TABLE V—Percentage response to questions in the "satisfaction" questionnaire in-relation to surgery systoms booked at 5, 7.5, and 10 minutes. (Number of patients instructive outsion in northleses).

	Booked rate			
Responses to satisfaction questionnaire	5 min	7.5 min	10 man	
Little or far too little time available	3.7:245	1 8 : 224	0.5.20	
Felt "very free" to discuss problems	67 2:238:	74.9 219:	78 7 201	
"Very satisfied" with information received about condition (of those who said that they needed information)	I9-6:134:	90 6 128	911.15	
Received enough information about management of those who were given a				
prescription	91 6 143	96 0 124	97-2 103	

In interpreting the results of this study it is important to bear in mind its luminations. The doctors who took part in this experiment formally book patterns at the rate of nine patients as hour [67] minutes per patient). This is supposed to cover not just the time spenf face to face with the patient but also time taken to complete records, request forms, collect and dispose of instruments and specimens, and call new patients from the waitingproon. The times recorded in the study represent face to face consultation time and were derived from the sudosings. Intentionally avoided discussing bow they would use the citra time made available by longer consultations. The changes which were recorded in the content of the consultations. The changes which were recorded in the content of the consultations. The changes which were recorded to work within the time allotted for each patient, but they were under the indirect pressure of knowing that if they did not the waiting room would fill intended to the content of the consultations of the consultations. The changes which were recorded the equally likely to attend sessions booked at five munitie intervals as at longer intervals. There is evidence, however, that more availability of appointments in the five minute sessions resulted in more patients with acute illness booking into these sessions at the star minute than into the other sessions. The sample sure was calculated to show differences of 10% in the rate of events which occur at approximation of the content of the consultation. The supposition of the content of the content

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doctors spend with patients 10-7 to 29 9 minutes). It is also clear that the doctors in this study could not cope with consultations booked at 5 minute intervals, spending a median time of 5.2 minutes face to face with patients, to which must be added time to complete records, time for patients to be called from the waitingroom, time for handling persunens and interventions and some better they had adequate time the doctors complained of inadequate time at about one quarter of the consultations booked at 7.5 minute intervals. In the past the "five minute" consultation has been held responsible for patients being inadequately examined, too many being referred to hospital, and for one many drugs being prescribed. The data collected in this study indicate that the five minute consultation can said up to this crinicism, the study a consultation consultation can said up to this crinicism, the study a consultation consultation can said up to this crinicism, the study a consultation consultation can said up to this crinicism, the study a consultation that the study indicate that the five minute consultation can said up to this so clear that the doctors in this practice, working under the constraint of five minute bookings, were always working behind the clock and had no spare time for good record keeping. Some aspects of modern general practitioner care are therefore likely to suffer of consultations are booked at too frequent intervals, and there is some evidence from this study that booking consultations at longer intervals will also the better care and greater patient studiation.

This study was supported in part by a grant from the Department of

This study was supported in part by a grant from the Department of Health and Social Security. We thank the doctors in the Lambeth Road Group Practice, Wanson, D Shape, C Wattissa, and L Zander, who submitted themselves to this detailed examination, and the patients who cooperated. Mrs J Bartholomer for analysing the audoospee, Mrs WEVanis for conducting the study as practice manager, and Mrs C. Stephenson for typing protocols, questionnations, and repeated drafts, Mrs A Conwheler for analysing the electrocardiographs, and Mis M Morgan for preparing the questionnation on studiescion.

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types of surgery. The distribution of consultation times and of numbers of statements recorded in each eatgept, was very shew. The results are therefore expressed of the three types of surgery in terms of the percentage of the processed of the processed of the processed of the processed overall median for that statement type. Table 1 summarises these results overall median of that statement type. Table 1 summarises these results approximately of the processed of the statement type. Table 1 summarises these results approximately of the processed of the statement type. Table 1 summarises these results approximately overall median 1.

10 minute intervals. More than us statements explaning management were recorded at 42% of surgeries boded at 8 3 nd 75 minute intervals, and at Perennan doubt deduction 100 nd.—There included statements of diet, smoking, exercise, cervical cytology, breast examination, and travel or immunisation Overall, no statements in this critique was recorded in 82% of consultations. Statements of this type were more likely to be recorded in surgeries booked at longer intervals trable II.

