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Benefits to Patients and Clinicians of Discussing Explanatory Images During Uterine Fibroid Consultations

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A B S T R A C T

This study of an interventional radiology practice's uterine fibroid embolization (UFE) consultations explains how patient-clinician discussion of images produces communication patterns that benefit patients and clinicians. The examples analyzed here show how inconsultation discussion of images aids patients' treatment decisions by enhancing their understanding and recall of information about causes of uterine fibroid tumor symptoms and the UFE procedure. The data also show that such interaction affects clinicians' understandings of patients' particular information needs and concerns. Discussion of images prompts patients to present information about their current medical conditions and treatments, which they did not reveal earlier during standard history taking. Both patients and clinicians mentioned that inconsultation discussion of explanatory images led to patients' satisfaction with their consultations.
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Introduction

This study explains a beneficial relationship between inconsultation patient education, patients' understandings of medical information, and their treatment decisions. During interventional radiology consultations, discussion of images related to uterine fibroid embolization (UFE, also referred to as uterine artery embolization) led to patients understanding and recalling medical information relevant to choosing a treatment, developing expectations for reduction of symptoms, and adhering to postprocedure precautions. Patients mentioned that such consultations led to better understandings of medical information than viewing Web sites or reading pamphlets. Analysis of video and audio data shows how discussion of visual information during consultations modifies conventional communication patterns to benefit both patients and clinicians.

An explanation of UFE presents a lot of information—much of it new to the patient. This includes the following:

- What embolization is.
- What it does.
- How it happens.
- Its effects on uterine fibroid tumors.
- Its effects on the symptoms caused by uterine fibroid tumors.
- The patient's preparation for the procedure.
- Recovery from the procedure.
- Potential complications.

Classic foundational studies of patient-clinician interaction have emphasized that clinicians often manage the complexities of communicating medical information in a way that affects patients' opportunities to obtain additional information (cf. Cicourel, 1974, 1988; Måseide, 1991). When assessing a patient's comprehension of medical information relevant to a diagnosis and treatment regimen, clinicians also manage interaction with the patient, examine medical records, apply diagnostic reasoning, consider time constraints, and deal with risk management (Sarangi & Clarke, 2002). In that context, other foundational studies of clinical consultations have found that standard verbal consultation formats often limit patients' opportunities to formulate and ask questions that would obtain or clarify information (Fisher, 1993, 1995; Fisher & Groce, 1990; Mishler, 1984). Despite the development of patient-centered participatory approaches to consultations, recent studies continue to find examples of communication patterns that constrain patients' responses and limit their information-seeking opportunities (Bristowe & Patrick, 2014; Burton, Blundell, Jones, Fraser, & Elwyn, 2010; Entwistle, Williams, Skea, MacLennan, & Bhattacharya, 2006; Joseph-Williams, Edwards, & Elwyn, 2014; Larsson, Sahlsten, Segesten, & Plos, 2011; Price et al., 2006; Skea et al., 2004; Skea, MacLennan, Entwistle, & N'Dow, 2014).

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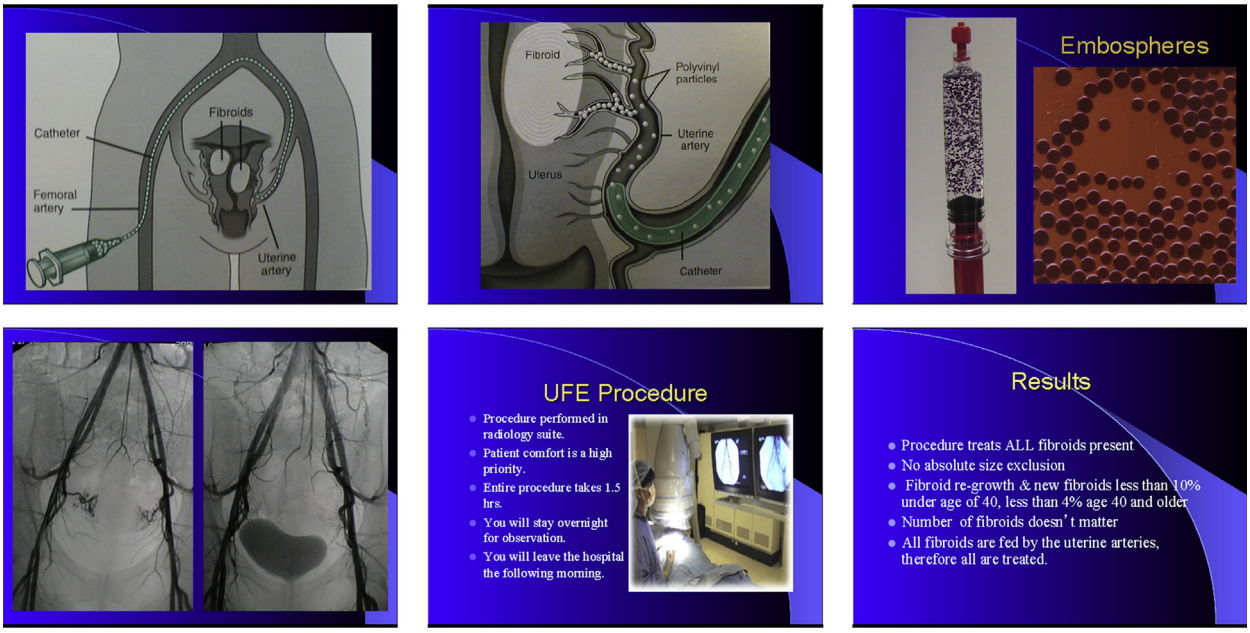

