



CUSTOMER FOCUSED HEALTH CARE DELIVERY AND SATISFACTION December 2003

Acad Med. 2003 Nov;78(11):1191-200.

First-year medical students' attitudes toward diversity and its teaching: an investigation at one U.S. Medical School.

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PURPOSE: To investigate whether medical students conceptualize culture and cultural diversity best within "categorical" or "cultural sensibility" teaching models. **METHOD:** In spring 2002, first-year medical students at the University of Illinois Colleges of Medicine at Chicago and Urbana-Champaign completed a previously developed questionnaire. A self-selected subset participated in focus groups. The questionnaire collected data on attitudes toward race, culture, and diversity education and how these concepts relate to medical practice; responses to a case scenario; attitudes toward cultural tolerance; definitions of key terms and sense of cultural belonging; and feedback on the questionnaire. The focus groups discussed the two models for teaching diversity. **RESULTS:** Questionnaires were returned by 111 of 153 students (72.5%). Generally, the students displayed open attitudes about the balance between cultures of origin and the culture of the wider community in which immigrants may live. However, with very personal issues there was a tendency to stay with the familiar. These students had an impression of ethnic groups as very discrete and well defined. Skin color and issues of race remained a significant barrier to dialogue regarding diversity. Students were overwhelmingly in favor of the cultural sensibility teaching model that emphasizes the fluidity and malleability of culture. **CONCLUSIONS:** The students in this study were not familiar with key terms on culture and race, and struggled with the issues that diversity raises in medical practice. Although students held open attitudes toward equal opportunities and multiculturalism, differences among and within groups indicated that all students would benefit from a curriculum that emphasizes self-reflection and diversity teaching.

PMID: 14604885 [PubMed - indexed for MEDLINE]

Am J Gastroenterol. 2003 Oct;98(10):2135-8.

The caring physician: a journey in self-exploration and self-care.

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Caring for patients involves empathic listening and awareness of the needs and feelings of the patient as well as our own; the acceptance of the fallibilities of medicine and ourselves. Too often we lead unbalanced lives in terms of work, relationships, play and personal time. We frequently strive for perfection, deny our needs and feelings, assume total responsibility for the patient, and are altruistic to the point of self-denial. Caring for patients without adequately caring for ourselves is frequently associated with subconscious needs for external validation. The hidden agenda may be harmful to the patient and the physician. Change requires self-awareness and recognition of the overt and covert benefits and risk of our current work patterns. Often there is a need to reexamine our life priorities, set limits at work, admit vulnerability, share our emotional lives, and appreciate the small things in our daily life that give us meaning and purpose.

PMID: 14572557 [PubMed - indexed for MEDLINE]

Ann Intern Med. 2003 Dec 2;139(11):907-15.

Comment in:

Ann Intern Med. 2003 Dec 2;139(11):952-3.

Ann Intern Med. 2003 Dec 2;139(11):I34.

Patient-centered communication, ratings of care, and concordance of patient and physician race.

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BACKGROUND: African-American patients who visit physicians of the same race rate their medical visits as more satisfying and participatory than do those who see physicians of other races. Little research has investigated the communication process in race-concordant and race-discordant medical visits. **OBJECTIVES:** To compare patient-physician communication in race-concordant and race-discordant visits and examine whether communication behaviors explain differences in patient ratings of satisfaction and participatory decision making. **DESIGN:** Cohort study with follow-up using previsit and postvisit surveys and audiotape analysis. **SETTING:** 16 urban primary care practices. **PATIENTS:** 252 adults (142 African-American patients and 110 white patients) receiving care from 31 physicians (of whom 18 were African-American and 13 were white).

MEASUREMENTS:

Audiotape measures of patient-centeredness, patient ratings of physicians' participatory decision-making styles, and overall satisfaction. **RESULTS:** Race-concordant visits were longer (2.15 minutes [95% CI, 0.60 to 3.71]) and had higher ratings of patient positive affect (0.55 point, [95% CI, 0.04 to 1.05]) compared with race-discordant visits. Patients in race-concordant visits were more satisfied and rated their physicians as more participatory (8.42 points [95% CI, 3.23 to 13.60]). Audiotape measures of patient-centered communication behaviors did not explain differences in participatory decision making or satisfaction between race-concordant and race-discordant visits. **CONCLUSIONS:** Race-concordant visits are longer and characterized by more patient positive affect. Previous studies link similar communication findings to continuity of care. The association between race concordance and higher patient ratings of care is independent of patient-centered communication, suggesting that other

factors, such as patient and physician attitudes, may mediate the relationship. Until more evidence is available regarding the mechanisms of this relationship and the effectiveness of intercultural communication skills programs, increasing ethnic diversity among physicians may be the most direct strategy to improve health care experiences for members of ethnic minority groups.
PMID: 14644893 [PubMed - indexed for MEDLINE]

Ann Intern Med. 2003 Dec 2;139(11):I34.

Comment on:

Ann Intern Med. 2003 Dec 2;139(11):907-15.

Summaries for patients. Communication in health care visits when doctors and patients have the same versus different ethnic backgrounds.

[No authors listed]

Publication Types:

Comment

Patient Education Handout

PMID: 14644908 [PubMed - indexed for MEDLINE]

Ann Intern Med. 2003 Nov 18;139(10):875-8.

The crucial link between literacy and health.

Wilson JF.

PMID: 14623636 [PubMed - indexed for MEDLINE]

Ann Thorac Surg. 2003 Nov;76(5):1598-604; discussion 1604.

Open heart surgery: one-year self-assessment of quality of life and functional outcome.

Falcoz PE, Chocron S, Stoica L, Kaili D, Puyraveau M, Mercier M, Etievent JP. Department of Thoracic and Cardiovascular Surgery, Hopital Jean-Minjoz, Besancon, France.

BACKGROUND: The aim of this prospective study, based on the completion of the short form health survey questionnaire (SF36) before and 1-year after open heart surgery, was threefold: to evaluate the changes in quality of life (QOL) after open heart surgery, to determine the factors influencing QOL, and to assess the relation between preoperative QOL and 1-year cardiac functional status. **METHODS:** Logistic regression was used to determine factors that influence patients' QOL scores and their 1-year cardiac functional status. Different groups were constituted in terms of 1-year cardiac functional status by means of an arborescent classification. **RESULTS:** Comparison of preoperative and postoperative mean scores in the 293 patients included in the study revealed an improvement in all but three dimensions of the SF36 scale. Quality of life improved after operation in an average of 50% of patients. The most frequently found independent predictors of impairment after surgery were NYHA functional class III or IV and angina class III or IV. At 1 year, 64% of patients had satisfactory cardiac functional status. Independent predictive factors of 1-year cardiac functional status were: physical functioning, pain, general health problems, and coronary artery bypass graft. The arborescent classification indicated that the probability of having a "satisfactory" 1-year cardiac functional status was greater than 75% for patients with at least one

preoperative QOL dimension above 75 on the scale. CONCLUSIONS: Preoperative QOL determined by the SF36 is predictive of 1-year cardiac functional status. Coronary artery bypass patients do not recover as well as patients having undergone heart valve surgery.
PMID: 14602293 [PubMed - indexed for MEDLINE]

Arch Intern Med. 2003 Nov 10;163(20):2429-32.