	Overall median No of statements	Surgenes booked at		
Statements	per consultation	5 min (n = 220)	7.5 min (n = 213)	10 min n = 190
	Statements	r dector		
Social exchange	0	30-5	31.5	37.4
Encouragement facilitation	1	47.3	47.9	55 8**
Asking question	7	42.7	49.8	57.9**
Psychosocial question	0	43.2	45.1	49 5**
Explaining problem	3	41 1	36-6	43.2*
Explaining management		41.8	41.8	45 8*
Positive response to psychosocial lead	0	3-6	7.5	7.9
Negative response to psychosocial lead		0.9	19	1.1
Interrupted patient		9.1	12.2	10.5
Prevention health education	0	34.5	16 9	22 1**
	Statements b	y paterni		
Social exchange		31 8	31.0	56.3
Presentation of problem	,	40 0	45 1	46 3**
Answering question	7	35 9	45.1	56 3**
Problem related expression		40.5	19 0	41.6
Asking question	1	36.4	36-2	19 1

*Test for trend significant p<0.025, **test for trend significant p<0.001

TABLE II - Statements on prevention health education

	Percentage of consultations		
No of statements on preventions health education	Booked at 5 man n · 220	Booked at 7.5 min in 213	Booked at 10 man n - 190
0	85.5	83.1	77.9
1	12 7	14 6	17.4
>2	1.8	2.1	4.7

STATEMENTS BY DOCTOR

STATEMENTS BY DOCTOR

Social richage, D1—Initial greetings were excluded in the definition of social exchange, D1—Initial greetings were excluded in the definition of social exchange was recorded in 67% of consultations, with no significant trends between the three types of suggery.

The social exchange was recorded in 67% of consultations, with no significant trends between the three types of suggery.

Exchangement Jacutinum 122—A. Suggery seasons booked at 10 Exchangement Jacutinum 124—A. Suggery seasons booked at 3 and 7.5 minute intervals.

Ashing parisons D12—There was a particularly wide range in the number of questions asked by the doctor (6.3%, 1.4%, 6.3% in suggeries booked at 3.4%, 4.4% of consultations, considered in the suggestion of the suggestion asked by the doctor (6.3%, 1.4%, 6.3% in suggeries booked at 3.5%, 3.6% and 5.6% of suggestion belowed at 3.7%, 3.6% and 5.6% of suggestion below of a 5.6% of suggestion of a 5.6% of suggestion below of a 5.6% of suggestion of suggestion of the suggestion of suggestion of the suggestion of suggestion of the suggestion of suggesti

STATEMENTS OF THE PATILES!

Premiumon for problem and antivering quarinous P2 and P3 — The recording of these statements was predictably related to the number of questions asked by the doctor, and then were recorded more often in the surgeries booked at 100 to the control of the problem of the problem of the process of the provided more than seven times in 84%, 45%, and 46% of consultations, and "answering question" recorded more than seven times in 86%, 45%, and 56% of consultations in surgeries booked at 5,73, and 10 minute intervals respectively, provided more than 100 to 1

Discussion

In this study substantial efforts were made to minimise withinobserver and between-observer variation in the analysis of the
audotages. It was possible to achieve a high degree of withinobserver consistency. Since one observer analysed all the tages in
the study we believe that the differences reported between consultaIn interpreting the results the time constraint under which the
doctors were operating needs to be considered. In surgenes booked
at 5 minute increash the median time face to face with patients was
5.2 minutes—so the doctors were inevitably always running late.
The median face to face time in the 7.5 minute surgeries was 6.7
minutes, leaving an average of 50 seconds for writing notes, etc. In
the surgeries booked at 10 minute intervals the doctors were under
There was a general trend for more statements of all types to be
recorded in surgeries booked at a longer intervals. The largest
differences were in statements relating to history taking by the
doctor facilitation, asking questions, asking psychoscial questions;
and in the patient's response presentation of problem, answering
questions, on an aprevious paper that there is title difference in
the numbers of patients rearmined, investigated, or referred to
hospital in surgery sessions booked at different time intervals. The

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The "five minute" consultation: effect of time constraint on verbal communication

M O ROLAND, J BARTHOLOMEW, M J F COURTENAY, R W MORRIS, D C MORRELL

In a study in which patients were allocated non-systematically to surgeries booked at 5, 75, and 10 minute intervals 623 consultations were tapercorded. In surgeries booked at longer intervals doctors used the extra time to take a fuller history from their patient. In surgeries booked at 10 minute intervals doctors speat more time explaining the patient's problem, explaining the proposed management, and in discussing prevention and health education, these increases not being evident in surgeries booked at 75 minute intervals.

Introduction

Effective communication is an important part of the development of a successful relationship between a doctor and a patient. Poor interviewing technique may lead to the doctor failing to appreciate the patient's problems, the patient failing to understand instructions and comply with treatment. 'and reduced patient satisfactions, specific arranging in interviewing disk to becoming part of the patient. Yes the accordance of the patient is straightful and comply with treatment.' and reduced patient satisfactions, 'specific arranging in interviewing technique may, however-require spending more time with the patient. Verby et al showed a substrainal improvement in interviewing technique in a group of Welsh doctors who undertook weekly training sessions, but the improvement occurred at the expense of a 40% increase in the duration of consultations for both the doctors who had received training and consultations for both the doctors who had received training and excluding a function of the time available for the consultation of the time available for the consultation. This study were assigned arbitrarily to surgeries that were booked at \$5, 25, or 10 minute intervals. The effect of this time constraint on clinical content and patient satisfaction is reported in the previous paper.' This paper reports the effect of the time constraint on the verbal content of the consultations.

