

Should audio recordings of outpatient consultations be presented to patients?

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Abstract

Three hundred and four new and return paediatric outpatient consultations were tape recorded. Questionnaires (and tapes) relating to the experience were returned from 286 families. They showed that tapes had been helpful to more than 99% of parents and grandparents. The main benefits were in refreshing the memories of those who attended the consultation and in helping the understanding of those unable to attend. More than 70% of tapes were listened to more than once and a third of families made a copy. Most parents considered that all consultations should be taped.

The outpatient consultation provides the major source of information for patients who require specialist assessment. However, patients feel that information given by doctors is unsatisfactory^{1 2} and this may relate in part to doctors' poor communication skills.^{3 4} Even if doctors improve their performance in communication, patient understanding and recall of information will probably remain at a low level due to time constraints, the formal atmosphere of some clinics, and the fallibility of human memory. In paediatrics, the problem is compounded by the understandable inability of some parents to give their full attention while looking after the needs of their children.

Despite the improved conditions in many outpatient departments the consultation remains a single event, but the learning and understanding process in most cases requires repeated

exposure to the same information. Butt in 1977 considered this problem and suggested providing an audiotape of the consultation.⁵ This approach has been used in two studies of consultations involving patients with cancer.^{6 7} In both studies, patients and doctors found it valuable, although recall of factual information was no greater than for conventional consultations without tape recording.

It is important that patients and families are satisfied with an outpatient consultation and have the fullest possible understanding of their problem regardless of its nature and seriousness. Indeed some of the greatest anxieties for families, and the most difficult and time consuming consultations for doctors, are for conditions for which there are no serious implications and which are commonly variations of normal behaviour and health.

This study aimed to determine whether families presenting to general and specialist paediatric outpatient clinics find tape recording of consultations useful and perceive a need for such a service.

Methods

Four hundred consecutive adults with a child attending general paediatric and lipid and metabolic specialist paediatric outpatient clinics at the Children's Hospital, Birmingham during the period January to April 1991, took part in the study. They were given an explanatory leaflet about the tape recording and were asked to complete a questionnaire (A) on reporting to the clinic and before seeing a doctor (the author). Only one of two or more adults in attendance according to their choice was asked to complete the form. The questions are shown in table 1.

The questionnaire in English was passed from parent/guardian to the doctor at the start of each consultation. If it stated agreement to tape record the consultation and indicated a wish to take the tape home, the consultation was recorded.

A portable battery/mains operated Sony TC-D3 stereo cassette recorder with plug in microphone (dimensions 12 cm×8 cm×3 cm) was used to record on to C90 audiotape cassettes. The microphone and recorder were placed on a desk within two metres of each sitting position of doctor and parent(s)/guardian(s) at the start of each consultation.

On completion of the consultation, parent(s)/guardian(s) were given the tape and another questionnaire (B). They were asked to complete the questionnaire after listening to the tape and

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Table 1 Questionnaire (A): before consultation. Results are number (%) responding

Question	Response
(1) Do you agree to the consultation being taped? (n=376)	
Yes	365 (97.1)
No	11 (2.9)
(2) Do you wish to listen to the tape at home? (n=365)	
Yes	304 (83.3)
No	61 (16.7)
'Yes' to question 2:	
(3) Who do you think may find it useful? (n=304)	
Myself/ourselves	84 (27.6)
Others not attending	76 (25.0)
Both of these	144 (47.4)
(4) Who do you think would wish to listen to it other than yourself? (n=304)	
Partner	205 (67.4)
Grandparents	291 (72.0)
Other relative	56 (18.4)
Siblings	29 (9.5)
Friends	33 (10.9)
Doctor	11 (3.6)
Head teacher	3 (1.0)
'No' to question 2:	
(5) Why do you not wish to listen to the tape? (n=61)	
No play back facility	4 (6.7)
Other responses, for example, 'not necessary', 'we know about the problem', 'we're both here'	57 (18.8)

to return the tape and questionnaire by post or at a future consultation if planned.

Results

The questionnaire given before consultation (A) was completed by 376 parents/guardians (94.0%) (table 1). The majority were mothers (84.0%). Twenty four could not complete it due to language difficulties despite interpretation assistance. (Punjabi was the commonest first language after English of those completing the questionnaire.) Of 376 positive responders, 304 (83.9%) wished to listen to the tape at home. Two hundred and twenty (72.4%) thought that people other than themselves would wish to listen to it. Grandparents were cited most often (219; 72.0%).

The questionnaire given after consultation (B) with tape was returned completed by 289 parents (95.1%) (table 2). First or new patient consultations accounted for 31.8% of tapes. All but three of the tapes were listened to by parents. There was one recording failure. Grandparents listened to more than half the tapes (52.8%). Nearly all of the tapes were

reported to be helpful when listened to by parents (99.6%), grandparents (99.3%), and other relatives (97.9%). More than two thirds of these felt the tapes were very helpful; refreshment of memory was the commonest stated reason for this (94.7%).

Seventy percent of tapes were listened to more than once and a third of families made their own copies (33.6%). The great majority of responders felt that all consultations should be taped (91.3%) and almost all felt that tape recorded consultations should be complemented by the sending of copies of consultant letters to family doctors. Seventy seven percent of questionnaires contained positive statements about the service in the 'any other comment' section.

