Using the Measure of Patient Centred Communication to assess oncology consultations

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Research examining doctor-patient communication in oncology outpatient settings is currently being undertaken within the Psychosocial Oncology and Clinical Practice Research Group, Leeds. The aims of the research are to:

1) Develop and implement regular assessment of patient symptoms and health related quality of life (HRQOL) using questionnaires during chemotherapy.

2) Develop a training package to assist oncologists in the interpretation and use of patient reported HRQOL information.

Prior to the introduction of the new patient reported HRQOL questionnaires and training package we are examining current practice in chemotherapy consultations to provide baseline data for our future research.

In order to effectively assess the impact of the patient reported HRQOL questionnaires and doctor training, a consultation scoring system is required. We have previously used a comprehensive content analysis but in addition we wanted to apply a further analysis of doctor-patient communication to fully assess the impact of the training. Following a review of 17 consultation coding instruments, the Measure of Patient Centred Communication (MPCC)¹ was chosen. The MPCC was the most appropriate as it focuses on clinician responses to patient issues and incorporates shared decision making.

Here we present our preliminary experiences of using the MPCC coding framework to assess chemotherapy review consultations.

What is the MPCC?

- The MPCC was developed for the primary care setting and measures the quality of doctor-patient discussions under three components of communication:
  1. Exploring the disease
  2. Understanding the whole person
  3. Finding common ground

- The MPCC was developed with the Patient Perception of Patient Centeredness (PPPC)² questionnaire which captures patients’ views on how patient centered their consultations are.

How is the MPCC scored?

- Doctors are graded on components I and II to whether they explore, further explore, validate (i.e. an empathic response) or cut off what the patient is saying.

- Component II grades the level of patient as well as doctor interaction. Doctors are graded on whether they express the issue clearly, allow the patient to ask questions, participate in the discussion and whether the doctor asks for clarification of agreement.

Methods

Population: oncology patients attending outpatient clinics and receiving chemotherapy at St James’ Institute of Oncology, Leeds between October 2009 – November 2010

Sample: 124 patients with advanced cancer, audio-recorded for 4 consecutive chemotherapy review consultations, PPPC completed at baseline and end of study

Total of 496 consultations audio-recorded, currently being analysed by a team of 8 coders using both the MPCC and content analyses

Results

- Preliminary findings suggest the MPCC can be applied to chemotherapy review consultations.

- The coding team have reached agreement on how to code key issues discussed including symptoms of the cancer, side effects of treatment, discussions about prognosis, treatment decision making and the doctors’ explanations about cancer status throughout chemotherapy cycles.

Discussion

- We have found that it is possible to code the discussions in chemotherapy review consultations following the MPCC guidelines.

- However considerable coder training is required and the coding process is time consuming.

- Once coding is complete we will explore the value of the MPCC and the PPCP in comparison with the content analyses for assessing the quality of doctor-patient interactions.

- In future pilot work we plan to use the MPCC to assess if training oncologists to interpret and use patient reported HRQOL information in routine practice improves patient-centered care in consultations.

References:
