

## OPINIONS OF NIGERIAN DENTAL CONSULTANTS ON IDEAL CONTENT CURRENT QUALITY AND ATTITUDES TO REFERRALS

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### ABSTRACT

**Aim:** The current study was designed to ascertain the opinion of a cross-section of Nigerian dental consultants on: current quality of referral sent to dental specialists; what should constitute the ideal content of referral letters and to ascertain their opinion on attitudes of colleagues to referrals.

**Materials and Methods:** The study was conducted using a structure questionnaire hand delivered to a cross-section of Nigerian dental consultants. Information requested includes: demographic variables; current quality; constituents of a quality referrals and current attitudes to referrals. The respondents were asked to rate their responses to the questionnaire items on a 3-point and 5-point Likert scale respectively.

**Results:** Only 6.23% (SD± 7.66) referrals was perceived as excellent, while most of them, 42.63% (SD± 31.51) was reported as adequate. The result shows that response to referral is not always prompt while feedback to referral is hardly provided. Undergraduate students are hardly taught the art of referral writing. The consultants agreed that date of referrals, patient's name and address, accurate description of complaints, history of patient's complaint and steps taken by the practitioner so far, should be included in a quality referral.

**Conclusion:** The quality of referral sent to dental specialties at the moment was considered unsatisfactory. The consultants agreed that date of referral, patient's name and address, accurate description of complaints and steps taken by the practitioner so far, should be included in a quality referral.

**KeyWords:** Referral letters, dental consultants, content, quality.

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### INTRODUCTION

Referral of patients from primary care to medical specialist and back to the referring doctor has been described as an important activity in any health care system.<sup>1</sup> Optimal communication involves transfer of relevant clinical information in both directions.<sup>2</sup> There are different modes of communication (telephone, informal conversation, referral letters and modern electronic mail [e-mail]) available for exchange of information regarding patients management, but referral letters are still frequently the source of information and in fact the most important means of communication.<sup>2-5</sup> The superiority of referral letters has been attributed to the fact that it affords a more effective communication, wider range of information<sup>4</sup> and opportunity for proper documentation. Furthermore in developing countries, cost, poor maintenance of records and frequent interruptions in power supply often make communication and consultation by telephone and electronic mail quite unattractive; thus giving more credence to referral letters.

However, most studies have revealed paucity of

relevant information in conventional referral letters<sup>2,6,7</sup> with its attendant negative effect on prompt and efficient treatment.<sup>4,8</sup> Physicians making referrals have been said to switch hospitals and specialists because of poor communication.<sup>9</sup> A referral proforma had been suggested as a good alternative to the conventional letters perhaps because of its overwhelming better results.<sup>1,10</sup> However, it has been reported that some of these referral proforma are not only poorly designed, but in addition, its adoption has been said not to permit the development of the art of medical writing which is a desirable quality of a good medical practitioner.<sup>11-12</sup>

Qualities of referrals are often assessed using peer defined criteria<sup>2,4,7</sup> which are often complimentary but varied. Reports on the range of information considered essential for a quality referral by Nigerian dental consultants is currently not readily available. Previous studies<sup>4,12</sup> in our environment showed that the quality of referrals was assessed using consensus criteria agreed upon elsewhere. It is not yet clear whether the opinion of Nigerian dental consultants on these criteria is similar to what had been expressed in the literature. Furthermore, information on feedback (reply to referral), prompt response to referral and how the art of referral writing is learnt, is generally grossly under-reported in the literature. The objective

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of the current study therefore, was to ascertain the opinion of a cross-section of Nigerian dental consultants on: current quality of referral sent to dental specialists; what should constitute the ideal content of referral letters and to ascertain their opinion on current attitudes of colleagues to referrals.

### MATERIALS AND METHODS

A cross-sectional study was conducted using a structured questionnaire that was self-administered to the consultants in the four established dental schools (tertiary dental centres) in Nigeria namely: University of Lagos teaching hospitals (LUTH), University College Hospital (UCH) Ibadan, Obafemi Awolowo University Teaching Hospital Complex (OAUTHC) Ile-Ife and University of Benin Teaching Hospital (UBTH) Benin. All the consultants were targeted, but those who were not available at the time of the distribution of the questionnaire and those who failed to return the questionnaire after several reminders were excluded. The gender, specialty and address of the respondents were requested.

