



## **CUSTOMER FOCUSED HEALTH CARE DELIVERY AND SATISFACTION**

**February 2004**

Acta Oncol. 2003;42(7):710-8.

Predictors of quality of life of breast cancer patients.  
Engel J, Kerr J, Schlesinger-Raab A, Eckel R, Sauer H, Holzel D.  
Munich Field Study and the Munich Cancer Registry, Klinikum Grosshadern, Ludwig-Maximilians-University, Munich, Germany. engel@ibe.med.uni-muenchen.de  
Research has indicated that several demographic and clinical factors may affect the quality of life of breast cancer patients. Few studies, however, have sufficient sample sizes for multivariate analyses to be tested. Furthermore, several important factors, such as arm morbidity, communication and comorbid illness, have not been included in quality of life models. The aim of this study was to predict the simultaneous effect of these factors on long-term quality of life. Breast cancer patients (n = 990) completed a quality of life survey, including the EORTC QLQ-C30, over five years. Clinical details were registered in the Munich Cancer Registry. Eleven predictors across eight quality of life domains were analyzed over a period of five years using a logistic regression model. Arm problems, communication, comorbidity, age, surgery. and, to a lesser extent, marital, educational and employment status were significantly associated with quality of life. Adjuvant therapy, medical insurance and pT category were not significant predictors. This study is the first to demonstrate the consistency and strength of arm dysfunction and doctor-patient communication on breast cancer patients' quality of life. These important factors in breast cancer care can be improved and should be regarded as a priority.  
PMID: 14690156 [PubMed - indexed for MEDLINE]

AIDS Read. 2003 Dec;13(12):583-90, 595-7.

Quality of life and HIV: current assessment tools and future directions for clinical practice.  
Grossman HA, Sullivan PS, Wu AW.  
Department of Medicine, Columbia University College of Physicians and Surgeons, New York, USA.  
Routine clinical assessment of health-related quality of life in persons with HIV infection has the potential to improve care by assessing and monitoring treatment effects, enhancing communication between patient and provider, and tracking changes in functional status over time. Currently available

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Veterans Health Administration

research-based assessment tools may be inadequate for routine clinical use because of the lack of inclusion of HIV-relevant aspects of quality of life and the impracticality of the use of such tools in the clinical setting. There may be a need for a new, clinically relevant, HIV-specific assessment tool that would be easy to incorporate into clinical practice to briefly, yet comprehensively, assess characteristics frequently found in HIV-infected persons, such as fatigue, pain, nausea and vomiting, sleep disturbances, sexual dysfunction, and body image issues. Until such a tool is developed, the Linear Analogue Self-Assessment questionnaire and the Medical Outcomes Study Short Form-12 (MOS SF-12) are short enough for routine use in a clinical setting. Slightly longer measures, such as the MOS-HIV Health Survey (MOS-HIV), can provide information in a greater number of domains.

Publication Types:

Review

Review, Tutorial

PMID: 14959693 [PubMed - indexed for MEDLINE]

Altern Ther Health Med. 2004 Jan-Feb;10(1):52-7.

Complementary and alternative medicine use by women after completion of allopathic treatment for breast cancer.

Henderson JW, Donatelle RJ.

Health Division, Western Oregon University, USA.

CONTEXT: A growing number of women are being diagnosed and successfully treated for breast cancer. Therefore, many women are living with a history of breast cancer. The use of complementary and alternative therapies within this patient population has increased. OBJECTIVE: To determine post breast cancer treatment health behaviors with regard to use of complementary and alternative therapies.

DESIGN: Survey participants were asked about their use of 15 complementary and alternative medicine (CAM) therapies. In order to determine the relative importance of the hypothesized predictor variables, standard logistic regression was performed with CAM use as the dependent variable. PARTICIPANTS: 551 women who had been diagnosed with breast cancer and were post treatment.

INTERVENTION:

Telephone Survey. RESULTS: Telephone interviews were conducted with 551 females in the Portland, Oregon, metropolitan area who had been diagnosed with breast cancer an average of 3.5 years earlier. Two-thirds (66%) of the women used at least one CAM therapy during the previous 12 months, and the majority of them perceived that their CAM use was without the recommendation of their doctor.

Relaxation/meditation, herbs, spiritual healing, and megavitamins were used most often. Significant predictors of CAM use included younger age, higher education, and private insurance. The majority of the CAM therapies were perceived by their users to be at least "moderately important" in remaining free of cancer. The reasons given for using CAM were to enhance overall quality of life, to feel more in control, to strengthen the immune system, and to reduce stress.

CONCLUSIONS: Two-thirds of women in this study followed conventional treatment for breast cancer with one or more CAM therapies, which, they believed, could prevent cancer recurrence and/or improve their quality of life. CAM use did not reflect negative attitudes towards conventional medical care, but rather an orientation to self-care in the optimization of their health and well being.

PMID: 14727500 [PubMed - indexed for MEDLINE]

Am J Obstet Gynecol. 2003 Dec;189(6):1551-7; discussion 1557-8.

Patient-selected goals: a new perspective on surgical outcome.  
Elkadry EA, Kenton KS, FitzGerald MP, Shott S, Brubaker L.  
Division of Female Pelvic Medicine and Reconstructive Surgery, Loyola University Medical Center, Maywood, IL, USA.  
OBJECTIVE: This study was undertaken to study the relationship between achievement of patient goals, overall satisfaction, and objective outcome measures. STUDY DESIGN: After Institutional Review Board approval, we prospectively evaluated 78 women undergoing pelvic reconstructive surgery at Loyola University Medical Center. After informed consent for surgery, patients were asked to state their goals for surgery. In a follow-up telephone conversation, these goals were reviewed and negotiated to modify expectations. The same physician investigator contacted women 3 months after surgery to assess goal achievement, overall satisfaction, and their surgical experience. Data were analyzed with Spearman correlation and Mann-Whitney tests. RESULTS: Of 78 women, 75% indicated that they met most of their goals, and 72% were more than 80% satisfied. Patient satisfaction was moderately correlated to goal achievement ( $\rho=0.57$ ,  $P<.001$ ). Objective cure, defined as no urodynamic stress incontinence and stage 0 or I prolapse, was not related to satisfaction ( $P=.14$ ). Dissatisfaction was highly associated with feeling "unprepared for surgery" ( $P<.001$ ). CONCLUSION: Objective and subjective outcomes are necessary to predict patient satisfaction.  
PMID: 14710061 [PubMed - indexed for MEDLINE]

Anaesthesia. 2004 Jan;59(1):57-9.

