



CUSTOMER FOCUSED HEALTH CARE DELIVERY AND SATISFACTION

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Teaching medical students and residents skills for delivering bad news: a review of strategies.

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Although delivering bad news is something that occurs daily in most medical practices, the majority of clinicians have not received formal training in this essential and important communication task. A variety of models are currently being used in medical education to teach skills for delivering bad news. The goals of this article are (1) to describe these available models, including their advantages and disadvantages and evaluations of their effectiveness; and (2) to serve as a guide to medical educators who are initiating or refining curriculum for medical students and residents. Based on a review of the literature and the authors' own experiences, they conclude that curricular efforts to teach these skills should include multiple sessions and opportunities for demonstration, reflection, discussion, practice, and feedback.

Publication Types:

Review

Review, Tutorial

PMID: 14744709 [PubMed - indexed for MEDLINE]

Acad Med. 2004 Feb;79(2):148-55.

Doctors and patients: gender interaction in the consultation.

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BACKGROUND: Much research on gender differences in medicine has centered on women as better communicators, more egalitarian, more patient-centered, and more involved with psychosocial problems, preventive care, and female-specific problems. Hardly any research has examined the interaction between the doctor's gender and the patient's gender. The authors examined students' perceptions and comfort levels regarding patients' gender during consultation. **METHOD:** This

cross-sectional study used a questionnaire to survey final-year medical students at one school in 1999. It tested students' patient-centeredness, "patient-care" values, and degree of comfort in performing certain intimate physical examinations. RESULTS: Women students were more patient-centered than were men students. Both genders were more attuned to the concerns of patients of their own gender, were more comfortable with personal rather than sexual issues, and were more uncomfortable with performing more intimate examinations upon the opposite gender. Using comparable case studies, it was also shown that the female student-female patient dyad had significantly greater "patient-care" values than did the male student-male patient dyad. CONCLUSION: Medical students did not behave in a gender-neutral way in the consultation. There is a powerful interaction between a student's gender and a patient's gender. This warrants further investigation in the real clinical situation because it has implications on the outcomes of the consultation.
PMID: 14744716 [PubMed - indexed for MEDLINE]

Acad Med. 2004 Feb;79(2):144-7.

Patients' willingness to allow residents to learn to practice medical procedures.

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PURPOSE: Consent for teaching procedures has been the focus of ethical discussion recently. Patients may consent to a procedure but be unaware that the procedure is to be performed by a resident, perhaps for the first time. In such cases, patients have not specifically consented to the practice of teaching medical procedures. The authors studied patients' awareness of resident training and willingness to allow residents to perform procedures on them. METHOD: A survey was administered to a convenience sample of 202 Vanderbilt University Medical Center emergency department patients from February to April 2000. Three procedures (intubation, lumbar puncture, and sutures) were demonstrated. Patients were asked about their awareness of residents' training and willingness to allow a resident to perform the procedures for the first time versus the tenth time. RESULTS: In all, 60% of patients did not realize they could be the first person a resident performs a procedure on. Only 49% of the patients were completely comfortable being the first patient for sutures, 29% for intubation, and 15% for a lumbar puncture. Most patients felt they should be informed if it was the resident's first time performing procedures (66% for sutures, 69% for intubation, and 82% for lumbar puncture). CONCLUSION: Not only do the majority of patients not know that they might be the first patient on whom a resident performs a procedure, more than two thirds believed they should be told if they are the first patient. Particularly for intubation and lumbar puncture, patients indicated that they would be uncomfortable being the first patient on whom these procedures were performed. These data raise ethical questions regarding physicians' obligations to inform patients about resident-performed procedures.
PMID: 14744715 [PubMed - indexed for MEDLINE]

Acad Med. 2004 Feb;79(2):139-43.

Do patients understand their physician's level of training? a survey of emergency department patients.

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PURPOSE: To assess patients' understanding of levels of training and
responsibilities for residents, medical students, and attendings in the
emergency department as well as their degree of comfort in being cared for by a
physician-in-training. METHOD: In 1999, a questionnaire was administered to a
convenience sample of 430 adult patients and family members in a university
emergency department. The questionnaire asked for demographic information and
contained 17 questions addressing the different levels of medical training and
seven opinion-based questions on patients' willingness to have
physicians-in-training care for them. RESULTS: Respondents answered 65% of the
knowledge-based questions about physicians' training correctly. Only 43%
understood that residents are always supervised when caring for patients, and
30% thought attendings required supervision by a resident. Respondents with
education greater than a high school diploma answered more questions correctly
(71% versus 59%; $p < .05$). A total of 80% felt it was very important to know
their physician's level of training, but only 58% reported actually knowing the
level of training. Only 62% felt comfortable knowing that their physician might
be a supervised physician-in-training. In addition, despite the fact that this
survey took place at a teaching hospital, 22% of respondents prefer not to be
treated in a teaching hospital. CONCLUSIONS: Patients and their families do not
fully understand the roles and responsibilities of the physicians-in-training
that may be caring for them despite feeling it is important to know their
physicians' level of training.
PMID: 14744714 [PubMed - indexed for MEDLINE]

Acad Med. 2004 Feb;79(2):134-8.

Patient complaints about physician behaviors: a qualitative study.
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PURPOSE: Health care institutions are required to routinely collect and address
formal patient complaints. Despite the availability of this feedback, no
published efforts explore such data to improve physician behavior. The authors
sought to determine the usefulness of patient complaints by establishing
meaningful categories and exploring their epidemiology. METHOD: A register of
formal, unsolicited patient complaints collected routinely at the Wake Forest
University Baptist Medical Center in Winston-Salem, North Carolina was used to
categorize complaints using qualitative research strategies. After eliminating
complaints unrelated to physician behavior, complaints from March 1999 were
analyzed (60) to identify complaint categories that were then validated using
complaints from January 2000 (122). Subsequently, all 1,746 complaints for the
year 2000 were examined. Those unrelated to physician behavior (1,342) and with
inadequate detail (182) were excluded, leaving 222 complaints further analysis.
RESULTS: Complaints were most commonly lodged by patient (111), followed by a
patient's spouse (33), (52), parent (50), relative/friend (15), or health
professional (2). The most commonly identified category was disrespect (36%),
followed by disagreement about expectations of care (23%), inadequate
information (20%), distrust (18%), perceived unavailability (15%),
interdisciplinary miscommunication (4%), and misinformation (4%). Multiple
categories were identified in (19%) complaints. Examples from each category
provide adequate detail to develop instructional modules. CONCLUSION: The seven

complaint categories of physician behaviors should be useful in developing curricula related to professionalism, communication skills, practice-based learning.

PMID: 14744713 [PubMed - indexed for MEDLINE]

Am J Med Qual. 2003 Nov-Dec;18(6):256-64.

Explaining low ratings of patient satisfaction among Asian-Americans.

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Asian-Americans report lower levels of satisfaction with health care than other racial or ethnic groups. To determine potential reasons for this observation, we analyzed data from a national household telephone survey examining various aspects of health and health care across racial or ethnic groups. As in previous studies, Asians reported lower satisfaction with their physicians and health care services than other racial or ethnic groups, even after adjusting for demographic and health-related variables. However, Asians also reported lower satisfaction with their health insurance and with life in general and were less likely than non-Asians to have changed physicians due to dissatisfaction. We conclude that lower satisfaction ratings among Asians may be due to different response tendencies rather than to differences in quality of care. Further research is needed to explain this phenomenon and assess its potential impact on quality-of-care evaluations for clinicians and health care organizations providing care for large numbers of Asian-Americans.

