The medico-legal aspects of intraprofessional care

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The team approach to patient care is growing as family physicians become increasingly skilled in managing common skin conditions and may only need to refer more complex dermatology cases to specialists. Given this situation, effective communication between specialists and family physicians is essential to minimize risks to patient safety and medico-legal problems.

Communication basics and teamwork

Communication forms the basis of the patient-physician relationship, and the CMPA’s case files demonstrate the importance of effective communication between physicians, and between doctors and other healthcare providers.

Poor communication between physicians can adversely affect patient care due to a lack of information sharing, unnecessary testing, delayed diagnoses, lack of ongoing patient monitoring, adverse events, and disruptions in continuity of care. It can also result in frustrated physicians and dissatisfied patients.

Meanwhile, good communication skills can help to minimize risks, establish common goals for patient care, support teamwork, and build trust between physicians and with patients.

Communication among physicians should be open and comprehensive. Interactions should be polite and respectful. Physicians require sufficient and timely information, as well as adequate notification about changes in a patient’s condition. Active listening and clarifying understanding is also important. Moreover, family physicians and dermatologists require a clear understanding of each other’s roles and responsibilities for patient care and follow-up.

Effective referrals and consultation

Dermatologists regularly receive requests for consultations from family doctors. An effective referral and consultation process can go a long way to facilitate the exchange of patient information and the prompt follow-up of urgent cases.

Referring physicians should be aware of the core elements of a good referral, which include:

- pertinent patient details
- relevant clinical information about the medical problem for which the referral is made
- relevant investigations, treatments, and medications
- the clinical question to be answered

A sense of how urgent the referral is.

In return, consulting physicians should provide answers to the specific questions raised. A management plan, including designation of the most responsible physician for follow-up, is essential to minimize risks to patient safety and medico-legal problems.

It is important to remember physicians depend on each other, and collaboration is part of delivering effective and safe care.

Documentation

The importance of comprehensive and timely documentation in the patient record cannot be overstated. The medical record should provide sufficient information for other physicians and healthcare providers involved in the patient’s care to understand the nature of the medical problem, the care provided, and the ongoing management plan. Doctors should use only accepted and standard abbreviations in the medical record. Documentation should be clear and convey the degree of urgency of an order (e.g. biopsy of a suspicious skin lesion).

Dermatologists should also take care to review the documentation provided by other doctors, nurses, and pharmacists.

Supporting family doctors

Dermatologists play an important role in supporting family doctors to learn more about skin conditions and skin disease management. Specialists are encouraged to direct family physicians to relevant articles, journals, conferences, and web-based materials. By working together, dermatologists and family physicians can provide good patient care.

Don’t hesitate to contact the CMPA

Doctors with questions about intraprofessional care issues should not hesitate to contact the Association’s medical officers for advice and guidance. The CMPA also has a number of online resources on this topic including:

- “Improving communication between physicians,” June 2011 (http://www.cmpa-acpm.ca/cmpapd04/docs/resource_files/perspective/2011/02/com_b1102_e.cfm)
- CMPA, “Improving communication between physicians,” December 2013
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