Unplanned admission rates and postdischarge complications in patients over the age of 70 following day case surgery.  
Aldwinckle RJ, Montgomery JE.  
Department of Anaesthesia, Torbay Hospital, Torbay TQ2 7AA, UK.  
robaldwinckle@blueyonder.co.uk  
The elderly are a group of patients who would seem ideally suited to day surgery. However, age was initially regarded as a potential barrier to this process. We conducted a retrospective review of 1647 elderly patients (> 70 years of age) over a two-year period. Our results show a favourable outcome for these patients with low rates of unplanned admission and postoperative complications. Elderly patients seem to be at no increased risk of complications after day surgery, and show excellent satisfaction scores.  
PMID: 14687100 [PubMed - indexed for MEDLINE]

Ann Intern Med. 2004 Jan 6;140(1):51-3.

Malpractice reform must include steps to prevent medical injury.  
Schoenbaum SC, Bovbjerg RR.  
The Commonwealth Fund, New York, New York 10021, USA. scs@cmwf.org  
In the current malpractice insurance crisis, physicians have focused their advocacy and energy primarily on rapidly increasing liability premiums; problems in access to care; and demands for legal reform, especially caps on damages. An even more important focus, however, is prevention of injury and improvement of patient safety. Physicians largely control patient care and can play a critical role in systematically reducing injury. Reforms should go beyond liability issues; they should also harness and enhance physicians' ability to act. More

visible efforts by physicians to reduce harm, better communication with patients and others, and true evidence of improved patient safety should reduce patient anger and litigiousness. Individually and collectively, physicians can and should ensure that "doing no harm" comes first in the malpractice debate.  
PMID: 14706972 [PubMed - indexed for MEDLINE]

Arch Ophthalmol. 2004 Jan;122(1):94-8.

Informed consent and decision making by cataract patients.

Kiss CG, Richter-Mueksch S, Stifter E, Diendorfer-Radner G, Velikay-Parel M, Radner W.

Department of Ophthalmology and Optometry, University of Vienna, Vienna, Austria.

**OBJECTIVES:** To investigate decision making by patients on the day before cataract surgery and to evaluate to what extent the informed consent process influences the patients' decision regarding consent. **METHODS:** On the day before surgery, 70 patients (mean +/- SD age, 70.3 +/- 10.3 years) underwent a standardized informed consent procedure. They were also invited to answer 15 questions established in interdisciplinary cooperation among clinical psychologists, lawyers, and ophthalmologists. **MAIN OUTCOME MEASURES:** We assessed

presurgical information and personal estimation of risks in cataract surgery; the patient-physician relationship regarding surgery-related decisions; and evaluations of the informed consent procedure and the patients' decision.

**RESULTS:** Questionnaire answers indicated that 28 (40%) of the 70 participating patients arrived for surgery without any information; 16 (23%) believed that there were surgical procedures without risks; and 53 (76%) estimated that there were no risks for their cataract surgery. A physician-dominated decision for surgery was preferred by 31 patients (44%); 16 (26%) wanted to decide together with their ophthalmologist. Possible risks of a sight-threatening complication did not influence 54 patients' (77%) decisions, and 55 patients (78%) said the informed consent process did not influence their decision. The remaining 15 (22%) stated that the informed consent process positively confirmed their decision. **CONCLUSIONS:** Informed consent 1 day preoperatively does not seem to influence the decision for cataract surgery. Cognitive dissonance as part of a decision-making process makes changes in an already chosen option unlikely. The resulting limited decisive potential is very important for credibility in a trial and has to be considered in ophthalmologic surgery.

PMID: 14718302 [PubMed - indexed for MEDLINE]

BMJ. 2004 Jan 3;328(7430):4-5.

Choice and responsiveness for older people in the "patient centred" NHS.

Rowland DR, Pollock AM.

Publication Types:

Editorial

PMID: 14703523 [PubMed - indexed for MEDLINE]

Can Fam Physician. 2003 Dec;49:1626-31.

Ethical issues in palliative care. Views of patients, families, and nonphysician staff.

Towers A, MacDonald N, Wallace E.

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OBJECTIVE: Much of what we know about ethical issues in palliative care comes from the perceptions of physicians and ethicists. In this study our goal was to hear other voices and to gain first-hand knowledge of the possibly contrasting views of patients, their families, nurses, volunteers, and other team members on end-of-life issues. DESIGN: Qualitative study using semistructured interviews. SETTING: Inpatient and consultation palliative care service of the Royal Victoria Hospital in Montreal, Que. PARTICIPANTS: Of 113 people interviewed, 13 were patients, 43 were family members, 32 were volunteers, 14 were nurses, and 11 were other staff. METHOD: Interviewers elicited subjects' perspectives on ethical issues. Content analysis was used to identify, code, and categorize themes in the data. MAIN FINDINGS: Communication difficulties and insufficient resources and staff were the most frequently mentioned problems in this palliative care setting. CONCLUSION: The findings of this study will help guide policy decisions and setting of educational priorities in end-of-life care, particularly regarding the importance of adequate communication. PMID: 14708928 [PubMed - indexed for MEDLINE]

Cancer Invest. 2003;21(6):915-23.

Family-oncologist communication in cancer patient care.

Burkhalter JE, Bromberg SR.

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Publication Types:

Review

Review, Tutorial

PMID: 14735695 [PubMed - indexed for MEDLINE]

Cancer Nurs. 2003 Oct;26(5):392-9.

Assisted dying and end-of-life symptom management.

Volker DL.

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This qualitative study aimed to describe symptom management strategies oncology nurses have used in responding to and preventing requests of terminally ill patients with cancer for assisted dying (AD). The study involved secondary analysis of written stories from 36 nurses who agreed to describe their experiences with a request for assisted dying. Of the 36 nurses, 12 refused to support patient requests for AD and described their attempts to control the circumstances of dying by controlling symptoms. The remaining 24 nurses denied ever receiving requests for AD and described symptom management practices believed to prevent such requests. Data were analyzed using Denzin's process of interpretive interactionism. Two themes emerged from the participant's stories: alternative strategies for AD and prevention of requests for AD. The participants shared many examples of clinical interventions and other features of nursing responses to relieve or prevent suffering including physical, emotional, and spiritual care practices; comfort and medication management; and service as teacher-advocate. Both the nurses who had received requests for AD and those who had not used a variety of similar symptom management approaches to

alleviate suffering. In doing so, these nurses upheld current standards of both their professional and specialty organizations.  
PMID: 14710801 [PubMed - indexed for MEDLINE]

Ceylon Med J. 2003 Sep;48(3):82-4.

Caring for the dying patient.  
Weerasuriya N, Fernando DJ.  
Medical Unit, National Hospital of Sri Lanka. namalw@dialogsl.net  
Publication Types:  
Review  
Review, Tutorial  
PMID: 14735803 [PubMed - indexed for MEDLINE]

Contrib Nephrol. 2004;142:363-75.

The vascular access: a long-term patient's considerations and reflections.  
Newmann JM.  
Health Policy Research & Analysis, Inc., Reston, Va., USA. JohnNewm@aol.com  
Publication Types:  
Review  
Review, Tutorial  
PMID: 14719403 [PubMed - indexed for MEDLINE]

Dent Update. 2003 Nov;30(9):488-90.

