

## Letters to the Editor

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**Joseph Scherger, MD, MPH**  
Editor, Letters to the Editor Section

*Editor's Note:* Send letters to the editor to [jscherger@ucsd.edu](mailto:jscherger@ucsd.edu). 858-232-8858. We publish Letters to the Editor under three categories: "In Response" (letters in response to recently published articles), "New Research" (letters reporting original research), or "Comment" (comments from readers).

### In Response

#### Patient Interviewing Behaviors

##### To the Editor:

Medical interviewing is the basis of our profession. It is how we learn about our patients to provide care for them. Yet, interestingly, there is a paucity of research examining the techniques we use. Takemura et al add to this limited body of literature with "Which Medical Interview Behaviors Are Associated With Patient Satisfaction?"<sup>1</sup> While their conclusion that reflection and legitimation impact patient satisfaction and confirm what I have found to be true in my own practice, some of their methodology raises questions regarding their conclusion of the lack of importance of the other techniques. These design issues—namely (1) interviewers of different skill levels were used, (2) the length of interview (LOI) was not limited, and (3) data collection concerning the five interview behaviors was different—could lead to  $\beta$  error, an inability to discern effect.

They report no significant difference associated with level of training and patient satisfaction.<sup>1</sup> However, there was no subgroup analysis published. The breadth of participant experience, ie, medical students, residents, and fac-

ulty, could introduce uncontrollable variables. Did experience influence the amount of time spent with a patient? Did experienced interviewers incorporate nonverbal cues and/or other techniques more effectively?

The LOI was not addressed prospectively in the study design. Among other things, time can affect opportunity to use the techniques studied, familiarity between patient and interviewer, and the chance to get the patient's story right. Although time was controlled after data collection, the potential confounding impact of LOI on patient satisfaction could be astronomical and would be better addressed in the design phase.

The frequency of reflection and legitimation techniques was counted during the video review while the techniques of soliciting the patient's opinion/expectations and using the patient's name were simply evaluated with a yes/no answer. Their Table 2 showed that even reflection/legitimation showed a threshold of effectiveness.<sup>1</sup> Could this also hold true for the latter techniques, eg, the more patient opinion was solicited, the more the patient was satisfied?

It is exciting to see research in this area. This study provides a starting point for evaluating interview tools we use every day. Identifying the group to study,

limiting the length of interview, and collecting the data in a uniform way may provide us insight in to how to better serve our patients.

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##### REFERENCE

1. Takemura YC, Atsumi R, Tsuda T. Which medical interview behaviors are associated with patient satisfaction? *Fam Med* 2008; 40(4):253-8.

#### Teaching Physical Exam Skills Using Web-based Video

##### To the Editor:

Teaching physical exam is always challenging on multiple levels. Oriante et al present a promising idea of using Web-based video (WBV) to increase physical exam performance of medical students.<sup>1</sup> The intervention improves the score on the physical examination (PE) checklist. However, the physical exam (PE) process score did not improve. I am concerned that the WBV might not address trainees' interpersonal skills, which are essential for a proper physical exam.

The data on PE process is shown as the sum of the four items: (1) attention to patient comfort, (2) efficiency of exam, (3) draping, and

(4) overall skills level. "Attention to patient comfort" and "draping" are reflections of attitudes and interpersonal skills, while "efficiency of exam" seems to be more a reflection of technical skills. The changes in each of the four items were not reported; only the composite score was reported. If PE checklist was evaluated based on technical skills, then the increment in the scored PE checklist could indicate enhances in "efficiency of exam" and/or "overall skill level." If so, the lack of change in PE process could actually indicate lower scores in "attention to patient comfort" and/or "draping," implying that this Web-based educational resource did not positively enhance students' attitude. Presenting the contribution of the individual components to the composite PE process score would help us know if this was the case or not.

PE consists not only of technical skills but also of interpersonal skills. Building good rapport with patients is vital for effective patient care. Emphasizing this in Web-based educational resources would enhance their evaluate.

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#### REFERENCE

- Oriente E, Kosowicz L, Alerte A, et al. Using Web-based video to enhance physical examination skills in medical students. *Fam Med* 2008;40(7):471-6.

#### Authors' Reply:

The authors agree with Dr Narumoto that "building good rapport with patients is vital for effective patient care" and appreciate the concern raised that Web-based video "might not address trainees' interpersonal skills, which are essential for a proper physical exam." We should point out that our initial hypothesis in improving student physical examination skills was directed at "standardizing" the technical approach to the elements

Item	2002 (n=77)*	2003 (n=81)*	2004 (n=80)**	2005 (n=81)**
Comfort	4.1 ± 0.5	4.3 ± 0.5	4.3 ± 0.6	4.4 ± 0.6
Efficiency	3.7 ± 0.8	3.8 ± 0.9	3.8 ± 1.0	4.2 ± 1.0
Draping	4.0 ± 0.7	3.8 ± 0.7	3.9 ± 0.9	4.1 ± 0.8
Skill level	3.9 ± 0.6	4.0 ± 0.8	3.6 ± 0.9	4.0 ± 0.7

\* Prior to Web-based video

\*\* Following introduction of Web-based video.

of PE technique for both teacher and student. To this end, as our PE Checklist results suggest, Web-based video may provide a suitable media.

Our omission of the PE process scores in the areas of (1) attention to patient comfort, (2) efficiency of exam, (3) draping, and (4) overall skills level was intentional, since this was not the focus of our study. However, it could be argued that "overall skills level" is a composite of both technical and qualitative aspects of student performance that is subjectively determined by standardized patient evaluators. These scores did not show any statistically significant improvement but do demonstrate a positive trend (Table 1). Relevant to Dr Narumoto's thoughtful question, these results do not demonstrate any diminution in the qualitative aspects of student physical examination performance following implementation of the Web-based video curriculum.

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## New Research

### Clinical Research in Family Medicine: Published Articles 2000 and 2005

#### To the Editor:

Research is an important part of the discipline of family medicine. However, whether or not family physicians are productive in research remains unclear. Few family physicians are funded by the National Institutes of Health (NIH),<sup>1</sup> faculty members of departments have produced an average of one scholarly product per year,<sup>2</sup> only half of residency programs "produced any nationally recognized research over a 3-year period," and the vast majority of programs do not have a single faculty with adequate protected time for research.<sup>3</sup>

Conversely, the North American Primary Care Research Group (NAPCRG), the leading family medicine research organization, is thriving, and Pathman et al's research concluded, "Family medicine's research enterprise in the US is larger and more productive than is generally recognized, and it is growing."<sup>4</sup>

Our purpose was to measure clinical research productivity of family physicians by evaluating published research articles from 2005 and comparing this productivity to 2000.<sup>5</sup> Clinical or patient-oriented research is most relevant