When the spirit hurts: an approach to the suffering patient.
Lesho EP.
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PMID: 14609779 [PubMed - indexed for MEDLINE]

Arch Pathol Lab Med. 2003 Nov;127(11):1421-3.

Five-year follow-up of routine outpatient test turnaround time: a College of American Pathologists Q-Probes study.
Valenstein P, Walsh M; College of American Pathologists.
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CONTEXT: Timely reporting of outpatient tests can increase efficiency of care and improve customer satisfaction. OBJECTIVES: We conducted a survey in 2002 to determine how quickly hospital-based laboratories turned around routine requests for 3 common assays and compared the results with a similar survey conducted in 1997. DESIGN: One hundred eighteen laboratories prospectively recorded the collection-to-verification turnaround time for 9252 complete blood cell counts (CBCs), 8832 thyroid tests, and 9193 basic metabolic panels. RESULTS: The median facility reported all test results by 7:00 am of the weekday immediately after the date of specimen collection. The bottom 10% of institutions reported 99% of CBCs and basic metabolic panels within 1 day and 60% of thyroid tests within 1 day. The 65 institutions that participated in both the 1997 and 2002 surveys showed significant overall improvement in turnaround time for all 3 types of tests (P <.001). In 2002, federal institutions had significantly slower turnaround times than nonfederal institutions for CBC tests (P <.001), thyroid tests (P =.03), and basic metabolic panels (P <.001). Other demographic and practice variables were not associated with turnaround time. CONCLUSION: The turnaround time of routine outpatient tests appears to have improved between 1997 and 2002.
PMID: 14567727 [PubMed - indexed for MEDLINE]

BMJ. 2003 Nov 15;327(7424):1159-61.

Making consent patient centred.
Bridson J, Hammond C, Leach A, Chester MR.
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Publication Types:
Review
Review, Tutorial
PMID: 14615345 [PubMed - indexed for MEDLINE]

Br J Cancer. 2003 Oct 20;89(8):1400-2.

Is it acceptable to approach colorectal cancer patients at diagnosis to discuss genetic testing? A pilot study.

Porteous M, Dunckley M, Appleton S, Catt S, Dunlop M, Campbell H, Cull A. Department of Clinical Genetics, Molecular Medicine Centre, Western General Hospital, Crewe Road South, Edinburgh EH4 2XU, UK. mary.porteous@ed.ac.uk

In this pilot study, the acceptability of approaching 111 newly diagnosed colorectal cancer patients with the offer of genetic testing for hereditary nonpolyposis colorectal cancer (HNPCC) was assessed. A total of 78% of participants found it highly acceptable to have the information about HNPCC brought to their attention at that time.

Publication Types:

Evaluation Studies

PMID: 14562005 [PubMed - indexed for MEDLINE]

Br J Cancer. 2003 Oct 20;89(8):1445-9.

Enduring impact of communication skills training: results of a 12-month follow-up.

Fallowfield L, Jenkins V, Farewell V, Solis-Trapala I.

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The efficacy of a communication skills training programme was shown through a randomised trial. Oncologists (N=160) from 34 cancer centres were allocated to written feedback plus course; course alone; written feedback alone or control. Each clinician had 6 - 10 interviews with patients videotaped at baseline and 3 months postintervention. Analysis of videotapes revealed improvements in the communication skills of clinicians randomised to training (n=80) compared with others (n=80). A 12-month follow-up assessment is reported here. Robust Poisson conditional analyses of counts of changes in communication behaviours revealed no demonstrable attrition in those who had shown improvement previously, including fewer leading questions, appropriate use of focused and open-ended questions and responses to patient cues. Additional skills, not apparent at 3 months, were now evident; the estimated effect sizes corresponded to 81% fewer interruptions (P=0.001) and increased summarising of information to 38% (P=0.038). However, expressions of empathy (54%, P=0.001) declined. The overall results show that 12 - 15 months postintervention, clinicians had integrated key communication skills into clinical practice and were applying others. This is the first RCT to show an enduring effect of communication skills training with transfer into the clinic.

Publication Types:

Clinical Trial

PMID: 14562015 [PubMed - indexed for MEDLINE]

Br J Cancer. 2003 Oct 20;89(8):1450-6.

Cancer patients' preferences for written prognostic information provided outside the clinical context.

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Cancer patients' preferences for written prognostic information independent of the clinical context have not previously been investigated. This study aimed to assist a state cancer organisation to provide information to patients by assessing patients' understanding of statistical information; eliciting their preferences for framing, content and presentation; and assessing the acceptability of a card sort for obtaining preferences. With the exception of conditional and relative survival, initial difficulties in understanding statistical concepts were improved with a plain language explanation. Analysis of the interview transcripts revealed that participants generally supported the provision of written information about survival in booklets and on the Internet. They wanted positive, relevant and clear information. Participants said that the use of, and preferences for, this information would be affected by a patient's age, time since diagnosis, ability to cope with having cancer and the perceived credibility of the information source. They found the card sort acceptable, saying it made the assessment of understanding and selection of preferences easy. This study has identified two fundamental, and sometimes conflicting, factors underlying patients' preferences: the communication of hope and the need to understand information it has also identified patient characteristics thought to influence preferences. These factors and characteristics need to be taken into account when developing written prognostic information for patients.

Publication Types:

Clinical Trial

PMID: 14562016 [PubMed - indexed for MEDLINE]

Br J Nurs. 2003 Oct 9-22;12(18):1066-74.

Patients' quality of life and clean intermittent self-catheterization.

Woodward S, Rew M.

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This article examines the available literature surrounding the procedure of clean intermittent self-catheterization (CISC) and its impact on patients' quality of life. Many articles have been written about, and much research has been carried out into, the practicalities of performing CISC regarding dexterity, disability, etc, and its advantages and disadvantages related to infection rates and complications. However, there appear to be very few articles addressing the day-to-day problems that having to perform CISC presents to patients. While many articles do acknowledge that CISC improved patients' quality of life, very few go on to identify and discuss the daily life activities that are impacted upon by having to perform the procedure. There is a need for further research from patients' perspectives: to identify the issues that they have in living with this inconvenience and in order for carers to understand fully the implications of CISC on a patient's quality of life. With this insight, carers will be better armed to help patients overcome their fears and be more supportive in the ongoing care of the patient. Non-compliance is the main reason for patients' inability to perform CISC and with a better understanding of the problems, carers will be able to give practical help and support.

Publication Types:

Review

Review, Tutorial

PMID: 14581839 [PubMed - indexed for MEDLINE]

Cancer. 2003 Dec 1;98(11):2502-10.