From I don't care to customer care. An evolution in patient expectation.  
Newsome P.  
Faculty of Dentistry, University of Hong Kong.  
This paper explores the way that the delivery of dental care has changed over the past three decades. Comparisons are made between dentistry and other business fields to show how the profession has moved in line with shifts in societal attitudes.  
PMID: 14686188 [PubMed - indexed for MEDLINE]

Dermatol Clin. 2003 Oct;21(4):733-42.

Cultural aspects in the treatment of patients with skin disease.  
Moy JA, McKinley-Grant L, Sanchez MR.  
Department of Dermatology, New York University Medical Center, 560 First Avenue, Office H-100, New York, NY 10016, USA.  
As the cultural distance between patient and physician widens, so does miscommunication. Negotiation between the belief systems of the physician and the patient may create a therapeutic environment of mutual trust and respect that increases the possibility of successful clinical outcomes.  
Publication Types:  
Review  
Review, Tutorial  
PMID: 14717414 [PubMed - indexed for MEDLINE]

Health Serv Res. 2003 Dec;38(6 Pt 1):1579-98.

Methodological challenges associated with patient responses to follow-up longitudinal surveys regarding quality of care.

Kahn KL, Liu H, Adams JL, Chen WP, Tisnado DM, Carlisle DM, Hays RD, Mangione CM, Damberg CL.

UCLA School of Medicine, Division of General Internal Medicine and Health Services Research, Los Angeles, CA 90095-1736, USA.

**OBJECTIVE:** To illustrate, using empirical data, methodological challenges associated with patient responses to longitudinal surveys regarding the quality of process of care and health status, including overall response rate, differential response rate, and stability of responses with time. **DATA SOURCES/STUDY SETTING:** Primary patient self-report data were collected from 30,308 patients in 1996 and 13,438 patients in 1998 as part of a two-year longitudinal study of quality of care and health status of patients receiving care delivered by 63 physician organizations (physician groups) across three West Coast states. **STUDY DESIGN:** We analyzed longitudinal, observational data collected by Pacific Business Group on Health (PBGH) from patients aged 18-70 using a four-page survey in 1996 and a similar survey in 1998 to assess health status, satisfaction, use of services, and self-reported process of care. A subset of patients with self-reported chronic disease in the 1996 study received an enriched survey in 1998 to more fully detail processes of care for patients with chronic disease. **DATA COLLECTION/EXTRACTION METHODS:** We measured response

rate overall and separately for patients with chronic disease. Logistic regression was used to assess the impact of 1996 predictors on response to the follow-up 1998 survey. We compared process of care scores without and with nonresponse weights. Additionally, we measured stability of patient responses over time using percent agreement and kappa statistics, and examined rates of gender inconsistencies reported across the 1996 and 1998 surveys. **PRINCIPAL FINDINGS:** In 1998, response rates were 54 percent overall and 63 percent for patients with chronic disease. Patient demographics, health status, use of services, and satisfaction with care in 1996 were all significant predictors of response in 1998, highlighting the importance of analytic strategies (i.e., application of nonresponse weights) to minimize bias in estimates of care and outcomes associated with longitudinal quality of care and health outcome analyses. Process of care scores weighted for nonresponse differed from unweighted scores ( $p < .001$ ). Stability of responses across time was moderate, but varied by survey item from fair to excellent. **CONCLUSIONS:** Longitudinal analyses involving the collection of data from the same patients at two points in time provide opportunities for analysis of relationships between process and outcomes of care that cannot occur with cross-sectional data. We present empirical results documenting the scope of the problems and discuss options for responding to these challenges. With increasing emphasis in the United States on quality reporting and use of financial incentives for quality in the health care market, it is important to identify and address methodological challenges that potentially threaten the validity of quality-of-care assessments.

PMID: 14727789 [PubMed - indexed for MEDLINE]

Health Serv Res. 2003 Dec;38(6 Pt 1):1509-27.

Psychometric properties of the Consumer Assessment of Health Plans Study (CAHPS) 2.0 adult core survey.

Hargraves JL, Hays RD, Cleary PD.

Center for Studying Health System Change, Washington, DC 20024, USA.

**OBJECTIVE:** To estimate the reliability and validity of survey measures used to evaluate health plans and providers from the consumer's perspective. **DATA SOURCES:** Members (166,074) of 306 U.S. health plans obtained from the National CAHPS Benchmarking Database 2.0, a voluntary effort in which sponsors of CAHPS surveys contribute data to a common repository. **STUDY DESIGN:** Members of privately insured health plans serving public and private employers across the United States were surveyed by mail and telephone. Interitem correlations and correlations of items with the composite scores were estimated. Plan-level and internal consistency reliability are estimated. Multivariate associations of composite measures with global ratings are also examined to assess construct validity. Confirmatory factor analysis is used to examine the factor structure of the measure. **FINDINGS:** Plan-level reliability of all CAHPS 2.0 reporting composites is high with the given sample sizes. Fewer than 170 responses per plan would achieve plan-level reliability of .70 for the five composites. Two of the composites display high internal consistency (Cronbach's alpha  $\geq$  .75), while responses to items in the other three composites were not as internally consistent (Cronbach's alpha from .58 to .62). A five-factor model representing the CAHPS 2.0 composites fits the data better than alternative two- and three-factor models. **CONCLUSION:** Two of the five CAHPS 2.0 reporting composites have high internal consistency and plan-level reliability. The other three summary measures were reliable at the plan level and approach acceptable levels of internal consistency. Some of the items that form the CAHPS 2.0 adult core survey, such as the measure of waiting times in the doctor's office, could be improved. The five-dimension model of consumer assessments best fits the data among the privately insured; therefore, consumer reports using CAHPS surveys should provide feedback using five composites.

Publication Types:

Validation Studies

PMID: 14727785 [PubMed - indexed for MEDLINE]

Hosp Health Netw. 2003 Dec;77(12):36-40, 49, 2.

"Can you hear me now?" Providers must give patients a voice in efforts to reduce medical errors.

Spath PL.

Efforts to improve health care safety can succeed only if providers listen to and otherwise actively involve patients. Several hospitals have created strategies to educate both staff and consumers to create a true provider-patient partnership that reduces the chance for errors.

PMID: 14712535 [PubMed - indexed for MEDLINE]

Hosp Health Netw. 2003 Dec;77(12):41-8, 2.

The patient experience.

Scalise D.

Measuring patient experience, rather than satisfaction, is gaining leverage with employers, payers and the government. We look at why it's better and how it can improve quality.

PMID: 14712536 [PubMed - indexed for MEDLINE]

Hosp Peer Rev. 2004 Jan;29(1):7-9.

