Corresponding with general practitioners

Summary of Review Paper:


This paper reviews the literature (20 papers in total) to look at:

- The type of information dietitians should report back to GPs
- How GPs prefer to receive this information.

Key results:

- The effectiveness of written communications from dietitians to doctors has implications for a dietitian’s professional competence
- Good communication between members of a multidisciplinary team is crucial to be able to conduct effective patient treatments
- Dietitians often fail to provide GPs with formalised correspondence that describes the dietitian’s nutrition intervention with a patient
- Doctors report they lack patient information via dietitian’s correspondence
- Information about nutrition care of hospital patients often remains within hospital records. And feedback from dietitians working in outpatient clinics has shown providing a report to GPs is not universal practice.
- Doctors like standardised letter formats with succinct content.
- GPs need timely reports they can read on the day of the patient’s next medical consultation.
- More research is needed into dietitian-GP correspondence to determine best practice.

What do doctors value in feedback letters?

Letters that:

- Are short, concise and easy-to-read
- Are structured – such as with:
  - headings that allow the reader to quickly scan the letter and easily grasp the key points
  - clear nutrition goals and plans
  - clear steps in the nutrition care process (assessment, diagnosis, intervention, monitoring and evaluation)
- Use plain language that can be read by a wider audience – including general practice nurses.
Feedback letters should include:

- A nutrition diagnosis
- Nutrition and behavioural goals the patient and dietitian have agreed upon
- Any unresolved or incomplete issues
- A plan for ongoing dietetic visits (or not)
- Instructions for a GP’s supportive actions.

Desirable composition for feedback letters:

<table>
<thead>
<tr>
<th>Element</th>
<th>Composition</th>
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<tbody>
<tr>
<td>Structure</td>
<td>Use a template with sub-headings</td>
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<tr>
<td>Brevity</td>
<td>Use point form or numbered tables rather than conversation style</td>
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<tr>
<td>Clarity</td>
<td>Limit words with more than three syllables</td>
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<tr>
<td>Composition</td>
<td>Make sentences brief – no more than two lines of type, and edit out unnecessary words</td>
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<tr>
<td>Paragraph</td>
<td>Limit each to 4-5 sentences</td>
</tr>
<tr>
<td>Formatting</td>
<td>Use standard font size (11 or 12) and vary the font for headings Allow adequate white space on the page</td>
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</tbody>
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Additional resources:

In its standards of practice for Registered Dietitians, the American Dietetic Association suggests documentation includes:

- Date and time
- Specific treatment goals and expected outcomes
- Recommended interventions
- Any adjustments of plan and justification
- Client receptivity
- Referrals made and resources used
- Any other information relevant to providing care and monitoring progress over time
- Plans for follow-up and frequency of care
- Rationale for discharge (if appropriate)

The way forward . . .

The authors of this paper suggest shared electronic medical records are the best solution for optimum communications. These have been flagged as the way of the future for health care reporting and should be endorsed by dietitians.