The questionnaire was in three parts: A, B and C. In part A, the percentage of referrals sent to the respondents that were excellent, good, adequate and Poor was requested while Part B sought for the opinions of the dental consultants on the relative importance of a range of topics relevant to a quality specialist referral. The respondents were requested to indicate which of these items are considered essential, desirable or non-essential. Seventy five per cent (75%) level of agreement and above was taken as consensus of opinion on any given item. The questionnaire developed by McAndrew et al<sup>5</sup> was employed for Parts A and B, but the question on “steps taken by the practitioner so far, included in part B was an addition from the current authors. Part C focuses on feedback, prompt response to referral and training of dental students on referral writing. The respondents were asked to rate their experiences on promptness of responses to referral, regularity of provision of feedback to referring physicians and training of undergraduates in the art of referral writing on a 5-point Likert scale (Always=5, often=4, sometimes=3, Hardly=2, Never=1). The sample size was determined by convenience. Anonymity and confidentiality of the respondents was maintained. Ethical clearance for the study was obtained from the University of Port Harcourt institutional review committee.

### DATA MANAGEMENT

The data was entered into a micro computer and analyzed using Statistical Package for Social Statistics (SPSS) version 11.0. The software was employed to generate summary statistics (frequency, %, mean and SD).

### RESULTS

Seventy questionnaires (70) were distributed out of which 40 were returned giving a response rate of 57.14%. Eighteen respondents were females while the remaining 22 were males. The highest number of respondents, (16), came from UCH while the least responses, (6), came from OAUTH (Fig 1). Departments of Oral Surgery/Oral Pathology had the highest number of respondents, (12), followed closely by Department of Restorative Dentistry with 11 respondents (Fig 2).

Only 6.23% (SD±7.66) referral was perceived as excellent while 22.90% (SD±25.40) was reported as poor. Most of the referrals, 42.63% (SD± 31.51) was reported as adequate followed closely by those that was described as good, 28.25%(SD±28.95). The result indicates a consensus on: date of referral; patient's name and address, accurate description of complaint, history of patient's complaint and steps taken by the practitioner so far, as essential components of ideal referral (Table 1). Most of the respondents indicated that response to referral is often prompt and that feedback to referral is hardly provided. The result also shows that undergraduate students are hardly taught the art of referral writing (Table 2)

Figure 1: Number of Respondents and Their Training Institutions.

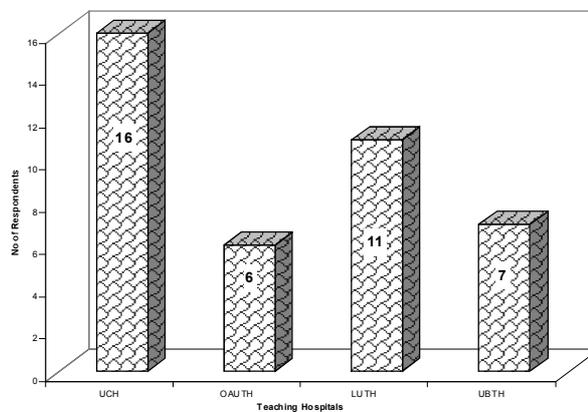
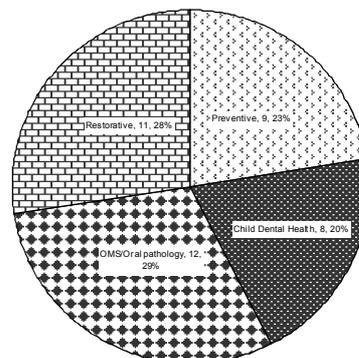


Figure 2: Distribution of Respondents' Specialties.



**Table 1: Opinion of Respondents about Ideal Components of Referral.**

Topic	Non-essential		Desirable		Essential	
		%		%		%
Date of referral	-		5.0		95.0	
Practitioner's name	-		7.5		62.5	
Practice address	-		37.5		62.5	
Practice telephone No	-		50.0		50.0	
Patient's name	-		-		100.0	
Patient's address	2.5		22.5		75.0	
Patient's telephone No	7.5		42.5		50.0	
Accurate description of complaints	-		15.0		85.0	
History of patient's complaint	2.5		15.0		82.5	
Relevant medical history	2.5		25.0		72.5	
Practitioner's relevant soft tissue findings	2.5		40.0		57.5	
Practitioner's hard tissue findings	2.5		35.0		62.5	
Practitioner's radiograph	10.0		32.5		57.5	
Practitioner's radiographic findings	10.0		47.5		42.5	
Practitioner's study model	22.5		60.0		17.5	
Practitioner's initial diagnosis	-		57.5		42.5	
Practitioner's prognosis	42.5		42.5		15.0	
The reason for referral	2.5		32.5		65.0	
An indication of urgency	2.5		70.0		27.5	
Typed or word processed referral	30.0		50.0		20.0	
Pain severity	10.0		45.0		45.0	
Suspected malignancy /pre-malignancy	2.5		30.0		67.5	
Steps taken by the practitioner so far	-		5.0		95.0	