Discharge Planning Advisor. Do you offer a choice on home care services?  
[No authors listed]  
PMID: 14708494 [PubMed - indexed for MEDLINE]

Hosp Peer Rev. 2003 Dec;28(12):167-9.

Boost patient satisfaction while enhancing safety.  
[No authors listed]  
PMID: 14692384 [PubMed - indexed for MEDLINE]

Int J Periodontics Restorative Dent. 2003 Dec;23(6):567-73.

Patient preference for ultrasonic or hand instruments in periodontal maintenance.  
Croft LK, Nunn ME, Crawford LC, Holbrook TE, McGuire MK, Kerger MM, Zacek GA. Department of Periodontics, The University of Texas Health Science Center at San Antonio, Dental School, Texas 78229-3900, USA.  
The purpose of this study was to determine if patients prefer ultrasonic or hand instruments for periodontal maintenance. A questionnaire of 13 items was answered by 469 patients in three periodontal offices. The results showed a strong preference (74%) for ultrasonic instruments. The possibility of increased compliance because of this preference is discussed.  
PMID: 14703760 [PubMed - indexed for MEDLINE]

Int J Radiat Oncol Biol Phys. 2004 Jan 1;58(1):34-42.

Predictors of preferences and utilities in men treated with 3D-CRT for prostate cancer.  
Bruner DW, Hanlon A, Mazzoni S, Raysor S, Konski A, Hanks G, Pollack A. Department of Population Science, Fox Chase Cancer Center, Philadelphia, PA, USA. D\_Watkins-Bruner@fccc.edu  
PURPOSE: To assess the preferences and utilities for prostate cancer health state scenarios of men treated with three-dimensional conformal radiotherapy and the predictors of treatment preferences. METHODS AND MATERIALS: The preferences and utilities for probabilistic health states of impotence and incontinence associated with prostate cancer therapies were elicited from prostate cancer registry participants using a modified time trade-off interview. Sociodemographic, disease, and treatment characteristics, as well as quality-of-life scores, were assessed to determine the predictors of preferences. RESULTS: Fifty-seven men treated with three-dimensional conformal radiotherapy completed the time trade-off interview. Of these men, 83% had Stage T1-T2 and 30% were receiving hormonal therapy. The utilities followed a linear trend with declining scores for increasing risk of poorer health states. Men showed an increased preference for health states associated with radiotherapy compared with surgery or hormonal therapy. Univariate predictors of preference included income and marital status. Multivariate predictors of preferences included more aggressive therapy and better prognostic indicators. Current quality-of-life scores in terms of global, sexual, or urinary function were poor predictors of preferences. CONCLUSION: Preference elicitation can assist in decision-making, and understanding the predictors of patient preferences can assist in identifying factors that may increase patient perceptions of poorer

outcomes.

PMID: 14697418 [PubMed - indexed for MEDLINE]

J Am Diet Assoc. 2004 Jan;104(1):41-2.

Comment on:

J Am Diet Assoc. 2004 Jan;104(1):35-41.

Convincing patients of the benefits of compliance.

Theford K.

Publication Types:

Comment

PMID: 14702582 [PubMed - indexed for MEDLINE]

J Am Diet Assoc. 2004 Jan;104(1):35-41.

Comment in:

J Am Diet Assoc. 2004 Jan;104(1):41-2.

Knowledge of dietary restrictions and the medical consequences of noncompliance by patients on hemodialysis are not predictive of dietary compliance.

Durose CL, Holdsworth M, Watson V, Przygodzka F.

FOAD Centre, University of Southampton, School of Medicine, Princess Anne Hospital, United Kingdom.

OBJECTIVE: To investigate whether knowledge of the diet and medical consequences of noncompliance influences dietary compliance among patients on hemodialysis.

DESIGN: An interviewer-administered questionnaire assessed patients' knowledge of foods restricted in their diet (four separate scores for knowledge of foods restricted for: potassium, phosphorus, sodium, and fluid); overall knowledge of restricted foods (one composite knowledge score); and knowledge of medical complications of dietary noncompliance (one composite knowledge score).

Patients' mean monthly serum phosphorus and potassium and weight charts provided

an estimate of dietary compliance. SUBJECTS/SETTING: Seventy-one of the eligible 82 patients on hemodialysis at Nottingham City Hospital, Nottingham, UK,

participated in the study (87% response rate). STATISTICAL ANALYSES: Chi(2) tests determined associations between dietary compliance and knowledge scores.

RESULTS: More than one third of patients were noncompliant with at least one dietary restriction. Phosphorus dietary restrictions were the most commonly abused and potassium the least. Patients' knowledge of the medical consequences of noncompliance was poorer than knowledge of renal dietary restrictions (mean scores 29.4%; 74.7%). There was no association between compliance with

potassium

or sodium/fluid restrictions and knowledge of these dietary restrictions.

However, patients with better knowledge about phosphorus were less likely to be

compliant ( $P=.03$ ). Patients with better knowledge about the medical

complications of noncompliance were less likely to be compliant for phosphorus

( $P=.002$ ) and sodium/fluid ( $P=.008$ ) restrictions. APPLICATIONS: These findings

question the value of current dietary education techniques in motivating

patients to comply with dietary restrictions. Instead of the more traditional

approach of information-giving, effective educational methods that focus on

motivating patients to comply with dietary restrictions are needed to improve

compliance.

PMID: 14702581 [PubMed - indexed for MEDLINE]

J Am Geriatr Soc. 2003 Nov;51(11):1587-94.

End-of-life care in assisted living and related residential care settings:  
comparison with nursing homes.

Sloane PD, Zimmerman S, Hanson L, Mitchell CM, Riedel-Leo C, Custis-Buie V.  
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OBJECTIVES: To define the current state of end-of-life care in residential  
care/assisted living (RC/AL) facilities and nursing homes (NHs) and to compare  
these two types of care settings. DESIGN: Interviews of staff and family  
informants about deaths that occurred during a longitudinal study. SETTING:  
Fifty-five RC/AL facilities and 26 NHs in Florida, Maryland, New Jersey, and  
North Carolina. PARTICIPANTS: Two hundred twenty-four staff and family  
informants that best knew the 73 RC/AL residents and 72 NH residents who died in  
or within 3 days after discharge from a study facility. MEASUREMENTS: Telephone  
interviews conducted with the facility staff member who knew the decedent best  
and the family member who was most involved in care during the last month of  
life of the decedent. Data were collected on circumstances of death, perceptions  
of dying process, cause of death, care during the last month of life, mood,  
discomfort, and family satisfaction. RESULTS: Most decedents died in the  
facility where they had resided, and more than half of the subjects were alone  
when they died. Greater proportions of staff and family in the NHs knew that the  
resident's death was only days or weeks away. Both RC/AL and NH residents  
experienced few highly negative moods, and even on their most uncomfortable day,  
the overall discomfort was low for residents in both facility types. Summary  
ratings of family satisfaction were significantly higher for the RC/AL (32.1)  
than the NH (41.2) group ( $P=.016$ ). CONCLUSION: These data suggest that  
end-of-life care in RC/AL settings appears similar in process and outcomes to  
that provided in NHs. Thus, aging and dying-in-place can effectively occur in  
RC/AL.

