**Background**

A body of work has focused on consultations between general practitioners (GPs) and patients.\(^1\)\(^-\)\(^3\) Often, however, little attention has been paid to ascertaining how information is transmitted between doctor and patient or where information transfer fits into the consultation. This work comes from preliminary observation of filmed data taken of patient–GP consultations collected as part of the PRODIGY project.\(^a\) The authors examined consultations from a sample of 140 consultations.

**Method**

Empirical observations of GPs in consultations with patients both before and after the installation of PRODIGY on their systems revealed the short duration of interaction with the computer during consultations. Computer use tended to occur exclusively at the final stages of the consultation and appeared to be geared towards the delivery of FP10 prescription forms. It was decided to examine this aspect of the consultation in greater depth. Using conversation analysis, the authors viewed consultations from a sample of 140 consultations. In these, it became apparent that verbal utterances lent support to the idea that GPs were using the computer mainly as a means of delivering prescriptions rather than as a source of prescribing information, as intended. It was decided to examine these verbal utterances to see if they offered any means of explaining the interaction of GPs with their computers. The concept of ‘verbal prescription’ was used to create a form by which to quantify the utterances of the GP subjects in this context.

**Preliminary observations**

Information transfer from GP to patient was recorded. The main forms of information offered by the GPs were verbal. These often took the form of prescriptions for behaviour verbally transmitted to the patient. This occurred on several levels of specificity, as illustrated below:

- **macro-specific descriptions**, where the GP may refer to a non-specific or broad description of a line of treatment, such as ‘Are you still taking the little blue pills?’
- **meso-specific descriptions**, where the GP mentions the name or brand of a particular drug, such as ‘Are you still taking the Prozac?’
- **micro-specific descriptions**, where the GP mentions a particular drug, with the possible addition of dosage, such as ‘I’m prescribing you 20 mg fluoxetine to be taken daily for a period of 30 days’.

However, GPs may sometimes offer descriptions of lines of treatment that combine the above specifications. For instance, a patient taking antidepressants who complained about the side effects of the ‘little blue’ tablets he had been prescribed was told verbally by his GP to ‘stop taking the little blue ones but keep taking the fluoxetine’. As a result, the patient received a physical repeat prescription for his inhaler. In the majority of cases physical prescriptions were in the form of FP10s (printed or handwritten prescriptions).

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REFERENCES


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