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Use of audiotaped patient consultations in a head and neck oncology clinic and survey of patient attitudes to this facility

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Abstract

The overall quality and delivery of patient care is becoming increasingly important, especially in those diagnosed with cancer. Multidisciplinary clinics are a valuable adjunct to this, but patients may not fully understand or comprehend all that is said to them. The use of audiotaping consultations has been studied in some settings, but not in head and neck cancer clinics. We report on a series of 50 consecutive head and neck patients to determine their views on the value of this facility. Thirty-nine patients (78 per cent) utilized the opportunity, of which 36 patients (92 per cent) found it beneficial. Over three quarters of the patients who used the facility thought that medical staff could benefit and learn from the tape recording. We recommend that audiotaping becomes a standard part of the multidisciplinary head and neck oncology clinic, helping to improve the overall quality of patient care.

Key words: Referral and Consultation/audiotapes; Communication; Head and Neck Neoplasms

Introduction

There are approximately 3 500 new cases of head and neck squamous cell carcinoma (HNSCC) in the United Kingdom annually, and 1600 deaths. Despite increases in the understanding of the pathogenesis of HNSCC and new innovative advances in surgical reconstructive techniques, the prognosis for this condition has remained virtually unchanged over the past 30 years. Consequently, with the increase in patient expectation other aspects of the overall delivery of care are seen as increasingly important. There has been much scrutiny with regard to the quality of life and function following therapeutic interventions in these patients.[1]

The utilization of multidisciplinary clinics in conjunction with close liaison with professions allied to medicine has greatly added to improvements in overall care. Multidisciplinary clinics provide an excellent tool for many health professionals to see patients with similar conditions all at one time and provide a consensus opinion to optimal treatments and care for an individual patient. Unfortunately, by their very nature these clinics can be very busy and may be intimidating for patients, the very opposite of the desired effect. As may be anticipated, these clinics also have the potential to be very emotional places, with 'bad-news' being conveyed to some patients.[2] This has the potential to cause misunderstandings of conveyed information and poor recall of what has been said with respect to options, treatment and outcomes. Several methods have been suggested for improving the conveyance of information during medical consultations. These include better teaching and training of medical students with regard to doctor-patient communication skills, the use of information leaflets, along with decision and interactive computer programmes.[2,3] Consequently, in an attempt to overcome this potential problem we have recently introduced the use of a dual-headed cassette tape recorder to tape individual consultations (Figure 1), providing a copy for the patient to take away, and one for the medical records. Audio recording of consultations was first suggested by Butt in 1977,[4] and has been investigated by several others in oncology clinic settings. It was suggested by Ong *et al.* following a randomized double-blind study of audiotaping patients with cancer, attending for their initial medical or gynaecological consultation that oncologists should consider installing audiotaping facilities into clinics; due to positive and favourable responses of investigated patients.[5] Bruera *et al.* also reported a randomized trial in which patients with advanced malignancy were given an audiotape recording of their consultation with a palliative-care team, as well as written recommendations.[6] Patient satisfaction and recall of information

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FIG. 1
Dual tape machine with microphone in the foreground.

was found to be greatly increased with the use of an audiotape, and also allowed other family members to be more involved. However, to our knowledge there are no reports in the literature on the use and experience of this facility in head and neck cancer clinics.

Methods

In our unit patients with head and neck cancer are referred to the multidisciplinary joint head and neck oncology clinic, staffed by surgeons (maxillofacial and ENT) and higher trainees, clinical oncologists, specialist nurses, a speech therapist, a dietician, a psychologist and database collection clerks. This clinic sees a mix of both new patients and those undergoing review.

When the audiotaping facility was first introduced, existing and new patients were asked if they wished to have a recording made of their consultation, and their decision and consent was duly recorded in the case notes. The tape machine used is the Uher double tape model obtained from Business Dictation (Oxted, Surrey, UK). From a legal point of view, it is tamper proof in that the recording cannot be altered unless both tapes are inserted into the machine. For this reason, this model is used widely during police interviewing. Patients are given one of the tapes for use at home, and asked to bring this to future consultations for further use. The other tape is stored in the medical records department pertaining to this clinic. After each consultation, the tape counter reading was recorded in the notes so that subsequent consultations could follow on synchronously.

Consecutive patients who attended the joint head and neck oncology clinic were asked if they wished to partake in this audit project. The demographic details were recorded and patients were asked if this session was their first attendance at the clinic or if they had attended previously. Patients were then asked if they had utilized the facility to audiotape their consultation. If they answered no, then no further questions were asked. Those giving a positive response were then questioned further to see whether they felt that they benefited from having their consultation recorded, whether they had listened to it at home, and if anyone else had done so. Patients were then asked whether or not they considered that their treating doctors would find it useful, and if they felt that medical staff might hold back from giving all the information whilst they were being recorded.

Six randomly selected tapes were also assessed for quality and clarity of recording by one of the authors (RBK).