Attitudes of medical oncologists toward palliative care for patients with advanced and incurable cancer: report on a survey by the European Society of Medical Oncology Taskforce on Palliative and Supportive Care.

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BACKGROUND AND METHODS: In part of a quality improvement program, the European Society of Medical Oncology (ESMO) surveyed its membership regarding their involvement in and attitudes toward the palliative care (PC) of patients with advanced cancer. **RESULTS:** Of 895 members who responded, 82.5% were European and 12.1% were American. Sixty-nine percent of respondents reported that patients with advanced cancer constituted a major proportion of their practice; for 22% of respondents, patients with advanced cancer constituted most of their practice. Only a minority of respondents collaborated often with a PC care specialist (35%), a palliative home care service (38%), an in-patient hospice (26%), or a psychologist (33%). In response to questions regarding specific involvement in PC clinical tasks, respondents were involved more commonly in treating physical symptoms, such as pain (93%), fatigue (84%), and nausea/emesis (84%), than in managing psychological symptoms and end-of-life care issues, such as depression/anxiety (65%), existential distress (29%), or delirium (12%). Forty-three percent of respondents reported that they directly administered end-of-life care often, and 74% reported that they derived satisfaction from their involvement in end-of-life care. Overall, 88.4% of respondents endorsed the belief that medical oncologists should coordinate the end-of-life care for their patients, but a substantial minority (42%) felt that they were trained inadequately for this task. Positive attitudes toward PC were correlated highly with the degree of direct involvement in PC practice. Practitioners in private practice or teaching hospitals had substantially more positive attitudes regarding PC compared with physicians based in comprehensive cancer centers ($P < 0.05$). Although most of the responding medical oncologists expressed positive views regarding their involvement in the PC of patients with advanced cancer and dying patients, 15% of respondents had pervasively negative views. **CONCLUSIONS:** Most ESMO oncologists recognize the importance of PC and supportive care for patients with advanced cancer. Despite this, many are prepared inadequately for these tasks, and actual participation levels commonly are suboptimal. Copyright 2003 American Cancer Society.

PMID: 14635087 [PubMed - indexed for MEDLINE]

Eur J Cancer. 2003 Nov;39(16):2249.

A new voice for cancer patients.

Rice M.

Publication Types:

News

PMID: 14621679 [PubMed - indexed for MEDLINE]

Folia Phoniatr Logop. 2003 Nov-Dec;55(6):293-9.

Cross-cultural practice: what is it really about?

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The idea of cross-cultural practice, as it occurs between practitioners and their clients, is problematical. The notion of culture is analysed relative to our professions' theories of knowledge production. Practitioners use 'culture' to refer to 'linguistic', 'racial', and 'ethnic' factors. An alternative, wider definition of what constitutes culture is offered in this paper. Furthermore, cross-cultural practice is evaluated against our dominant use of an empirical science to understand people and their lives. An analysis of the processes we use within our clinical relationship is provided. Empirical processes (disothering, reductionism, and essentialism) are discussed and evaluated for their coincidental relationship to colonial thinking about culture. A theoretical framework referred to as the Relationship of Labouring Affinities is introduced as a conceptual alternative to re-position how practitioners work with their clients. Copyright 2003 S. Karger AG, Basel
PMID: 14573985 [PubMed - indexed for MEDLINE]

Gastroenterol Nurs. 2003 Sep-Oct;26(5):203-8.

Patient satisfaction in gastroenterology clinics.

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Satisfaction surveys of patients who had a gastrointestinal procedure at an ambulatory surgery center in 2002 were drawn from a national database and analyzed. The resulting data were used to report the status of patient satisfaction with their care and to illustrate several ways in which patient satisfaction data can be used to guide quality improvement efforts. It was found that patient satisfaction is generally quite high, with ratings of nurses and physicians topping the list. On the other hand, convenience factors such as parking and waiting times were rated lower. Uses of data to guide quality improvement efforts were illustrated in terms of response category percentages (i.e., percentage of time an item was rated "good," "poor," etc.) and a measure of item priority.

PMID: 14603079 [PubMed - indexed for MEDLINE]

Health Mark Q. 2002;20(2):49-68.

Patient satisfaction and referral intention: effect of patient-physician match on ethnic origin and cultural similarity.

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The study brought a cultural perspective into the mainstream model of health service quality by taking into account minorities' unique experience, patient-physician match on ethnic origin and cultural similarity. Survey data from Asian-American respondents supported a three-dimensional humaneness-professionalism-competence model of physician attributes. Physician humaneness and professionalism, patient-physician match on ethnic origin and cultural similarity predicted patient overall satisfaction and referral

intention among Asian-Americans. Interestingly, the 3-dimensional model of physician attributes was also revealed in a Caucasian-American sample. However, Caucasian-Americans differ from Asian-Americans in several ways: physician competence was a significant predictor of overall satisfaction; professionalism was the only determinant of referral intention; and cultural similarity was not a significant factor with regards to either overall satisfaction or referral intention.

PMID: 14609020 [PubMed - indexed for MEDLINE]

Health Promot Pract. 2003 Jul;4(3):214-7.

Information therapy: health education one person at a time.

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Targeted and timely health information is a key part of helping patients achieve their behavior change and disease management goals. However, most health professionals rely on inefficient systems (office hours only) and outmoded technologies (mouth to ear) to transfer information to patients. Often, patients are left on their own to track down health information relevant to them. Information therapy, the prescription of specific evidence-based medical information to specific patients at just the right time to help them make specific health decisions or behavior changes, will ensure patients and providers overcome these obstacles. Embedding evidence-based information within the process of care further ensures patients and their families become more knowledgeable and involved in their care. This article outlines what constitutes prescription-strength information, three critical elements needed to deliver information prescriptions, opportunities for information prescriptions within the continuum of care, and the impact information therapy could have on the health education profession.

PMID: 14610991 [PubMed - indexed for MEDLINE]

Health Promot Pract. 2003 Jan;4(1):64-71.

Practicing health promotion through pharmacy counseling activities.

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Dramatic changes in the U.S. health care system have emphasized the need to promote good health. To achieve this, different types of health care professionals have now started working together. These teams often include participants, such as doctors, pharmacists, and nurses. However, there are many health professionals, such as pharmacists, working in noninstitutionalized settings, such as pharmacies, who are not being fully utilized. One of the ways pharmacists can promote good health is by counseling patients. This article provides some insights regarding the various health promotion activities that are or can be performed by pharmacists. Health promotion educators can play a significant role in educating pharmacists to become effective health promoters. Some hypothetical scenarios and examples, as well as models, are also provided to demonstrate active health promotion through pharmacist counseling activities.

PMID: 14610974 [PubMed - indexed for MEDLINE]

Issue Brief Cent Stud Health Syst Change. 2003 Oct;(70):1-6.

Insured Americans drive surge in emergency department visits.
Cunningham P, May J.

