

8 IMPROVING COMMUNICATION

Nurse-elderly patient communication in home care and institutional care

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Introduction. Previous research has shown that interpersonal communication between nurses and elderly patients is often superficial, task-related or inadequate because nurses show a tendency to take over care and responsibility. This study focuses on nurse-elderly patient communication in two different care settings: home care and a home for the elderly. Research question: Is there a general difference in nurses' important communication behaviour in the community or in a home for the elderly, as regards socio-emotional communication and task-related communication?

Methods. In a sample of 181 nursing encounters, involving 47 nurses and 109 patients a study was made of videotaped nurse-patient communication. The video recordings were observed using an adapted version of Roter's Interaction Analysis System. The 23 verbal behaviours were reduced to five verbal categories, using correspondence analysis. For each encounter five summary statistics corresponding to these categories were calculated. To examine the communication in the two different care settings these statistics were analyzed using two way analysis of variance.

Results. Communication between nurses and elderly patients is characterized by socio-emotional conversation to a large extent. Nurses in the home for the elderly show more social behaviour than nurses in home care, while nurses in home care show more often affective behaviour.

In home care nurses more often show verbal behaviour that structures the nursing encounter. The information exchange in home care is more often directed at topics relating the nursing activity and medical or therapeutic items, than in the home for the elderly care. The information exchange involving lifestyle and emotions is more determined by the type of care than by setting.

Conclusions. The amount of socio-emotional interaction in both settings appeared to be higher than was reported in previous studies.

- . Nurses in the home for the elderly frequently showed more social behaviour than nurses in home care.
- . The adapted version of Roter's Interaction Analysis System has proven to be suitable for analysing nurse patient communication.
- . In this study it was shown that video-taping is a feasible method in nursing research.

Doctor-patient communication during gynaecological outpatient consultations

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Introduction. In spite of sharpened legislation on improving the quality of doctor-patient communication, a lot of patients are dissatisfied with medical consultations and do not adhere to medical advice. Gynaecological consultations in which patients enter with health problems related to sexuality and reproduction, are most often criticised. Most criticism concerns the incongruency between doctors' and patients' instrumental and affective communication. However, insight into what actually happens during gynaecological consultations is lacking. Moreover, although figures are changing rapidly, at the moment still four out of five 'women's doctors' are men. Consequently, most gynaecological encounters concern mixed sex dyads. This may influence the way intimate health problems are discussed. The purpose of the present study was:

1. to describe doctor-patient communication in terms of instrumental and affective communication behaviours during gynaecological outpatient consultations;
2. to investigate the relationship between gynaecological communication and patient satisfaction with the consultation;
3. to examine whether same sex dyads differ from mixed sex dyads in terms of information exchange and reciprocity of affect.

Methods. Twenty one gynaecologists (13 men and 8 women) videotaped a total of 305 outpatient consultations. After the consultation, patients completed the Medical Interview Satisfaction Scale. Doctor-patient verbal communication was measured by an adapted version of the Roter Interaction Analysis System. In addition, patient directed gaze was measured and adjusted for the time the doctor was in sight.

Results. At the moment all videorecordings are observed and we are about to start analysing the data.

Conclusion. The results will give insight into the way gynaecologists and patients communicate and will yield implications for increasing the quality of gynaecological consultations. Results will also reveal whether interactants' sex either facilitates or prevents talking about intimate health issues.

The effect of the computer-assisted interactive video training interact-cancer on the communication skills of medical specialists in oncology

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Introduction. INTERACT-CANCER is an interactive course for training communication skills of medical specialists in oncology. The course aims at teaching patient-centred behaviour. It includes four main topics in doctor-patient communication: basic skills, communicating bad news, informing patients, and dealing with emotional reactions of the patient. The course program was developed to facilitate the access to learning of post-graduate physicians.

Methods. The course is tested in and evaluated by 21 medical specialists in oncology, working in 7 hospitals. An assessment of their communication behaviour in real life consultations with cancer patients was made at 4 measurement moments; 2 pre-course measurements, and 2 post-course measurements. The physicians did the course between T2 and T3 at their workplace on an individual basis.

Each measurement moment three sources of information were used to assess the communication behaviour of the participating physicians:

- 1) independent ratings of videotaped consultations,
- 2) satisfaction of the patients about the interaction,
- 3) satisfaction of the physician about the interaction.

Results. Interact-Cancer was positively evaluated by the participating physicians. The computer-assisted training method was evaluated as attractive and pleasant. The course content was evaluated as being worthwhile, relevant, appropriate, and well-structured. Furthermore, the participants stated they are attended on inadequate behaviour, stimulated to think about own behaviour and stimulated to change behaviour.

The measurements show an improvement in the quality of communication skills from pre to post training in a subgroup of physicians who state themselves that they put aspects of the training into practice. No training effects were found on the satisfaction ratings of the patients and the physicians.

Conclusion. INTERACT-CANCER shows to be a very promising course. Especially among well motivated physicians an improvement in the quality of communication is achievable by means of a computer assisted course.

The development and evaluation of a communication skills programme for health care professionals in oncology

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Introduction. Complex factors contribute to the unsatisfactory interactions that frequently take place between patients with cancer and their doctors. One problem identified by many doctors themselves is the inadequate communication skills training received. In the UK, a training programme was developed aimed initially at senior doctors in cancer medicine.

Methods. 178 clinicians attended either 3 or 1 ½ day residential courses. The programme utilised an explicit model based on current psychological and educational theory and methods similar to those pioneered in the US by Lipkin and colleagues.

Working in small groups of 4, with one experienced facilitator and a pool of simulated patients, participants received feedback on video-taped role-play, took part in structured communication skills exercises, watched demonstration workshops, and were encouraged to discuss,

with group members, the many emotional and practical barriers to good communication.

Results. Subjective evaluation post course showed that the clinicians found the format right for the development of new skills and that they were significantly more confident about many communication issues than they had been prior to the course ($p < .001$). Positive changes in personal practice were reported by >94% clinicians as a direct result of attendance. Furthermore within 3 months of completing the course 73% had initiated new teaching programmes with junior staff. The same model was then adapted for other health care professionals.

Conclusions. This initiative showed that health care professionals reported subjective improvements immediately following the course and valued the training sufficiently to encourage other colleagues to attend. However subjective data are insufficient evidence of efficacy and unlikely to encourage medical and nursing establishments to devote the appropriate resources needed to expand such work. The Cancer Research Campaign in the UK has provided a 5 year programme grant to conduct an ambitious, objective evaluation of the model in major cancer centres throughout the UK. This randomised trial will be described, together with the difficulties that the measurement of multiple outcomes of efficacy entail.

The effectiveness of an intensive teaching experience for residents in interviewing. A randomized controlled study

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Introduction. Interviewing and the doctor-patient relationship are one of the most important elements of medical care, but residencies provide little instruction. We sought to determine the effects of a training program in interviewing on residents' attitudes and skills and on their patients' physical and psychosocial well-being.

Methods. The intervention was a one-month, full-time rotation for 63 primary care residents (PGY1) in interviewing (and related psychosocial medicine topics). We developed and taught three patient-centered interviewing models: 1) the basic patient-centered interviewing and physician-patient relationship model received over 50% of training time and was also incorporated into the other two models, 2) interacting with somatizing patients, and 3) educating patients. Each model was practiced repeatedly and prescribed multiple behaviorally-defined skills, placed them in sequence, prioritized their use, and was efficient.

Residents and their patients were assessed before and after a one-month rotation (trained residents) or a comparable control period (control residents) to which residents were randomly assigned. Attitudes and knowledge were assessed by questionnaires. Audiotapes of real