

NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

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Title

Assessing patient experience through the attitudes and emotions expressed during medical encounters

Priority 1 (Research Category)

Research methodology and instrument development

Presenters

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Abstract

Context: MEDICODE is a validated medical encounter coding system. Content exchanged is described in terms of the occurrence of predefined topics for the discussion of health problems and treatments. For each topic broached, participation is described in terms of initiative and monologue/dialogue. In previous studies using MEDICODE, attitudes or emotions (A/E) were coded as present/absent. However, present/absent coding limited interpretations of this important component of patient experience. Recently, the need to study potential associations between expressions of A/E towards cancer and its treatment during consultations and the emotional distress reported by patients after the consultation emerged. Objectives: 1) Present the adaptations made to MEDICODE to better characterize the A/E expressed; 2) Describe the scope and frequency of A/E expressed; 3) Evaluate the relationship between A/E and psychological distress. Methods: Adaptations to MEDICODE followed an iterative process using a dataset from prostate cancer patients consulting in radiation oncology: 1) A brief description of the specific A/E was added to all “general A/E” codes attributed to a segment of talk, based on patient’s or clinician’s verbatim; 2) All “Specific A/E” descriptors were then grouped into broader A/E categories in a bottom-up process; 3) Separate overarching categories for attitudes and emotions were defined. 4) Reported psychological distress level was measured post consultation with the patient distress thermometer. Results: Coding categories of attitudes included kindness, interest, trust, distrust, motivation, optimism, pessimism, reassurance, resistance. Emotion categories identified included disorientation, joy, anger, sadness, discouragement, desire, concern, dissatisfaction, fear, reassure. For each of these A/E categories, frequency of occurrence, extent of discussion, who initiated the topic and how it was discussed (monologue or dialogue), were coded. Correlations between expressions of A/E and psychological distress post consultation will be available at the time of presentation. Conclusion: MEDICODE can now provide specific descriptions of the A/E expressed during a medical consultation.

This detailed information will contribute to better appreciate the patient experience and, potentially, its association with post consultation patient reported psychological distress.

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