

# A preliminary analysis & evaluation of current reviews on physician-patient communications

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## Background

1. Communication skills is important for smoothing physician-patient relations.
2. It is equally to professional skills for healthcare provider, and just like one of the two wheels of a carriage
3. It is the cornerstone of any strategy to reduce mis-understanding and malpractice claims





## Background-continued



However,

1. Patients usually felt that they short of satisfactory communication from their doctors
2. Phycisians often think that they lack of adequate training on profesional communication
  - Reasons may: Shortened consultation time, medical development, increased specialisation, etc.

It is necessary to identify the best evidence on physician-patient communication



## Background-continued



- Cochrane Systematic Review is thought of the current best evidence for clinical practice
- A **systematic and explicit approach** to making judgments about the quality of evidence and the strength of recommendations
- Best evidence can help to prevent errors, facilitate critical appraisal of these judgments, and can help to improve communication



## Objectives



1. To identify and assess the current systematic reviews on physician-patient communications
2. To find an appropriate way to guide the clinical communication between physicians and patients in China



## Methods



1. Review selection criteria:
  - Search database: CL, OVID, CBM. Limited in English & Chinese.
  - Search words: key words 'physician-patient relationship' & 'communication'
  - Included criteria: systematic reviews related on 'physician-patient relationship' and 'communication'. No races and ages limitation
  - Excluded criteria: Comments, case reports, news, letters, etc.



## Methods-continued



2. The assessment of limitations and data extraction:
  - **Quality evaluation:** The Overview Quality Assessment Questionnaire (OQAQ) checklist [1]
  - **Judgement:** The score varies range from 0 to 9. Full meet the explanation of the OQAQ items reach 50% or above and no obvious bias identified, score 1, else score 0.
  - **Data extraction:** General character, methodology, important results and main conclusions



## Methods-continued



3. The Items of Overview Quality Assessment Questionnaire (OQAQ)
  - Were the search methods used to find evidence reported?
  - Was the search strategy for evidence reasonably comprehensive?
  - Were the criteria used for deciding which studies to include in the overview reported?
  - Was bias in the selection of studies avoided?
  - Were the criteria used for assessing the validity of the included studies reported?
  - Was the validity of all the studies referred to in the text assessed using appropriate criteria (either in selecting studies for inclusion or in analyzing the studies that are cited)?
  - Were the methods used to combine the findings of the relevant studies (to reach a conclusion) reported?
  - Were the findings of the relevant studies combined appropriately relative to the primary question the overview addressed?
  - Were the conclusions made by the author(s) supported by the data and/or analysis reported in the overview?
  - Quality score by OQAQ



## Results



1. The character of included reviews:
  - Included reviews: 17
  - Published year: 1995-2007
  - No reviews were updated
  - Number of authors: 2-12
  - Number of reference cited: 10-200
  - Countries of contact author: UK (11), USA (3), Aus (2), Spain (1)
  - Research setting: Primary healthcare clinic (12), outpatient clinic, community hospital, general medical practice clinic, cancer clinic, etc.
  - Source of included studies: Medline, Embase, PsycINFO, CL, etc.



## Results-continued



2. The quality of included reviews by OQAQ:
  - Quality score: range 3-9
  - By OQAQ checklist of the reviews met 66% (median score=6.0)
  - 41.29% (7/17) is 7-9 scores, 23.5% (4/17) is 6 scores, 35.3% (6/17) is 3-5 scores
  - 5 Cochrane systematic reviews were high scores (OQAQ score  $\geq 7$ )
  - Only 11.8% (2/17) combined the data with meta-analysis (Not included that reviews mentioned included the subgroup-meta analysis)



## Results-continued



3. The comparison intervention and outcome:
  - Intervention: different model and approaches (Verbal and nonverbal, question checklist, audio tape, vision, etc.)
  - Comparison: No intervention, usual care, placebo
  - Included studies: RCTs, CCTs, before and after studies, etc.
  - Outcome: Patients' satisfaction, doctor's satisfaction, service outcome, involvement of decision-making, question-asking, etc.



## Results-continued



4. Main result-1
  - To **help patients address their information needs** within consultations, meta-analyses showed immediately before the consultation and those some time before it led to small increases in patient satisfaction and question asking
  - **Written interventions** are likely to be much cheaper than coaching they should be perhaps be used in preference.
  - Question prompt sheets or coaching may be helpful with particular groups for whom asking questions is particularly difficult, but these interventions do not appear to produce consistent major benefits. [Kinnersley 2007, score 9]



## Results-continued



### 4. Main result-2

- Strong evidence to suggest that **interventions for health care providers** may lead to significant increases in the patient centredness of consultation processes, as indicated by a range of measures relating to clarifying patients' concerns and beliefs; communicating about treatment options; levels of empathy etc.
- There is also some evidence that **training health care providers** in patient-centred approaches may impact positively on patient satisfaction with care. [Lewin 2001]



## Results-continued



### 4. Main result-3

- **Computer service** is helpful for surveillance potential medical risks, improve clinician performance (from 8% to 50%, with better results for single preventive measures), but it **needs specific communication skills** [Sullivan 1995]



## Results-continued



4. Main result-4
  - None of the studies included an **economic evaluation** and examined the **effects of emotional care alone** [Di 2001]
  - None of the included studies used measures explicitly designed to assess the patient centredness of the consultation [Lewin 2001]



## Discussion



1. The character of included reviews
  - All included reviews were published in 1995-2007, there were difference due to different prupose and design of the included studies, eg. No. au., rcts and resource.
  - Cochrane systematic reviews seem better meet the evaluation criteria of OQAQ checklist
2. The quality of included reviews
  - Reasons for those lower scores were exists selection bias and no details description of methodology
  - Those non-combined reviews mainly due to heterogeneity of studies



## Discussion-continued



3. The potential factors that influence physicians-patients communication were:
  - Different participants and approaches of communication interventions
  - Different healthcare system, education, culture, tradition, and socialweare
  - Different participants' expectations & values, etc.
  - Shorten of evidence on economic evaluation and emotional care



## Discussion-continued



4. The risk of bias of the included reviews:
  - Information sources: Full text unavailable
  - Language bias
  - Not conduct meta-analysis, this affect the strength of recommendations for practical guidance



## Conclusions



1. The current reviews on physician-patient communication are more descriptive and based in high-level income countries
2. Communication skills training can benefit for physician and patient communication
3. Appropriate policy decisions on communication intervention will benefit to the clinical practice
4. Future need to promote patient-centred care on health care behaviour and health status outcomes in practice



## References



1. *Table 1.* Scores for Cochrane musculoskeletal group (CMSG) systematic reviews from the Overview Quality Assessment Questionnaire (OQAQ).