PMID: 14738037 [PubMed - indexed for MEDLINE]

Am J Ophthalmol. 2004 Feb;137(2):265-70.

The determinants of participation in activities of daily living in people with impaired vision.

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PURPOSE: To investigate the determinants of participation in daily activities in people with impaired vision using the Impact of Vision Impairment (IVI) instrument. **DESIGN:** Cross-sectional study. **METHODS:** We recruited 319 participants with no vision rehabilitation history, distance visual acuity (VA) <6/12 (better eye), the ability to converse in English, and 18 years or older. Participants completed the 32-item IVI questionnaire and provided demographic, personal, cultural, and environmental details on vision-related functioning. Visual acuity data were either abstracted from the participants' files or assessed by qualified personnel. Participants also completed the SF-12 to evaluate physical (PCS-12) and mental health (MCS-12). **RESULTS:** The areas of greatest restriction of participation were associated with reading, outdoor mobility, participation in leisure activities, and shopping. In stepwise linear regression presenting VA, the PCS-12 and MCS-12 explained the variance in leisure and work (60 participants or 19%), consumer and social interaction (92 participants or 30%), household and personal care (76 participants or 24%), mobility (92 participants or 30%), emotional reaction to visual loss and (106 participants or 33%), and total IVI score (114 participants or 36%). Having age-related macular degeneration contributed marginally to the IVI domains and

total score ($P < .05-.01$), except for the emotional domain. Belonging to a social group explained 3% and 2% of the variance in the consumer and social interaction and emotional domains, respectively ($P < .05$). CONCLUSIONS: Distance VA and physical and mental health explained more than a third of the variance of the total score, suggesting that an intervention aimed at improving quality of life may include strategies to improve not only vision-related rehabilitation but also mental and physical health.
PMID: 14962415 [PubMed - indexed for MEDLINE]

Ann Intern Med. 2004 Mar 2;140(5):356-62.

Comment in:

Ann Intern Med. 2004 Mar 2;140(5):I68.

Communicating about health care: observations from persons who are deaf or hard of hearing.

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BACKGROUND: Achieving patient-centered care requires effective communication between physicians and patients. Persons who are deaf or hard of hearing face considerable barriers to communicating with physicians. OBJECTIVE: To understand perceptions of health care experiences and suggestions for improving care among deaf or hard-of-hearing individuals. DESIGN: 4 semistructured group interviews, 2 conducted in American Sign Language (for deaf individuals) and 2 using Communication Access Realtime Translation (for hard-of-hearing individuals). Men and women were interviewed separately. Tapes of interviews were transcribed verbatim for analysis. SETTING: Greater Boston, Massachusetts, and Washington, DC, in 2001. PARTICIPANTS: 14 deaf adults (23 to 51 years of age) and 12 hard-of-hearing adults (30 to 74 years of age). MEASUREMENTS: Commonly expressed

themes or views organized around dimensions of communication. RESULTS: Concerns

coalesced around 6 broad themes: conflicting views between physicians and patients about being deaf or hard of hearing; different perceptions about what constitutes effective communication (such as lip reading, writing notes, and sign language interpreter); medication safety and other risks posed by inadequate communication; communication problems during physical examinations and procedures; difficulties interacting with office staff, including in waiting rooms; and problems with telephone communication, such as lengthy message menus.

Participants offered extensive suggestions for improvements, starting with clinicians' asking patients about their preferred communication approach. Having patients repeat critical health information (such as medication instructions) can identify potentially dangerous miscommunication. CONCLUSIONS: As the population ages, physicians will encounter many more persons with hearing limitations. Physicians are not reimbursed for making some accommodations, such as hiring sign language interpreters. However, ensuring effective communication is essential to safe, timely, efficient, and patient-centered care.

PMID: 14996677 [PubMed - indexed for MEDLINE]

Arthritis Rheum. 2004 Feb 15;51(1):63-72.

How rheumatologists and patients with rheumatoid arthritis discuss exercise and the influence of discussions on exercise prescriptions.

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OBJECTIVE: To describe how patients and their rheumatologists discuss exercise, and to identify predictors of exercise prescriptions. METHODS: Twenty-five rheumatologists and 132 patients with rheumatoid arthritis completed questionnaires and were audiotaped during a subsequent clinic visit. Chi-square and t-tests assessed associations between variables. Principal components analysis identified patterns of talk about exercise. Multivariate logistic regression identified predictors of an exercise prescription. RESULTS: Seventy of the 132 patients (53%) discussed exercise. Of these, 18 (26%) received an exercise prescription. Principal components analysis identified 3 patterns of talk about exercise. Aerobic exercise discussions contained more information about drawbacks, side effects, pain, and bargaining than did discussions about general exercises, and referral to physical therapy for exercise. Significant predictors of a prescription included rheumatologist-initiated discussion about exercise (odds ratio [OR] 4.6; $P = 0.03$); talk about exercise in improving function, exercise instructions, opinions about the usefulness of exercise (OR 3.1; $P = 0.01$); and discussions about non-exercise treatments (OR 1.6; $P = 0.01$). CONCLUSION: Exercise and referral to physical therapy for exercise are discussed differently and are 4 times more likely to occur when the rheumatologist initiates the discussion. These discussions strongly impact on the likelihood a patient receives an exercise prescription.

PMID: 14872457 [PubMed - indexed for MEDLINE]

Arthritis Rheum. 2004 Feb 15;51(1):100-9.

Patient quality of life during the 12 months following joint replacement surgery.

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OBJECTIVE: To determine whether preoperative characteristics influence quality of life outcomes 1, 6, and 12 months after joint replacement surgery. METHODS: Patients ($n = 222$) with osteoarthritis undergoing primary joint replacement surgery at a university hospital between November 1990 and March 1993 were prospectively studied. Bodily pain and physical function were assessed preoperatively and at the 3 postoperative time points using the Medical Outcomes Study 36 Item Short Form Health Survey. RESULTS: Bodily pain and physical function improved after joint replacement. At 1 month after surgery, despite improvements in bodily pain, physical function deteriorated. Preoperative bodily pain and physical function, demographic characteristics, and social support were significant correlates of improvement in bodily pain and physical function. CONCLUSIONS: Patients experienced dramatic improvements in bodily pain and physical function after joint replacement. However, decline in physical function at 1 month implies significant need for prolonged informal or formal patient assistance with basic physical function after surgery. Greater preoperative social support was associated with improved bodily pain and physical function outcomes.

PMID: 14872462 [PubMed - indexed for MEDLINE]

BMJ. 2004 Feb 14;328(7436):382. Epub 2004 Jan 29.

Comment in:

BMJ. 2004 Feb 14;328(7436):360-1.

Patients' preferences for the management of non-metastatic prostate cancer: discrete choice experiment.

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OBJECTIVE: To establish which attributes of conservative treatments for prostate cancer are most important to men. DESIGN: Discrete choice experiment. SETTING: Two London hospitals. PARTICIPANTS: 129 men with non-metastatic prostate cancer,

mean age 70 years; 69 of 118 (58%) with T stage 1 or 2 cancer at diagnosis. MAIN OUTCOME MEASURES: Men's preferences for, and trade-offs between, the attributes of diarrhoea, hot flushes, ability to maintain an erection, breast swelling or tenderness, physical energy, sex drive, life expectancy, and out of pocket expenses. RESULTS: The men's responses to changes in attributes were all statistically significant. When asked to assume a starting life expectancy of five years, the men were willing to make trade-offs between life expectancy and side effects. On average, they were most willing to give up life expectancy to avoid limitations in physical energy (mean three months) and least willing to trade life expectancy to avoid hot flushes (mean 0.6 months to move from a moderate to mild level or from mild to none). CONCLUSIONS: Men with prostate cancer are willing to participate in a relatively complex exercise that weighs up the advantages and disadvantages of various conservative treatments for their condition. They were willing to trade off some life expectancy to be relieved of the burden of troublesome side effects such as limitations in physical energy.