PMID: 14687388 [PubMed - indexed for MEDLINE]

J Biolaw Bus. 2003;6(2):8-16.

Individual researcher liability for clinical research on humans.  
Miller RK.

Boston University School of Law, USA.

Despite international guidelines and federal regulations, a recent rash of  
problems in clinical trials have highlighted weaknesses in the oversight  
process. The federal regulatory system depends on self-policing by researchers  
and institutions. Because the existing system is overworked, applying common law  
forms of liability to clinical researchers may encourage improvements in this  
self-regulation. While research necessarily involves uncertainties, researchers  
have the greatest direct control over the implementation of the research  
protocol and the most extensive direct contact with subjects, and must bear  
corresponding responsibility for acts which fall below the standard of care.  
This paper argues that the existing FDA patient protections should be adopted as  
the standards of care for researchers. It examines the possible application of  
negligence, negligence per se, and fraud and misrepresentation claims against  
researchers.

PMID: 14682365 [PubMed - indexed for MEDLINE]

J Biolaw Bus. 2003;6(2):25-9.

The high road to success: how investing in ethics enhances corporate objectives.  
Dashefsky R.  
Ardais Corp., USA.

There is a growing gap between the tidal wave of information emerging from the Human Genome Project and other molecular biology initiatives, and the clinical research needed to transform these discoveries into new diagnostics and therapeutics. While genomics-based technologies are being rapidly integrated into pharmaceutical R&D, many steps in the experimental process are still reliant on traditional surrogate model systems whose predictive power about human disease is incomplete or inaccurate. There is a growing trend underway in the research community to introduce actual human disease understanding as early as possible into discovery, thereby improving accuracy of results throughout the R&D continuum. Such an approach (known as clinical genomics: the large scale study of genes in the context of actual human disease) requires the availability of large quantities of ethically and legally sourced, high-quality human tissues with associated clinical information. Heretofore, no source could meet all of these requirements. Ardais Corporation was the first to address this need by pioneering a systematized, standardized network for the collection, processing, dissemination and research application of human tissue and associated clinical information, all of which rest on the highest ethical standards. Based on a novel model of collaboration between industry and the academic/medical community, Ardais has created procedures, structures, technologies, and information tools that collectively compromise a new paradigm in the application of human disease to biomedical research. Ardais now serves as a clinical genomics resource to dozens of academic researchers and biopharmaceutical companies, providing products and services to accelerate and improve drug discovery and development.

PMID: 14682366 [PubMed - indexed for MEDLINE]

J Bone Joint Surg Am. 2004 Jan;86-A(1):187-8.

Lying for the patient's good.

Capozzi JD, Rhodes R.

Department of Orthopaedics, Mount Sinai Medical Center, New York, NY 10128, USA.

PMID: 14711969 [PubMed - indexed for MEDLINE]

J Bone Joint Surg Am. 2004 Jan;86-A(1):15-21.

Response bias: effect on outcomes evaluation by mail surveys after total knee arthroplasty.

Kim J, Lonner JH, Nelson CL, Lotke PA.

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**BACKGROUND:** Mail survey questionnaires are increasingly being used for follow-up evaluations to gauge satisfaction and performance after total joint arthroplasty. Responses to questionnaires are subject to a variety of possible biases. We evaluated response behavior in a mail survey of patients who had had a total knee arthroplasty. **METHODS:** A ten-question survey that evaluated satisfaction, general health, and Knee Society knee function and clinical scores was mailed to 472 patients who had undergone consecutive primary total knee

arthroplasties from 1996 to 1998. The 83% who responded were stratified as early, late, and repeat-mailing responders. The 17% who failed to respond after two mailings were considered nonresponders. All of the nonresponders were eventually contacted. The groups were compared with regard to their scores at the preoperative office visit, at the most recent office visit, and on the mail survey. RESULTS: In the mail survey, the patients who responded earliest gave the highest satisfaction ratings and the nonresponders gave the poorest ratings ( $p < 0.001$ ). Similarly, the mean Knee Society knee score (and standard deviation) was significantly higher for the early responders (82.7 +/- 19.0) than for the nonresponders (66.9 +/- 16.0), as was the mean function score (68.8 +/- 24.1 compared with 48.4 +/- 12.5) and the mean pain score (39.8 +/- 13.9 compared with 27.0 +/- 9.7) (all  $p < 0.0001$ ). The change between the preoperative and mail survey Knee Society knee scores was significantly higher for the early responders (46.12 +/- 25.71) than for the nonresponders (28.45 +/- 23.62), as was the change in the mean function scores (18.87 +/- 22.52 compared with 5.34 +/- 20.05) and the change in the mean pain scores (23.57 +/- 17.76 compared with 10.67 +/- 12.93) (all  $p < 0.0001$ ). CONCLUSIONS: Patients who do not respond to mail surveys used for follow-up are unique in that they report significantly poorer outcomes than do responders. This potential response bias should be considered in all follow-up analyses. Because it may be difficult to attain 100% response rates in very large series of patients, division of the study cohort into more manageable segments is advised to achieve a more complete response rate. The assessment of patients who are lost to follow-up is an important and necessary component in the accurate analysis of outcomes after arthroplasty.

PMID: 14711940 [PubMed - indexed for MEDLINE]

J Clin Oncol. 2004 Jan 15;22(2):307-14.

The attitudes of cancer patients and their families toward the disclosure of terminal illness.

Yun YH, Lee CG, Kim SY, Lee SW, Heo DS, Kim JS, Lee KS, Hong YS, Lee JS, You CH. Research Institute and Hospital, National Cancer Center 809, Madu-dong, Ilsan-gu, Gyeonggi-do 411-769, Korea. lawyun@ncc.re.kr.

