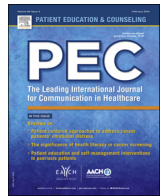




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Research paper

Digital audio recordings improve the outcomes of patient consultations: A randomised cluster trial

Maiken Wolderslund^{a,b,*}, Poul-Erik Kofoed^{b,c}, René Holst^b, Mette Axboe^a,
Jette Ammentorp^{a,b}

^a Health Services Research Unit, Lillebaelt Hospital, Vejle, Denmark

^b Institute of Regional Health Research, Faculty of Health Sciences, University of Southern Denmark, Odense, Denmark

^c Department of Paediatrics, Lillebaelt Hospital, Kolding, Denmark

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ABSTRACT

Objectives: To investigate the effects on patients' outcome of the consultations when provided with: a Digital Audio Recording (DAR) of the consultation and a Question Prompt List (QPL).

Methods: This is a three-armed randomised controlled cluster trial. One group of patients received standard care, while the other two groups received either the QPL in combination with a recording of their consultation or only the recording. Patients from four outpatient clinics participated: Paediatric, Orthopaedic, Internal Medicine, and Urology. The effects were evaluated by patient-administered questionnaires.

Results: A total of 4349 patients participated in the study. DAR significantly increased the probability of fulfilling the participants' self-perceived information needs by 4.1% to 6.3%, particularly with regard to *test results* (OR=1.41, 95%CI: 1.14–1.74, $p=0.001$) and *treatment options* (OR=1.39, 95%CI: 1.13–1.71, $p=0.002$). Additionally, the interventions positively influenced the participants' satisfaction with the treatment, their relationship with the health professional, and their experience of being involved in the decision-making.

Conclusion: Providing outpatients with a QPL and DAR of their consultation positively influences the patients' perception of having adequate information after the consultation.

Practice implications: The implementation of a QPL and audio recording of consultations should be considered in routine practice.

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1. Introduction

Communication between patients and health professionals is a cornerstone in modern healthcare and is a necessity for adequate treatment as well as a positive patient experience. As in other Western countries [1,2], the Danish Healthcare System encourages patients to participate in decision-making [3] and patients often request involvement in decision-making concerning their care [4]. To facilitate successful participation in decision making, some basic assumptions must be met: patients need to receive relevant and sufficient information, understand and retain complex information [5], and evaluate and employ this in their

communication with health professionals [6]. Despite government policies and legal rights on patient information and participation [7], communication aspects constitute a considerable part of patient complaints [8]. Along with the results from healthcare evaluations [9], patient complaints reveal a potential gap between the information given by health professionals and patients' understandings. A simple explanation could be that patients tend to forget a considerable amount of the medical information provided [5]. Disadvantageous circumstances caused by the disease itself or stressful information might also be a factor. In recent years, several initiatives have been made to improve the communication between patients and health professionals. Some research focused on health professionals, identified a positive impact of communication skills training [10,11]. Other studies have focused on improving patients' skills and knowledge, e.g., through preparation prior to the consultation [12,13], provision of access to different information sources after the consultation such as summary letters [14], or by giving take-home audio recordings

* Corresponding author at: Health Services Research Unit, Lillebaelt Hospital, Kappeltoft 25, Bygning S100, DK-7100 Vejle, Denmark.

E-mail addresses: Maiken.Wolderslund@rsyd.dk (M. Wolderslund), Poul.Erik.Kofoed@rsyd.dk (P.-E. Kofoed), rholst@health.sdu.dk (R. Holst), mette@axboe.dk (M. Axboe), Jette.Ammentorp@rsyd.dk (J. Ammentorp).

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of the consultation [15,16]. The latter has proven beneficial for patients and their relatives in terms of satisfaction [14,17–19], participation [20], understanding, and recall [18,21–26].

Likewise, providing patients with a Question Prompt List (QPL) as preparation for the consultation has shown minor but positive tendencies on similar outcomes, although results are ambiguous [27–30].

However, most studies have been limited to oncology settings and “bad news” consultations [14,15,17]. Interventions have primarily been investigated independently in efficacy studies, stressing the need for a study investigating the interventions in a broader clinical setting with a combination of interventions.

The objective of this study was to investigate the effects of providing patients with a Digital Audio Recording (DAR) of their outpatient consultation either alone or in combination with a Question Prompt List (QPL) given prior to the consultation. This paper will address the following research hypotheses: Providing patients with a DAR of their consultation will improve their post-consultation information level, and adding the QPL as a supplement to the DAR will further improve patients’ self-perceived information level.