Visits to hospital emergency departments (EDs) have increased greatly in recent years, contributing to crowded conditions and ambulance diversions. Contrary to the popular belief that uninsured people are the major cause of increased emergency department use, insured Americans accounted for most of the 16 percent increase in visits between 1996-97 and 2000-01, according to a study by the Center for Studying Health System Change (HSC). This Issue Brief examines trends in emergency department and other ambulatory care use, focusing on differences among insurance groups. Although insured people accounted for most of the increase in emergency department visits, uninsured Americans increasingly rely on emergency departments because of decreased access to other sources of primary medical care. Emergency department waiting times also have increased substantially, which may lower both insured and uninsured patients' perceptions of the quality of their care.

PMID: 14577417 [PubMed - indexed for MEDLINE]

J Am Acad Psychiatry Law. 2002;30(4):581-4.

Physician-assisted suicide. Guarantees of privacy and liberty do not afford terminally ill patients the right to physician-assisted suicide.

Chamberlin JR.

Psychiatry and the Law Program, University of California, San Francisco, San Francisco, CA, USA.

Publication Types:

Legal Cases

PMID: 14606497 [PubMed - indexed for MEDLINE]

J Am Diet Assoc. 2003 Nov;103(11):1488-93.

A video lesson series is effective in changing the dietary intakes and food-related behaviors of low-income homemakers.

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OBJECTIVE: To examine the relative cost-effectiveness of a self-administered video series in delivering nutrition education to low-income homemakers. DESIGN:

A quasi-experimental design was used, with subjects randomly assigned to traditional lessons (Traditional Group) or video lessons (Video Group).

SUBJECTS/SETTING: 108 subjects were recruited, with 93 nonpregnant, low-income, female homemakers completing the study (response rate = 86%). Subjects had

recently enrolled in the Expanded Food and Nutrition Education Program, or the Food Stamp Nutrition Education Program, and had a videocassette recorder and telephone.

INTERVENTION: Both groups received 12 lessons from the Eating Right Is Basic Series, 3rd edition, with the Traditional Group being taught in

face-to-face sessions and the Video Group receiving self-administered, video-lesson packets.

OUTCOME MEASURES: Dietary intake and food behaviors were assessed at pre and post intervention with 24-hour recalls and a 14-item checklist.

STATISTICAL ANALYSES: Chi(2) and t tests were used to compare the groups on demographics and pre-intervention dietary factors. Multiple analysis of variance was used for comparisons of change from pre to post intervention.

RESULTS: Significant improvements were observed in both groups for fruits,

calcium, and vitamins A and C. The Video Group improved on fiber intake ($P \leq .005$). The groups did not differ on dietary or behavior change ($P = .2357$). Duplication and implementation costs of the video series totaled 4,820 dollars, or 36% of the traditional lesson cost of 13,463 dollars. APPLICATIONS: Both methods achieved similar improvements in diet and behaviors, but the video method was less expensive. The video series seems to be a cost-effective method for delivering nutrition education to low-income homemakers.

Publication Types:

Clinical Trial

Randomized Controlled Trial

PMID: 14576714 [PubMed - indexed for MEDLINE]

J Clin Oncol. 2003 Nov 15;21(22):4138-44.

Impact of providing audiotapes of primary adjuvant treatment consultations to women with breast cancer: a multisite, randomized, controlled trial.

Hack TF, Pickles T, Bultz BD, Ruether JD, Weir LM, Degner LF, Mackey JR.

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PURPOSE: Women with breast cancer were provided with an audiotape of their primary adjuvant treatment consultation, and the following patient outcomes were measured at 12 weeks postconsultation: perceived degree of information provision, audiotape satisfaction and use, communication satisfaction with oncologist, mood state, and cancer-specific quality of life. PATIENTS AND METHODS: Participants included 628 women newly diagnosed with breast cancer and 40 oncologists from six cancer centers in Canada. The patients were block randomized to one of four consultation groups: standard care control, not audiotaped; audiotaped, no audiotape given; audiotaped, patient given audiotape; and audiotaped, patient offered choice of receiving audiotape or not. RESULTS: Patients receiving the consultation audiotape had significantly better recall of having discussed side effects of treatment than patients who did not receive the audiotape. Audiotape benefit was not significantly related to patient satisfaction with communication, mood state, or quality of life at 12 weeks postconsultation, and was not significantly affected by choice of receiving the audiotape. Patients rated the audiotape intervention positively, with an average score of 83.9 of 100. CONCLUSION: Audiotape provision benefits patients by facilitating their perception of being informed about treatment side effects, but does not significantly influence patient satisfaction with communication, mood state, or quality of life.

Publication Types:

Clinical Trial

Multicenter Study

Randomized Controlled Trial

PMID: 14615442 [PubMed - indexed for MEDLINE]

J Epidemiol Community Health. 2003 Oct;57(10):762-3.

Whose health is it anyway?: enabling participation.

Russell E, Smith C.

Publication Types:

Editorial

PMID: 14573567 [PubMed - indexed for MEDLINE]

J Gerontol A Biol Sci Med Sci. 2003 Oct;58(10):M948-53.

Factors related to patient satisfaction with complete denture therapy.

Celebic A, Knezovic-Zlataric D, Papic M, Carek V, Baucic I, Stipetic J.
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Croatia. dkz@email.hinet.

BACKGROUND: Except for denture quality, many other factors are related to a patient's satisfaction with complete dentures (CDs). **METHODS:** A total of 222 patients with CDs took a part in this study. A questionnaire divided into 3 parts was completed by both the patients and the dentist, independently. The patients rated their dentures using a scale ranging from 1 to 5 (1 = dissatisfaction to 5 = excellent), and a dentist rated the quality of the denture and the denture-bearing area. **RESULTS:** Patients were mostly satisfied with the quality of their CDs. Only 7.2% of the patients were absolutely not satisfied with their dentures. Patients with a low level of education were more satisfied in general with their aesthetic appearance. Patients with better self-perception of their affective status and quality of life showed higher levels of general satisfaction. Patients with better self-perception of their economic status showed lower levels of satisfaction. Younger patients wearing dentures for the first time, with short periods of being edentulous, and with better quality maxillary denture-bearing areas were more satisfied with the retention of maxillary CDs. In contrast, younger patients with first-time dentures, a short period of being edentulous, and with better quality mandibular denture-bearing areas gave lower ratings to the retention and comfort of wearing mandibular dentures. **CONCLUSIONS:** Level of education, self-perception of affective and economic status, and quality of life are all related to patient satisfaction. However, the quality of dentures shows the strongest correlation with patient satisfaction. Not only the quality of the denture-bearing area but the denture-wearing experience itself seems to be more important in determining patient satisfaction with mandibular CDs.

PMID: 14570864 [PubMed - indexed for MEDLINE]

J Health Care Poor Underserved. 2003 Nov;14(4):566-87.

African Americans' beliefs and attitudes regarding hypertension and its treatment: a qualitative study.