Figure 1. Selected images from the set discussed at the consultations. Uterine fibroid embolization (UFE) diagrams (first two images in top row) Copyright: David Klemm and Society of Interventional Radiology. Reprinted with their permission. All rights reserved.)

Such limits affect patients' information processing and understanding because of the following:

- Unfamiliarity with medical or technical terminology.
- The difficulty of interpreting new information.
- The cognition related to recalling and reconceptualizing previously developed understandings to incorporate new information.
- Coping with new information while listening to the clinician's ensuing comments.
- Limited time to deal with these cognitive and communicative complexities.

During the UFE consultations, discussing images displayed on a computer helped the clinician and patient manage such cognitive and communicative work. The communication patterns fostered by the set of treatment-related images correlated with patients understanding and recalling relevant medical information.

Research setting: Participants and the visual information resources they encountered

The ongoing research is a descriptive case series studying initial radiology consultations of patients with symptomatic uterine fibroid tumors. It examines the components of consultation interaction that affect clinicians' explanations of medical information and patients' understandings of that information. Recordings, observations, discussions with participants, and consent forms followed research protocols approved by the pertinent hospital and university institutional review boards. The findings presented here are based on analysis of 12 cases. The study participants are patients who contacted an interventional radiology practice for UFE consultation, a registered nurse, and an interventional radiologist. Before discussing the patient's magnetic resonance imaging (MRI) with the interventional radiologist, each patient met with the nurse or the interventional radiologist[1] to view and discuss a set of images containing diagrams, X-rays, MRIs, photos, and text organized in PowerPoint and displayed on a laptop computer. Video recordings captured the conversations and activities of the participants during the clinical consultations. Prior to this study, the clinicians had derived the set of pictures, diagrams, radiologic images, and textual lists presented to patients from visual resources, which they had developed for lectures to clinicians and public educational sessions (see examples in Figure 1). The nurse and interventional radiologist adapted the set of images for prospective UFE patients during initial consultations. At first, the radiologist discussed the visual information resources with the patients. Eventually, a nurse took over that role, when she met with patients to review their history before each patient's meeting with the radiologist.

Previous research related to patient education and clinical consultations

Studies of Decision Aids for Patients

Studies have used the category, decision aids, when describing the use of print, video, or digital technologies to provide patients with explanatory information about medical conditions and treatments. Research about decision aids has related them to various aspects of patients' medical experiences, including reducing decisional conflict (Jackson, Cheater, Peacock, Leask, & Trevana, 2010; Murray et al., 2001a, 2001b; Stewart, Clay, Kearing, Heaney, & Seigne, 2008), enhancing patient participation in treatment decisions (Street, Voigt, Geyer, Manning, & Swanson, 1995; Sullivan & Wyatt, 2005; Tonkin-Crine et al., 2014), improving patients' confidence and preparation before consultations (Stewart et al., 2008), reducing patients' anxiety (Bollschweiler et al., 2008; Eggers et al., 2007), providing informed consent for medical procedures and tests (Wang, Ammon, & Beischer, 2014), and promoting adherence (Stalmeier, 2011).

Studies have used methods such as questionnaires, focus groups, usage data, and experimental situations to compile patients' or clinicians' reactions to decision aids after patients have used them (Alden, 2014; Beischer et al., 2008; Bollschweiler et al. 2008; Murray et al., 2001a, 2001b; Schroy et al., 2012; Silvia & Sepucha, 2006; Stewart et al., 2008). In some studies, patients used decision aids outside clinical settings or viewed them alone in a clinical setting

[1] The interventional radiologist conducted one of the consultations analyzed here, case of P12.

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