How Accurate are Patients in Estimating Physician Interaction Time?
Kedia, R; Dargan, C; Dasa, V

**Background:** Much of the data used in epidemiological and clinical studies is obtained primarily through self-report questionnaires, patient interviews, or previous medical records. However, numerous studies have shown that patient recall may vary greatly depending on their satisfaction with the physician, the quality of communication between them, and the patient’s perception of what is relevant to the diagnosis.

**Objective:** To investigate how patient’s perception of interaction time varies based on patient satisfaction.

**Methods:** Patients were recruited as part of a prospective observational study at an outpatient orthopaedic clinic in New Orleans, LA. All patients were seen by one physician throughout the study. Patient population included new patients who presented with knee osteoarthritis symptoms. Data was gathered regarding age, gender, insurance type, x-ray grades, feedback surveys, and health-status instrument surveys. X-ray grades were scored using the Kellen-Lawrence Grading Scale and Ahlback Radiographic Grading Scale. The feedback survey assessed for physician-patient interaction time, pain levels, satisfaction, and understanding. The health-status instrument surveys included the Oxford Knee Score (OKS), Western Ontario and McMaster University Osteoarthritis Index (WOMAC), Knee Injury and Osteoarthritis Outcome Score (KOOS), and SF-12 Health Survey.

**Results:** Patient’s report of perceived interaction time with the physician was approximately 18 minutes, while actual interaction time was about 11 minutes (p<0.0001). Increased pain levels, worse severity of diagnosis, and older patients were all associated with higher perceived time (p<0.05). Pain levels, severity of diagnosis, age, and gender were not significantly associated with an increase in actual physician-patient interaction time (p>0.05).

**Discussion:** Given the discrepancy in perceived interaction time compared to actual time, these results raise questions about the reliability and accuracy of patient’s recall ability. Inaccurate recall could lead to miscommunication between patients and physicians, and therefore cause incorrect diagnoses and changes in treatment regimens. According to this study other variables such as pain, severity of diagnosis, and age play a significant influence on how patients perceive their visit with their physician, and can therefore influence their recall ability. Although 81% of patients rated understanding of diagnosis and treatment a 5/5, the data showed a slight association between patients understanding and increased perceived time that may be better understood with future research that uses a larger patient population. This study could not find an association between interaction time and patient satisfaction, because 79% of scores for patient satisfaction were a 5/5, therefore this needs further investigation. If patients use interaction time as a measure of physician quality this could impact physician satisfaction scores, which may in the future influence physician reimbursements.