RESEARCH LETTERS

A Practice Brochure: Complement to, Not Supplement for, Good Physician-Patient Interaction

Patient satisfaction affects patients' compliance with prescribed regimens and their clinical outcomes.1 Based on the results of patient satisfaction surveys, we suspected that providing an informational brochure to patients regarding their physician's qualifications and desires to provide high-quality care would improve patient satisfaction.

Methods. We surveyed 50 new adult patients attending a dermatology clinic visit for various dermatologic conditions. The 25 patients in the intervention group received a short brochure containing information about their dermatologist's training, desire to provide high-quality care, and contact information; 25 control patients did not receive the brochure. Both groups completed a postvisit survey of 6 questions related to patient demographics, including age, sex, ethnicity, education, payment source, and reason for their office visit. They also completed 11 items related to their experience, satisfaction, and comfort level during their visit, each item rated on a numerical scale on which 0 indicated "strongly disagree" and 10, "strongly agree." The survey was analyzed using t tests and corresponding means; P values were then calculated.

Results. The mean overall satisfaction of the control group, which did not receive an informational brochure, was 8.6 vs 8.4 for the intervention group. Most questions were answered more favorably by the control group, although none of the differences were statistically significant. For example, the control group agreed more strongly than the intervention group with the statement "I know who to contact if I have a question or concern regarding my treatment or appointment" (P = .06). The control group mean scores were also slightly higher for the statements "I am satisfied with the care my dermatologist provides"; "my dermatologist is concerned about the skin care I receive"; "I am comfortable speaking to my dermatologist about my questions and concerns"; "my questions about skin care were answered during my office visit"; and "I am confident about my treatment plan." No statistical difference was found demographically between the 2 groups except that slightly more Medicare patients were included in the intervention group.

Comment. A dermatologist's interpersonal skills are the most relevant factor in determining patient satisfaction.2 To the extent that patients who received the brochure had higher expectations than those who did not, the dermatologist may have been more likely to disappoint them with the service provided. The small size of our sample population was a limiting factor in our study. In addition, we did not account for disease severity. It may be easier to please patients with more severe disease where even small improvements may significantly affect the quality of life.2

Patient satisfaction is an integral aspect of providing optimal patient care: high patient satisfaction helps lead to improved health outcomes. Patients generally view their dermatologist as the primary source for information about their skin, and they desire a genuine concern from their physician as well as answers to their questions. A supplemental brochure provided to new patients at the check-in counter did not improve patient satisfaction to a statistically significant degree and is not a substitute for quality time with the physician.

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A Randomized Double-Blind Study of the Effect of Botox and Dysport/Reloxin on Forehead Wrinkles and Electromyographic Activity

The difference between the potency units of the 2 main botulinum toxin A products, Botox (Allergan, Irvine, California) and Dysport/Reloxin (Ipsen Ltd, Slough, England), is still a subject of discussion even after 15 years of clinical use. The manufacturer of Botox recommends higher ratios than does the manufacturer of Dysport/Reloxin. Herein, we report the findings of a randomized, double-blind, split-face study of forehead wrinkles and electromyographic (EMG) activity following application of the 2 products at a 3:1 dose ratio, independent of the support of either manufacturer.

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