Strategy 313107/saved

Contents 15 of 15 results on Saved Results

1. A discrete choice experiment to assess cancer patients' preferences for when and how to make treatment decisions .......................... Page 2
2. Barriers to Patient-Centered Care in Hypertension ....................................................................................................................... Page 2
3. REMAP: A framework for goals of care conversations .................................................................................................................. Page 2
4. Does Person-Centered Care Improve Residents' Satisfaction With Nursing Home Quality? ........................................................................ Page 2
5. The New Age of Patient Transparency ........................................................................................................................................ Page 3
6. PATIENT-CENTERED CARE: IS IT REALLY DISRUPTION? ........................................................................................................ Page 3
7. Patient engagement: qualitative narratives illustrate patient engagement behaviors ........................................................................ Page 3
8. Patient's Plea—Look Closer, See Me: Viewing patients as unique individuals affects attitudes and behavior ........................................ Page 4
10. A current review of doctor–patient computer-mediated communication ....................................................................................... Page 4
11. Patients' fear of physicians and perceptions of physicians' cultural competence in healthcare ..................................................... Page 4
12. Informed Consent Is the Essence of Capacity Assessment ........................................................................................................... Page 5
13. Using qualitative research to inform development of professional guidelines: A case study of the society of critical care medicine family-centered care guidelines ........................................................................................................ Page 5
15. Impact of Measuring Patient-Reported Outcomes in Dermatology Drug Development ........................................................................ Page 6

Full search strategy .................................................................................................................................................................................. Page 7
1. A discrete choice experiment to assess cancer patients' preferences for when and how to make treatment decisions

**Authors** Herrmann A.; Sanson-Fisher R.; Hall A.; Waller A.; Wall L.; Zdenkowski N.

**Source** Supportive Care in Cancer; Oct 2017; p. 1-6

**Publication Date** Oct 2017

**Publication Type(s)** Article In Press

**Database** EMBASE

**Abstract** Purpose: Cancer patients can be overwhelmed when being confronted with their diagnosis and treatment options. Such information is often provided during one consultation between the patient and treating clinician. In order to achieve optimal cancer care, there may be justification for alternative consultation styles. We assessed, in a sample of adult medical oncology patients, their preferences for (i) attending one 40-min consultation or two 20-min consultations and (ii) receiving written only or both written and online information, when making a cancer treatment decision. Methods: This was a cross-sectional survey using a discrete choice design of 159 adult medical oncology patients presenting for their second or subsequent outpatient consultation. Participants were presented with a set of hypothetical scenarios and asked to indicate their most and least preferred scenario. The scenarios contained a caveat explaining that there would be no difference between the available treatment options in terms of when treatment would be initiated and the impact it would have on patients' life expectancy. Results: One hundred forty-seven patients completed the DCE. Of these, 70% (n = 103) preferred being provided with written and online information rather than just written information. This preference was statistically significant (p < 0.01). Fifty-nine percent (n = 86) of patients preferred two 20-min consultations over one 40-min consultation when making a treatment decision. Significantly, more patients preferred two shorter consultations rather than one longer consultation when this was combined with written and online information (p < 0.01). Conclusion: When making a cancer treatment decision, clinicians should consider offering patients written and online information, combined with two shorter consultations.

