patient interviews and videotapes of simulated patient interviews were rated for the interviewing behaviors (models) targeted by the training program. Patients' satisfaction with medical visits, anxiety, depression, social dysfunction, role limitations, and somatic symptom status were assessed by questionnaires and telephone interviews.
Results. Trained residents were superior to control residents in knowledge (p=.001), attitudes (greater confidence in their psychosocial skills, p=.002), and skills interviewing both real (p=.001 to .02) and simulated patients (p=.001). Patients expressed greater confidence and satisfaction with medical visits to trained residents and reported fewer somatic symptoms and less social dysfunction but these measures did not reach statistical significance by two-tailed testing.
Conclusions. Intensive one-month training using systematic, behaviorally-defined interviewing models improved residents' knowledge, attitudes, and skills.

9 TALKING WITH SEVERELY ILL PATIENTS

Communication between simulated patients and nurses in an oncology setting

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Introduction. From literature, it is well known that communication between health care providers and cancer patients is complicated by emotional issues. In this study, we investigated the communication skills of ward nurses during interactions with simulated cancer patients.
This study is part of a large study in which the effect of a communication training for nurses is being evaluated by means of videotaped admission conversations of nurses with actual cancer patients as well as with simulated patients.
Methods. In total, 55 ward nurses of different medical disciplines have been recruited for participation. The medical disciplines included: gynaecology, urology, surgery, internal medicine/ haematology and, the ear-nose-throat diseases. Each nurse had a videotaped admission conversation with an actor who played a recently diagnosed cancer patient who arrived on the ward for admission.
The actor was instructed to play a cancer patient according to the script we developed specifically for this study. For each nurse, the script was standard, but small adaptions were made for each medical discipline. The participating nurses were instructed to have the admission conversation with the simulated patient as they were used to have on the ward with actual patients.
The 55 videotaped admission conversations with simulated patients were observed using an adapted version of Roter's Interaction Analysis System, in which a division is made between instrumental and affective categories.
Results. The results show that nurses predominantly use technical behaviours and discuss biomedic topics reflected in the instrumental clusters of the RIAS, relative to facilitating behaviours, reflected in the affective clusters of the RIAS.
Conclusions. We will present results and draw conclusions about nurses' communication skills concerning interactions with simulated patients in general, as well as nurses skills hereabout within the different mentioned medical disciplines.

Communication on pain between cancer patients and their physician

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Introduction. Pain in cancer patients at home is, according to the literature, in many cases still treated inadequately. A possible cause of inadequate pain management is that pain is not recognized by physicians or interpreted differently. Communication plays an important role. The purpose of this study is to make an inventory of how the treatment of pain is organised with emphasis on the communication on pain between the cancer patient and their physician.
Methods. Adult oncology patients, treated in a university hospital, filled in a postal questionnaire on pain (MPQ-DLV) and the treatment of pain. Furthermore, the participating wards were asked to ask cancer patients with pain to participate in the study. The patients who indicated that they had pain and/or a pain treatment were interviewed about their pain and pain management (using a semi-structured interview). All specialists and the GP's who are involved in the care were also interviewed about pain and pain management.
Results. In total 28 interviews with patients, 31 interviews with specialists and 11 interviews with GP'S were carried out. In 23 cases the specialist and patient said they talked about pain in the last consult, patients had a mean pain of 4.2 whereas the specialists estimated the pain as 2.1. The specialist asked in most cases about pain. The specialists of the outpatient department on pain used a pain measuring instrument, the other specialists and GP's did not. Twenty-one patients said they had fear or were insecure, related to pain. This was discussed in about half of the consults.
Conclusions. Pain is a major concern for cancer patients at home. The results indicate that the communication on pain is not always adequate, especially recognising the pain and realising what it means to the patient.

Patient's emotional response related to physician satisfaction with the consultation

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