PARALLEL SESSION 7 – SATURDAY JUNE 22ND 2019, 10h30 – 12h00
Communication about medically unexplained symptoms:
Insights and tools from five different fields of research

- J. Houwen, et al.: Identifying learnable communication elements in MUS consultations: a focus group study
- A. Weiland: Training doctors to communicate better with patients with medically unexplained symptoms
- I. Stortenbeker, et al.: Linguistic and interactional aspects that characterize consultations about medically unexplained symptoms: A systematic review
- I. Groenevelt: Negotiating (in)visibility: making sense of medically unexplained symptoms on YouTube and Instagram
- D. Hanssen, J. Rosmalen: Cloudy attitude? Healthcare professionals’ one-word descriptions of working with patients with medically unexplained symptoms

Theme

Providers experience consultations with patients with medically unexplained symptoms (MUS) as challenging and many patients are not satisfied with the care they receive. During this symposium, we will address this issue for providers, patients, and provider-patient communication by presenting research from five different perspectives. First, we will explore attitudes of providers towards MUS patients based on qualitative analyses. Second, we will examine how patients share their experiences on social media through online ethnography and interviews. Third, we will explore how these attitudes and experiences come into play during the consultation by analyzing communication practices from a micro-perspective. Next, in order to improve providers’ communication skills, we present results from focus group studies to define which communication elements are important, and how they can be taught. Finally, we summarize key components of an effective and evidence based MUS focused communication training program to improve communication skills of medical specialists and residents.

Takeaways
- About half of the healthcare professionals have a negative attitude towards working with MUS-patients.
- Visibility is important to MUS patients and is actively performed on social media. Talk about MUS is treated as a delicate activity. Providers can overcome resistance by constructing explanations in a collaborative manner and by searching for common ground.
- Teaching GPs about communication in MUS consultations may best be delivered by focusing on the personal attitude and needs. Education methods also have to involve supervised managing MUS consultations in practice and providing opportunities for reflection on these consultations.
- MUS-focused communication training is feasible and increases the interviewing and information-giving skills of medical specialists and residents.

Chair: Juul Houwen, drs, Radboudumc, NL
Identifying learnable communication elements in MUS consultations: a focus group study

Aim
GPs tend to use other communication strategies for patients with MUS compared to other patients. However, these strategies are not generally appreciated by MUS patients. This study aims to define the most important communication elements during MUS consultations according to GPs, MUS patients, MUS experts and education experts and to explore how these communication elements can be implemented in order to improve GPs' communication skills in the MUS consultation.

Methods
Five focus groups were conducted in which homogeneous groups of GPs, MUS patients, MUS experts and education experts participated. Two researchers independently analysed the data applying the principles of constant comparative analysis.

Results
GPs and MUS patients identified a list of relevant and important communication elements. From this list, MUS experts selected five important communication elements: (1) a thorough somatic and psychosocial exploration, (2) communication with empathy, (3) creating a shared understanding of the problem, (4) providing a tangible explanation and (5) sharing control. Education experts described three teaching methods with which GPs should learn these communication elements: (1) awareness and reflection of GPs about their feelings towards MUS patients (2) identifying their individual needs and (3) creating conditions in practices in which they have opportunities to reflect on their own MUS consultations.

Conclusion
Teaching GPs about communication in MUS consultations may best be delivered by focussing on the personal attitude and needs. Education methods also have to involve supervised managing MUS consultations in practice and providing opportunities for reflection on these consultations.

Author(s)
Juul Houwen 1 / Peter Lucassen 1 / Karel van Spaendonck 1 / Hugo Stappers 2 / Sandra van Dulmen 1,2,3 / Tim olde Hartman 1,4

P: Presenting author

Affiliation(s)
1. Radboudumc, Primary and Community Care, Nijmegen, NL
2. NIVEL, Netherlands institute for health services research, Utrecht, NO
3. University of South-Eastern Norway, Faculty of Health and Social Sciences, Drammen, NO
4. Radboud university medical center, Donders Institute for Brain, Cognition and Behaviour, Nijmegen, NL
Training doctors to communicate better with patients with medically unexplained symptoms

Aim
Patients with medically unexplained symptoms (MUS) are prevalent 25-50% in general and specialist care. Medical specialists often find patients without underlying pathology difficult to deal with, whereas patients don’t feel understood. We developed a training, aimed to improve specialists’ MUS communication skills, and tested its effectiveness.