2. Methods

2.1. Setting

The study was conducted in four different outpatient clinics, namely Paediatrics, Orthopaedics, Internal Medicine, and Urology, at a Danish regional hospital. When selecting the clinics, we strived to achieve diversity in disease duration, severity, and complexity by including both surgical and medical consultations, as well as paediatric and adult clinics. The department heads selected, 17 nurses, 17 physicians, and 15 surgeons to conduct the consultations in the randomised trial. To ensure inclusion of patients over time only permanently employed health professionals with consultations in the clinic at least once a week were eligible for participation.

The research was announced to, and approved by the Danish Data Protection Agency (J.no. 2010-41-4750) and the entire research process complied the Danish Act on Processing of Personal Data and the Helsinki Declaration.

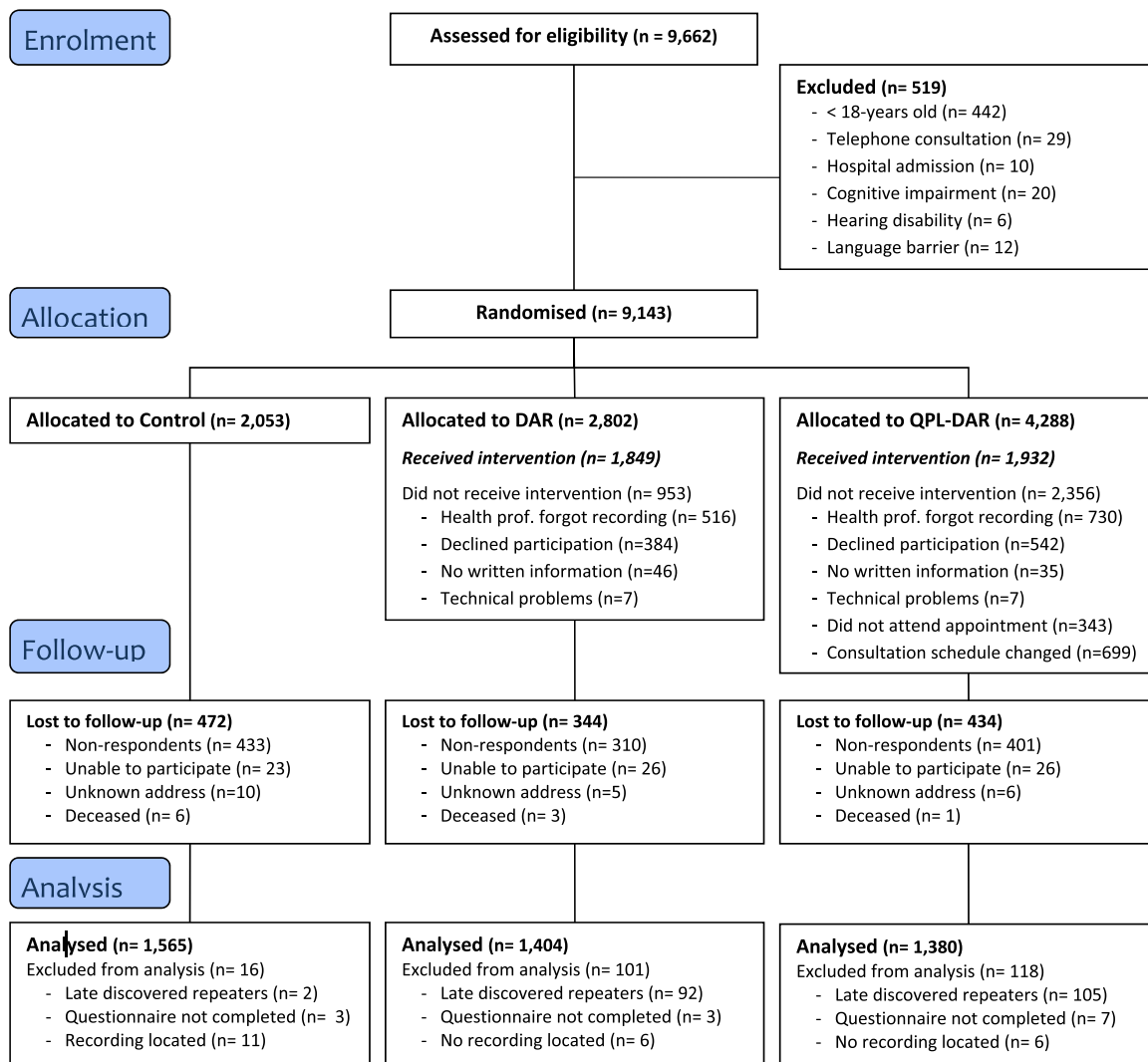


Fig. 1. CONSORT Flow Diagram: Participant flow through the study.

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