Copyright © 2017 Springer-Verlag GmbH Germany

2. Barriers to Patient-Centered Care in Hypertension

**Authors** Rabi D.M.

**Source** Canadian Journal of Cardiology; May 2017; vol. 33 (no. 5); p. 586-590

**Publication Date** May 2017

**Publication Type(s)** Editorial

**PubMedID** 28449830

**Database** EMBASE

3. REMAP: A framework for goals of care conversations

**Authors** Childers J.W.; Back A.L.; Tulsky J.A.; Arnold R.M.

**Source** Journal of Oncology Practice; Oct 2017; vol. 13 (no. 10)

**Publication Date** Oct 2017

**Publication Type(s)** Article

**Database** EMBASE

**Abstract** Conversations regarding goals of care with patients who have advanced cancer still occur too late, and oncologists say they lack the training to have these conversations effectively. Experts recommend a number of strategies when having these discussions, including discussing prognosis, responding to patient emotion, exploring values, and often making a recommendation for medical treatments that fit those values. To help learners, from residents to attending oncologists, learn these complex conversational skills, we have developed a framework with a mnemonic, REMAP: Reframe, Expect emotion, Map out patient goals, Align with goals, and Propose a plan. In the reframe step, the oncologist provides a big picture "headline" that lets the patient know things are in a different place. This is followed by actively attending to the patient's emotional response (expect emotion). Then, to map the patient's goals, the oncologist asks open-ended questions that are designed to help the patient think about the values that should guide his or her treatment. The oncologist then aligns with those values by explicitly reflecting them back to the patient. If the patient gives permission, the oncologist will then use those values to propose a medical plan that matches patient values. The processes underlying REMAP encourage oncologists and other clinicians to seek to understand and remain flexible, adapting their recommendations to what they hear from the patient, with ongoing revision based on the shared decision-making process. This will lead to patient-centered decisions that promote better end-of-life care.

Copyright © 2017 by American Society of Clinical Oncology.

4. Does Person-Centered Care Improve Residents' Satisfaction With Nursing Home Quality?

**Authors** Poey J.L.; Cornelison L.; Kaup M.L.; Doll G.; Hermer L.; Drake P.; Stone R.J.
Objective Person-centered care (PCC) is meant to enhance nursing home residents' quality of life (QOL). Including residents' perspectives is critical to determining whether PCC is meeting residents' needs and desires. This study examines whether PCC practices promote satisfaction with QOL and quality of care and services (QOC and QOS) among nursing home residents. Design A longitudinal, retrospective cohort study using an in-person survey. Setting Three hundred twenty nursing homes in Kansas enrolled or not enrolled in a pay-for-performance program, Promoting Excellent Alternatives in Kansas (PEAK 2.0), to promote PCC in nursing homes. Participants A total of 6214 nursing home residents in 2013-2014 and 5538 residents in 2014-2015, with a Brief Interview for Mental Status score ≥8, participated in face-to-face interviews. Results were aggregated to the nursing home level. Measurements My InnerView developed a Resident Satisfaction Survey for Kansas composed of 32 questions divided into QOL, QOC, QOS, and global satisfaction subdomains. Results After controlling for facility characteristics, satisfaction with overall QOL and QOC was higher in homes that had fully implemented PCC. Although some individual measures in the QOS domain (eg, food) showed greater satisfaction at earlier levels of implementation, high satisfaction was observed primarily in homes that had fully implemented PCC. Conclusion These findings provide evidence for the effectiveness of PCC implementation on nursing home resident satisfaction. The PEAK 2.0 program may provide replicable methods for nursing homes and states to implement PCC systematically.

6. PATIENT-CENTERED CARE: IS IT REALLY DISRUPTION?

The author discusses how physician leaders may ensure successful delivery of patient-centered care. Topics explored include the way the American Association for Physician Leadership (AAPL) acknowledges importance of physician-patient relationship, the availability of technologies that support patient-centered care and improvement communication between physicians and patients, and the challenges associated with this concept of health care.
Patient engagement in treatment decisions is endorsed by countless studies and lived experiences. Patient partnership is a widely studied concept because data show that involved patients are more knowledgeable, satisfied, and compliant. After interviewing 57 voluntary cancer patient participants of various ages, sexes, races, and cancer types, the recordings were transcribed and analyzed using the framework method. The researchers opted to use research-based categories in an effort to illustrate patient engagement communication, behavior, and narrative. Patients professed engagement by asking questions, stating their health preferences, expressing concern, and increasing their knowledge base. Healthcare providers stimulated patient engagement by sharing information, extending support and building trust, and creating a culture where patient participation and treatment deliberation was valued. On the whole, patient narratives indicate that practitioners do not consistently present sufficient patient choice. The data vividly depict examples of patient engagement so that both patients and providers are able to recognize participation beyond the well-known question asking category. Interview responses illustrate the various forms of patient engagement and shed light on how practitioners can further instigate a positive environment to promote patient partnership.

8. Patient’s Plea--Look Closer, See Me: Viewing patients as unique individuals affects attitudes and behavior.

Authors
Hofmann, Paul B.

Source
Healthcare Executive; May 2017; vol. 32 (no. 3); p. 46-47

Publication Date
May 2017

Publication Type(s)
Trade Publication

Database
HBE

Available at Healthcare executive from EBSCO (Health Business FullTEXT Elite)
Available at Healthcare executive from ProQuest (Hospital Premium Collection) - NHS Version

Abstract
An introduction is presented in which the editor discusses articles in the issue on topics including physical medical error, patients and physicians relations, and elderly patient’s recognition.


