The other half of the whole: teaching patients to communicate with physicians
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Authors' objectives
To assess the effectiveness of teaching patients to communicate with physicians.

Searching
MEDLINE was searched from 1975 to 2000; the search terms were reported. The reference lists of articles identified by this search were examined for further studies.

Study selection
Study designs of evaluations included in the review
Only randomised controlled trials (RCTs) were included in the review.

Specific interventions included in the review
Studies of communication training interventions were eligible for inclusion. The review focused on studies conducted in an out-patient setting. The interventions in the review included: face-to-face communication training; the use of videotapes, workbooks, handouts or leaflets; asking the patient to write questions before the visit; and informing the patient that the physician encouraged questions. The majority of studies used a placebo control intervention, which was similar to the experimental intervention in intensity but generally did not focus on communication. In other studies, the control group received no intervention.

Participants included in the review
Inclusion criteria relating to the participants were not specified. All but one of the included studies involved adult patients. The mean patient age across studies reporting this information was 45.3 years, with a mean education length of 12.6 years. The patients varied considerably in their background and socioeconomic status. Some studies included only a specific group of patients, such as obstetrics and gynaecology patients, or those with hypertension, diabetes, ulcers, or cancer.

Outcomes assessed in the review
Inclusion criteria relating to the outcomes were not specified. The studies included in the review assessed a range of outcomes, the most common of which were communication variables such as the number of questions asked by the patient and patient information seeking. Other outcomes included knowledge, disease-related outcomes, functional status, adherence to treatment, satisfaction with the visit, negative affect, the patient's sense of control and visit length. The methods for assessing these outcomes were not reported.

How were decisions on the relevance of primary studies made?
The authors did not state how the papers were selected for the review, or how many reviewers performed the selection.

Assessment of study quality
The authors did not state that they assessed validity.

Data extraction
The authors did not state how the data were extracted for the review, or how many reviewers performed the data extraction.

The interventions were classed as high, medium or low intensity, based on the time and personnel required, as well as the cost of providing the intervention. The results of each study were extracted as showing either a significant or non-significant difference between the intervention and control groups.
Methods of synthesis
How were the studies combined?
The studies were combined in a narrative.

How were differences between studies investigated?
The studies were grouped, according to the intensity of the intervention, in the tables and discussed by outcome in the text.

Results of the review
The review included 16 RCTs with a total of 1,665 patients.

The results are presented as reported in the tables.

Question asking: 10 RCTs were identified. The total number of questions asked by the patients was assessed in 8 studies, and a significant effect of the intervention was reported in two, with the patients who received communication training asking more questions than those in the control group. In a further 2 studies that assessed direct and indirect questions separately, communication training was associated with a significant increase in the number of direct questions, but not in the number of indirect questions.

Further communication variables: the amount of information obtained by patients in the communication training group was significantly greater in one of the 2 studies assessing this outcome. In 3 studies, there was significantly more information seeking by patients in the intervention group. In one study, the provision of information by patients was significantly greater in the communication training group. In the single study that reported this outcome, there was no difference between the intervention and control groups in verification of information by the patient.

Knowledge: 3 RCTs were identified. There were no significant differences between communication training and control groups in the patients' knowledge of their disease in 2 studies. In one study, the intervention group's knowledge was significantly lower than that of the control group.

Disease outcomes (3 RCTs): communication training was associated with a significant reduction in disease-specific outcomes in the 2 studies reporting this result, while there was no significant difference between the groups in the other study.

Functional status (4 RCTs): the functional status of the communication training group was statistically significantly higher than that of the control group in all 4 studies.

Adherence to treatment: 2 RCTs were identified. One study measured adherence in terms of keeping appointments, and found it to be significantly higher in the intervention group than in the control group. In the second study, communication training was associated with significant improvements in overall, behavioural and follow-up adherence, but not with adherence to medication.

Patient satisfaction with the visit: 8 RCTs were identified. A positive effect was found in 2 studies, with satisfaction in the intervention group significantly higher than that in the control group. In one study the intervention group was significantly less satisfied than the control group, while in 5 studies there were no significant differences between the groups.

Physician satisfaction with the visit: only one of the 3 RCTs identified reported that communication training was associated with significantly improved physician satisfaction.

Negative affect: 5 RCTs identified. The negative affect was significantly higher in the intervention group than in the control group in 2 studies. One of these reported significant increases in the patients' anxiety and anger and the physicians' anger. A further 2 studies showed no significant difference in anxiety between patients in the intervention and control groups. Finally, one study reported that communication training was associated with a significant decrease in patient anxiety.
Patients’ sense of control (6 RCTs): communication training was associated with a statistically significantly higher sense of control (more directive in the interview and a personal sense of control) in the intervention group than in the control group in all 6 RCTs.

Visit length: 8 RCTs were identified. In 7 studies there was no statistically significant difference between the intervention and control groups. In one study the intervention had a longer visit than the control group, and this was statistically significant.

Authors’ conclusions
Studies of patient communication training showed improvements in a variety of patient outcomes. However, the authors cautioned that differences between the studies in design, interventions and outcomes limited their ability to draw conclusions.

CRD commentary
Inclusion criteria were stated for the intervention and study design of interest, but not for the participants and outcomes. Only one electronic database was searched, which might have resulted in some relevant studies being missed. In addition, there were no attempts to locate unpublished research and this might have introduced publication bias. Since the authors did not state whether they applied any language restrictions to the search, the potential for language bias cannot be determined. Study quality was not formally assessed, thus the reader cannot judge the reliability of the primary study results. Details of the review process, study selection and data extraction were not reported, therefore the potential for reviewer error and bias cannot be assessed. There appeared to be several discrepancies between results reported in the tables and the text.

The reviewers provided details of the included studies, although effects were reported only as whether they were statistically significant or non-significant, with no indication of their magnitude. The use of a narrative synthesis was appropriate given the differences between the primary studies in the intervention intensity, population and outcomes measured. However, these differences were not taken into account in the narrative.

The authors appropriately stated that the heterogeneity of the primary studies limited their ability to draw conclusions. However, the review suffers from further limitations, which prevent the reader from assessing either the reliability of the primary study results, or the potential for bias in the review.

Implications of the review for practice and research
Practice: The authors did not state any implications for practice.

Research: The authors stated that further research on this topic should assess biopsychosocial outcomes and cost-effectiveness. They also suggested the combining of qualitative and quantitative research methods, the use of baseline measurements of patient communication, and an investigation of the effectiveness of interventions tailored to the needs of individual patients.

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This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on the reliability of the review and the conclusions drawn.