The mean tape length for new patient consultations was 34 minutes 25 seconds (range 10 minutes 52 seconds–72 minutes 22 seconds) and for patients on repeat visits 14 minutes 26 seconds (range 5 minutes 10 seconds–54 minutes 36 seconds). Tape handling and the setting up of the recording took approximately 30 seconds for each consultation.

Table 2 Questionnaire (B): after consultation and listening to tape. Results are number (%) responding

Question	Response		
(1) Is this a first consultation with the doctor or a return visit? (n=289)			
First	92 (31.8)		
Return	197 (68.2)		
(2) Could you hear the tape clearly? (n=289)			
Yes	286 (99.0)		
No	1 (0.3)		
	(2 tapes not listened to)		
(3) Who listened to the tape? (n=286)			
Parents	285 (99.7)		
Grandparents	151 (52.8)		
Other relatives	49 (17.1)		
Siblings	45 (15.7)		
Friends	40 (13.9)		
(4) Was it helpful? (n=286)			
Parents (n=285)	284 (99.6)		Not reported/no
Grandparents (n=151)	150 (99.3)		1 (0.7)
Other relatives (n=49)	48 (97.9)		1
Siblings (n=45)	16 (35.6)		29 (64.4)
Friends (n=40)	—		40 (100)
How helpful?			
Very	255 (89.5)	Fairly	Slightly
Parents (n=285)	255 (89.5)	30 (10.5)	0
Grandparents (n=151)	136 (90.7)	0	0
Other relatives (n=49)	35 (72.9)	13 (27.1)	0
Siblings (n=45)	16 (35.6)	0	0
Friends (n=40)	—	—	—
(5) If you found it helpful, why was that? (parent(s) only: (n=285)			
Refreshed my/our memory	270 (94.7)		
Gave information I/we hadn't taken in	166 (58.2)		
Made me/us less worried	47 (16.5)		
Helped understanding of interested people who could not attend consultation (n=153)	149 (97.4)		
(6) Did anyone listen more than once? (parent(s) only: n=285)			
Mothers	41 (14.4)		
Fathers	29 (10.2)		
Both	132 (46.3)		
(7) Did you copy the tape? (n=289)			
Yes	97 (33.6)		
No	192 (66.4)		
(8) Would you agree to students listening to the tape? (n=286)			
Yes	284 (99.3)		
No	2 (0.7)		
(9) If taping of consultations were routine, would you still wish to receive a copy of the consultant's letter to your family doctor (n=289)			
Yes	287 (99.3)		
No	2 (0.7)		
(10) Should consultation tape recording be used for all, some, or none of the consultations? (n=287)			
All	262 (91.3)		
Some	25 (8.7)		
None	0		
(11) Any other comments (n=289)	Completed (positively) by 222 (76.8)		

Discussion

Tape recording consultations in busy outpatient clinics is practicable and relatively inexpensive. Tape handling time is short. Nearly all families have access to a cassette player. Technical failure should be negligible if professional standard equipment (costing less than £200 in this study) is used and mains operated. Failure was very low in this study using the battery operated option. Controlled seating arrangement is unnecessary; significant parts of the conversations in this study took place away from the starting sitting positions of the adults and by as much as 4 metres from the microphone. The 'write off' cost of cassettes not returned, which in this study amounted to fewer than 2% (nine of 15 were subsequently returned) can be offset by asking families to bring a cassette with them if they wish the consultation to be taped. Stock tapes can be available for those forgetting to bring them.

As this study involved a free extension to the more usual outpatient service, it is perhaps not surprising that there was a relatively high 'take up' rate to the offer to tape record consultations and make them available to families. However, the relatively high percentage response in returning questionnaires and tapes without funding or postal provision would seem to be strongly supportive of the positive reaction expressed in the questionnaire responses.

Perceived helpfulness of tape consultations by parents, relatives, and friends soon after listening to the tapes is clear from the results. Whether a similar response would be obtained at a later time has not been tested. Furthermore, accuracy of recall of information by families, or a change in their action as a result of the tape recording being available has not been assessed. However, if a successful outcome to a consultation can be measured in part by a positive reaction by parents, this approach is extremely useful. Unsolicited expressions of support, en-

couragement, and thanks in more than 75% of questionnaires cannot be ignored.

The reasons given by parents for tape recording being helpful suggest that all consultations and not just those involving children might benefit. There are particular problems for single attending parents taking in information and asking all the questions they would want to when their attention is repeatedly directed towards looking after the young child and away from the discussion. In many adult clinics, partners and friends, who might support the patient and have an interest in consultation, and who feel it may be inappropriate for them to attend, may also gain from taped consultations.

As with the practice of sending copies of consultant letters for family doctors to parents/patients, tape recording of consultations generates telephone calls for further information and clarification. This may be because parents/patients are positively encouraged in both cases to telephone myself as consultant. The 289 taped consultations led to 22 calls, which is similar to the number relating to copy letters (6.8%, personal observation). This study demonstrates that almost all parents consider the copy letter approach retains its importance even when consultations are recorded.

Previous smaller studies of taped consulta-

tions have demonstrated the usefulness of this approach for 'difficult and emotive' subjects. Almost all parents/patients have considerable anxieties when attending consultations and many of the more difficult and time consuming problems relate to very limited or self resolving pathology or variations on normal health and behaviour. The case for tape recording can be made for all consultations, including repeat visits, and may be more appropriate than adopting a selective approach. This is certainly the view of the great majority of parents who have direct experience of this service.

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