Authors
SANGARLANGKARN, AROONSIRI

Source
Health Affairs; Mar 2017; vol. 36 (no. 3); p. 572-575

Publication Date
Mar 2017

Publication Type(s)
Academic Journal

Database
HBE

Abstract
A personal narrative is presented which describes the author’s experience of reconnecting with the patient who mentored her as a medical student and help him make a final care decision.


Authors
Lee, Seungcheol Austin; Zuercher, Robert J.

Source
Journal of Communication in Healthcare; Mar 2017; vol. 10 (no. 1); p. 22-30

Publication Date
Mar 2017

Publication Type(s)
Academic Journal

Database
HBE

Available at Journal of Communication in Healthcare from EBSCO (Health Business FullTEXT Elite)

Abstract
Background: Scholarship related to doctor–patient computer-mediated communication (CMC) has been relatively sparse, which is unsurprising given the evidence that seldom makes use of this mode of communication. Although scholars have made use of a number of methods to study CMC within this relational context, few have examined the ways in which CMC serves to fulfill relational functions; task-oriented communication seems to comprise the majority of such mediated discourse. However, CMC exchanges between doctors and patients often include relationship-oriented communication, though it is not frequently studied. Method: A literature search was conducted using PubMed, PsycINFO, and Communication & Mass Media Complete to identify relevant articles. The search was supplemented by backward and forward reference checking as well as existing reviews. Results: The findings revealed a number of barriers that prevent the widespread use of CMC in doctor–patient communication, such as legal concerns, concerns over provider workload and reimbursement, and privacy/trust issues. Similarly, consistent with media richness theory, doctor–patient CMC appears to be perceived as effective for straightforward and relatively simple tasks. Conclusions: The current review examined the transformative potential of CMC that is enabled by task-oriented communication, and more importantly, relationship-oriented communication. Further research is warranted to examine the potential to foster deliberative doctor–patient communication through CMC.

11. Patients’ fear of physicians and perceptions of physicians' cultural competence in healthcare.

Authors
Ahmed, Rukhsana; Bates, Benjamin R.

Source
Journal of Communication in Healthcare; Mar 2017; vol. 10 (no. 1); p. 55-60

Publication Date
Mar 2017

Publication Type(s)
Academic Journal

Database
HBE

Authors: Jeffrey P. Spike

Source: Journal of Law, Medicine & Ethics; Mar 2017; vol. 45 (no. 1); p. 95-105

Abstract: The article discusses America's informed consent law in relation to decision-making capacity (DMC) and U.S. medical ethics and the relationships between physicians and patients as of 2017. The differences between competence and capacity are addressed, along with patients' rights and the ethical aspects of patient autonomy. Medical miscommunication is examined, along with U.S. medical laws and the legal aspects of geriatrics and pediatrics in the country.

13. Using qualitative research to inform development of professional guidelines: A case study of the society of critical care medicine family-centered care guidelines

Authors: M.A. Coombs; J.E. Davidson; M.E. Nunnally; M.A. Wickline; J.R. Curtis

Source: Critical Care Medicine; Aug 2017; vol. 45 (no. 8); p. 1352-1358

Abstract: Objectives: To explore the importance, challenges, and opportunities using qualitative research to enhance development of clinical practice guidelines, using recent guidelines for family-centered care in the ICU as an example. Methods: In developing the Society of Critical Care Medicine guidelines for family-centered care in the neonatal ICU, PICU, and adult ICU, we developed an innovative adaptation of the Grading of Recommendations, Assessments, Development and Evaluations approach to explicitly incorporate qualitative research. Using Grading of Recommendations, Assessments, Development and Evaluations and the Council of Medical Specialty Societies principles, we conducted a systematic review of qualitative research to establish family-centered domains and outcomes. Thematic analyses were undertaken on study findings and used to support Population, Intervention, Comparison, Outcome question development. Results: We identified and employed three approaches using qualitative research in these guidelines. First, previously published qualitative research was used to identify important domains for the Population, Intervention, Comparison, Outcome questions. Second, this qualitative research was used to identify and prioritize key outcomes to be evaluated. Finally, we used qualitative methods, member checking with patients and families, to validate the process and outcome of the guideline development. Conclusions: In this, a novel report, we provide direction for standardizing the use of qualitative evidence in future guidelines. Recommendations are made to incorporate qualitative literature review and appraisal, include qualitative methodologists in guideline taskforce teams, and develop training for evaluation of qualitative research into guideline development procedures. Effective methods of involving patients and families as members of guideline development represent opportunities for future work.


