

Brief Research Note:
A Comparison of the Provision of Counselling and Advice to Primary Care Patients in Emergency Departments and a General Practice Casualty Department

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Data were collected from clinicians at the time of consultation about the care that they provided in 12,813 encounters in a general practitioner (GP) staffed casualty department and 719 primary care encounters in two emergency departments (Bolton, 1999). Data were collected by the GPs themselves in general practice, and by a research officer located in the emergency departments. Patients seen in the emergency department were ambulatory patients whom the triage nurse assessed would not suffer an adverse outcome if they had to wait an hour or longer for care. Comparison of these two patient populations established that they were similar in terms of age, gender, ethnicity, and reason for encounter.

We observed that the rate of use of the terms "advice" and "counselling" as a description of the management provided to these patients varied between the two sites. At both sites the term "advice" was used both generally (that is, "patient advised") and for specific conditions (for example, "advice re smoking", "head injury advice"), while counselling was exclusively used in a general way. In contrast, the rate of pharmaceutical prescribing did not vary between the two sites (Bolton, 1999).

"Advice" was given in 767 (6.0%) encounters in the GP staffed casualty and 13 (1.8%) encounters in the emergency departments. "Counselling" was provided in 109 (0.9%) encounters in the GP staffed casualty and 1 (0.1%) encounter in the emergency departments. Logistic regression analysis was used to assess the difference in the use of the term "advice" between the two sites, controlling for age and sex, and clustering at the level of the treating doctor. A difference was found ($p=0.003$). Fisher's exact test was used to assess the difference in the rate of the use of the term "counselling" between the two sites. Fisher's test was used because of the small expected

group size in the emergency department. Again a difference was found ($p<0.0005$).

The similarity in the rate of prescribing, a more biological therapy, between the two sites suggests that the variation found in the rates of use of the terms "advice" and "counselling" might reflect something more than simply empirical therapy. GPs appear to be better than junior hospital doctors at meeting patients' requirements for communication (Stewart-Weeks et al. 1996), or at least articulating their practice in this regard, because of their experience. This might reflect greater efficiency on the part of the more experienced GPs. 7.8 full-time equivalent (FTE) resident medical officers saw approximately 10% more acute primary care patients in a year (15,000 patients) than did 2.3 FTE GPs (13,847 patients) (Bolton, 1999). The holistic nature of general practice provides an opportunity and a need to counsel patients, which more acute settings do to a lesser extent. GPs' greater experience in counselling means that they find opportunities to exercise this skill, even in an acute care environment.

References

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