Publication Types:

Clinical Trial

Multicenter Study

Randomized Controlled Trial

PMID: 14751919 [PubMed - indexed for MEDLINE]

Br J Cancer. 2004 Jan 26;90(2):328-32.

Patient-physician communication concerning participation in cancer chemotherapy trials.

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Cancer patients demand a high level of involvement in decisions concerning treatment. Many patients are informed about experimental trials, and especially the first consultation may be crucial for the future communication and treatment process. Patients with nonresectable non-small-cell lung cancer or colorectal cancer informed about experimental chemotherapy completed a questionnaire on satisfaction with the communication process, general attitude towards experimental treatments, the substance of information, and personal contact with the physician following their first consultation in a medical oncology unit. Physicians completed a questionnaire on their perception of the patients' satisfaction. Among 68 physician-cancer patient pairs, 29 patients were informed on chemotherapy in randomised trials and 39 in nonrandomised studies. The

general attitude towards experimental treatment was positive or very positive in 71% of patients. Information on the treatment was perceived as completely adequate in 93% of patients informed on randomised and in 67% informed on nonrandomised trials. Physicians underestimated the patients' satisfaction with the overall communication process, the personal contact, the patients' perceived sufficiency of the specific treatment information and their ability to decide on study entry. In conclusion, considerable differences were observed between patients informed about experimental chemotherapy in randomised and nonrandomised trials, both with respect to their perception of how adequate the information on the specific treatments were, and whether it was sufficient for decisions on study entry. This study type effect should be accounted for in future evaluations of communication and patient satisfaction. The data also support the fact that cancer patients have a desire for and ability to understand rather detailed and comprehensive treatment information.

Publication Types:

Evaluation Studies

PMID: 14735172 [PubMed - indexed for MEDLINE]

Br J Cancer. 2004 Jan 26;90(2):321-7.

Communication and information-giving in high-risk breast cancer consultations: influence on patient outcomes.

Lobb EA, Butow PN, Barratt A, Meiser B, Gaff C, Young MA, Haan E, Suthers G, Gattas M, Tucker K.

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This longitudinal study aimed to document (i) the information-giving and patient-communication styles of clinical geneticists and genetic counsellors (consultants) in familial breast cancer clinics and (ii) assess the effect of these styles on women's knowledge, whether their expectations were met, satisfaction, risk perception and psychological status. A total of 158 women from high-risk breast cancer families completed self-report questionnaires at 2 weeks preconsultation and 4 weeks postconsultation. The consultations were audiotaped, transcribed and coded. Multivariate logistic regressions showed that discussing prophylactic mastectomy ($P=0.00$) and oophorectomy ($P=0.01$) led to women having significantly more expectations met; discussing genetic testing significantly decreased anxiety ($P=0.03$) and facilitating understanding significantly decreased depression ($P=0.05$). Receiving a summary letter of the consultation significantly lowered anxiety ($P=0.01$) and significantly increased the accuracy of perceived risk ($P=0.02$). Women whose consultant used more supportive communications experienced significantly more anxiety about breast cancer at the 4 weeks follow-up ($P=0.00$). These women were not significantly more anxious before genetic counselling. In conclusion, this study found that consultants vary in the amount of information they give and the way they communicate; and this variation can result in better or worse psychosocial outcomes. Greater use of supportive and counselling communications appeared to increase anxiety about breast cancer. Identifying methods to assist consultants to address emotional issues effectively may be helpful.

Publication Types:

Clinical Trial

PMID: 14735171 [PubMed - indexed for MEDLINE]

Br J Nurs. 2004 Jan 8-21;13(1):49-52.

Communication barriers when managing a patient with a wound.

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The management of a wound can prove challenging to the nurse when the needs of a patient are complex and there are barriers to overcome. This case study discusses the methods used by a community nurse when considering some of the problems that presented as a result of communication difficulties with a patient. The use of a wound assessment tool proved valuable when collecting and organizing information and the importance of gaining adequate information at assessment is outlined. The article shows how communication impacts on the quality of care given, and how it affects the experiences of both nurse and patients, especially when the psychological and physical aspects of care are both equally demanding. The need for nurse and patient to work in concordance is reflected on as one of the lessons learnt from this case study.

Publication Types:

Case Reports

PMID: 14966453 [PubMed - indexed for MEDLINE]

Br J Nurs. 2004 Jan 8-21;13(1):12-8.

Evidence-based care of a patient with a myocardial infarction.

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Quality nursing care of the patient with a myocardial infarction is realized in accordance with evidence-based practice and by the willingness of nurses to adjust nursing practice as new evidence emerges. The framework for the holistic care of the patient following a myocardial infarction encompasses a comprehensive assessment, planning, intervention and evaluation process. The intention of this case study is to illustrate the rationale and evidence base underpinning the holistic approach to the care of this patient group.

Publication Types:

Case Reports

Review

Review, Tutorial

PMID: 14966448 [PubMed - indexed for MEDLINE]

Cancer Invest. 2003;21(6):963-4.

Prevent and relieve suffering: professional palliative care.

von Gunten CF.

Publication Types:

Editorial

PMID: 14735699 [PubMed - indexed for MEDLINE]

CANNT J. 2003 Oct-Dec;13(4):30-3.

Dilemmas in providing patient-focused care.

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The provision of patient-focused care to the elderly is often fraught with many ethical and challenging dilemmas. However, for health care professionals, these dilemmas can be magnified when the chronic disease is accompanied by dementia. Such was the case of Mrs. A. The multidisciplinary team of a 36-bed acute care unit identified the challenges they experienced while caring for a 65-year-old female with multiple medical problems: diabetes; hypertension; cardiovascular disease; end stage renal disease and dementia probably due to cardiovascular and metabolic causes. Mrs. A. was admitted to start hemodialysis treatments. Her care was complicated by frequent outbursts of verbal and physical aggression towards staff. Mrs. A. was deemed incapable with regard to personal care and property. Her son believed she required long-term placement, and control of her property was assumed by the Public Guardian and Trustee. Mrs. A. vehemently objected to this total loss of control. This paper will describe how the multidisciplinary team implemented a variety of strategies to help staff intervene more effectively in meeting the care needs of Mrs. A.

Publication Types:

Case Reports

PMID: 14753100 [PubMed - indexed for MEDLINE]

Case Manager. 2004 Jan-Feb;15(1):19-21.

The growing population of uninsured: are you prepared for the challenge?

Feuer L.

PMID: 14961010 [PubMed - indexed for MEDLINE]

Cent Home Care Policy Res Policy Briefs. 2003 Spring;(15):1-6.

The impact of Medicare home health policy changes on Medicare beneficiaries.

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This brief presents results from an analysis of how a new payment system -- the Interim Payment System (IPS) - mandated by the 1997 Balanced Budget Act (BBA) affected Medicare home health service use and beneficiary outcomes. The study found that the IPS had a considerable impact on home health utilization, causing reductions in the overall proportion of Medicare beneficiaries who received the service; the number of home health visits per home health user; the average length of a home health episode of care; and overall Medicare home health expenditures. The study also examined the impact of these reductions on outcomes experienced by Medicare beneficiaries. Evidence presented in this brief shows that, overall, the impact of the IPS on beneficiary outcomes was minimal. Moreover, it appears that service reductions did not cause significant increases in the use of other types of post-acute care.

