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Editor
Paul Haidet
phaidet@hmc.psu.edu

Managing Editor
Lisa Thompson
lthompson@amrms.com

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alyce_getler@hms.harvard.edu

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cmstillw@wisc.edu

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adriaan.visser@planet.nl

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dennis.novack@drexelmed.edu

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Vice President, Internal Education
jlevy127@gmail.com

Somnath Saha, MD, MPH
Vice President, Research
sahas@ohsu.edu

Elizabeth Ross, DPT, MMSc
Vice President, Membership
elizabeth.ross@duke.edu

Executive Director
Lisa Thompson
lthompson@amrms.com

Donald Brady, MD, FAACH
Board Chair, Past President
donald.w.brady@vanderbilt.edu

Mary Catherine Beach, MD, MPH
Treasurer
mcbeach@jhmi.edu

Nan Cochran, MD, FAACH
President
nan.cochran@dartmouth.edu

David E. Kern, MD, MPH, FACP
President-Elect
dkern1@jhmi.edu

Jenni Levy, MD, FAACH
Vice President, Internal Education
jlevy127@gmail.com

Somnath Saha, MD, MPH
Vice President, Research
sahas@ohsu.edu

Elizabeth Ross, DPT, MMSc
Vice President, Membership
elizabeth.ross@duke.edu

Executive Director
Lisa Thompson
lthompson@amrms.com

Medical Encounter is an academic journal that publishes works relating to relationships in healthcare. Medical Encounter is particularly interested in ideas and works in progress as it strives to foster dialogues that promote the evolution of the field.

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ABOUT THE COVER PHOTO

IN THIS ISSUE YOU WILL FIND THE PROCEEDINGS FROM THE 2013 INTERNATIONAL CONFERENCE ON COMMUNICATION IN HEALTHCARE HELD THIS PAST OCTOBER IN MONTREAL. WITH RECORD ATTENDANCE, MORE THAN 400 PROFESSIONALS FROM ACROSS THE GLOBE CAME TOGETHER TO LEARN FROM EACH OTHER THROUGH VARIOUS PLENARY SESSIONS, WORKSHOPS, ABSTRACT PRESENTATIONS, SYMPOSIA, SPECIAL INTEREST GROUPS AND, THE ALWAYS POPULAR POSTER SESSIONS CAPTURED IN THIS ISSUE’S COVER PHOTO. THE EDITORS OF MEDICAL ENCOUNTER HOPE YOU ENJOY THE WORK THAT WAS PRESENTED AT THE 2013 ICCH AND WE THANK EVERYONE WHO HELPED CONTRIBUTE TO THE RICH CONTENT OF THIS EVENT.
Medicine Package Inserts Abbreviations and Acronyms In Portuguese: Exploring How Difficult They Are For Educated People

Authors:
Afonso Cavaco, Faculty of Pharmacy, University of Lisbon
Carla Pires, Faculty of Pharmacy, University of Lisbon
Marina Vigario, Faculty of Letters, University of Lisbon

Introduction/objectives: Medicines package inserts (MPIs) are patient information tools that should guarantee full understanding of its content for proper and safe use of drugs. This exploratory study aimed to assess the interpretation of medicine abbreviations and acronyms (AAs) used in MPIs.

Methods: AAs were selected from biomedicine bibliographic sources, checked in MPIs and classified in 2 groups: 1) units of measure (e.g. mg/ml: milligrams per milliliter) and potencies (e.g. 10^(-1) (UMP(1)); 2) lexical (L) (e.g. HIV: human immunodeficiency virus). AAs frequency in common written Portuguese (e.g. periodicals) was obtained from a Portuguese corpora database. A qualitative questionnaire, comprising open-ended and control items (N=398, 346 L), was applied to a convenient sample of 10 university non-biomedical students. The questionnaire was divided in 2 halves and randomly assigned to participants. Data was analyzed with IBM SPSS v19, with a p<0.05.

Results: Participants completed 1910 items (plus 113 controls) and assumed not knowing the meaning of 1727 (90.4%). From the remaining items (9.6%), there was a wrong interpretation of 44 (2.3%), while control questions presented a meaningful proportion of correct answers (Chi^2=496.2, p<0.001). Greater accuracy was shown for UMP interpretation than L (13.9% vs. 10.3% from 52 and 346 items, respectively). All AAs were virtually absent from current written Portuguese (0 or <1 time per million of words), as well as almost all the original words. Some exceptions, such as sodium (Na) and renal failure (IR), were also not correctly interpreted by all participants.

Discussion/implications: AAs of MPIs are extremely uncommon in Portuguese. Educated individuals found AAs highly technical and difficult to interpret, with fewer issues related to units of measures. Since AAs may pose additional MPIs readability and comprehension issues, additional carefulness and regulations seem to be needed when using such expressions.

References

Patient Empowerment in Patient-Provider Consultations

Author:
Esther du Pon, University of Applied Sciences

Objectives: In the Dutch healthcare system the patient is expected to be responsible for managing their healthcare. Many older patients experience difficulties in following treatment recommendations. One out of three patients who are using chronic medication appears to have problems doing this correctly. In recent years patients have asked fewer questions during consultations with their general practitioner (GP). In discussing medication, topics such as correct medication use and adherence are not frequently and consistently addressed. Elderly people appear to be most vulnerable in this respect; they are less assertive than younger patients. As a result, questions remain unanswered, patients may worry unnecessarily and may not know how to take the prescribed medication. There is a need for better healthcare provision for the elderly in order to prepare them for an active role during the consultation.

Methods: A literature search was conducted to review and identify studies about methods to improve patient participation during consultations with their GP or pharmacist. A total of over 25 articles were found.

Results: The process by which patients gain more control over decisions and actions in their care may lead to better adherence. Such empowerment is visible in consultations in the formulation of clear requests for help with health care providers. This is observed in patients expressing their concerns and doubts and in general, participating more actively in their consultation with health care providers.

Implications: Increasing patients’ participation in consultations may lead to positive health care outcomes. The result may be visible in better interaction, better use of medication and higher patient satisfaction.

Chronic Disease Management, Health Literacy and Doctor-Patient Communication: A Pilot Study

Author:
Marie-Thérèse Lussier

Introduction: Low literacy individuals can have difficulty communicating with their healthcare providers (HCP), tend to be in worse health, and are less likely to make use of preventative services. Primary HCP need to tailor their approaches to the specific needs of low literacy chronic disease patients.

Objectives: 1) evaluate the feasibility of a health literacy screening test in clinical practice; 2) explore the relationship between health literacy and the quality of management of chronic disease; 3) explore how two doctor---patient communication coding schemes (RIAS and MEDICODE) can be used to study health literacy.

Methods: Observational study design. Adult hypertensive and/or diabetic patients and family physicians (FP) were recruited from two Family Medicine clinics in Québec (Canada). Half the encounters were audiotaped. All patients completed three ques-