LETTERS TO THE EDITOR

To the Editor:—Drs. Santen, Rotter, Hemphill¹, and Wear² have challenged us to divulge to our patients the level of training of those who provide them care and whom we supervise. This advice applies not only to housestaff but also to faculty.

Five years ago, after relinquishing my VA primary care practice, I assumed the role of interim provider for the patients of residents who were unavailable. I quickly learned that a fill-in physician did not have the trust of patients, as did their physicians of record. I felt I needed an “ice-breaker” to introduce myself. The one-sided large font letter includes a brief composite of my professional background and military experience, a description of my temporary role in their care, and assurances I would communicate my findings to their physician for purposes of continuity. I also thank them for their military service. In those years a medical student joins me, I include a paragraph about the trainee and a statement granting the patient the right not to permit the student to assist me in their care.

Patients and their caregivers have volunteered positive comments about the letter. Medical students are relieved I

share information about their status. I cannot recall any situation where a patient has refused the participation of the medical student in this setting.

I share the enthusiasm of the authors that there is much to be done in this area. For starters, we attending faculty can take the lead by serving as role-models for the expected behavior by divulging to patients that our level of expertise (training) is limited in certain areas, thus the need, at times, to consult with colleagues who are more experienced.

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REFERENCES

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