PMID: 15000107 [PubMed - indexed for MEDLINE]

Cent Home Care Policy Res Policy Briefs. 2002 Spring;(10):1-6.

The use of nursing home and assisted living facilities among private long-term care insurance claimants: the experience of disabled elders.

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Little is known about individuals in nursing homes (NHs) and assisted living facilities (ALFs) who receive private long-term care (LTC) insurance benefits.

No one knows whether claimants and/or their families feel they are getting good value for their premiums, or whether the presence of private insurance influences the type of care people get. This brief provides descriptive information on disabled private LTC insurance policyholders receiving LTC benefits in these settings, comparing them to institutionalized elders who lack such insurance. The information shows that private LTC insurance benefits are targeted to individuals with significant functional and/or cognitive impairments; that claimants are satisfied with their policies although many report unmet needs; and that private LTC insurance gives claimants access to alternatives to nursing home care.
PMID: 14997913 [PubMed - indexed for MEDLINE]

Clin Nurse Spec. 2003 Nov;17(6):298-304.

Theoretical and clinical perspectives of client stalking behavior.
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This article applies theoretical perspectives of client stalking behavior to vignettes of clinical nurse specialists (CNSs) who have experienced stalking incidents. A description of stalking behavior, estimations of the frequency of stalking behavior, characteristics of stalkers, and the impact of stalking on victims are addressed. Health care professionals, including CNSs, may inadvertently become victims of stalking behavior. Firm and clear boundary setting is important in all CNS-client relationships. CNSs who believe that they are becoming the objects of attention for particular individuals are advised to convey a clear message that they have no interest in the development of such a relationship. In this article CNS responses to actual client stalking behavior, including confrontation by the CNS, police involvement, restraining orders, and use of the CNS's attorney, are explored. The use of clinical consultation and the need for agencies to develop safety plans for all employees are also addressed.

Publication Types:

Review

Review, Tutorial

PMID: 14986733 [PubMed - indexed for MEDLINE]

Clin Nurse Spec. 2003 Nov;17(6):305-10; quiz 311-2.

Seeing the cage: stigma and its potential to inform the concept of the difficult patient.

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The phenomenon of the difficult patient is well known to nurses. Nursing research concerning this phenomenon is limited. The existing research focuses primarily on describing the characteristics of the difficult patient and tends to locate the problem within the patient. This has resulted in a perpetuation of the phenomenon of the difficult patient and has created a cage effect in which nurses' thinking about this phenomenon rests. The purpose of this article is to explore the concept of the difficult patient. The specific aims are to describe the attributes of the concept; arrive at a tentative definition; summarize the findings of a critical review of the nursing research on the concept, conducted

within the framework of Goffman's conceptualization of stigma (Goffman E. Stigma: Notes on the Management of Spoiled Identity. New York: Simon & Schuster; 1963.); and discuss the utility of Goffman's work to further illuminate our understanding of the difficult patient. Particular emphasis was placed on the implications for nursing research. Clinical implications are also included.

Publication Types:

Review

Review, Tutorial

PMID: 14986734 [PubMed - indexed for MEDLINE]

Educ Health (Abingdon). 2003 Mar;16(1):4-13.

Evaluation of senior citizens' satisfaction in primary health centres as assessment of the academic model.

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CONTEXT: Satisfaction is nowadays a valid measure of quality of care. Senior citizens are increasing in Chile and their treatment in primary care clinics, as well as the education of new professionals must take into consideration their special characteristics. GOAL: Our intention was to investigate the degree of satisfaction senior citizens had with their health service and to identify those aspects able to be modified at the Medical Faculty in order to improve education of health professionals. APPROACH: Three hundred elderly attending Primary Care Outpatient Clinics of the city of Temuco, Chile, were interviewed using a satisfaction questionnaire developed by the Medical Outcomes Study carried out in USA. FINDINGS: Senior citizens experience a high level on dissatisfaction with the health care they receive at the primary level. Doctors and nurses had a high qualification in relation to their technical skills, but a lower score if considering the education and information they give to patients. These results shall be used in order to modify attention to senior citizens as well as to include problems related to this group in the curricular reform plan and to improve attitudes of nursing and medical students.

Publication Types:

Evaluation Studies

PMID: 14741918 [PubMed - indexed for MEDLINE]

Eur J Cancer. 2004 Feb;40(3):365-74.

Preoperative psychological reactions and quality of life among women with an increased risk of breast cancer who are considering a prophylactic mastectomy.

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A consecutive sample of 56 women with a familial risk for breast cancer who were considering a prophylactic mastectomy (PM) completed questionnaires preoperatively concerning risk perception, expectations with regard to surgery, anxiety and depressive symptoms (the Hospital Anxiety and Depression Scale (HAD) scale) and quality of life (The Swedish SF-36 Health Survey). 16 had had a previous breast cancer (Group BC) and 40 had not (Group R). They were compared with normative data from an age-matched random sample of the Swedish population and with a reference sample of women with breast cancer. Most women estimated their breast cancer risk accurately. No statistically significant differences

were found between Group BC and the normative sample on the HAD scale and SF-36, but Group R reported better physical functioning, emotional role functioning and mental health than the reference sample with breast cancer. Group BC scored closer to them than to the normative sample. Levels of emotional problems and quality of life were comparable to normative values among women considering PM. All women in the present study had previous genetic counselling and our results suggest that their interest in PM was not due to an overestimation of their personal risk.
PMID: 14746854 [PubMed - indexed for MEDLINE]

Health Serv Res. 2004 Feb;39(1):35-52.

Older persons' evaluations of health care: the effects of medical skepticism and worry about health.

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OBJECTIVE: To describe how skepticism about medical care and other individual differences, including worry about health status, are associated with evaluations of health care among the noninstitutionalized elderly. DATA

SOURCES/STUDY SETTING: Data were collected through a survey of approximately 5,000 community-dwelling elders (aged 65 and older) in a southwestern region of the United States. STUDY DESIGN: Global evaluations of health care were measured with two items from the Consumer Assessment of Health Plans Study (CAHPS) instrument, an overall care rating (OCR) and a personal doctor rating (PDR).

Multivariate ordered logit regression models were tested to examine how medical skepticism and other factors were associated with ratings of 0-7, 8-9, and 10.

PRINCIPAL FINDINGS: Consumers who were skeptical of prescription drugs relative to home remedies, who held attitudes that they understand their health better than most doctors, and who worried about their health had worse OCR and PDR.

Those who held attitudes that individual behavior determines how soon one gets better when sick had better PDR and OCR. CONCLUSIONS: Health policymakers, managers, and providers may need to consider the degree to which they should attempt to satisfy skeptical consumers, many of whom may never rate their care highly. Alternatively, they may need to target skeptical consumers with educational efforts explaining the benefits of medical care.

PMID: 14965076 [PubMed - indexed for MEDLINE]

Healthcare Benchmarks Qual Improv. 2004 Jan;11(1):11-2.

New in-room TVs part of service excellence.

[No authors listed]

Norwalk (CT) hospital is totally renovating 238 patient rooms to boost satisfaction levels. Older TVs and attachments often interfered with bedside patient care. New LCD sets do not have to be replaced for 20 years.