Results

Fifty consecutive patients who used or had been offered the audiotape facility at a multi-disciplinary head and neck clinic were surveyed. There were 24 men and 26 women, with an age range of 33–96 (mean 66 years). The primary diagnoses were squamous cell carcinoma (including oral cavity, oropharynx and larynx; n = 37), malignant skin tumours (n = 8) and malignant salivary gland disease (n = 5). There were 41 review patients and nine new patients. Thirty-nine patients (78 per cent) utilized the opportunity to audiotape consultations (33/41 review patients, six out of nine new patients).

Thirty of 33 review patients and all six of the new patients who had the consultations recorded thought that the service was beneficial to them and/or their family and friends. Twenty-nine of 33 review patients (88 per cent) and all six new patients who had their consultation recorded listened to the tape themselves or with their family/friends, allowing further assimilation of what had been discussed during their consultation. Four patients (12 per cent) stated that they did not listen to the tape themselves but gave it to family or friends after consultations.

Of the 39 patients who used the audiotaping facility, 30 (77 per cent) thought that medical staff would benefit and learn from the tape recording; four patients (10 per cent) stated that medical staff would not and five (13 per cent) were unsure.

Thirty-four patients (87 per cent) thought that the tape recording would not stop medical staff from withholding information because the consultation was being recorded, two patients (five per cent) thought the opposite, and three patients (eight per cent) were unsure.

One of the tapes selected for quality assurance and clarity was found to have some intrusive background noise from other members of the team talking in the clinic; the remaining five were all very clear and audible.

Discussion

This facility has been in place in our clinic for over 18 months and although to our knowledge there are no previous reports of the use of audiotapes in head and neck cancer clinics, their use in other oncology clinics is not new. Several studies have looked at and reviewed various groups of patients in different settings, both at an 'initial' consultation,[5,7] follow-up review consultations[8] and paediatric clinics.[9] In a recent meta-analysis, Scott *et al.* reviewed eight

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randomized controlled trials finding that between 83–96 per cent of people who received recordings or summaries of their consultations found them useful as a reminder of what had been said.[10] It is encouraging to note that in our study of both new and review patients over 90 per cent thought it to be a useful and beneficial facility.

It is known that some patients with cancer may not understand their illness, and find it difficult to recall what has been said in such emotional settings as oncology clinics.[2,3] This can lead to potential problems, with deterioration in the doctor-patient relationship and dissatisfaction with medical care. In a busy clinical situation it is easy to envisage how this situation may arise. It was therefore very pleasing to observe that over three-quarters of the patients attending were happy to utilize this facility as a potential tool for conveying information for future reference at home. Providing an audiocassette of consultation gives patients the opportunity to listen themselves, as well as any other person whom they allow to. We found from anecdotal comments that quite often patient's offspring would want to listen, as they would not usually attend the clinic; patients usually being accompanied by a spouse or partner.

Some studies have found that some doctors were not happy at the idea of having consultations taped.[11] They expressed concerns about potential problems with medico-legal aspects and confidentiality, although those doctors in favour consider it to be a good defence against medical-legal issues. Those against the recording felt that the taping would be intrusive and might inhibit open discussion. It is pleasing to note that in our study 87 per cent felt that there would be no inhibition by the doctor in giving all the necessary information, and indeed 77 per cent of patients felt that medical staff would also have the potential to benefit from recording of consultations and thereby indirectly alluding to its use as an audit and research tool. Although not specifically questioned there were several comments from patients with regard to this matter. These highlighted points such that, as doctors were often seeing many patients in busy clinics there was a potential on occasion to inadvertently not provide all the information which they may have intended and hence the tape recording would provide a useful tool for recall of consultations. Patients also commented that it would provide a tool to give inadmissible evidence of what had been said. Indeed, audiotaping has been used as an audit and research tool to determine quality of consultations in general oncology clinics.[2,3] However, this has not as yet been reported in the head and neck literature and further work is required.

Although it would appear that the use of audiotaping consultations has much to recommend it, there are practical points that have to be borne in mind. Firstly, the patient has to remember to bring their tape with them, as well as the records staff having to ensure the clinic copy is also available. A member of the clinic staff is also required to make sure that the tape recorder is working and that both tapes are correctly inserted and used, all relatively simple tasks, but all necessary to run an appropriate efficient service. There may also be concerns that the introduction of this facility may alter consultation length and content. Although not surveyed or recorded the booking template for this clinic has remained unchanged, implying that the style and content of consultations has not been altered. It is also important for there to be a minimum of background noise so that any extraneous noises which might impair recording quality are not recorded.

- **Quality of care is increasingly important to those suffering from cancer**
- **Patients may not fully understand all that is said to them in multi-disciplinary clinics and the use of audiotaping of consultations, although studied in other settings have not yet been introduced to head and neck cancer clinics**
- **Fifty consecutive head and neck patients were asked their views on the value of this facility and 78 per cent used the opportunity and of these 92 per cent found it to be beneficial**

In view of the overall positive response to this facility by patients it is recommended that it becomes a standard part of the multidisciplinary oncology clinic and is used as a matter of routine.

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