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Since low adherence rates contribute to morbidity and mortality among hypertensive African Americans, health beliefs known to influence nonadherence must be explored. Hypertensive African Americans were recruited from an urban, public hospital and divided into two categories: adherent, well-controlled versus nonadherent, poorly controlled participants. Separate focus group sessions were held for each category. Participants proved similar with respect to sociodemographic variables but varied in the duration of hypertension. Some beliefs were mentioned more often among nonadherent participants than among adherent participants when describing medical treatments and physicians' encounters. Some participants perceived medication to be harmful and noneffective, and some expressed distrust of pharmaceutical companies and physicians, believing them to use patients for experimentation to test medications. Their descriptions of dialogues with physicians suggested authoritarian and ethnicity-inappropriate communication patterns. To reduce the nonadherence rate among African Americans, it may be necessary to integrate

health beliefs into educational interventions and physician-patient communication.

PMID: 14619556 [PubMed - indexed for MEDLINE]

J Health Serv Res Policy. 2003 Oct;8(4):237-44.

The economics of direct-to-consumer advertising of prescription-only drugs: prescribed to improve consumer welfare?

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According to economic theory, one might expect that the informational content of direct-to-consumer advertising of prescription-only drugs would improve consumers' welfare. However, contrasting the models of consumer and market behaviour underlying this theory with the realities of the prescription-only drug market reveals that this market is distinct in ways that render it unlikely that advertising will serve an unbiased and strictly informative function. A review of qualitative evidence regarding the informational content of drug advertising supports this conclusion. Direct-to-consumer prescription drug advertising concentrates on particular products, and features of those products, to the exclusion of others, and the information provided has frequently been found to be biased or misleading in regulatory and academic evaluations. Governments that have so far resisted direct-to-consumer advertising should invest in independent sources of evidence that could help consumers and professionals to better understand the risks and benefits of treating disease with alternative drug and non-drug therapies, rather than permitting direct-to-consumer prescription drug advertising.

PMID: 14596759 [PubMed - indexed for MEDLINE]

J Nurs Scholarsh. 2003;35(3):249-55.

Nurses' attitudes and practice related to hospice care.

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PURPOSE: To describe characteristics, attitudes, and communications of nurses regarding hospice and caring for terminally ill patients. **DESIGN:** A cross-sectional study of randomly selected nurses (n = 180) from six randomly selected Connecticut community hospitals was conducted in 1998 and 1999. **METHODS:** Hospice-related training, knowledge and attitudes, demographic and practice characteristics, and personal experience with hospice were assessed with a self-administered questionnaire (response rate = 82%). Logistic regression was used to model the effects of hospice-related training, knowledge, and attitudes on these outcomes, adjusting for personal experience and other characteristics of nurses. **FINDINGS:** Characteristics associated with discussion of hospice with both patients and families included greater religiousness, having a close family member or friend who had used hospice, and reporting satisfaction with hospice caregivers. Greater self-rated knowledge was significantly associated with discussion of hospice with patients. Attitudinal scores indicating greater comfort with initiating discussion and greater perceived added benefit of hospice were significantly associated with discussion with patients' families. **CONCLUSIONS:** Nurses' discussion of hospice with

terminally ill patients and their families are related to the potentially modifiable factors of self-rated knowledge and attitudes revealing comfort with discussion and perceived benefit of hospice care.

PMID: 14562493 [PubMed - indexed for MEDLINE]

J Pain Palliat Care Pharmacother. 2003;17(2):51-62.

Community hospital physician and nurse attitudes about pain management.

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An interdisciplinary committee was established and charged with examining pain management and developing interventions at a 148 bed community hospital. To examine strategies on managing pain from both healthcare provider and patient perspectives, the committee surveyed the attitudes of physicians and nurses toward pain management and patients' opinions about the pain management they received in the hospital. A separate survey instrument was developed for physicians, nursing staff and patients. Physicians and nursing staff from all departments were asked to complete the survey during departmental meetings in Autumn 2000, and all patients for whom pain medication were ordered during the month of May 2000 were asked to participate. A total of 45 physicians, 142 nurses and 169 patients responded. Results showed that the majority of physicians (88.9%, n = 40) and nurses (83.0%, n = 118) were satisfied with the pain management outcomes in their patients, and that 91.1% of physicians and 90.2% of nurses included their patients in the pain management decision-making process. Nearly all patients believed their pain was adequately managed, but the results indicated a need to improve the use of pain assessment scales by the hospital staff and a need to educate and involve all patients in their pain management options. Survey data also showed a desire for staff education on pain management.

PMID: 14649388 [PubMed - indexed for MEDLINE]

Jt Comm J Qual Saf. 2003 Nov;29(11):563-74.

Implementing practical interventions to support chronic illness self-management.

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BACKGROUND: Self-management support (SMS) is the area of disease management least often implemented and most challenging to integrate into usual care. This article outlines a model of SMS applicable across different chronic illnesses and health care systems, presents recommendations for assisting health care professionals and practice teams to make changes, and provides tips and lessons learned. Strategies can be applied across a wide range of conditions and settings by health educators, care managers, quality improvement specialists, researchers, program evaluators, and clinician leaders. Successful SMS programs involve changes at multiple levels: patient-clinician interactions; office environment changes; and health system, policy, and environmental supports. PATIENT-CLINICIAN INTERACTION LEVEL: Self-management by patients is not optional

but inevitable because clinicians are present for only a fraction of the patient's life, and nearly all outcomes are mediated through patient behavior.

Clinicians who believe they are in control or responsible for a patient's well-being are less able to adopt an approach that acknowledges the central role of the patient in his or her care. SUMMARY AND CONCLUSIONS: Self-management

should be an integral part of primary care, an ongoing iterative process, and patient centered; use collaborative goal setting and decision making; and include problem solving, outreach, and systematic follow-up.
PMID: 14619349 [PubMed - indexed for MEDLINE]

Jt Comm J Qual Saf. 2003 Oct;29(10):551-5.

Unanticipated harm to patients: deciding when to disclose outcomes.

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BACKGROUND: Patient safety standards of the Joint Commission on Accreditation of Healthcare Organizations require that "patients and, when appropriate, their families are informed about the outcomes of care, including unanticipated outcomes." WHAT OUTCOMES SHOULD TRIGGER DISCLOSURE: Given that all medical treatments have an array of possible outcomes, how do we confidently say that an outcome is unanticipated? It is proposed that an adverse outcome meet one of two

criteria to be considered unanticipated: (1) It would not be included in a reasonable informed consent process for treatment of the patient's condition(s) and/or would not be expected during the usual course of treatment; and (2) it may have been caused by human or systemic error--that is, it is not immediately possible to clearly and decisively rule out error. This definition requires less judgment because it represents an extension of the existing norms of communication that are expressed through the process of informed consent. The norms of the informed consent process require that the patient be given all pertinent information needed to participate in future treatment decision making.