PURPOSE: To ascertain the attitude of cancer patients and their families toward disclosure of terminal illness to the patient. PATIENTS AND METHODS: We constructed a questionnaire that included demographic and clinical information and delivered it to 758 consecutive individuals (433 cancer patients and 325 families that have a relative with cancer) at seven university hospitals and one national cancer center in Korea. RESULTS: 380 cancer patients and one member from each of 281 families that have a relative with cancer completed the questionnaire. Cancer patients were more likely than family members to believe that patients should be informed of the terminal illness (96.1% v 76.9%;  $P < .001$ ). Fifty percent of the family members and 78.3% of the patients thought that the doctor in charge should be the one who informs the patient. Additionally, 71.7% of the patients and 43.6% of the family members thought that patients should be informed immediately after the diagnosis. Stepwise multiple logistic regression indicated that the patient group was more likely than the family group to want the patient to be informed of the terminal illness (odds ratio [OR], 9.76; 95% CI, 4.31 to 22.14), by the doctor (OR, 4.00; 95% CI, 2.61 to 6.11), and immediately after the diagnosis (OR, 3.64; 95% CI, 2.45 to 5.41). CONCLUSION: Our findings indicated that most cancer patients want to be informed if their illness is terminal, and physicians should realize that the patient and the family unit may differ in their attitude toward such a disclosure. Our

results also reflect the importance of how information is given to the patient.  
PMID: 14722040 [PubMed - indexed for MEDLINE]

J Coll Physicians Surg Pak. 2003 Nov;13(11):674.

Communication skills of family physicians in a doctor-patient consultation.  
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PMID: 14700502 [PubMed - indexed for MEDLINE]

J Gend Specif Med. 2003;6(4):30-5.

The influence of gender on patient satisfaction.  
Woods SE, Heidari Z.  
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OBJECTIVE: To investigate the influence of gender on patient satisfaction with hospitalization care. METHODS: A random-selection, cross-sectional study was conducted. Data were collected by telephone interviews over a 2-year period utilizing a 16-item survey. Inclusion criteria were hospital admission between July 1, 1999 and July 1, 2001, age greater than 18 years, and the ability to speak on the telephone. Exclusion criteria were an admission for an obstetric purpose, physical rehabilitation, or psychiatric illness, or the inability to be reached by a telephone call. Logistic regression was used to compare gender with the responses for each of the 16 questions, while controlling for three confounders (age, race, and insurance status). RESULTS: 5857 patients were surveyed. Compared to men, women were significantly younger, had a higher percentage of African Americans, and more had Medicaid insurance ( $P < 0.05$ ). Using multivariate analysis, women expressed significantly less satisfaction compared to men on four of the six questions related to nursing care, on three of the three questions related to entire staff care, on three of the three questions related to overall satisfaction, and on one of the two questions related to communication ( $P < 0.05$ ). There was no difference in satisfaction between the genders for the two questions regarding physician care.  
PMID: 14714448 [PubMed - indexed for MEDLINE]

J Gerontol Nurs. 2003 Dec;29(12):11-7.

Adult day programs. Who needs them?  
Ross-Kerr JC, Warren S, Schalm C, Smith DL, Godkin MD.  
Faculty of Nursing, 3rd Floor, Clinical Sciences Building, University of Alberta, Edmonton, Alberta, Canada T6G 2G3.  
PMID: 14692239 [PubMed - indexed for MEDLINE]

J Infor Ethics. 2003 Spring;12(1):80-91.

Paternalism and access to medical records.  
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PMID: 14682327 [PubMed - indexed for MEDLINE]

J Med Pract Manage. 2003 Nov-Dec;19(3):166-9.

Development of a patient satisfaction survey for outpatient care: a brief report.

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Patient satisfaction has become a significant component of health care outcomes and an increasingly important component of quality assessment. Selecting the appropriate methods to measure patient satisfaction is a critical challenge for health care managers, yet, there is limited knowledge of the methods used to develop patient satisfaction instruments. In this brief report, we provide insights into the development of a patient satisfaction instrument for outpatient care at the Duke Private Diagnostic Clinic (PDC). We surveyed the 12 medical directors and asked them to rate 15 concept areas for inclusion in an outpatient satisfaction survey. We then constructed a patient satisfaction survey by drawing selected subscales from the publicly available PSQ-18 (Patient Satisfaction Questionnaire) and CAHPS (Consumer Assessment of Health Plans) surveys to address the seven highest rated concept areas: 1) general/overall satisfaction; 2) courteousness of office staff; 3) courteousness of physicians; 4) doctor/patient communication; 5) professionalism; 6) ease and time to get appointment; and 7) technical quality of care.

PMID: 14730826 [PubMed - indexed for MEDLINE]

J Nurs Res. 2003 Dec;11(4):277-86.

Perceived enactment of autonomy and related factors among elders.

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This study aims to investigate the perceived enactment of autonomy (PEA) of Chinese elders as well as its relationship to other variables, such as morale, life satisfaction, need for assistance, subjective overall health status, etc. Selected demographic attributes (gender, age, living arrangements, etc.) were also examined for their relationship to PEA. A purposive sample of 324 subjects over 64 years old was recruited from homes and long-term care facilities in southern Taiwan. A Chinese version of the PEA scale (PEA-CV) and the Revised Philadelphia Geriatric Center Morale Scale (R-PGCMS) were used to measure PEA and morale. Data were analyzed using SPSS/PC software version 10.0. The results show that these elders had high perceived enactment of autonomy (mean = 2.99). Through multiple regression analysis, these results also revealed that need for daily living assistance, type of living arrangement, scores for morale and marital status significantly affected perceived enactment of autonomy among Chinese elders. The results suggest that we should help elders recognize possible choices, respect the choices they have made, advocate elders' autonomy while providing assistance, and design appropriate activities for them so that they gain a sense of freedom, individuality and independence. Directions for future studies are suggested.

PMID: 14685934 [PubMed - indexed for MEDLINE]

JAMA. 2004 Jan 28;291(4):483-91.

Supporting family caregivers at the end of life: "they don't know what they don't know".

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Even for patients receiving complex, intensive medical care for serious and life-threatening illness, family caregiving is typically at the core of what sustains patients at the end of life. The amorphous relationship between physicians and the families of patients at the end of life presents both challenges and opportunities for which physicians may be unprepared. Families play important roles in the practical and emotional aspects of patient care and in decision making at the end of life. At the same time, family members may carry significant burdens as a result of their work. Through the perspectives of the wife, daughter, and home care nurse of a patient who died from pancreatic cancer, we illustrate the range of family caregiver experiences and suggest potentially helpful physician interventions. We describe 5 burdens of family caregiving (time and logistics, physical tasks, financial costs, emotional burdens and mental health risks, and physical health risks) and review the responsibilities of physicians to family caregivers. Based on available evidence, we identify 5 areas of opportunity for physicians to be of service to family members caring for patients at the end of life, including promoting excellent communication with family, encouraging appropriate advance care planning and decision making, supporting home care, demonstrating empathy for family emotions and relationships, and attending to family grief and bereavement. In caring well for family caregivers at the end of life, physicians may not only improve the experiences of patients and family but also find greater sustenance and meaning in their own work.

Publication Types:

Case Reports

PMID: 14747506 [PubMed - indexed for MEDLINE]

Lancet. 2003 Dec 13;362(9400):2011.

Medical consensus and informed consent: the patient needs more time.

Kallianpur AR.

Division of General Internal Medicine, Vanderbilt University Medical Center, Nashville, TN 37232-2587, USA.

