

Patient Preferences for the Notification of Skin Biopsy Results: A Retrospective Review

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ARTICLE INFO	ABSTRACT
<p>Article type: Review Article</p> <hr/> <p>Article history: Received: 24-Jan-2018 Accepted: 01-Feb-2018</p> <hr/> <p>Keywords: Patient preferences Result notification Skin biopsy result</p>	<p>Introduction: Skin cancer screening clinics constitute a major part of general dermatologists' workload. Patient preferences for the communication of histological results following skin biopsy have not been properly explored in the literature. Primary care physicians locally report their increased workload with the patients who seek these results directly. The present study aimed to ascertain the preferences for the notification of skin biopsy results among the patients referring to our department and explore this process from their perspective.</p> <p>Materials and Methods: Interviews were conducted with departmental clinical staff to determine the important factors to investigate regarding the biopsy experiences of patients, and the subject matter was generally discussed with the patients. Afterwards, a retrospective study was designed using a questionnaire, which was posted to 100 consecutive patients. Data of the questionnaires were recorded and analyzed.</p> <p>Results: Our findings suggested the need for the greater involvement of the patients in selecting the most appropriate approach for the notification of biopsy results. Moreover, a proportion of the patients were found to benefit from anxiety evaluation at the outset of the treatment so as to identify the high-risk cases for postoperative anxiety.</p> <p>Conclusion: According to the results, changing the methods of result notification may facilitate a patient-centred approach to identify potentially anxiety-provoking and life-changing processes. It is recommended that further investigation be conducted to explore the postoperative psychological states of patients prior to receiving test results for comparison with our findings.</p>

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Introduction

Skin cancer screening clinics constitute a major part of general dermatologists' workload, especially in the face of the increased incidence of skin cancer and the related referrals for secondary care (1).

Patient preferences for the communication of histological results have not been properly explored in the literature. However, previous findings have denoted that poor communication of results may cause significant distress and anxiety in patients after skin biopsy (2). In addition, primary care physicians have locally reported increased workload with the patients who seek skin biopsy results directly.

The present study aimed to explore the patient preferences for the timing and method of communicating skin biopsy results.

Materials and Methods

The psychological distress experienced by the patients while waiting for the results was assessed. Moreover, 100 consecutive patients who had undergone dermatological surgery within the past four months were retrospectively invited to complete a postal questionnaire. The subjects were identified via reviewing the lists of skin biopsy candidates available in the electronic healthcare records. Afterwards, a letter was posted to the residence of the potential subjects in order to explain the objectives of the research, in which a printed questionnaire was also enclosed. The questionnaire was developed through discussions with the departmental colleagues and patients referring to our department. Additionally, a review of the current literature was performed (see references).

Results

The response rate of the questionnaire was 44%. Customary practices in our department involve a preoperative discussion in the clinic to address the time-scale for preparing biopsy results (usually up to six weeks) and planned method of communicating the results.

In the present study, 100% of the patients who completed the questionnaire reported to have been informed of their skin biopsy result process in advance (Table 1). The majority of the patients (64%) received the biopsy results via post, while only 6.8% received the results in person, and 2% received the results via phone. Others received their biopsy results during a return visit to our department, calling their general practitioner (GP) via phone or a combination of these methods. On the other hand, a small number of the patients failed to mention the applied method of biopsy result communication, and one patient claimed to have received no results (Table 1).

In line with the previous studies in various regions (3), the majority of our patients (59%) objected to the belief "No news is good news. Another theme that was assessed in the present study was the perceived waiting time until receiving skin biopsy results. The actual mean waiting time was estimated to be 3.6 weeks based on the expectations of the majority of the patients (82%) (Anticipated waiting time: three weeks), which was compatible to the services provided by our department.

According to the results, the preferred method of receiving biopsy results was via post (64%), which is compatible with the provided services by our department. With the widespread use of electronic communication devices, it was expected that some patients (9%) would prefer text messages, while the others preferred receiving biopsy results via phone (6.8%), email (4.5%) or a combination of both (16%).

Considering our population cohort, these findings are consistent with the previous studies in various regions (4). Interestingly, the majority of the patients in the current research (70.5%) did not wish to discuss their skin biopsy results with their GP.

