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# Communicating with Patients and Their Families

## Experience with Audiotape Support

by Cary A. Presant, M.D., F.A.C.P., and Karen Berliner, Ph.D



One of the most important roles that a physician plays is communicator of information to patients. The information

may be in the form of a diagnosis, therapeutic plan, recommendations for supportive care and rehabilitation, needed tests and diagnostic studies, advice about prevention, and guidance as to prognosis. These communications are typically performed verbally, face-to-face, sometimes with family members or significant others, and rarely with friends or other support people present.

The California Cancer Medical Center recognized that many patients and their families need repeated counseling to answer all their questions, even when the information has already been provided. Therefore, we devised a simple and inexpensive program to examine whether the routine use of audiotapes to record recommendations at the initial patient evaluation would increase the amount of communication provided by oncologists to patients and especially their families and support groups.

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### CONSENT AND SATISFACTION

In 1995 the California Cancer Medical Center began offering audiotape support to all patients at the time of their initial consultation. We purchased two inexpensive audiocassette tape recorders, at about eighteen dollars each. The cassette tapes were about seventy-five cents each.

Once the nursing evaluation, review of all documentation, history taking, and physical examination were completed, and after communication with referring physicians, patients were offered a recording of their oncologist's recommendations. First, verbal consent to an audiotape recording was obtained from the patient. (In some states it is illegal to record a conversation without verbal permission from participants.) Once patient consent was granted, both recorders were turned on for the duration of the discussion. After completion of the discussion, one copy of the tape was given to the patient; the second copy was kept in the archives of the California Cancer Medical Center.

For a period of thirty-six weeks, staff at the center monitored forty patients to assess their interest in and satisfaction with the audiotape program. Two to eight weeks after a patient's initial consultation, a questionnaire was distributed to the patient and family, significant others, and/or friends who accompanied the patient at the time of the visit. Questionnaires were also mailed to family and friends who were not present at the consultation, but who may have listened to the tape. The questionnaire sought information on the attitudes of the respondent about the information received, comprehension of the

information, frequency of usage, and recommendations about making the taping of initial consults a routine part of the center's offerings. Responses of the patient and family/friends present at consultation, as well as family/friends who did not attend, were compared. Differences in the responses were evaluated statistically by the Wilcoxon Matched-Pairs Signed-Ranks test.

Respondents were questioned about the use of audiotapes upon subsequent visits to the center in order to validate the answers reported in the questionnaire. These responses were also tabulated.

### ASSESSING RESULTS

Audiotape support was offered to forty patients at their initial consultations. Three patients declined to be taped at the time of consultation. Two patients declined out of a belief that the service was unnecessary, because they could understand the discussion completely without the use of the audiotape. One patient was concerned that recording might inhibit the type of questions he would ask or the answers that might be given. The remaining thirty-seven patients consented to taping. Questionnaires were returned by twenty-four of the thirty-seven patients, twenty family members (or friends) present at the consultation, and fifteen family members (or friends) not at the consultation.

Patients listened to the audiotape a mean of 3.5 times more often than family/friends present at consultation (3.0 times [ $p<0.03$ ]) and significantly more often than family/friends not present at consultation (2.0 times [ $p<0.05$ ]). Comprehension of what was discussed

on the audiotape was high for patients and family/friends present at the consultation. Conversely, comprehension of the recorded information was significantly less for family/friends not present at consultation ( $p < 0.03$ ).

After listening to the audiotape, the three groups (patients, family/friends at consultation, and family/friends not present at consultation), reported "none" or "very little" depression, anxiety, or confusion. The three groups reported "some" to "much" confidence after listening to the audiotape. There were no differences among the three groups' responses to those questions.

In comparing feelings after audiotape review with feelings before, all three groups rated the audiotape program the same. Median results indicated less anxiety about treatment, more confidence in the physician, and a greater sense of security and hope for the future.

In evaluating the usefulness of the audiotape for care, 85 to 90 percent of all three groups rated the tapes "very helpful," which was the highest score. When asked if they would recommend the audiotape support service to a friend undergoing treatment for cancer, 80 to 90 percent of each of the three groups responded positively, selecting the highest rating for the audiotape program. There were no significant differences between the groups.

We attempted to understand the value of the audiotapes to the patient by comparing certain responses. For instance, more patients rated their changes in feelings after the audiotape review as "more hopeful" than as "less afraid"

( $p = 0.0125$ ). This finding suggests the tapes have the added value of creating hope; however, patients continued to have considerable fear of their cancer treatments.

Patients rated their increased "confidence in the doctor" significantly higher than their reduction in "general nervousness" ( $p = 0.018$ ).

**W**e conclude from this evaluation that consultation audiotapes are perceived by patients as helpful and are highly recommended by both family and friends.

This again suggests persistent anxiety regarding treatments; it also indicates that the tapes contribute to high levels of trust in the oncologist.

Semistructured follow-up interviews confirmed the validity of responses from patients, family, or friends who completed the questionnaire. The following comments were offered by patients either at the time of questionnaire evalua-

tion or at the time of the semistructured interview.

■ A patient with a particularly poor outcome said there was too much hope expressed in the consultation, which did not reflect the outcomes that he experienced.

■ Two patients emphasized the need for more written information in addition to the audiotape.

■ One patient believed that the tape increased the quality of communication.

■ One patient indicated that the tapes were a source for future discussions with his oncologist.

■ Two patients commented that the audiotape program showed that the physician really cared about communicating information to the patient.

■ Fourteen patients indicated that the tape increased the amount of data that they were able to digest during the discussion with the oncologist at consultation.

■ Fifteen patients have brought the audiotape back to the center during repeated visits and have requested that follow-up discussions also be recorded for themselves and their families.

■ Three family members or friends at the consultation requested that tapes be made at each visit. One family member who was not present at consultation also requested the tapes.

We conclude from this evaluation that consultation audiotapes are perceived by patients as helpful and are highly recommended by both family and friends. We endorse the use of this method to build trust, confidence, and hope, and to increase the understanding of information by patients and their caregivers. ■