Publication Types:

Case Reports

PMID: 14683663 [PubMed - indexed for MEDLINE]

Mark Health Serv. 2003 Winter;23(4):14-5.

A gift of customer complaints.

Stichler JF, Schumacher L.

jstichler@stichler.com

PMID: 14733239 [PubMed - indexed for MEDLINE]

Mark Health Serv. 2003 Winter;23(4):44.

To DTC or not to DTC? Direct-to-consumer advertising can seem like a prescription for futility.

Shankland S.

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PMID: 14733242 [PubMed - indexed for MEDLINE]

Med Econ. 2003 Dec 5;80(23):94-5.

How to "fire" a patient.

Weiss GG.

PMID: 14712588 [PubMed - indexed for MEDLINE]

Med Inform Internet Med. 2003 Jun;28(2):73-84.

Analysis of user-satisfaction with the use of a teleconsultation system in oncology.

Larcher B, Arisi E, Berloffia F, Demichelis F, Eccher C, Galligioni E, Galvagni M, Martini G, Sboner A, Tomio L, Zumiani G, Graiff A, Forti S.

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There is an increasing interest in assessing telemedicine as alternative method of delivering high quality cancer treatment to patients living in rural areas. In the Province of Trento (north-east Italy) a tele-oncology system was implemented to provide non-surgical oncological consultation to district general hospitals. The aim of this study was to explore user-satisfaction with the system after 6 months of experimentation. During the on-field validation two questionnaires with open and closed-response questions were distributed to 80 physicians and nurses 6 months apart to investigate the users' expected benefits vs. perceived ones. The two questionnaires were compared to assess how perceived benefits differed from expected ones. Significant differences were found regarding improvements in: the standardization of diagnostic-therapeutic procedures using the Electronic Patient Record (EPR)]; information sharing; data updating; consultation speed; and the possibility to diminish patients' travels through the use of teleconsultation (TC). Physicians' responses showed a significant difference regarding the EPR's effects on relationship with patient, the nurses' responses with regards to its effects on care quality. Physicians felt that both modalities of teleconsultation were useful in enhancing communication with colleagues (86% for the synchronous TC, 80% for the asynchronous TC). Responses indicated that the major difficulties encountered were in the introduction of the system into the daily routine. Despite this, user expectations for its future use in clinical field were considerably high.

Publication Types:

Validation Studies

PMID: 14692585 [PubMed - indexed for MEDLINE]

Med Inform Internet Med. 2003 Jun;28(2):117-27.

A consumer health record for supporting the patient-centered management of chronic diseases.

De Clercq PA, Hasman A, Wolffenbuttel BH.

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OBJECTIVES: To design and implement a shareable consumer health record system to investigate whether the system can assist in the management of chronic diseases. METHODS: A toolkit was designed for constructing the consumer health record system in an evolutionary way. An ethnographic-like approach (formative evaluation) was used to let users (patients and care providers) assess the system leading to incremental changes in the system. RESULTS: The evaluation provided us with sufficient information about which parts of the system needed adaptation. The final consumer health record system was well accepted by patients and care providers. The system is Web-based and is used at home by patients having diabetes. Both care providers and patients enter data. The system can download the data from a glucose meter. It provides feedback to patients on the basis of entered data and incorporated guidelines. It also allows discussion forums. CONCLUSION: Formative evaluation is useful for obtaining feedback from users about prototype systems. Care providers and patients together worked with the consumer health record. Both parties appreciated the system. The approach described here can be used for developing systems for other chronic patient groups.  
Publication Types:  
Evaluation Studies  
PMID: 14692588 [PubMed - indexed for MEDLINE]

Mil Med. 2003 Dec;168(12):1029-33.

Comparing patients' and physicians' opinions on quality outpatient care.  
Kaya S, Cankul HI, Yigit C, Peker S.  
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The objective of this study was to compare the opinions of patients and physicians on the importance of discrete elements of health care as determinants of the quality of outpatient care. A survey was conducted on patients and physicians of a military hospital in Ankara, Turkey. Participants rated 60 elements of care on its importance to high-quality care on a 5-point scale (not important [1] to essential [5]). These elements covered eight domains: physician clinical skill, physician interpersonal skill, outpatient clinic support staff, outpatient clinic environment, provision of health-related information, patient involvement in care, access to care, and coordination of care. Patients and physicians agreed that clinical skill and interpersonal skill of the physician are the most crucial elements of quality health care, but they disagreed about the relative importance of access to care, coordination of care, and provision of information. Patients placed greater value on these domains than did physicians.  
PMID: 14719631 [PubMed - indexed for MEDLINE]

Neurology. 2003 Dec 23;61(12):E13-4.

Patient page. The diagnosis of epilepsy and the art of listening.  
Trevathan E.  
PMID: 14694071 [PubMed - indexed for MEDLINE]

Okla Nurse. 2003 Dec-2004 Feb;48(4):15-6.

Fear factor: treating fear in the hospitalized client.  
Ross CA.  
Kramer School of Nursing, Oklahoma City University, USA.  
Publication Types:  
Case Reports  
Review  
Review, Tutorial  
PMID: 14730809 [PubMed - indexed for MEDLINE]

Ophthalmologica. 2004 Jan-Feb;218(1):26-30.

Visual function, quality of life and patient satisfaction after ophthalmic surgery: a comparative study.  
Mozaffarieh M, Krepler K, Heinzl H, Sacu S, Wedrich A.  
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wedrich@akh-wien.ac.at  
PURPOSE: To compare visual acuity, functional visual performance (VF-14), quality of life (QOL) gain (VF-14 gain) and patient satisfaction in a series of patients undergoing common types of ophthalmic surgery. METHOD: In a prospective trial, the VF-14 QOL questionnaire was administered to 100 patients who underwent surgery by one surgeon between May 2001 and April 2002. The following surgeries were compared: (1) cataract surgery (non-diabetic patients), (2) cataract surgery (diabetic patients), (3) retinal detachment cryo-buckle procedure, (4) pars plana vitrectomy, (5) silicone oil removal. VF-14 questionnaire responses, visual function and clinical data of all patients were recorded pre-operatively and 1 and 3 months postoperatively. RESULTS: In comparison to vitreoretinal surgery, patients who underwent cataract surgery achieved higher VF-14 scores and required less time to recover from the procedure (1 month). The QOL gain (VF-14 gain) was significantly higher in patients who had undergone retinal detachment surgery and vitrectomy ( $p < 0.0001$ ). The lowest QOL gain was registered in diabetic patients after cataract surgery. Patients with pre-existing eye disease, including patients with improved visual acuity, were least satisfied with the final outcome of surgery. CONCLUSIONS: The highest VF-14 score was achieved by patients with no pre-existing ocular disease, who had undergone cataract surgery. The QOL gain was greater in patients with severer initial ocular conditions. Better patient satisfaction can be achieved in patients with pre-existing eye disease by improving pre-operative patient education. Copyright 2004 S. Karger AG, Basel  
PMID: 14688432 [PubMed - indexed for MEDLINE]

Orthop Nurs. 2003 Nov-Dec;22(6):429-36.