CONCLUSIONS AND RECOMMENDATIONS FOR ORGANIZATIONAL POLICIES:

Institutional policies and procedures should provide a clear approach to the identification, reporting, and discussion of unanticipated adverse outcomes, whether or not they are associated with error, as well as guidance and an educational program to help physicians, staff, and students disclose unanticipated adverse events and error in the most appropriate manner.

PMID: 14567264 [PubMed - indexed for MEDLINE]

Mayo Clin Proc. 2003 Nov;78(11):1353-60.

Provider satisfaction in clinical encounters with ethnic immigrant patients.

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OBJECTIVE: To determine whether physicians' satisfaction in clinical encounters with ethnic immigrant patients differs from satisfaction in clinical encounters with white patients in the local community. PATIENTS AND METHODS: Postvisit assessments from primary care physicians were collected for matched pairs of ethnic and control patients at the Mayo Clinic in Rochester, Minn, during a 10-week study (April 2-June 9, 2001). Ethnic patients were defined as first-generation Somalian, Cambodian, and Hispanic immigrants. Control patients were American-born white patients who were seen by the same physician and matched to the ethnic patients in age, sex, and type of visit. T tests and Hotelling T2 tests were used to analyze differences in physician responses between groups; regression analysis was used to identify the relationship

between physicians' satisfaction and ethnicity in the presence of covariates. RESULTS: Physicians were considerably less satisfied with ethnic patient visits compared with control patient visits. Larger differences in satisfaction were reported in the areas of patient efforts with disease prevention and management of chronic diseases. Smaller differences in satisfaction were reported for issues related to communication and cultural beliefs and practices. These differences persisted after controlling for patient demographics, physician, and visit characteristics. CONCLUSIONS: Patients' ethnicity affects physician satisfaction with clinical encounters, particularly in the delivery of preventive care and chronic disease management. PMID: 14601694 [PubMed - indexed for MEDLINE]

Med Care. 2003 Nov;41(11):1207-20.

Advancing health disparities research: can we afford to ignore measurement issues?

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BACKGROUND: Research on racial and ethnic health disparities in the United States requires that self-report measures, developed primarily in mainstream samples, are appropriate when applied in diverse groups. To compare groups, mean scores must reflect true scores and have minimal bias, assumptions that have not been tested for many self-report measures used in this research. OBJECTIVE: To identify conceptual and psychometric issues that need to be addressed to assure the quality of self-report measures being used in health disparities research. METHODS: We present 2 broad conceptual frameworks for health disparities research and describe the main research questions and measurement issues for 4 key concepts hypothesized as potential mechanisms of health disparities: socioeconomic status, discrimination, acculturation, and quality of care. This article is based on a small conference convened by 6 Resource Centers for Minority Aging Research (RCMAR) measurement cores. We integrate written materials prepared for the conference by quantitative and qualitative measurement specialists and cross-cultural researchers, conference discussions, and current literature. RESULTS: Problems in the quality of the conceptualizations and measures were found for all 4 concepts, and little is known about the extent to which measures of these concepts can be interpreted similarly across diverse groups. Many problems also apply to other concepts relevant to health disparities. We propose an agenda for accomplishing this challenging measurement research. CONCLUSIONS: The current national commitment

to reduce health disparities may be compromised without more research on measurement quality. Integrated, systematic efforts are needed to move this work forward, including collaborative efforts and special initiatives.

PMID: 14583684 [PubMed - indexed for MEDLINE]

Med Clin North Am. 2003 Sep;87(5):1115-45.

Patient-doctor communication.

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Communication is an important component of patient care. Traditionally,

communication in medical school curricula was incorporated informally as part of rounds and faculty feedback, but without a specific or intense focus on skills of communicating per se. The reliability and consistency of this teaching method left gaps, which are currently getting increased attention from medical schools and accreditation organizations. There is also increased interest in researching patient-doctor communication and recognizing the need to teach and measure this specific clinical skill. In 1999, the Accreditation of Council for Graduate Medical Education implemented a requirement for accreditation for residency programs that focuses on "interpersonal and communications skills that result in effective information exchange and teaming with patients, their families, and other health professionals." The National Board of Medical Examiners, Federation of State Medical Boards, and the Educational Commission for Foreign Medical Graduates have proposed an examination between the third and fourth year of medical school that "requires students to demonstrate they can gather information from patients, perform a physical examination, and communicate their findings to patients and colleagues" using standardized patients. One's efficiency and effectiveness in communication can be improved through training, but it is unlikely that any future advances will negate the need and value of compassionate and empathetic two-way communication between clinician and patient. The published literature also expresses belief in the essential role of communication. "It has long been recognized that difficulties in the effective delivery of health care can arise from problems in communication between patient and provider rather than from any failing in the technical aspects of medical care. Improvements in provider-patient communication can have beneficial effects on health outcomes". A systematic review of randomized clinical trials and analytic studies of physician-patient communication confirmed a positive influence of quality communication on health outcomes. Continuing research in this arena is important. For a successful and humanistic encounter at an office visit, one needs to be sure that the patient's key concerns have been directly and specifically solicited and addressed. To be effective, the clinician must gain an understanding of the patient's perspective on his or her illness. Patient concerns can be wide ranging, including fear of death, mutilation, disability; ominous attribution to pain symptoms; distrust of the medical profession; concern about loss of wholeness, role, status, or independence; denial of reality of medical problems; grief; fear of leaving home; and other uniquely personal issues. Patient values, cultures, and preferences need to be explored. Gender is another element that needs to be taken into consideration. Ensuring key issues are verbalized openly is fundamental to effective patient-doctor communication. The clinician should be careful not to be judgmental or scolding because this may rapidly close down communication. Sometimes the patient gains therapeutic benefit just from venting concerns in a safe environment with a caring clinician. Appropriate reassurance or pragmatic suggestions to help with problem solving and setting up a structured plan of action may be an important part of the patient care that is required. Counseling around unhealthy or risky behaviors is an important communication skill that should be part of health care visits. Understanding the psychology of behavioral change and establishing a systematic framework for such interventions, which includes the five As of patient counseling (assess, advise, agree, assist, and arrange) are steps toward ensuring effective patient-doctor communication. Historically in medicine, there was a paternalistic approach to deciding what should be done for a patient: the physician knew best and the patient accepted the recommendation without question. This era is ending, being replaced with consumerism and the movement toward shared decision-making. Patients are advising each other to "educate yourself and ask questions". Patient satisfaction with their care, rests heavily on how successfully this transition

is accomplished. Ready access to quality information and thoughtful patient-doctor discussions is at the fulcrum of this revolution.

Publication Types:

Review

Review, Tutorial

PMID: 14621334 [PubMed - indexed for MEDLINE]

Med Clin North Am. 2003 Sep;87(5):939-54.

Multicultural considerations in women's health.