PMID: 14964274 [PubMed - indexed for MEDLINE]

Healthplan. 2003 Nov-Dec;44(6):26-7, 29.

Consumer-driven health care: implications for providers, payers, and policy-makers.

Herzlinger RE.
Harvard Business School, USA.
PMID: 14969246 [PubMed - indexed for MEDLINE]

Hosp Health Netw. 2004 Feb;78(2):58-62, 2.

Capital & candor. To meet the needs of obese patients, hospitals change processes, equipment and attitudes.

Larkin H.

To meet the needs of obese patients, hospitals are investing in new equipment and renovations, reconsidering processes to avert injuries to staff, and retraining staff to treat those patients with sensitivity. Innovative hospitals are even developing new service lines.

PMID: 14999879 [PubMed - indexed for MEDLINE]

Hosp Health Netw. 2004 Jan;78(1):67.

Study confirms strong link between patient and employee satisfaction.

[No authors listed]

PMID: 14968792 [PubMed - indexed for MEDLINE]

Int J Palliat Nurs. 2004 Jan;10(1):32-9; discussion 39.

Comment in:

Int J Palliat Nurs. 2004 Jan;10(1):4.

A personal exploration of the power of poetry in palliative care, loss and bereavement.

Robinson A.

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This article is a personal reflection and exploration of the potential of poetry in palliative care. Poetry can help enable expression of individuals' deepest unspoken concerns and may provide a means of providing spiritual care. The author draws on her personal experience as a community nurse, together with the views of patients and colleagues, and discusses the literature. Some limitations to the use of poetry are considered, as are the skills needed to help patients use poetry. To illustrate the potential therapeutic value of poetry in palliative care, examples of poems by poets, patients and the author are included. The article concludes that poetry can bring about a sense of healing, and should be considered as a possible addition to other holistic therapies.

Publication Types:

Review

Review, Tutorial

PMID: 14966443 [PubMed - indexed for MEDLINE]

J Cancer Educ. 2003 Winter;18(4):182-7.

A qualitative study of communication skills for male cancer screening discussions.

Dube CE, Fuller BK.

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Rhode Island 02912, USA. Catherine_dube@brown.edu

BACKGROUND: Cancer screening guidelines acknowledge the need for physician-patient discussions on appropriate tests. This study examined expert clinician communication practices associated with prostate and colorectal cancer screening and testicular cancer early detection for male patients. **METHODS:** Recorded observation and qualitative analysis of transcripts from 38 standardized patient interactions. **RESULTS:** Most effective communication practices were elicited from the data and incorporated into a model for male cancer screening discussions. **CONCLUSIONS:** Qualitative analysis of expert clinician interactions can identify best communication practices leading to the development of a communication model used in medical student teaching.

Publication Types:

Multicenter Study

PMID: 14766327 [PubMed - indexed for MEDLINE]

J Cancer Educ. 2003 Winter;18(4):188-93.

Teaching patients how to improve communication with their health care providers: a unique workshop experience.

Fisch M, Zichi Cohen M, Rutledge C, Cripe LD.

Department of Palliative Care and Rehabilitation Medicine, The University of Texas M.D. Anderson Cancer Center, Houston, Texas 77030-4009, USA.

mfisch@mdanderson.org

BACKGROUND: A one-day workshop was held to educate cancer patients about improving communication with their cancer care providers. **METHODS:** The workshop included three sessions: 1) Getting through the Diagnosis/Prognosis Phase, 2) Exploring Treatment Options, and 3) Asking Difficult Questions (when medicines no longer work). **RESULTS:** Qualitative and survey data revealed that many participated in order to share their experiences with others rather than to be taught effective communication skills. Humor, spirituality, and the association between cancer and death were prevalent issues. **CONCLUSION:** This workshop represented an enjoyable and informative venue for approaching communication issues from patients' and family members' perspective.

PMID: 14766328 [PubMed - indexed for MEDLINE]

J Clin Oncol. 2004 Feb 15;22(4):714-24.

Measuring quality of life in routine oncology practice improves communication and patient well-being: a randomized controlled trial.

Velikova G, Booth L, Smith AB, Brown PM, Lynch P, Brown JM, Selby PJ.

Cancer Research UK Clinical Centre-Leeds, Cancer Medicine Research Unit, St James's University Hospital, Beckett St, Leeds LS9 7TF, UK.

g.velikova@cancermed.leeds.ac.uk

PURPOSE: To examine the effects on process of care and patient well-being, of the regular collection and use of health-related quality-of-life (HRQL) data in oncology practice. **PATIENTS AND METHODS:** In a prospective study with repeated measures involving 28 oncologists, 286 cancer patients were randomly assigned to either the intervention group (regular completion of European Organization for Research and Treatment of Cancer-Core Quality of Life Questionnaire version 3.0, and Hospital Anxiety and Depression Scale on touch-screen computers in clinic and feedback of results to physicians); attention-control group (completion of questionnaires, but no feedback); or control group (no HRQL measurement in

clinic before encounters). Primary outcomes were patient HRQL over time, measured by the Functional Assessment of Cancer Therapy-General questionnaire, physician-patient communication, and clinical management, measured by content analysis of tape-recorded encounters. Analysis employed mixed-effects modeling and multiple regression. RESULTS: Patients in the intervention and attention-control groups had better HRQL than the control group (P = .006 and P = .01, respectively), but the intervention and attention-control groups were not significantly different (P = .80). A positive effect on emotional well-being was associated with feedback of data (P = .008), but not with instrument completion (P = .12). A larger proportion of intervention patients showed clinically meaningful improvement in HRQL. More frequent discussion of chronic nonspecific symptoms (P = .03) was found in the intervention group, without prolonging encounters. There was no detectable effect on patient management (P = .60). In the intervention patients, HRQL improvement was associated with explicit use of HRQL data (P = .016), discussion of pain, and role function (P = .046). CONCLUSION: Routine assessment of cancer patients' HRQL had an impact on physician-patient communication and resulted in benefits for some patients, who had better HRQL and emotional functioning.

Publication Types:

Clinical Trial

Randomized Controlled Trial

PMID: 14966096 [PubMed - indexed for MEDLINE]

J Clin Oncol. 2004 Feb 1;22(3):571-2; author reply 572-3.

Comment on:

J Clin Oncol. 2003 Jul 1;21(13):2589-96.

Physician-patient communication in phase I cancer trials.

Nitschke R.

Publication Types:

Comment

Letter

PMID: 14752086 [PubMed - indexed for MEDLINE]

J Healthc Qual. 2004 Jan-Feb;26(1):46-51.

Hospital accreditation and patient satisfaction: testing the relationship.

Heuer AJ.

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This article describes a study that examines the relationship between two principal measures of institutional healthcare quality: accreditation scores and independently measured patient-satisfaction ratings. This study involved a retrospective review and comparison of summative and selected categorical hospital accreditation scores from the Joint Commission on Accreditation of Healthcare Organizations and independently measured patient satisfaction ratings. A total of 41 acute care, 200-plus bed, not-for-profit hospitals in New Jersey and eastern Pennsylvania were included. Correlation and multiple-regression statistical methods were employed. The results revealed no relationship between these quality indicators on a summative level and no meaningful pattern categorical relationships. This finding suggests a disassociation between these two quality indicators, thus supporting the use of a balanced scorecard approach to hospital quality management. The study also

revealed certain shortcomings in these two quality indicators, relating to insufficient score variability, which should be considered by those using such data to manage quality outcomes.

