**Psychologists’ Association of Alberta
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**Communicating With Physicians**

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This article draws on my years of experience working with primary care physicians, pediatricians, and psychiatrists. In it, I offer some guidelines around communicating with physicians – and particularly GPs.

As health professionals, psychologists should rightfully be considered part of the healthcare team. However, if we want to be accepted as full members of the healthcare team, we need to communicate with other specialists – particularly family doctors who often serve as case managers and gatekeepers to access other services. As psychologists, we are typically only involved for a few months at a time. Family physicians oversee the care of their patients for years, often decades, and sometimes across generations. By communicating our work to physicians, we can help to ensure that our patients receive the most appropriate medical care in the long term.

**What to Write.** We should communicate with physicians about our significant professional interactions with patients. When you send a consultation note, try to summarize key information on a single page. Include assessment findings, treatment updates, and other important information. If you have conducted a complex evaluation such as a psychoeducational assessment or medicolegal evaluation, don’t just send them a copy of the report and expect them to read it (even our summaries within reports are often too long). Physicians are busy professionals, and they don’t get paid to read long letters and reports. Instead, write a simple letter outlining when you saw their patient; what you did (e.g., history taking, clinical interview, rating scales, formal testing); and what you found. Your findings should definitely include diagnostic formulations but may also include relevant medical or personal history that might be important for the GP to know about. After this, provide any recommendations you might have. It could look something like this:

*“Dr. Niceguy, I met with your patient on two sessions for an intake assessment. During the consultation, I reviewed her history and presenting concerns, and had her complete several mental health rating scales. After considering all sources of information, I found that she meets the criteria for Generalized Anxiety Disorder (DSM-5-TR: F41.1). She has agreed to see me for treatment, which will take place on a weekly to bi-weekly basis. I will provide you with regular updates on her progress in treatment. Please contact me should you have any questions or concerns.”*

Family physicians have a unique relationship with their patients. As an allied health professional, you want to support that relationship, communicate effectively, and avoid doing anything that may jeopardize or challenge that relationship. If you want to request something from the physician, be careful how you word things. Although it isn’t your job to tell the physician what to do, it is important to tell a physician what concerns you about their patient. *“Dr. Niceguy, I met with your patient and I am concerned that he has a significant untreated AD/HD. I suggested to him that he might benefit from a medication consultation.”* When doing this, be sure not to suggest any particular medications, or even classes of medications, to the physician. Sometimes it can be helpful to point them in the direction of trustworthy Canadian resources. For example, when diagnosing ADHD, I often insert the following paragraph in my letters: *“I suggested that he/she speak with you about the potential use of medication as part of his overall treatment plan. The Canadian ADHD Resource Alliance offers information for Canadian physicians, including free evidence-based guidelines* [*https://www.caddra.ca/download-guidelines/*](https://www.caddra.ca/download-guidelines/)*.”* Nonetheless, remember that the physician may prefer to refer to a pediatrician or psychiatrist rather than prescribing themselves.

In your communication, be sure to share any medical concerns such as sleep, appetite, unusual physical symptoms, or potential medication side effects. If you have concerns about a client’s medical condition, present your concerns clearly so the medical doctor can make a determination themself: *“Dr. Niceguy, when I met with your patient, he advised me that he has been experiencing significant sleep disruption, typically only sleeping four hours, followed by broken sleep for the rest of the night. He said he wakes up feeling exhausted, and I wondered about a possible underlying medical condition.”* However, be careful not to tell the physician what you think they should be diagnosing, what treatment you believe they should be prescribing, or what referrals they should be making to other specialists.

If you provide updates on your client’s progress in treatment, the frequency will depend on the nature of the service you are providing. A brief progress update every few months would be appropriate. This is one of the reasons I like to use the Outcome Rating Scales (ORS) that are part of Barry Duncan’s PCOMS system. It’s a quick and easy way to monitor progress in treatment that can be readily shared with both the patient and other health professionals.

**What to Say.** Sometimes a quick phone call can efficiently accomplish your goals. If you call a physician’s office to provide an update on a patient, prepare carefully. Be clear about what you want to say and why. Most physicians have a private line for other physicians and specialists or a unique routing in their automated phone line. When you call, advise who you are and which patient you are calling about. Some physicians will take spontaneous calls, while others set aside blocks of time for phone calls, in which case they will call you at a prearranged time. When the physician comes on the line, keep your comments brief and to the point. State who you are, who you are calling about, why you are calling, and what (if anything) you want from them. Be sure to give them a chance to ask questions and ask if they need anything from you.

You should also communicate health information that may hold implications for the physician’s management of the patient. For example, *“Dr. Niceguy, when I met with your patient, he disclosed to me that he has been drinking alcohol regularly while taking prescription medication for pain. I am worried about potential drug interactions and wanted to bring this to your attention.”* If you want to make suggestions, it is often helpful to use statements like, *“I wonder…”* As in, *“I wondered whether a sleep study might be suitable,”* or *“I wonder if John might benefit from the use of psychotropic medication.”*

**Send a Discharge Summary.** Once your work is finished, it is important to send a discharge letter or closing note to the physician. Use this letter to summarize the service that you have provided, the outcome of your work, and the plan for the future. It could look something like this: *“Dr. Niceguy, I first met with your patient Mark Shocter on May 7, 2023, at which time I was able to clarify a diagnosis of Panic Disorder. Mark attended 12 sessions of weekly to biweekly treatment using cognitive and behavioural therapies, including mindfulness meditation to address his symptoms of anxiety. He was motivated to engage in treatment and made steady progress. At our final session on September 10, 2023, he reported no significant symptoms of anxiety. At this point, I will be closing his file and transferring him back to your care. Of course, he is free to contact me should he encounter any setbacks or require further treatment in the future.”*

**A Few More Considerations.** Of course, we require formal written consent from clients to communicate with family doctors or other specialists. When asking them to complete the form, it’s important to have a brief discussion with them so they understand what information you would like to share, and why. I remind them that their family doctor will often be providing care for them much longer than I will, and that these records can be helpful in the long run. If I have a specific concern about their medical well-being, I will also bring this to their attention.

Finally, I write these letters as a professional courtesy, so I don’t charge clients. They don’t take long to write but can be important in maintaining professional relationships and in helping to ensure the best care for our clients.

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This article draws on some of the ideas presented in my April 2013 Psymposium article: *Building Your Practice by Building Relationships with Physicians*.