14–16].

Linguistics research suggests the phrasing of AC solicitations may influence a patient's response [17–19]. When incorporated into a solicitation, certain words appear more likely to occasion particular responses. Some words tend to occasion confirmation and others disconfirmation; these words are described as having positive or negative polarity, respectively. In a US study, Heritage et al [20], tested the effect of using 'some', which has positive polarity, and 'any', which has negative polarity [21], on concern disclosure within primary care consultations for acute medical conditions. In one intervention arm GPs asked patients "Is there anything else you want to address in the visit today?"; in the other, GPs asked patients "Is there something else you want to address in the visit today?" [20, P1429]. In both arms, the GPs asked the question immediately after the patient had presented their initial concern(s).

Heritage et al [20], found AC solicitations using 'some' reduced the number of patients leaving with unvoiced concerns by 78%. Although these results are promising, a similar study was needed to explore the utility of this communication intervention in a UK

setting [20]; as consultation length and the types of issues discussed vary between countries and health care systems [6,22], with some suggestion that psychosocial issues are more often solicited in fee-payer-provided systems in comparison to gate-keeper systems [22]. This study reports qualitative findings from a UK-based 'Eliciting patient concerns' (EPaC) study. This mixed-methods feasibility study was informed by the US study [20], but differed through inclusion of a third control arm and including patients attending for both acute and routine appointments. The qualitative study reported here explored GP perspectives on the practice of soliciting additional concerns (ACs) and the acceptability and utility of the brief communication interventions (prompts).

2. Methods

2.1. Study design and setting

Embedding qualitative research in trials is an established approach for understanding the intervention process and the scope for integrating interventions into routine practice [23]. Qualitative interviews provide access to GPs' views on their study involvement [24], the soliciting ACs within the GP consultation and the utility of the communication interventions. The study was undertaken from a subtle realist position [25]. It sought a truthful account of the topic whilst recognising that the complexity of human experience and perception, and the inextricable involvement of researcher interpretation, means only an approximation of truth is possible [26]. A pragmatic approach [27], which did not privilege any particular a priori theoretical frameworks was adopted.

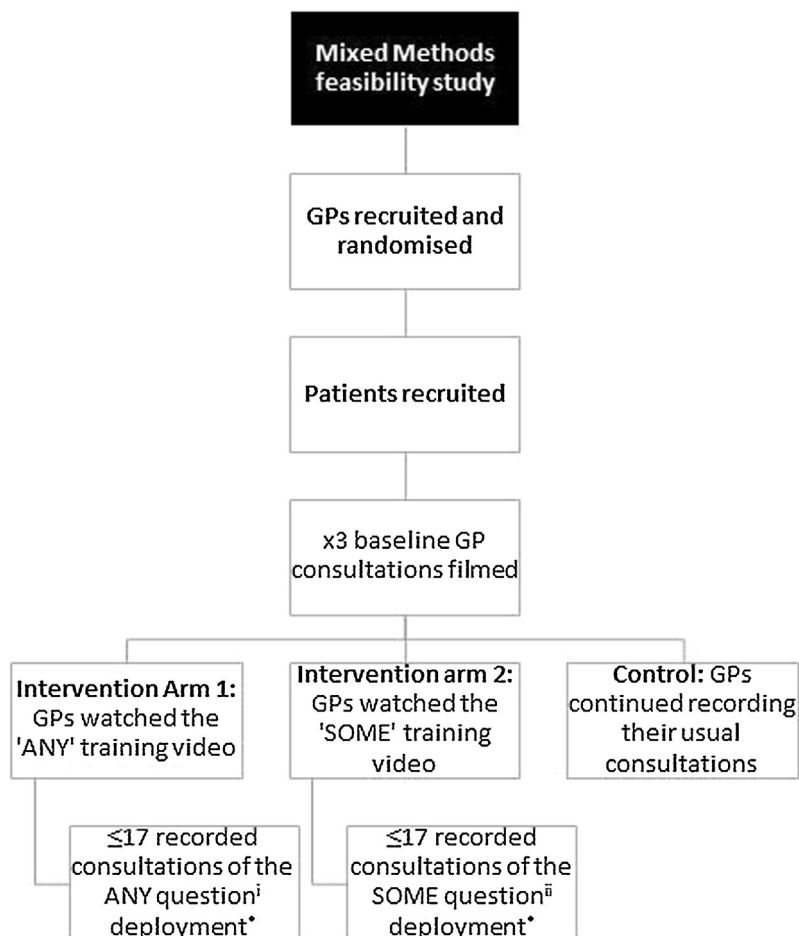


Fig. 1. EPaC study design overview.

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