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As patient practices continue to diversify, clinical skills need to extend beyond disease manifestation and treatment modalities into awareness of health statistics that highlight disparities, training, cross-cultural health care delivery at the individual and system-based levels. and skills of health care advocacy. Excellent care for multicultural women implies the ability to assess the health issues applicable to all women as well as the issues specific to the women in the clinician's office. It implies enabling the patient to share with her individual and cultural influences. Incorporating both of these influences at the same time and integrating them into her context of care can result in developing the best fit for health care goals, eliminating disparities and improving health outcomes in terms of quantity and quality of lives for all women.

PMID: 14621325 [PubMed - indexed for MEDLINE]

Nurs Econ. 2003 Sep-Oct;21(5):219-25, 207.

Patient empowerment strategies for a safety net.

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The Milwaukee County General Assistance Medical Program implemented strategies to improve the delivery of care to its patients that include patient education and a Nurse Telephone Line. The partnership between a county-funded program and an academic health center has been very productive and resulted in improvements to the program that benefit underserved patients. The outcomes of these educational strategies are described.

PMID: 14618971 [PubMed - indexed for MEDLINE]

Orthop Nurs. 2003 Sep-Oct;22(5):353-60.

Effects of T'ai Chi exercise on fibromyalgia symptoms and health-related quality of life.

Taggart HM, Arslanian CL, Bae S, Singh K.

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BACKGROUND: Fibromyalgia (FM), one of the most common musculoskeletal disorders,

is associated with high levels of impaired health and inadequate or limited symptom relief. The cause of this complex syndrome is unknown, and there is no known cure. Numerous research results indicate that a combination of physical

exercise and mind-body therapy is effective in symptom management. T'ai Chi, an ancient Chinese exercise, combines physical exercise with mindbody therapy. PURPOSE: To investigate the effects of T'ai Chi exercise on FM symptoms and health-related quality of life. DESIGN: Pilot study, one group pre-to-post posttest design. METHODS: Participants with FM (n = 39) formed a single group for 6 weeks of 1-hour, twice weekly T'ai Chi exercise classes. FM symptoms and health-related quality of life were measured before and after exercise. FINDINGS: Twenty-one participants completed at least 10 of the 12 exercise sessions. Although the dropout rate was higher than expected, measurements on both the Fibromyalgia Impact Questionnaire (FIQ) (Buckhardt, Clark, & Bennett, 1991) and the Short Form-36 (SE-36) (Ware & Sherbourne, 1992) revealed statistically significant improvement in symptom management and health-related quality of life. IMPLICATIONS FOR NURSING RESEARCH: Knowledge of interventions to enhance health for the patient with musculoskeletal problems is a National Association of Orthopaedic Nurses priority. Tai Chi is potentially beneficial to patients with FM. Further research is needed to support evidence-based practice.

Publication Types:

Clinical Trial

Controlled Clinical Trial

PMID: 14595996 [PubMed - indexed for MEDLINE]

Palliat Med. 2003 Oct;17(7):644-5.

Palliative home care and dying at home is an option for patients living alone. Gyllenhammar E, Thoren-Todoulos E, Strang P, Strom G, Eriksson K, Kinch M.

Publication Types:

Letter

PMID: 14594159 [PubMed - indexed for MEDLINE]

Patient Educ Couns. 1999 Oct;38(2):161-5.

The patient's motivation in seeking complementary therapies.

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The motivations of cancer patients in seeking complementary therapies are, fundamentally, self-healing motivations which, when engaged appropriately, can contribute to the patient's psychological and physical well being. In this paper, we apply a theoretical model, the Risk Adaptation Model, to furthering the clinical understanding of the motivations of cancer patients in seeking complementary therapies. The model identifies six discrete cognitive processes which, in combination, are hypothesized to play a central role in therapy seeking. Emphasis in this model is placed on the patient's need to maintain positive expectancies (optimism) when faced with the risk and uncertainty of cancer. This understanding of complementary-therapy seeking is grounded in the perspective that clinicians must respect the autonomy of cancer patients in their quest for appropriate therapies, and assist rather than direct their process of therapy-seeking.

Publication Types:

Review

Review, Tutorial

PMID: 14560712 [PubMed - indexed for MEDLINE]

Prim Care. 2003 Jun;30(2):327-40.

The office approach to the obese patient.

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Effective obesity care will not be accomplished without the implementation of a well-planned, office-based organizational system designed to address the assessment, evaluation, and treatment of the overweight and obese patient. Completing an office audit, as shown in Table 1, should be useful for triggering quality improvement opportunities regarding obesity care. Similarly, the chart audit in Table 4 can be used to assess current and future practice behavior. This article has reviewed the key office-based components for the delivery of obesity care. The strategies and techniques used for treatment are addressed in the remaining articles in this issue.

Publication Types:

Review

Review, Tutorial

PMID: 14567151 [PubMed - indexed for MEDLINE]

Spine J. 2002 Nov-Dec;2(6):391-9; discussion 399-401.

The impact of treatment confidence on pain and related disability among patients with low-back pain: results from the University of California, Los Angeles, low-back pain study.

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BACKGROUND CONTEXT: Although many researchers and practitioners believe that patients' positive expectations of their treatment favorably influence clinical outcomes, there is little scientific evidence to support this belief. **PURPOSE:**

To describe the level of patients' initial confidence in the success of their assigned treatment, by treatment group and other factors; and to estimate the effects of treatment confidence on subsequent changes in low-back pain and related disability. **STUDY DESIGN AND PATIENT SAMPLE:** Randomized clinical trial involving 681 patients treated for low-back pain in a managed-care facility in Southern California. **OUTCOME MEASURES:** Treatment confidence; and changes in three clinical measures of low-back pain: average pain, most severe pain and back-pain-related disability. **METHODS:** Patients were randomly assigned to one of four treatment groups: medical care with and without physical therapy, and chiropractic care with and without physical modalities. Information was collected by questionnaires at baseline, 2 weeks, 6 weeks and 6 months. Treatment confidence was measured just after randomization on a scale of 0 to 10. **RESULTS:** Treatment confidence was lowest, on average, for patients assigned to medical care only and highest for patients assigned to medical care plus physical therapy. Other predictors of high treatment confidence were having acute pain and being older, female and nonwhite. Although treatment confidence was only weakly associated with subsequent changes in low-back pain or disability in the total sample, high treatment confidence was associated with greater improvement among patients assigned to medical care plus physical therapy. **CONCLUSIONS:** Initial confidence in treatment for low-back pain varies by type of care and other factors. Higher confidence may have some beneficial

effect on the course of low-back pain in certain patients, but this effect may depend on the type of interaction between client and provider.

Publication Types:

Clinical Trial

Randomized Controlled Trial

PMID: 14589256 [PubMed - indexed for MEDLINE]

Spine J. 2001 Sep-Oct;1(5):307-9.

Assisting patients in their choice of treatment options: a primary goal of all spine care clinicians.

Haldeman S.

Publication Types:

Editorial

PMID: 14588306 [PubMed - indexed for MEDLINE]

Spine J. 2001 Sep-Oct;1(5):358-63.

Patient satisfaction with spinal cord stimulation for predominant complaints of chronic, intractable low back pain.

