Summary: Optimizing Communication between Physiotherapists and Physicians Part 2

BACKGROUND

In 2017 the Physiotherapy Program at UBC CPD set out to investigate the practice of written communication between physiotherapists and physicians in BC.

Part 1 of the project included a literature search, environmental scan and survey of GPs in BC to provide concrete information for physiotherapists about what BC physicians value in a written physiotherapy report or note.

Results are summarized briefly here: https://ubccpd.ca/sites/ubccpd.ca/files/Summary%20Optimizing%20PT%20Written%20Communication%20for%20MDs-2017.pdf

Key points for physiotherapists were:

1. Physicians would spend 2 minutes or less reading a report
2. Physicians prefer short, typed reports with bullet points
3. Preferred content areas included concerns about the patient or progress, function (e.g. work, sport, ADL) and patient engagement in their treatment
4. Physicians preferred direct communication when requesting imaging or consultation, rather than asking the patient to convey the information

Part 2 of the project focuses on the physiotherapist’s perspective from an updated literature and environmental scan and physiotherapy practice based on an electronic survey completed December 2018.

The aim of this project is to foster dialogue and develop best practice for interprofessional communication, considered relevant to providing better services for patients. 5

PART 2 SUMMARY

METHODS

Literature Search and Environmental Scan

An updated search of the literature was conducted in November 2017 using a web-based search of the following databases: Journal of Interprofessional Care, Springer Link, Cambridge University Press, Oxford Academic Family Practice, British Medical Journal, Journal of the Royal College of General Practitioners, Oxford Academic Physical Therapy, PubMed

The Search Terms included: communication between physicians and physical therapists, interprofessional competency framework, physiotherapy, physician, communication, written, referral, primary, interaction, consultation, prefer/preference, and problems/issues

The updated search uncovered two additional articles relating to interprofessional communication, including physiotherapists and physicians. Themes relevant to the physiotherapy perspective are included in this summary.

• Physical therapists value receiving an accurate working diagnosis, aim of treatment and relevant medical information in a referral. 2, 6
• Missing medical information and aim of treatment is a source of dissatisfaction among PTs. 6
• Physiotherapists cite lack of MD availability to discuss evaluation/treatment and physician individual styles (personality, dominance) as barriers to communication. 2
• Healthcare providers, including physiotherapists express dissatisfaction when their recommendations (particularly related to discharge from hospital or treatment) are ignored.9
• Variation exists in the quality of communication between PTs and MDs 4
• Communication between GPs and PTs is considered to be very important, but is established via personal relationships rather than on a professional basis.5
• Communication with physicians is an area of concern for new graduate PTs and a potential topic for workshops and mentorship.7

Survey

A survey was developed and distributed electronically to physiotherapists in British Columbia (PABC members only) through a regular monthly e-blast from the Physiotherapy Association of BC. 40 responses were elicited during the 3 week survey period.

Questions related to methods of communication with physicians and surgeons, frequency, time spent, reasons for the communication and overall satisfaction with conveying and receiving information from physicians and surgeons.

Results

• The most frequent method of communication from physiotherapist to physician was via a written or typed note. This was followed by asking the patient to convey information and by telephone conversation. The least frequently reported methods were electronic, face to face and written chart notes.
• 58% of respondents did not have a system to easily generate typed reports.
• 60% of respondents sent a report only when they had a concern about a patient.
• 40% indicated that a report was sent for some or all patients referred by a physician.
• The 3 most frequent reasons for reporting were to express a concern, to report on patient/client progress and to advocate for the patient/client. Other reasons included: to get information, to ask a question, to inform the physician about physiotherapy practice, to support the physician in management of the patient and to fulfill a patient request. Respondents specifically noted that they often wrote to request further investigation, to procure signatures for medical equipment, to note red flags and to improve overall patient care.
• 42% of respondents spent 11 to 20 minutes generating a report, 34% reported spending 5-10 minutes.
• 72% of respondents were neutral or satisfied (mean 3.38/5) when conveying information to physicians and surgeons.
• 70% were neutral or dissatisfied with information received from physicians or surgeons (mean 2.73/5).
**Discussion Points**

- The survey revealed a dissatisfaction with information received from physicians/surgeons. This echoes the findings of Scaffardi.
- 58% of respondents were able to easily generate typed reports (a stated physician preference from Survey 1). This may be an area for practice improvement.
- PTs sometimes ask patients to convey information. Physicians prefer direct communication when requesting imaging or consultation (Survey 1).
- PTs and MDs agreed that communication was most important when there was a concern about a patient. MDs also value information about progress and function (Survey 1).
- This survey indicates that a physiotherapy report is not standard practice for all physician referred patients. The time required and ease of report generation may be barriers.

**Reference List**


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