Writing to GPs

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I was trying really hard to think of an amusing anecdote to open this blog post. But, because I don't pretend to be an expert in the area of writing to GPs, I did what I usually do when I have no idea of what to do. I called my mother. Being a GP, I thought that she could help me out with what advice to give. When I mentioned the topic, she went on a bit of rant.

Twenty minutes later and with several tangents in which we talked about hospitals, my little sister wearing make-up, hospitals, high tea, hospitals, sourdough bread, hospitals, medicine, interns.. I ended up with a few main points.

Abbreviations

Medical 'jargon' or abbreviations are a common hobbyhorse in articles about communication. It's legitimate because most people don't speak doctor and doctor is the language of the discharge summary and many other medical documents. Apparently, not including abbreviations may serve not only to help out the patient, but also help the GP.

Like most twenty-somethings that I know, I spend a fair deal of time trawling social media sites. Usually at night and usually when I should be doing something markedly more important. Like sleeping. Most of the time, it brings up nothing more interesting than celebrity gossip or a friend's foodgram, but occasionally something interesting turns up, as in the case of a recent Sydney Morning Herald article.

The article is titled *GPs do not understand medical abbreviations used by hospital doctors: Medical Journal of Australia study* and details how a vast majority – up to 50% of GPs struggle to understand some of the abbreviations used in hospital discharge summaries.

The original research is from the MJA, and an interesting read. One of the particularly fascinating parts is when it lists a few of the abbreviations that are often misunderstood. Surprisingly, these include SNT (soft, non-tender), TTE (transthoracic echo), EST (exercise stress-test), NKDA (no-known drug allergies) and CTPA (CT pulmonary angiogram), HSDNM (heart sounds dual no-murmurs) and GCS (Glasgow coma scale). When I think back to my own discharge summaries, I'm guilty of including a fair few of these. My past medical history lists tend to run along the lines of:

1. IHD
2. T2DM
3. GORD
4. CKD, GFR 34
5. NASH
6. CVA 2009
7. THR 1998

8. BTKR 2000
9. OA

Sometimes I think of this as being slightly protective, giving information to whichever other doctors might be reading the discharge summary but not distressing the patient and protecting that information from members of the public who might end up reading it, as in the case of 'HBV' (hepatitis B virus) or other. However, it sounds like I will need to turn over a new leaf and try a little harder to use the long version of these abbreviations, as time-consuming as it then becomes.

Give a good amount of detail when writing to GPs

GPs will spend a lot longer looking after your patients. Really they're more their patients than yours. Give a good amount of detail when you write about what has happened to them in hospital, because the GP will want to know. In addition, it is much easier on the patient if they don't have to explain exactly what happened, as they've been sick, their healthcare literacy may be sub-par, or they may have received an inadequate explanation about their treatment. I prefer to think that this doesn't mean writing in detail about every feature of their admission examination, about every communication from allied health, or every variation in their warfarin dosing. Somethings I prefer to think, these are not really going to make much difference to the GP and if they extend the same amount of care to reading the emailed discharges as I do to reading my emails, succinct is utterly necessary or you won't get beyond the first line.

Include medication changes

I've been told that listing new medications or changes to medications is useful and consequently adopted the habit of dot-pointing any changes beneath a heading, so it was nice to be reassured of the fact. My system tends to list things as "Addition of …", "Increased … to…" or "Cessation of…" and so on…

Make sure the GP can do what you're asking of them

This was the first thing that I was told about. Apparently, at least on the Central Coast of NSW, GPs don't generally have access to the hospital pathology interface. This, therefore, makes what seems to be a simple request of "GP to please follow up on Hepatitis B testing" remarkably less simple. It then becomes a mammoth task to extricate blood results from the hospital and communicate them to the patient. One solution to finding out what a GP can or can't do is to give them a call and ask. I've not yet spoken to a GP who wasn't happy to receive a call from me to update them about their patient, soon to be returned into their care. And, every so often, I have even had the occasional GP who says to me "Thank you darling – and how are you finding internship?"

References

1. Chemali, M., Hibbert, EJ., Sheen, A. (2014) *General practitioner understanding of abbreviations used in hospital discharge letters.* Medical Journal of Australia. 203 (3):147e1-4
2. Medew, J. *GPs do not understand medical abbreviations used by hospital doctors: Medical Journal of Australia study.* Sydney Morning Herald: August 3, 2015

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