PMID: 14763320 [PubMed - indexed for MEDLINE]

J Healthc Qual. 2004 Jan-Feb;26(1):14-21; quiz 21, 45.

Development of relationship-centered care.

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A review of the literature (1995-2001) was conducted on the relationship-centered care model first proposed in Health professions education and relationship-centered care: A report of the Pew-Fetzer task force on advancing psychosocial education. The report describes a developmental process that occurs in four dimensions of relationship-centered care:

patient-practitioner, practitioner-practitioner, practitioner-community, and self-awareness. Publications were read and sorted by professional affiliation of the first authors, dimension of relationship-centered care citations from the Pew-Fetzer Task Force report, and references to activities of regional relationship-centered care networks affiliated with the Fetzer Institute. The Pew-Fetzer relationship-centered care model, when included in healthcare professional education, will improve consumer and provider satisfaction.

Publication Types:

Review

Review, Tutorial

PMID: 14763316 [PubMed - indexed for MEDLINE]

J Invest Dermatol. 2004 Jan;122(1):39-43.

Mail surveys can achieve high response rates in a dermatology patient population.

Filip JC, Ming ME, Levy RM, Hoffstad OJ, Margolis DJ.

Center for Clinical Epidemiology and Biostatistics, University of Pennsylvania, Philadelphia, Pennsylvania 19104, USA.

In order to understand the burden of skin disease on patient populations, researchers need to be able to measure exposures and outcomes of interest in a population-based study. One method of obtaining such information is mailed patient surveys. This method of obtaining information, however, raises concerns regarding possible low response rates, and to the best of our knowledge, this method has not been attempted in large dermatology patient populations with a high response rate. We sought to determine whether using a slightly modified version of the Dillman Total Design Method as a mailed survey protocol would result in a high response rate in a dermatology population. A mail survey was sent using a slightly modified version of Dillman's Total Design Method to 4894 patients seen in the Dermatology Department of the University of Pennsylvania, who were diagnosed with nonmelanoma skin cancer, dermatophytosis, acne rosacea, seborrheic keratosis, or warts; 74.1% of the subjects responded to the mailings; 69.8% (n=3203) of patients returned a completed survey. Response rates (both as overall response and as survey completers only) were high across a wide spectrum of dermatologic illnesses and did not vary significantly by entry diagnosis.

Dillman's Total Design Method appears to be an effective tool for researchers studying the burden of skin disease in a large sample of dermatology patients.

PMID: 14962087 [PubMed - indexed for MEDLINE]

J Palliat Care. 2003 Winter;19(4):238-45.

Breaking bad news: impact of a continuing medical education workshop.
Ladouceur R, Goulet F, Gagnon R, Boule R, Girard G, Jacques A, Frenette J,
Carrier R, Lalonde V, Belisle C.

Department of Family Medicine, Universite de Montreal, Canada.

OBJECTIVE: To evaluate the impact of an interactive continuing medical education workshop designed to help physicians in breaking bad news to their patients.

METHODOLOGY: Analysis of post-workshop questionnaires from 539 physicians assessing the retention of the key concepts and the perception of the potential impact of the workshop on their practice immediately after the workshop and six months later. RESULTS: The most significant concepts retained by the respondents are: the need to take into consideration the whole patient (42.7% post-workshop and 45.6% of follow-up responses), the need to be prepared for the consultation (11.6% and 15%), the importance of better guiding the interview (18.8% and 13.6%), and the value of taking more time during the consultation (5.8% and 8.3%). Analysis of paired responses on the post-workshop and the follow-up questionnaires shows that 35% of the concepts retained are identical.

CONCLUSION: The majority of physicians retained the key concepts, both immediately following the workshop and in the longer term.

Publication Types:

Evaluation Studies

PMID: 14959593 [PubMed - indexed for MEDLINE]

J Perianesth Nurs. 2004 Feb;19(1):29-35.

Aromatherapy with peppermint, isopropyl alcohol, or placebo is equally effective in relieving postoperative nausea.

Anderson LA, Gross JB.

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To determine whether aromatherapy can reduce postoperative nausea, the investigators studied 33 ambulatory surgery patients who complained of nausea in the PACU. After indicating the severity of nausea on a 100-mm visual analogue scale (VAS), subjects received randomized aromatherapy with isopropyl alcohol, oil of peppermint, or saline (placebo). The vapors were inhaled deeply through the nose from scented gauze pads held directly beneath the patients' nostrils and exhaled slowly through the mouth. Two and 5 minutes later, the subjects rated their nausea on the VAS. Overall nausea scores decreased from 60.6 +/- 4.3 mm (mean +/- SE) before aromatherapy to 43.1 +/- 4.9 mm 2 minutes after aromatherapy (P < .005), and to 28.0 +/- 4.6 mm 5 minutes after aromatherapy (P <

10(-6)). Nausea scores did not differ between the treatments at any time. Only 52% of the patients required conventional intravenous (IV) antiemetic therapy during their PACU stay. Overall satisfaction with postoperative nausea management was 86.9 +/- 4.1 mm and was independent of the treatment group. Aromatherapy effectively reduced the perceived severity of postoperative nausea. The fact that a saline "placebo" was as effective as alcohol or peppermint suggests that the beneficial effect may be related more to controlled breathing patterns than to the actual aroma inhaled.

Publication Types:

Clinical Trial

Randomized Controlled Trial
PMID: 14770380 [PubMed - indexed for MEDLINE]

JAMA. 2004 Feb 25;291(8):921-2.

A piece of my mind. Irritability (yours and theirs).
McCauley J, Tarpley MJ.
jmccaul@jhmi.edu
PMID: 14982893 [PubMed - indexed for MEDLINE]

JAMA. 2004 Feb 11;291(6):697-703.

Comment in:

JAMA. 2004 Feb 11;291(6):740-2.
Patient ratings of dialysis care with peritoneal dialysis vs hemodialysis.
Rubin HR, Fink NE, Plantinga LC, Sadler JH, Kliger AS, Powe NR.
Department of Medicine, Quality of Care Research, The Johns Hopkins School of
Medicine, Baltimore, Md 21205, USA. hrubin@jhmi.edu
CONTEXT: In light of conflicting evidence of differential effects of dialysis
modality on survival, patient experience becomes a more important consideration
in choosing between hemodialysis and peritoneal dialysis. OBJECTIVE: To compare
patient satisfaction with hemodialysis and peritoneal dialysis in a cohort of
patients who have recently begun dialysis. DESIGN AND SETTING: Cross-sectional
survey at enrollment in a prospective inception cohort study of patients who
recently started dialysis at 37 dialysis centers participating in the Choices
for Healthy Outcomes in Caring for End-stage Renal Disease (CHOICE) study, a
national multicenter study of dialysis outcomes, from October 1995 to June 1998.
PATIENTS: Of 736 enrolled incident dialysis patients, 656 (89%) returned a
satisfaction questionnaire after an average of 7 weeks of dialysis. MAIN OUTCOME
MEASURE: Data collected from a patient-administered questionnaire including 3
overall ratings and 20 items rating specific aspects of dialysis care. RESULTS:
Patients receiving peritoneal dialysis were much more likely than those
receiving hemodialysis to give excellent ratings of dialysis care overall (85%
vs 56%, respectively; relative probability, 1.46 [95% confidence interval,
1.31-1.57]) and significantly more likely to give excellent ratings for each
specific aspect of care rated. The 3 items with the greatest differences were in
the domain of information provided (average of information items: peritoneal
dialysis [69% excellent] vs hemodialysis [30% excellent]). The smallest
differences were in ratings of accuracy of information from the nephrologist,
response to pain, amount of fluid removed, and staff availability in an
emergency. Adjustment for patient age, race, education, health status, marital
status, employment status, distance from the center, and time since starting
dialysis did not reduce the differences between peritoneal dialysis and
hemodialysis patients. CONCLUSIONS: After several weeks of initiating dialysis,
patients receiving peritoneal dialysis rated their care higher than those
receiving hemodialysis. These findings indicate that clinicians should give
patients more information about the option of peritoneal dialysis.

