Patient satisfaction with dermatologists, resident physicians, and physician assistants: a multi-year cross-sectional study in an academic medical center

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To the Editor:
Patient satisfaction is a measure of healthcare quality which predicts treatment compliance and continued healthcare utilization [1,2]. Publications on this metric in dermatology are sparse. One prior study has shown high patient satisfaction with medical care from dermatology resident physicians, but this was limited by small sample size and no comparison with attending dermatologists [3]. Although a recent review of 23 studies evaluated patient satisfaction with physician assistants (PAs) for 8,062 patients, none of these were in dermatology practice [4]. We sought to address this knowledge gap by describing patient satisfaction with attending physicians, residents, and PAs in the dermatologic setting.

The University of Texas Southwestern (UTSW) deemed this retrospective study exempt from institutional review. After appointments in the Department of Dermatology UTSW, patients may fill out an optional Press Ganey questionnaire rating their experience. These data were collected for 12,386 outpatient visits with 25 dermatologists (8,988 encounters; 1-36 years in practice), 6 PAs (2,479 encounters; 1-14 years of dermatology employment), and 26 dermatology residents (892 encounters; postgraduate years three and four only) at UTSW Medical Center from April 2019 to December 2021. Patient-reported Press Ganey scores were queried in areas related to satisfaction with their dermatology provider. Patient satisfaction scores were grouped by clinician type, the three groups were compared, and a single factor ANOVA was used to measure any differences between their scores.

Patient satisfaction remained consistently high for all three groups throughout the study period. Overall, there were no statistically significant differences observed between dermatologists and PAs. Scores were slightly lower for residents (P<0.01), (Table 1).

Given the large number of patients in our sample, we were able to see differences that are subtle and could be missed with a smaller sample size. In every case, the effect sizes for the differences were small due to the small differences in the mean satisfaction scores. However, these differences were persistent between the provider types across every satisfaction measure. The significance was due to the very large sample size and the small variability of satisfaction scores within provider groups.

For all provider types, patient satisfaction was consistently high and stable during the study period.
These findings are consistent with research in other specialties utilizing PAs, showing similar patient satisfaction with PAs compared to physicians [4]. This does not indicate that PAs are interchangeable with dermatologists but provides insight into patient attitudes regarding PAs receiving appropriate mentorship and supervision.

This study has important limitations including inability to measure patient outcomes. The data did not differentiate between established versus new to the provider patients; some patients may have self-selected for clinicians they are satisfied with. Residents only hold one clinic weekly, always see patients jointly with an attending dermatologist, and have numerous training-related responsibilities. These factors may impact resident opportunities to develop and/or sustain relationships with patients, which may explain their slightly lower scores.

This data gives insight into patient attitudes about dermatology residents and PAs, which may have implications for healthcare utilization and treatment adherence [1,2]. Although Press Ganey surveys are only one measure of healthcare quality, they improve our understanding of the most important stakeholder—the patient.

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**Potential conflicts of interest**
The authors declare no conflicts of interest.

**References**

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**Table 1.** Mean patient satisfaction scores, Confidence Intervals and Effect Sizes on a Press Ganey Questionnaire for dermatologists, PAs, and dermatology resident physicians. Raw score on a 5-point scale is shown, where 1 is very unsatisfied and 5 is very satisfied.

<table>
<thead>
<tr>
<th>Mean score</th>
<th>MD vs Res</th>
<th>Res vs PA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ease of scheduling appointments</td>
<td>4.74</td>
<td>4.67</td>
</tr>
<tr>
<td>Ease of contacting</td>
<td>4.78</td>
<td>4.70</td>
</tr>
<tr>
<td>CP explanations of problem/condition</td>
<td>4.89</td>
<td>4.77</td>
</tr>
<tr>
<td>CP concern for questions/worries</td>
<td>4.90</td>
<td>4.80</td>
</tr>
<tr>
<td>Time CP spent with patient</td>
<td>4.87</td>
<td>4.76</td>
</tr>
<tr>
<td>Likelihood of recommending CP</td>
<td>4.89</td>
<td>4.75</td>
</tr>
<tr>
<td>CP discussion of treatments</td>
<td>4.90</td>
<td>4.76</td>
</tr>
</tbody>
</table>

CI diff, mean difference confidence interval; Cohen’s d, effect size in standard deviation units between the means; CP, care provider; MD, dermatologist; PA, physician assistant; Res, dermatology resident physician; vs, versus.