

PC-FACS

Feature Editor: Donna S. Zhukovsky, MD, FACP, FAAHPM

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Summaries With Commentary

Impact of Spin in the Abstracts of Articles Reporting Results of Randomized Controlled Trials in the Field of Cancer: the SPIIN Randomized Controlled Trial

Background. Spin, misrepresentation of study findings to positively influence interpretation of statistically nonsignificant randomized controlled trials (RCTs), is

a common phenomenon.^{1,2} What is the effect of spin on clinicians' interpretation of study results?

Design and Participants. This was a French, two-arm, Web-based, blinded, parallel-group RCT evaluating the impact of spin on clinicians' interpretation of oncology clinical trials. Thirty abstracts of articles describing RCTs with statistically nonsignificant primary outcomes that were reported with spin were systematically rewritten without spin. Eligible participants, all clinicians, included corresponding authors of published trial manuscripts, principal investigators of trials registered in CancerTrials.gov, and grant reviewers for the French National Institute for Cancer Research. Participants were randomized to evaluate one abstract that either did or did not include spin. Primary outcome was clinician interpretation of the beneficial treatment impact, as rated on a 0-10 scale. Participants ($N = 300$) were mean age 48 years (SD, 10), 78% male, 56% European, 55% in practice more than 15 years, and 49% involved in more than 10 RCTs.

Results. Experimental treatments reported by abstracts with spin were rated as more beneficial than the same abstract without spin, with a mean difference of 0.7 (95% CI, 0.1-1.4; $P = 0.03$), corresponding to an effect size of 0.25. Trials reported with spin were rated as less rigorous (mean difference, -0.6; 95% CI, -1.1 to -0.1; $P = 0.03$), and clinicians were more interested in reading the full-text of trials with spin (mean difference, 0.8; 95% CI, 0.1-1.5; $P = 0.03$).

Commentary. These findings are unsurprising. Focusing on the positive results leads even sophisticated researchers to overestimate a drug's beneficial effects. It is interesting that even though the subjects found the trials less rigorous, they were more interested in reading the full-text "spun" trials. I wish the researchers had asked the subjects whether they would have been more likely to use the drug or accept the paper for publication. One wonders if journals should be responsible for writing structured, completely neutral abstracts for such papers.

Bottom Line. Abstracts that focus on secondary outcomes and do not clearly report the negative primary outcomes lead experienced researchers to

overestimate a drug's benefit, a point that should be emphasized when teaching learners how to critically review evidence-based medicine.

Reviewer. Robert M. Arnold, MD, FAAHPM, University of Pittsburgh Palliative and Supportive Institute, UPMC Health System, Pittsburgh, PA.

Source. Boutron I, Altman DG, Hopewell S, et al. Impact of spin in the abstracts of articles reporting results of randomized controlled trials in the field of cancer: the SPIIN randomized controlled trial. *J Clin Oncol* 2014;23:4120-4126.

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The Impact of Clinicians' Personality and Their Interpersonal Behaviors on the Quality of Patient Care: A Systematic Review

Background. Clinicians' interpersonal behaviors are thought to impact patients' quality-of-care indicators but have not been studied in a comprehensive fashion.^{1,2} What is the impact of clinicians' personalities and observed interpersonal behaviors on the quality of patient care?

Design and Participants. This systematic review searched MEDLINE, EMBASE, and PsycINFO through January 2014, supplemented by hand searches, for studies evaluating the impact of clinicians' personalities and observed interpersonal behaviors on the quality of patient care, specifically processes of care and patient outcomes. Eligible studies obtained personality data with validated personality questionnaires. Methodological quality of included studies was assessed by the Medical Education Research Studies Quality Instrument (MERSQI).³ Interpersonal behaviors were categorized as instrumental or affective verbal behavior or as nonverbal behavior. Dimensions of personality were categorized as extraversion, neuroticism, agreeableness, conscientiousness, and openness to experience.⁴ Eighty-seven articles (88 studies) were included; 46 (53%) were conducted in primary care and 46 (53%) in the United States.

Results. Overall, methodological quality was fair to good. Eighty-three studies evaluated interpersonal behavior, 4 evaluated personality; quality of processes of care was an outcome in 70 studies and patient health outcomes in 36 studies. Most studies found no effect

of clinicians' personalities or interpersonal behaviors, which included "friendliness," "dominance," "empathetic behavior," "agreeableness," "extraversion," and manner of "questioning" on quality of patient care. Some studies found effects for "nervousness," "nonverbal attention," and more time spent questioning patients. Inconsistent results were found for "open to experience," "neuroticism," and "conscientiousness."

Commentary. This well-done systematic review showed no consistent effect between physician personality or behaviors and quality process assessments or patient outcomes. Few studies on personality were available for inclusion. Heterogeneity among studies may have limited the ability to ascertain positive associations, especially for behaviors for which there were a small number of studies. Naturally "absence of evidence of effect need not imply evidence of absence of effect."⁵

The complexity of providing quality care for patients as individuals may require a variety of clinician behavioral responses. Perhaps this is how team-based structure improves patient outcomes.⁶ Two additional areas seem important to explore: how individual personality or behavioral traits contribute to team dynamics and success⁷ and understanding physician behavioral flexibility in response to patient circumstance.

Bottom Line. There is a lack of compelling evidence linking distinct clinician personality traits or behaviors with improved quality of patient care.

Reviewers. Renee Gravois, MD, Palliative Medicine Fellow, and David Nowels, MD, MPH, University of Colorado School of Medicine, Aurora, CO.

Source. Boerebach BC, Scheepers RA, Van der Leeuw RM, et al. The impact of clinicians' personality and their interpersonal behaviors on the quality of patient care: a systematic review. *Int J Qual Health Care* 2014;26:426-481.

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