Publication Types:

Multicenter Study
PMID: 14871912 [PubMed - indexed for MEDLINE]

JAMA. 2004 Jan 28;291(4):420-1; author reply 421-2.

Comment on:

JAMA. 2003 Oct 8;290(14):1899-905.

Quality of care and satisfaction among patients isolated for infection control.
Safdar N, Maki DG.

Publication Types:

Comment

Letter

PMID: 14747491 [PubMed - indexed for MEDLINE]

JAMA. 2004 Jan 28;291(4):420; author reply 421-2.

Comment on:

JAMA. 2003 Oct 8;290(14):1899-905.

Quality of care and satisfaction among patients isolated for infection control.
Parietti JJ.

Publication Types:

Comment

Letter

PMID: 14747492 [PubMed - indexed for MEDLINE]

JAMA. 2004 Jan 28;291(4):421; author reply 421-2.

Comment on:

JAMA. 2003 Oct 8;290(14):1899-905.

Quality of care and satisfaction among patients isolated for infection control.
Weber SG, Perl TM, Cosgrove SE.

Publication Types:

Comment

Letter

PMID: 14747493 [PubMed - indexed for MEDLINE]

Jt Comm J Qual Saf. 2004 Jan;30(1):42-6, 1.

Using patient waiting-time data to improve the hospital bed-assignment process.

Hamby L, Fraser SW.

Piedmont Hospital, Atlanta, USA. leigh.hamby@piedmont.org

An improvement activity involving use of real-time waiting-time data resulted in reductions in bed-assignment times and overall diversion hours.

PMID: 14738035 [PubMed - indexed for MEDLINE]

Jt Comm J Qual Saf. 2004 Jan;30(1):47-55.

The roles of government in improving health care quality and safety.

Tang N, Eisenberg JM, Meyer GS.

Harvard University, Boston, USA.

BACKGROUND: Discussions surrounding the role of government have been and continue to be a favorite American pastime. A framework is provided for understanding the 10 roles that government plays in improving health care quality and safety in the United States. Examples of proposed federal actions to reduce medical errors and enhance patient safety are provided to illustrate the

10 roles: (1) purchase health care, (2) provide health care, (3) ensure access to quality care for vulnerable populations, (4) regulate health care markets, (5) support acquisition of new knowledge, (6) develop and evaluate health technologies and practices, (7) monitor health care quality, (8) inform health care decision makers, (9) develop the health care workforce, and (10) convene stakeholders from across the health care system. CONCLUSION: Government's responsibility to protect and advance the interests of society includes the delivery of high-quality health care. Because the market alone cannot ensure all Americans access to quality health care, the government must preserve the interests of its citizens by supplementing the market where there are gaps and regulating the market where there is inefficiency or unfairness. The ultimate goal of achieving high quality of care will require strong partnerships among federal, state, and local governments and the private sector. Translating general principles regarding the appropriate role of government into specific actions within a rapidly changing, decentralized delivery system will require the combined efforts of the public and private sectors.
PMID: 14738036 [PubMed - indexed for MEDLINE]

Lancet. 2004 Jan 24;363(9405):312-9.

Communicating sad, bad, and difficult news in medicine.

Fallowfield L, Jenkins V.

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In every medical specialty bad, sad, and difficult information must be given to patients and their families. An insensitive approach increases the distress of recipients of bad news, may exert a lasting impact on their ability to adapt and adjust, and can lead to anger and an increased risk of litigation. Many doctors also find these interactions stressful, and in the absence of much effective training they may adopt inappropriate ways of delivering bad news and coping with the emotional fall-out. Recognition of these difficulties has led to many initiatives, ranging from increased communication skills training to the development of guidelines and protocols. We review some of the research on the impact that giving sad, bad, and difficult news has on doctors and patients, and assess whether interventions are helping. We focus mainly on difficulties encountered involving parents in an obstetric or paediatric setting, people in acute trauma situations such as accident and emergency departments, and patients with cancer.

PMID: 14751707 [PubMed - indexed for MEDLINE]

Mater Manag Health Care. 2003 Nov;12(11):37.

Fit to be tied. New gowns provide higher patient satisfaction.

Kozarovich LH.

PMID: 14976994 [PubMed - indexed for MEDLINE]

Mayo Clin Proc. 2004 Feb;79(2):188-94.

Controversies and legal issues of prescribing and dispensing medications using the Internet.

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Angeles Healthcare System, Los Angeles, Calif, USA.

Online pharmacies fall into 3 major categories: independent Internet-only sites, online branches of "brick-and-mortar" pharmacies, and sites representing partnership among neighborhood pharmacies. Potential benefits of online pharmacies include increased access, lower transaction and product costs, and greater anonymity. However, online pharmacies have generated controversies, including the use of "cyberdoctors" on some sites, the dispensing of drugs without prescriptions from other sites, and the importation of prescription medications. Although some online pharmacies are legitimate and likely provide benefits to patients, other online pharmacies engage in questionable practices. Numerous state and federal regulations and laws have tried to address controversies surrounding rogue Internet pharmacies. Because online pharmacies are increasingly common, clinicians may encounter patients asking for advice and information about online pharmacies. We review the regulatory framework governing online pharmacies and the potential risks and benefits of using online pharmacies.

PMID: 14959914 [PubMed - indexed for MEDLINE]

Med Care. 2004 Feb;42(2 Suppl):II49-56.

Promoting patient safety and enabling evidence-based practice through informatics.

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OBJECTIVES: The purposes of this article are to highlight the role of informatics in promoting patient safety and enabling evidence-based practice (EBP), 2 significant aspects for assuring healthcare quality; to delineate some challenges for the future; and to provide key recommendations for education, practice, policy, and research. **METHODS:** First, we describe the components of an informatics infrastructure for patient safety and evidence-based practice. Second, we address the role of informatics in 4 areas: 1) information access; 2) automated surveillance for real-time error detection and prevention; 3) communication among members of the healthcare team; and 4) standardization of practice patterns. Last, we delineate some future challenges for nursing and for informatics and provide key recommendations for education, practice, policy, and research. **RESULTS:** The components of an informatics infrastructure are available and applications that bring together these components to promote patient safety and enable EBP have demonstrated positive or promising results. **CONCLUSIONS:** Challenges must be addressed so that an informatics infrastructure and related applications that promote patient safety and enable EBP can be realized.

PMID: 14734942 [PubMed - indexed for MEDLINE]

Med Care. 2004 Feb;42(2 Suppl):II57-66.

Nurse burnout and patient satisfaction.

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BACKGROUND: Amid a national nurse shortage, there is growing concern that high levels of nurse burnout could adversely affect patient outcomes. **OBJECTIVES:** This study examines the effect of the nurse work environment on nurse burnout, and the effects of the nurse work environment and nurse burnout on patients'

satisfaction with their nursing care. RESEARCH DESIGN/SUBJECTS: We conducted cross-sectional surveys of nurses (N=820) and patients (N=621) from 40 units in 20 urban hospitals across the United States. MEASURES: Nurse surveys included measures of nurses' practice environments derived from the revised Nursing Work Index (NWI-R) and nurse outcomes measured by the Maslach Burnout Inventory (MBI)

and intentions to leave. Patients were interviewed about their satisfaction with nursing care using the La Monica-Oberst Patient Satisfaction Scale (LOPSS).

