

OTHER JOURNALS IN BRIEF

A selection of abstracts of clinically relevant papers from other journals. The abstracts on this page have been chosen and edited by John R. Radford.

'TIME SPENT LISTENING'

Antibiotic prescribing and patient satisfaction in primary care in England: cross-sectional analysis of national patient survey data and prescribing data

Ashworth M, White P *et al.* *Br J Gen Pract* 2016; DOI: 10.3399/bjgp15X688105
 '...trade-off between the wish to nurture the doctor-patient relationship and antibiotic stewardship.'

The levels of patient satisfaction were obtained from the 2012 General Practice Patient Survey (2.7 million questionnaires distributed in England only with a response rate of 36%). Adjusted antibiotic prescribing volumes were also obtained for each practice (7,800 practices). There were 33.7 million antibiotic prescriptions, for a population of 53.8 million. 'Antibiotic prescribing volume was a significant positive predictor of all "doctor satisfaction" and "practice satisfaction" scores.' It would appear the prescription of antibiotics is not merely the doctor wanting to please the patient; the prescription of antibiotics is a stronger marker for patient satisfaction than, for example, the prescription of hypnotic medications. Medical practitioners serious about antibiotic stewardship 'will need to consider alternatives to an antibiotic prescription that do not compromise patient satisfaction'. Of note, medical practitioners are incentivised by pay-for-performance to enhance the patient experience. It is argued, however, a more sound approach would be to spend time listening to patient 'rather than the attribute of listening.'

DOI: 10.1038/sj.bdj.2016.51

REFLECTIVE PRACTICE

Dental students' reflective habits: is there a relation with their academic achievements?

Tricio J, Woolford M *et al.* *Eur J Dent Educ* 2015; 19: 113-121

Those students who achieved high OSCE marks, for example, did not have high scores for 'reflection' or 'critical reflection'.

The importance of reflection is stressed in the document *Preparing for practice* (www.gdc-uk.org). But does reflective practice result in more effective patient care? These investigators do not address this question, but look for associations between reflection and other learning characteristics. Of those undergraduate and postgraduate students invited, one third completed an online questionnaire (324 responders). This assessed two levels of non-reflection action (habitual action and understanding) and two levels of reflective action (reflection and critical reflection). Associations were sought with their academic performance. 'Reflection and critical reflection mean scores were higher as students climbed courses.' Only 24 undergraduate students submitted a free text comment. One stated their practice of infection control in the dental surgery influenced their domestic cleaning: 'When I clean the house I do low risk areas first then move onto high risk - weird!'

DOI: 10.1038/sj.bdj.2016.53

DOG BITES – PREVENTION THAT IS INFORMED

Dog bites and maxillofacial surgery: what can we do?

Mannion CJ, Graham A *et al.* *Br J Oral and Maxillofac Surg* 2015; 53: 522-525

Children should be informed of possible dangers, and adults should be able to identify warning signs of canine aggression (The canine ladder of aggression. In: *BSAVA Manual of canine and feline behavioural medicine*)

Horrific injuries caused by dogs are all too frequently reported, but preventive strategies often seem bereft of evidence. In this albeit audit but balanced commentary, the authors reported that 65 patients sustaining 84 wounds required admission to a maxillofacial department in one district hospital over a 21-month period. Almost half those injured were 10 years of age or younger. These same authors have reported previously, that young children 'have a disproportionate number of wounds on the head, neck, and face compared with other age groups'. As background, the number of admissions as a consequence of dog bites has increased dramatically with now over six thousand admissions in the last year; tragically over 25 deaths have been reported in the UK as a result of dog attacks. State legislation controlling dangerous dogs is probably not effective as 'dogs classified as being dangerous were not responsible for most of the incidents reported.'

DOI: 10.1038/sj.bdj.2016.52

SHARED DECISION MAKING

Patient's perception of autonomy support and shared decision making in physical therapy

Devisch I, Dierckx K *et al.* *Open J Prev Med* 2015; 5: 387-399

There was a stronger link between shared decision making and autonomy in older compared with younger people, possibly because older people are more comfortable with a less active role in the consent process.

At the heart of 'shared decision making', the therapist and patient are equals in the process of consent. The aim of this study, although counterintuitive, was to ascertain whether or not shared decision making encourages patient autonomy. In the field of conventional medicine, it is asserted that 'autonomy support is related to various clinical benefits... such as increased or improved patient satisfaction, health outcomes and patient compliance.' Shared decision making was assessed using a method involving, in addition, visible and audible elements of communication between the therapist and patient. Autonomy was assessed using a questionnaire based on self-determination theory. The investigators report a 'relationship between SDM (shared decision making) and autonomy'. Although the intervention in this study was 'physical activity', shared decision making may be particularly apposite in the delivery of dental care, as shaping of life-style has a central and ever increasing role for a dental care professional.

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