With respect to the psychological state of the patients waiting for their biopsy results, the subjects were asked to grade their anxiety within a score range of 0-10 (zero=no anxiety, 10=high anxiety). In line with the previous findings in this regard, women experienced more anxiety compared to men (scores 5/10 versus 4/10, respectively) (2). Fortunately, only 9% of our patients experienced high anxiety levels, and 14% reported no anxiety.

In the current research, 16% of the patients provided specifically positive comments regarding the process of receiving skin biopsy results, and only 6% expressed dissatisfaction; the latter expressed discontent mainly with the perceived excess waiting time until the notification of the biopsy results. However, further

investigation of these complaints indicated that these patients had received timely reviews in the clinic or written notifications, which had been delivered via delayed mail.

Table 1. Results from completed questionnaires

1. Total number of responses (total invited=100)	44 (44%)
2. Demographics	
a) Gender	
i) number of male responders	23 (52.3%)
ii) number of female responders	21 (47.7%)
b) Average age of responders in years	
i) male	62
ii) female	65
3. Rate of being informed pre-operatively of results process	100 (100%)
4. Method of receiving biopsy results	
a) by post	28 (64%)
b) in person	3 (6.8%)
c) from GP	2 (4.5%)
d) telephone call	1 (2%)
e) patient phoning GP surgery	1 (2%)
f) by post and telephone call	1 (2%)
g) not indicated	7 (16%)
h) no result received at time of study	1 (2%)
5. Preference for receiving results in future	
a) by post	28 (64%)
b) text message	4 (9%)
c) telephone call	3 (6.8%)
d) email	2 (4.5%)
e) combination of the above	7 (16%)
6. Preference for "no news is good news" approach	
a) yes	26 (59%)
b) no	18 (41%)
7. Preference to discuss results with GP	
a) yes	13 (29.5%)
b) no	31 (70.5%)
7. Waiting time	
a) anticipated (in 82% patients)	3 weeks
b) actual	3.6 weeks
8. Psychological state	
Anxiety provoked by awaiting biopsy results	
a) yes	38 (86%)
b) no	6 (14%)
Average anxiety score (out of 10)	
a) male	4/10
b) female	5/10

Discussion

In this retrospective study, all the patients reported to have been informed of the planned method of result notification preoperatively, and the majority preferred the current approach (i.e., correspondence of the results via mail to their residence). Only 4.5% of the subjects

wished to receive the results in person. Moreover, it was observed that the belief “No news is good news.” was not preferred by the majority of the patients who were willing to be informed of all their treatment outcomes.

The waiting time for the notification of test results is relatively short in our department and mostly meets the expectations of our patients. Although high levels of distress were reported by the minority (9%), addressing the issue may require further in-depth assessment upon the first clinical encounter. Use of screening tools, such as the hospital anxiety and depression scale (5) and visual analogue scale, could help identify the high-risk patients for elevated distress. In this regard, it is critical to modify preoperative surgical assessment forms or clinic’s letters, including specific references to the preferences of the patients for the method of result notification. Regular departmental updates from the dermatopathology colleagues regarding the processing times may also be required to highlight the significant delays and facilitate effective communication with the patients about the waiting time for test results.

In the current research, GP feedback revealed that the patients preferred direct medical letters containing a detailed interpretation of skin biopsy results rather than

a secondary copy of a patient letter. Therefore, the excess workload of clinicians and clerical staff due to the notification process of skin biopsy results should be taken into account.

One of the limitations of the present study was the brief examination of anxiety levels in the patients as we aimed to provide a broad overview of the result notification process. Therefore, it is recommended that further investigation be conducted to explore the postoperative psychological state of patients prior to receiving test results for comparison with our findings.

Conclusion

While the expectations of the patients in our department were mostly met regarding the method and timing of communicating skin biopsy results, we have yet to meet their other demands in order to accurately identify the high-risk patients for postoperative anxiety and distress due to the process of biopsy result notification. Identifying these patients preoperatively and pre-empting their need for further emotional support may prevent the anxiety associated with this process, which might be a life-changing experience in some patients.

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