RESULTS: Patients cared for on units that nurses characterized as having adequate staff, good administrative support for nursing care, and good relations between doctors and nurses were more than twice likely as other patients to report high satisfaction with their care, and their nurses reported significantly lower burnout. The overall level of nurse burnout on hospital units also affected patient satisfaction. CONCLUSIONS: Improvements in nurses' work environments in hospitals have the potential to simultaneously reduce nurses' high levels of job burnout and risk of turnover and increase patients' satisfaction with their care.

PMID: 14734943 [PubMed - indexed for MEDLINE]

Med Care. 2004 Feb;42(2):139-46.

Outcome expectancies, functional outcomes, and expectancy fulfillment for patients with shoulder problems.

O'Malley KJ, Roddey TS, Gartsman GM, Cook KF.

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OBJECTIVES: This study was conducted to evaluate the relationship among patient outcome expectancies, perceived shoulder function changes, and perceptions of expectancy fulfillment. METHODS: Patients (n = 199) treated for shoulder problems at one orthopedic surgeon's office completed a baseline survey comprised of measures of outcome expectancies, shoulder function, health status, and demographics. At 1 month, 2 months, and 3 months, patients completed a mailed follow-up survey comprised of all baseline measures except demographic variables. At 3 months, a measure of expectancy fulfillment was added. A general linear modeling approach was used to assess the significance and effect size of 1) outcome expectancies on changes in shoulder function; and (2) outcome expectancies, shoulder function changes, and their interaction on perceptions of expectancy fulfillment. RESULTS: Outcome expectancies significantly predicted changes in shoulder function and accounted for 10% of the variance in functional improvement. The improvement difference between patients with high expectancies compared with those with low expectancies was clinically relevant (4.57 points), as it was greater than the minimal clinically important difference (3.02 points). Outcome expectancies and shoulder function changes significantly predicted patients' perceptions of fulfilled expectancies, but their interaction was not statistically significant. CONCLUSIONS: Results highlight the importance of patient expectancy in medical encounters. The findings suggest the need for interventions targeting patient expectancies such as including discussions about expectancy in patient-physician negotiations of therapeutic plans. Results also underscore the need for the development of better measures of outcome expectancies and expectancy fulfillment.

PMID: 14734951 [PubMed - indexed for MEDLINE]

Med Econ. 2003 Dec;80(24):92.

Never underestimate a patient.

True TJ.

PMID: 14733059 [PubMed - indexed for MEDLINE]

Med Law Int. 2000;4(2):97-109.

Comprehending disclosure: must patients understand the risks they run?

Williams K.

Sheffield Hallam University, UK.

It is well known that competent patients must be told about the risks of proposed medical procedures. This paper argues that recent professional guidelines and the law of negligence now take matters further by requiring doctors to take reasonable steps in an attempt to ensure that patients understand the risks they are being invited to run, so facilitating meaningful choices and the opportunity to give a properly informed consent.

PMID: 14983870 [PubMed - indexed for MEDLINE]

Medsurg Nurs. 2003 Dec;12(6):391-6.

Relationship between nurse caring and patient satisfaction in patients undergoing invasive cardiac procedures.

Wolf ZR, Miller PA, Devine M.

La Salle University School of Nursing, Philadelphia, PA, USA.

Cardiac patients (N = 73) undergoing interventional cardiology studies reported perceptions of nurse caring and patient satisfaction with care. A moderately strong relationship ($r = 0.53$, $p = 0.01$) between caring and satisfaction was found. Male and female subjects did not differ on perceptions of caring and patient satisfaction. Since caring is considered fundamental to the nature of nursing, practicing nurses must appreciate its connection to outcomes, such as patient satisfaction.

PMID: 14725151 [PubMed - indexed for MEDLINE]

Mod Healthc. 2004 Jan 26;34(4):48-9.

Virtual access. Despite concerns, more physicians are realizing the value of online medical consultations. Getting reimbursed is another story.

Colias M.

mike_colias@yahoo.com

PMID: 14959560 [PubMed - indexed for MEDLINE]

Nurs J India. 2003 Jul;94(7):146-7.

Laughter is the best medicine: the value of humour in current nursing practice.

Mathew FM.

PMID: 14750223 [PubMed - indexed for MEDLINE]

Nurs Sci Q. 2004 Jan;17(1):86-91.

Understanding the importance of values and moral attitudes in nursing care in preserving human dignity.

Naden D, Eriksson K.

Oslo University College, Faculty of Nursing, Oslo, Norway.

The purpose of this investigation was to explore when nursing becomes an art, and to develop a theory/model of nursing as art. The overall design of the investigation was qualitative, and phenomenological-hermeneutic. The five substantial categories in the theory/model are: Invitation and confirmation, encounter, values, moral attitude and demeanor, the act of good will, and aesthetic communication. One main finding of this nursing investigation based on the caring perspective was that values and a thoroughly moral attitude and demeanor are central when nursing becomes an art.

PMID: 14752958 [PubMed - indexed for MEDLINE]

Nurs Sci Q. 2004 Jan;17(1):13-25.

Review of research related to Watson's theory of caring.

Smith M.

University of Colorado, Health Sciences Center, Denver, Colorado, USA.

Forty retrievable studies are reviewed, covering the period of 1988 to 2003, that were based on Watson's theory of caring. The author provides an overview of the studies, identifies measurement instruments developed, critiques the body of work, and offers suggestions for future research.

Publication Types:

Review

Review, Tutorial

PMID: 14752948 [PubMed - indexed for MEDLINE]

Nurs Times. 2004 Jan 20-26;100(3):26-7.

'Being there with patients is a privilege'.

Jacques L.

University of Brighton.

PMID: 14963955 [PubMed - indexed for MEDLINE]

Outcomes Manag. 2004 Jan-Mar;8(1):2-4.

Leading and succeeding in outcomes management.

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An effective OM program offers the best in clinical care, efficiency, and use of organizational resources and results in overall satisfaction for health care consumers, payers, and providers. Although challenges abound in today's health care environment, a strong interdisciplinary team with the appropriate resources and supports and led by a skilled outcomes manager will succeed. Such a team will also develop as other needs and opportunities exist in the future.

PMID: 14740577 [PubMed - indexed for MEDLINE]

RN. 2004 Jan;67(1):46-9.

Helping patients break the boredom.

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PMID: 14979193 [PubMed - indexed for MEDLINE]

Soc Work. 2004 Jan;49(1):27-38.

Working with Hindu clients in a spiritually sensitive manner.

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Although social work is witnessing growing interest in spiritual and religious issues, little guidance has appeared in the literature to assist practitioners in addressing the unique spirituality of rapidly increasing non-Western populations. This article discusses the significant cultural/spiritual beliefs, practices, and values of Hindus, the largest Asian religion in the United States. Possible conflicts emanating from the lack of congruence between the values of Hindu consumers, derived from the dharma--the sacred moral order--and the values of social workers, derived from a Western Enlightenment discourse, are highlighted. The author offers practice-oriented suggestions to facilitate cultural sensitivity and to further integrate the spiritual strengths of Hindus into the clinical dialogue.

PMID: 14964516 [PubMed - indexed for MEDLINE]