An investigation of patient satisfaction following discharge after total hip replacement surgery.  
Fielden JM, Scott S, Horne JG.  
University of Otago, Wellington South, New Zealand.  
PURPOSE: To investigate patient expectations of and satisfaction with in-hospital discharge planning after total hip-joint replacement surgery in early and late discharge patient groups. DESIGN: A qualitative study describing patients' experience of discharge planning. SAMPLE: Thirty-three consecutive patients requiring primary total hip-joint replacement from two metropolitan

hospitals. METHODS: Participants completed in-depth, semistructured interviews on the day of discharge from the hospital and again 4 to 8 weeks later. Thematic analysis of the transcripts was made after comparing data from early and late discharge groups. FINDINGS: Attendance at preassessment clinic was facilitated acceptable satisfaction levels for patients in both early and late discharge groups. Although that written information provided was timely, restricted opportunity for dialogue with health professionals limited patient knowledge and understanding of recovery. CONCLUSIONS: Multidisciplinary teams in orthopaedic practice face the challenge of finding better ways to coordinate care and ensure people undergoing total hip-joint replacement therapy surgery have individualized care. A nurse mentor-coach could be one way to ensure patients' education needs in this area are met. IMPLICATIONS FOR NURSING RESEARCH: Future studies could investigate nurses' work in discharge planning and identify any influence that their holistic approach to care could bring to a collaborative discharge process. PMID: 14705473 [PubMed - indexed for MEDLINE]

Prof Nurse. 2003 Dec;19(4):198-202.

Should dementia patients be informed about their diagnosis?

Biernacki C.

Kingsway Hospital, Southern Derbyshire Mental Health NHS Trust, Derby.

Current government policy encourages service users to be involved as equal members of the interprofessional care team. This goal is compromised in the care of people with dementia if they are not informed of their diagnosis. This paper looks at recent research both for and against disclosure, and argues in favour of breaking the news in a supportive way.

Publication Types:

Review

Review, Tutorial

PMID: 14692252 [PubMed - indexed for MEDLINE]

Prof Nurse. 2003 Dec;19(4):213-5.

A model to help nurses caring for patients who are terminally ill.

Murphy M.

Ulster Hospital, Dundonald, Belfast.

In an age when people are no longer automatically dying from serious illnesses such as cancer or heart disease, patients, families and health-care staff may find coping with a terminal illness difficult. A multidisciplinary team in one hospital used Moos' transitional model, which describes adaptive and coping techniques, in their care of a dying man and his family.

Publication Types:

Case Reports

PMID: 14692255 [PubMed - indexed for MEDLINE]

Semin Oncol Nurs. 2003 Nov;19(4 Suppl 2):1-9.

Managing complications in cancer: identifying and responding to the patient's perspective.

Zabora JR, Loscalzo MJ, Weber J.

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OBJECTIVES: To describe psychosocial problems experienced by cancer patients and present assessment tools to evaluate these issues and develop effective management programs. DATA SOURCES: Published literature and clinical experience.

CONCLUSION: A screening program may identify patients needing psychologic evaluation and treatment and reduce distress for patients and caregivers.

IMPLICATIONS FOR NURSING PRACTICE: Use of screening tools allows critical decisions to be made regarding treatment for patients with high levels of distress, fatigue, and other conditions.

Publication Types:

Review

Review, Tutorial

PMID: 14702915 [PubMed - indexed for MEDLINE]

South Med J. 2003 Dec;96(12):1190-4.

Comment in:

South Med J. 2003 Dec;96(12):1172-3.

Patients' attitudes regarding physical characteristics of family practice physicians.

Keenum AJ, Wallace LS, Stevens AR.

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BACKGROUND: This study examined patient perceptions and attitudes toward various

aspects of the male and female physician's professional appearance in the family practice setting. METHODS: Four hundred ninety-six patients from two family practice clinics in Knoxville, Tennessee, completed a valid and reliable questionnaire. Questionnaires were offered to all patients on registering at their respective clinic during a 2-week period. RESULTS: Most patients had no preference regarding the age or sex of their medical care provider. A nametag, white coat, and visible stethoscope were the most desirable characteristics, whereas sandals, clogs, and tennis shoes were the least desirable items. Younger patients were generally more accepting of casual attire than were older patients. Office clinic location was the most important predictor of preferences in six of the significant characteristics. CONCLUSION: Our findings support the results of both studies published two decades earlier and more recently. Patients prefer a traditionally dressed physician as opposed to one who is dressed more casually.

PMID: 14696870 [PubMed - indexed for MEDLINE]

South Med J. 2003 Dec;96(12):1257-61.

Humor in medicine.

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Humor and laughter have been a focus of attention in the popular media and in the medical literature. Despite statements about the health benefits of humor, current research is insufficient to validate such claims. There is support in the literature for the role of humor and laughter in other areas, including patient-physician communication, psychological aspects of patient care, medical

education, and as a means of reducing stress in medical professionals.

Publication Types:

Review

Review, Tutorial

PMID: 14696878 [PubMed - indexed for MEDLINE]

South Med J. 2003 Dec;96(12):1172-3.

Comment on:

South Med J. 2003 Dec;96(12):1190-4.

Patient perception of physician appearance: a concern for all physicians.

Aukerman DF.

Publication Types:

Comment

Editorial

PMID: 14696867 [PubMed - indexed for MEDLINE]

### **BOOKS**

Anatomy of hope: how people prevail in the face of illness. J.E. Groopman. 1<sup>st</sup> ed. Random House, 2004. (101204980)

Communication for nurses: talking with patients. L.K. Sheldon. Slack Inc., 2004. (101193631)

Health, the individual, and integrated medicine: revisiting an aesthetic of health care. D. Aldridge. 1<sup>st</sup> American ed. Jessica Kingsley Publishers, 2004. (101202639)

Improving cancer services through patient involvement. J. Tritter. Radcliffe Medical Press, 2004. (101198831)

Many voices: toward caring culture in healthcare and healing. K.H. Kavanagh, et al. University of Wisconsin Press, 2004. (101193561)

Medical-surgical nursing: critical thinking in client care. P.Lemone, et al. 3<sup>rd</sup> ed. + 1 CD-ROM Pearson/Prentice Hall Health, 2004. (101168506)

Patient self-management of chronic disease: the health care provider's challenge (101174047). B.K. Redman. Jones and Bartlett Publishers, 2004.

Resolving patient complaints: a step-by-step guide to effective service recovery. Liz Osborne. 2<sup>nd</sup> ed. Jones and Bartlett Publishers, 2004. (101192294)