Authors: Yam Y.W.A.; Wong A.
Background: Each patient with acquired brain injury (ABI) has unique needs for rehabilitation at different stages of recovery. Patient-centred goal-setting interventions were found to improve self-efficacy and long-term psychological outcome for patients after their brain injury. Objectives: To describe perception and satisfaction of patients with ABI with the goal-setting intervention (Goal Management Training, GMT), and to discuss its clinical implications as a mean for early promotion of self-efficacy and goal attainment for patients with ABI in a sub-acute hospital setting. Methods: Three participants with ABI received GMT during their inpatient stay for 4 weeks, working towards their own identified goals. Measurement of self-efficacy and quality of life were obtained before and after the intervention. Semistructured interview for qualitative data collection was conducted after the intervention to record experiences of participants towards the goal-setting intervention. Results: Participants showed progress towards their goals after the 4-week intervention. Increasing trends were noted for their self-efficacy and self-perceived physical conditions; however, different directions of changes were found for their self-perceived psychological conditions. Participants appreciated the goal-setting intervention, which provided them a patient-centred and active-participated rehabilitation process. Rehabilitation needs beyond goal achievement was also raised for the psychological outcome. Conclusion: Goal-setting intervention provides patients with ABI a satisfactory rehabilitation experience, and the findings also address the importance of psychological coping in a comprehensive neuro-rehabilitation for promoting long-term well-being of patients with ABI.

15. Impact of Measuring Patient-Reported Outcomes in Dermatology Drug Development

Authors: Copley-Merriman C.; Clark M.; Zelt S.; Gnanasakthy A.
Source: Patient; Apr 2017; vol. 10 (no. 2); p. 203-213
Publication Date: Apr 2017
Publication Type(s): Review
Database: EMBASE
Abstract: Although some symptoms of dermatologic diseases, such as pruritus and pain, can be subjectively assessed only by patients, the most commonly used endpoints in dermatology drug research traditionally have been clinician-reported outcomes. Research has found that patient-reported outcomes (PROs) were included in only one-quarter of 125 trials conducted between 1994 and 2001. Our objective was to characterize the impact of PROs in dermatology drug development from the patient, prescriber, regulator, payer, and manufacturer perspectives using a case study approach. We conducted a structured literature review for pivotal clinical trials using PROs for six dermatologic products (MAS063DP, onabotulinumtoxinA, calcipotriene hydrate plus betamethasone dipropionate, pimecrolimus, tacrolimus, and ustekinumab). We also searched regulatory websites to identify product labeling and the UK National Institute for Health and Care Excellence website to identify submissions for the products of interest. A total of 32 articles illustrating the various perspectives were selected for inclusion. Clinical trials that include PROs allow patients to differentiate among treatments based on the experience of other patients participating in trials and enable prescribers to understand the benefit-risk profile of new treatments. The inclusion of PROs enables regulators to evaluate product benefits with a patient-centered perspective; five of the products of interest obtained eight total product labeling statements. PRO data supported manufacturers’ dissemination of product benefits in the form of publications and PRO labeling for the product. For payers, PRO data were used in an analysis of cost effectiveness of new treatments. Inclusion of PROs in dermatology drug development programs benefits patients, prescribers, regulators, manufacturers, and payers. Copyright © 2016, Springer International Publishing Switzerland.
### Strategy 313107

<table>
<thead>
<tr>
<th>#</th>
<th>Database</th>
<th>Search term</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>BNI, CINAHL, EMBASE, HBE, Medline, PsycINFO</td>
<td>(((exp PERSON/ OR exp PATIENT/) AND (centred OR centered)) AND (care OR practice OR recovery)) [DT 2017-2017]</td>
<td>467</td>
</tr>
<tr>
<td>2</td>
<td>EMBASE</td>
<td>(((exp PERSON/ OR exp PATIENT/) AND (centred OR centered)) AND (care OR practice OR recovery)) AND &quot;case study&quot;) [DT 2017-2017]</td>
<td>6</td>
</tr>
</tbody>
</table>