During the study patients who attended certain surgeries in a group practice of the partners in south London were booked at 5, 75, and 10 mute intervals All "experimental" surgeries were booked for two hour operations, and surgeries were booked so that each partner would do three mute intervals, and surgeries were booked so that each partner would do three minute intervals, and five booked at 10 mainted intervals. "Extra" unbooked patients were not permitted to book for experimental surgeries.

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On arrival at reception all patients who were booked for experimental surgeries were asked for written permission for their consultation to be auditatized. The verbal content of the auditatized consultations was unbesquently analyzed by IB. The method used to analyze verbal behaviour in the consultations was unsultative to the three t

subjects. For the main analysis the number of statements recorded in each of the 15 specified categories was compared for patients in the three different types of surgers. A test for trend in the mean number of statements among patients from \$2.5 s, and 0 minute surgeries was carried out, assuming that the number of statements followed a Posson distribution. It was possible to do this by ourse the figure model facility in OLIM.

results of this analysis indicate that the doctors used the time available in surgeries that were booked at longer intervals to spend more time talking and historing to their patients. The increased time spent talking with patients in less heavily booked surgeries is likely to be related to our previously reported results of more problems being detected by the doctors in these surgeries and greater satisfaction on the part of the patients. Such change was noted in surgeries booked at 10 minute intervals. These included statements by the doctor explaining the patient's problems, statements explaining management, and statements not prevention and health education. In surgeries booked at 7-5 minute intervals doctors were still working under considerable pressure of time, and title extra time was devoted to these important aspects of the consultation. A change in the booking rate to 10 minutes seemed necessary to statements were recorded. Despite this only a small proportion of the total time was spent on giving information to the patient and on health education. Doctors are being encouraged more and more to expand their roles in prevention and health education. The results of this study show that the general practitioners dud not fulfill these roles when working under severe time constraints. When more time was made available better communication occurred between doctors and were booked at different intervals of time supports the conclusion reached in our preceding pager that some aspects of modern general practitioner care are likely to suffer it consultations are booked at too frequent intervals.

This study was supported in part by a grant from the Department of Health and Social Security. We thank the doctors in the Lambeth Road Group Practice, Marson, D. Bhry, C. Walkons, and J. Zander, who submitted themselves to this detailed examination, and the patients who experted. Mnw. M Evans for collaining the data, Mnw. Wearis for conducting the study as practice manager, and Mns.C. Stephenson for typing protocol, questionnaires, and repeated days.

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Consultation rating wale				
Daxu	•			
DI	Social exchange			
D2	Encouragement of laciditation			
D3	Asking question			
D4	Psychosocial question or lead			
D5	Statements explaining problem			

| Assert | D2 | Positive verbal response to providence ad lead | D3 | Negative verbal response to read | D4 | Negative verbal response to read | Negative verbal

Panent
Pl Social exchange
P2 Presentation of problem
P3 Answering question

Patient
P4 Problem related expression
P5 Asking question

As you listen to the tape put a tick in the appropriate space each time one of the exents D1 to D10 or P1 to P3xx2rs. At the end of the consultation add up the scores for individual types of behaviour.

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A good deal of sensition has been excited in Milan, by the loctures and experiments of a certain Spore Donato, on admittedly assumed name, who has been reproducing the ordinary phenomens of mentiories an amount of the susceptible citizens of the capital of Lombardy. It would have been quite unnecessary to drive the attention of the readers of these columns to the well-known results of expectant attention and successions reception of suggested sides which are to familiar to the profession in our country, and in Germany, were it not for the purpose of showing that the falian authorities have the power, apparently of pottugal segal or two onal lack proceedings, if the ser exceeding capital services and the control of the purpose of showing that the falian authorities have the power, apparently of pottugal segal or two onal facility forcedings, if the ser exceeding capital services are consistent to the control of the posting of a motion by the Medical Society of Milan, that the experiments were injurious to the nervous systems of those who submitted to them, and referred the matter to the central authority at Rome, who consulted the Upper Sanitary Council of the

Kingdom Baccelli, the President of the Council, having requested and obtained permission to summon some of the leading Italian physiologists and psychologists in the assistance of the santiary members, a meeting has taken place, and irreduction has been passed to the circle that, for each place and irreduction that the property of t