**Table 2: Opinions of Respondents on Attitudes of Colleagues to Referral.**

Topics	Responses (%)				
	Always	Often	Sometimes	Hardly	Never
Prompt response to referral	20.0	37.5	30.0	12.5	0.0
Feedback from specialist	5.0	5.0	25.0	50.0	15.0
Undergraduates are taught the art of referral writing	2.5	12.5	25.0	32.5	27.5

## DISCUSSION

It is not surprising that Oral and Maxillofacial Surgery recorded the highest number of respondents in the current study because it has been severally reported as the most popular dental specialty in Nigeria.<sup>13</sup> The reason why respondents from Restorative Dentistry and Ibadan dental school formed a notable percentage in this study may not be unrelated to the fact that it is the specialty of the authors and workplace of the second author.

The results of this study shows that the percentage of referral letters that was perceived as poor, 22.90% is almost identical with the 21.00% recorded in a similar study in the UK.<sup>5</sup> A previous report indicates that some information considered important by the recipient of referrals is often not included in the content of these referrals.<sup>2</sup> The percentage of excellent referrals in the current study, (6.21%), shows a marginal improvement over the 1.00% and 3.00% respectively recorded by McAndrew et al<sup>5</sup> and Akinmoladun et al<sup>4</sup>. Most of the referral letters in the study by McAndrew et al<sup>5</sup> and in the current study was reported as adequate as against that of Akinmoladun et al's where most of the referrals was described as good (grade B). The reason for the difference is not clear at the moment.

The importance of arriving at a consensus on basic

information to be included in medical referrals in order to permit appropriate responses had earlier been emphasized.<sup>4</sup> The current study indicates a consensus on: date of referrals; patient's name and address; accurate description of complaints; history of patient's complaint and steps taken by the referring practitioner so far. Though responses to relevant medical history, reason for referral and suspected malignancy/pre-malignancy fell short of the consensus cut-off mark, they are positioned prominently high up under the essential list. It is surprising that practice address did not have sufficient responses to make the consensus list unlike the patient address.

In the study conducted by McAndrew et al<sup>5</sup>, date of referral, practitioner's name, practice address, patient's address the reason for referral, and the presence of a suspected malignancy or pre-malignancy were considered essential. Steps taken by the practitioner so far was not part of the topics studied in the earlier report<sup>5</sup> we decided to test its relevance in the current study and it came out significant. Indication of urgency was signified by most respondents as desirable in the current study while the highest response under non-essential column was expectedly ascribed to practitioner's prognosis. In other studies<sup>3,12</sup>, bio data, clinical details and identification and contact of the referring doctor were generally agreed upon as ideal content of referral. It thus appears that the opinion of a cross-section of Nigerian dental consultants on quality and ideal content of referral is essentially compatible and complimentary to those already expressed in the literature.

Information about referred patients from specialists to primary care physicians is currently scarce, particularly in our environment. The current study shows that response to referrals is not always prompt and feedback is hardly provided by specialists. The factors responsible for this report are not yet clear at present, but it may be due to inadequate or inappropriate information in the referrals. It has earlier been documented that a poor referral may cause unnecessary delay in patients' management.<sup>4,8</sup> Information provided in referrals had been solely used to suggest treatment modality to be employed by primary care physician in a previous report<sup>14</sup> thus facilitating treatment process. Failure to provide feedback or even send back referred patients after specialist care may be part of the reason why patients are not often referred for specialist care or advice on time in our environment.

If general practitioners receive prompt and adequate information about their patients following specialist care, they will not only be encouraged to seek specialist opinion when and where necessary, their patients management skills will increase and they

will no longer see referrals as a way of losing clients. Ghandi et al<sup>2</sup> observed that breakdown in communication between specialists and their general practitioner colleagues may lead to poor continuity of care, delayed diagnosis, poly pharmacy and increased litigation risks.

The result of this study also revealed that undergraduates are hardly taught the art of referral writing. It is therefore, apparent while poor quality referrals are rampant in our environment. McAndrew et al<sup>5</sup> had earlier suggested that both undergraduates and postgraduates should be taught the art of referral writing. We are also of the opinion that this suggestion will eventually improve the skill of doctors in this important area of communication.

## CONCLUSION

The quality of referral sent to dental specialties at the moment was considered unsatisfactory. The consultants agreed that date of referral, patient's name and address, accurate description of complaints, history of patient's complaints and steps taken by the practitioner so far, should be included in a quality referral. Response to referral is not always prompt at the moment and feedback is hardly provided. Also, undergraduates are hardly taught the art of referral writing. It is suggested that reply containing sufficient information should always be provided to referral.

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