

# Assessing effects of physician-patient communication

No registrations found.

<b>Ethical review</b>	Not applicable
<b>Status</b>	Suspended
<b>Health condition type</b>	-
<b>Study type</b>	Interventional

## Summary

### ID

NL-OMON28341

### Source

NTR

### Brief title

N/A

### Health condition

An important issue in measuring the effect of communication is that a clinical consultation is an iterative process of reciprocal interactions constantly influenced by the physician and the patient. This complicates studying the effects of specified communicative behaviors, since patient behavior can not be controlled in the experiments. This can be bypassed by not assessing the effects of communication directly in the patients in the consultation, but instead show a video of a consultation to subjects. This is called the “analogue patient paradigm” in which the viewer is the analogue patient. However, it is not clear to which extent the responses to the communication of analogue patients is comparable to the responses of patients actually present in the consultation.

## Sponsors and support

**Primary sponsor:** NIVEL (Netherlands Institute for Health Services Research)

**Source(s) of monetary or material Support:** The study is funded by the NWO-Spinoza prize awarded to prof.dr. J.M. Bensing

## Intervention

## Outcome measures

### Primary outcome

The main study parameters are the correlations of skin conductance responses, heart rate, positive and negative affect and state anxiety between subjects in a consultation and subjects viewing a consultation.

### Secondary outcome

Correlations between observed communication while in the consultation and while watching the video of that consultation

## Study description

### Study objective

If subjects view a video a medical consultation, then viewing physician-patient communication will yield similar psychological and physiological responses as when that subject is taking part in that consultation.

### Study design

All outcomes are measured right before and after the arranged consultation with the physician. Heart rate and skin conductance is measured throughout the procedure. Within one month after the consultation, subjects will view their own and other consultations on video. Before and after every video, outcomes are measured. Again heart rate and skin conductance is measured continuously.

### Intervention

Physician communication in a consultation is varied in the different groups, consequently subjects see their own videos and the videos of other subjects.

## Contacts

### Public

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## Eligibility criteria

### Inclusion criteria

Women who are 18 years or older, having a menstrual cycle, experience with menstrual pain in the last six months

### Exclusion criteria

1. Psychiatric disorders,
2. Inability to have an unaided conversation in Dutch,
3. Co-morbidity of other illnesses causing pain,
4. Knowing the physician administering the intervention.

## Study design

### Design

Study type:	Interventional
Intervention model:	Factorial
Allocation:	Randomized controlled trial
Masking:	Single blinded (masking used)
Control:	N/A , unknown

## Recruitment

NL	
Recruitment status:	Suspended
Start date (anticipated):	20-04-2008
Enrollment:	36
Type:	Anticipated

## Ethics review

Not applicable	
Application type:	Not applicable

## Study registrations

### Followed up by the following (possibly more current) registration

No registrations found.

### Other (possibly less up-to-date) registrations in this register

No registrations found.

### In other registers

Register	ID
NTR-new	NL1218
NTR-old	NTR1263
Other	NIVEL : COM-018-2
ISRCTN	ISRCTN wordt niet meer aangevraagd

## Study results

### Summary results

N/A