Consultation Hold:

Interruptions During General Practice Consultations

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Introduction

✓ Ireland:
  • Interruptions in 53 of 212 consultations (25%)
    • 80 interruptions
    • 40% significant interruptions
    • Phone

✓ Spain:
  • Interruptions in 91% and 54% consultations
    • Mean duration: 35 and 16 seconds
    • Door

Objectives

- To characterize the interruptions in consultations of the researchers’ Health Unit.

- Basis for an evaluative cycle of quality.
Methods

- Descriptive cross-sectional study
- Consultations of 5 Family Physicians
- Authorization granted by Ethics Committee of the Regional Health Administration.
Methods

- 2 weeks of evaluation (28 October to 8 November/2013)

- Randomization of General and Family Medicine consultations periods with at least 2 hours
  - Inclusion of 2 periods for each doctor (morning/afternoon)

- Participant observational method
Methods

First Step
Informed consent was signed by patients

Observation
Only one researcher physician

Record
Specifically designed data sheet
Methods

- **Interruption**: Any event that interferes with the predictable process of consultation, from the patient call to his exit. The researcher’s presence was considered a predictable process in the consultation.

- **Significant interruption**: One lasting more than 5 seconds and/or which resulted in a significant disruption of the flow of the consultation.

- **Justified interruption**: Unavoidable when it occurs.
Methods

- **Inside factor**: interruption source has origin in the context of the consultation: cell phone, lack of material, electronic problem, exit from office.

- **Outside factor**: interruption source has origin outside the context of the consultation: door, consulting room telephone.
Results

- **Sample**: 63 consultations
  - Mean duration: 18.5 minutes [4-40 minutos]

- 37 consultations (58.7%) had at least one interruption
  - 91.9% (n=34) had significant interruption
  - 83.3% (n=30) had unjustified interruption

<table>
<thead>
<tr>
<th>Number interruptions</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number consultations</td>
<td>19 (51.4%)</td>
<td>10 (27%)</td>
<td>6 (16.2%)</td>
<td>1 (2.7%)</td>
<td>1 (2.7%)</td>
</tr>
</tbody>
</table>
Results

- **66** interruptions in total
  - Mean duration: 42 seconds
  - 86.4% (n=57) were significant
  - 82% (n=50) were unjustified
# Results

<table>
<thead>
<tr>
<th>Interruption source</th>
<th>n   (%)</th>
<th>% significant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Door</td>
<td>29   (43,9%)</td>
<td>93%</td>
</tr>
<tr>
<td><strong>Cell phone</strong></td>
<td>12   (18,2%)</td>
<td>50%</td>
</tr>
<tr>
<td>Lack of material</td>
<td>8    (12,1%)</td>
<td>88%</td>
</tr>
<tr>
<td>Consulting room telephone</td>
<td>7    (10,6%)</td>
<td>100%</td>
</tr>
<tr>
<td>Electronic problem</td>
<td>5    (7,6%)</td>
<td>100%</td>
</tr>
<tr>
<td>Exit from office</td>
<td>5    (7,6%)</td>
<td>100%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>66   (100%)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Interruption agent</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor</td>
<td>7</td>
</tr>
<tr>
<td>Intern</td>
<td>6</td>
</tr>
<tr>
<td>Patient</td>
<td>6</td>
</tr>
<tr>
<td>Nurse</td>
<td>5</td>
</tr>
<tr>
<td>Technical assistant</td>
<td>5</td>
</tr>
</tbody>
</table>
## Results

<table>
<thead>
<tr>
<th></th>
<th>Significant</th>
<th>Non significant</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outside factors</td>
<td>34 (94.4%)</td>
<td>2 (5.6%)</td>
<td>0.041</td>
</tr>
<tr>
<td>Inside factors</td>
<td>23 (76.7%)</td>
<td>7 (23.4%)</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>57</td>
<td>9</td>
<td></td>
</tr>
</tbody>
</table>
Discussion

- In this study at least half of the consultations had an interruption.

- The door stands out as the main source and had a high impact in consultations.

- This results are similar to a Spanish study.
Discussion

- Interruptions by an intern may represent peculiarities of the formation and can be important in this process.

- Inside factors, mainly the cell phone, are related to the relationship doctor/patient and revealed to have a lesser impact.

- Corrective measures may improve clinical practice.
Discussion

- Methodological limitations:
  - Observer Bias (one observer)
  - Behavior Bias (perception of the observer presence)
Conclusion

- **Objective**: To characterize the interruptions in consultations of the researchers’ Health Unit.

- Interruptions were frequent (58.7%), significant (86.4%) and unjustified (82%).

- The main source of interruptions was the door.

- Outside factors had greater impact on consultations.