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BACKGROUND CONTEXT: Results of subsequent surgical intervention in patients with intractable pain after lumbar spine surgery are typically worse than for initial surgery, particularly in those with predominant complaints of back pain rather than lower extremity pain. Spinal cord stimulation (SCS) has been found to yield good results in patients with primary complaints of intractable lower extremity pain. Technological advances have broadened the indications for this treatment.

PURPOSE: The purpose of this study was to evaluate patient satisfaction after SCS in the treatment of patients with predominant complaints of chronic, intractable, low back pain. **STUDY DESIGN/SETTING:** Data were collected from retrospective chart review and patient follow-up questionnaire. Patients were treated at a spine specialty center. **PATIENT SAMPLE:** The study group consisted of the consecutive series of our first 41 patients who underwent SCS for predominant complaints of low back pain. The mean symptom duration was 82.9 months, and the mean age was 47.9 years (range, 28-83 years). All but three patients had previously undergone lumbar spine surgery (mean, 2.3 prior surgeries). **OUTCOME MEASURES:** At the time of follow-up (5.5-19 months after SCS implantation), patients completed questionnaires assessing their satisfaction with their outcome, if they would have the procedure again knowing what their outcome would be and if they would recommend SCS to someone with similar problems. In determining outcome, a negative response was assigned for patients who had the device removed. A worst-case analysis was also conducted in which a negative response was assigned for patients lost to follow-up or who failed to respond to a particular question. Data were also collected on complications and re-operations. **METHODS:** All trial stimulation procedures were performed under local anesthetic with the patient providing feedback concerning pain relief achieved with various lead placements and settings. If one lead did not provide acceptable relief in all the areas needed, placement of a second lead was pursued. If the patient failed to maintain acceptable pain relief (> or =50% pain relief) during a multiday trial period, the leads were removed. If adequate relief was maintained during the trial period, the receiver was implanted.

RESULTS: Responses to the follow-up questionnaire indicated that 60% of patients considered themselves improved from their preoperative condition and the remaining 40% did not; 78.1% of patients would recommend SCS to someone with similar problems, 69.0% were satisfied, 75.0% would have the procedure performed again if they had known their outcome before implantation. Among the 36 patients in whom the system was implanted, it was later removed in 4 because of lack of sufficient pain relief. Other re-operations included repositioning of the leads to regain pain relief in the areas needed, replacement of a malfunctioning unit and revision of lead extension wires. CONCLUSIONS: In this retrospective study, the majority of patients were satisfied with the results of SCS and would have the procedure again knowing what their outcome would be. These results suggest that further investigation of SCS is warranted in this difficult to treat patient population presenting with predominant complaints of chronic, intractable, axial low back pain.
PMID: 14588316 [PubMed - indexed for MEDLINE]

Tenn Med. 2003 Oct;96(10):465-9.

Diabetic patient experiences in a Medicaid managed care system.
Womeodu RJ, Graney MJ, Gibson DV, Bailey JE.
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OBJECTIVE: When Tennessee received a federal waiver to place all Medicaid enrollees in managed care organizations (MCOs), patients with chronic conditions such as diabetes were deemed especially vulnerable. This survey assessed patients' perceptions of diabetic care, self-care procedures, and satisfaction with medical care before and after enrollment in a Medicaid MCO. METHODS: A telephone survey was designed and pilot tested before surveying 57 patients meeting inclusion criteria of continuous enrollment in Medicaid for two years before, and in the MCO for two years after, the initiation of Tennessee's Medicaid managed care system (TennCare). RESULTS: On average, patients were 56.1 +/- 8.9 years old (mean +/- SD), African American (87.7%), female (73.7%), disabled (64.8%), with 8.4 +/- 2.8 years of education and annual incomes below \$10,000 (54.4%). Mean age at diagnosis was 39.5 +/- 11.5 years, and most (75.5%) were currently prescribed insulin. Over one-third (39.6%) described the quality of healthcare received under managed care as excellent or very good and 38.9% felt prior Medicaid care was worse or much worse. Compared to Medicaid, patients reported no difference in being denied a test under managed care because of lack of approval (P = .754). However, significant improvements were reported in receiving detailed information about diabetes (89.5% vs. 73.7%, P = .022), and diet (89.5% vs. 77.2%, P = .039) for the TennCare period. Patients were more likely to perform finger stick blood glucose tests under the MCO (76.8% vs. 40.7%, P = .001), but did not report that blood glucose was controlled more of the time (P = .332). CONCLUSION: Most patients were satisfied with their MCO care, and most reported that finger stick glucose monitoring increased under the MCO. However, no significant gains in controlling blood sugar were reported. From the perspective of most patients, enrollment in an MCO had positive outcomes and resulted in improved access to diabetes-related health information.
PMID: 14574722 [PubMed - indexed for MEDLINE]

West J Nurs Res. 2003 Nov;25(7):762-80.

The politics of belonging and intercultural health care.
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Belonging was one of the recurrent themes in an ethnography examining the social context of intergroup health care relations. Certain people, both patients and health care providers, were constructed as belonging in the social fabric of health care, whereas some were left on the margins and constructed as Other. In this article, the theme of belonging is explored through a multilayered analysis of the contexts of intergroup health care encounters. The macropolitics of belonging are situated in the larger societal setting, replete with practices that mark Other. Evidences of such Othering is then traced through organizational contexts, drawing on the exemplars of visiting hour policy, integration of alternative therapies, and provision of language services. Intergroup interactions are then reanalyzed in light of micropolitics at the individual nurse-patient level. The overall picture presented is one of a range of social, political, historical, and economic forces reproduced in everyday intercultural health care encounters.

Publication Types:

Multicenter Study

PMID: 14596178 [PubMed - indexed for MEDLINE]

West J Nurs Res. 2003 Nov;25(7):815-34.

Immigrant women implementing participatory research in health promotion.

Meyer MC, Torres S, Cermeno N, MacLean L, Monzon R.

Few studies on women's health include immigrant women as participants, and fewer are conducted by immigrant women themselves. In this article, the authors present a model that allowed their full participation as researchers and authors. They describe their experiences using participatory research methods with Hispanic women in multiple ways to reach out to isolated women, collect data about community needs, and provide health education. They explore the advantages and challenges of being trained for both researcher and health educator roles, describe opportunities to use this approach to assess service needs, and discuss the potential for personal empowerment. They also report on the time commitment that such a bilingual project requires. In the process of interviewing marginalized women, they realized how much health promotion and participatory research complement each other. The authors conclude that combining participatory research with health promotion activities has promise to contribute toward increased empowerment of immigrant communities.

PMID: 14596181 [PubMed - indexed for MEDLINE]

BOOKS

Consumer-driven health care: implications for providers, payers, and policymakers.
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Service recovery. Dept of Veterans Affairs, 2003. 1 Videocassette. (23 min)+ facilitator's guide.

Customer service agenda, six steps to greatness. Enterprise Media, Inc, 2003. 1 Video 15 min.