Methods
Using the ‘intervention mapping approach’ we accomplished a needs assessment to formulate intervention objectives, and selected methods and techniques resulting in a 14-hour MUS-focused communication skills training programme for medical specialists and residents. We designed a multi-center randomized controlled trial to evaluate its effectiveness. The intervention group received the training programme. Medical specialists and residents videotaped six MUS consultations. These were evaluated to assess doctors’ communication skills using an adapted version of the Four Habit Coding Scheme on five-point Likert scales. Reply letters about referred MUS patients to general practitioners were assessed on quality and blindly rated on a digital scale. Participants evaluated the training by self-report on three-point Likert scales.

Results
123 doctors and 478 MUS patients were included; 98 doctors completed the study, 449 videotaped consultations and 285 reply letters were assessed. Trained doctors interviewed patients more effectively than untrained ones (p < .001), summarized information in a more patient-centered way (p = .001), better explained MUS (p < .05), mentioned (p < .01) and answered patients’ questions more often (p < .05). The training scored 2.79 [CI, 2.75 to 2.83], scale range 1-3.

Conclusion
Training increases specialist’ MUS-focused communication skills.

Reference

Author(s)
Anne Weiland P1,2

P: Presenting author

Affiliation(s)
1. Erasmus MC University Medical Center Rotterdam, Internal Medicine, Rotterdam, NL
2. Erasmus MC University Medical Center Rotterdam, General Practice, Rotterdam, NL
Linguistic and interactional aspects that characterize consultations about medically unexplained symptoms: A systematic review

Aim
Communication between patients and providers has been shown to be crucial for mutual understanding and improvement of medically unexplained symptoms (MUS). The aim of this systematic review is to gain a detailed understanding of recurrent communication practices and their functions in medical interactions about MUS, by synthesizing evidence from interactional and discourse analyses.

Methods
Systematic review of qualitative linguistic and interactional studies. We searched 8 electronic databases, screened reference lists and consulted experts. We developed a data extraction template and appraised the quality of the studies. Findings were synthesized through an iterative process.

Results
We found 5021 publications of which 17 met the inclusion criteria. We sorted findings into three different interactional areas: 1) patients and providers orient to the importance of recognition of symptoms and suffering, e.g. by using extreme case formulations (“terrible”) to portray the severity of complaints; 2) patients and providers orient to their separate conflicting epistemic territories (i.e. conflicts in knowledge domains), e.g. with physicians using restricted question-answer sequences; and 3) the diagnosis is constructed in interaction, e.g. by searching for common ground with frames that are acceptable for patients.

Conclusion
Linguistic and interactional aspects in medical consultations show that talking about MUS is a very delicate activity. Treating MUS as delicate could elicit patient resistance. Providers can overcome resistance by constructing explanations in a collaborative manner and by searching for common ground.

Author(s)
Inge Stortenbeker 1/ Wyke Stommel 1/ Peter Lucassen 2 / Sandra van Dulmen 2,3,4/ Tim olde Hartman 2,5/ Enny Das 1

P: Presenting author

Affiliation(s)
1. Radboud University, Centre for Language Studies, Nijmegen, NL
2. Radboud University Medical Centre, Primary and Community Care, Nijmegen, NL
3. NIVEL, Utrecht, NL
4. University of South-Eastern Norway, Health and Social Sciences, Drammen, NO
5. Donders Institute for Brain, Cognition and Behaviour, Nijmegen, NL
Negotiating (in)visibility: making sense of medically unexplained symptoms on YouTube and Instagram

Aim
This empirical study analyses how patients with medically unexplained symptoms (MUS) make sense of their experiences on YouTube and Instagram.

Methods
The study is based on a combination of qualitative research methods, namely online ethnography and interviews. The author conducted an in-depth analysis of the online content of a purposive sample of eight women who are diagnosed with one or multiple functional syndrome(s) and who are active on YouTube and Instagram. In addition, five out of eight of the sampled social media users participated in semi-structured interviews.

Results
Active social media users with MUS challenge the invisibility of their illness by narrating their (dis)functioning bodies in film, images and sound. Their identity as chronically ill is connected to a specific set of norms regarding looks, mindset, and life style, which sets them apart from other social media users. Interestingly, one of the main means in their quest for visibility is periodic invisibility (i.e. not posting anything for some days, transitioning from images to text). This adds to a shared sense of intimacy and authenticity between social media users with MUS and their subscribers and followers.

Conclusion
The results point to the importance MUS patients attach to the visibility of their illness. On social media they actively perform this visibility, also by periodic invisibility. Last, these social media usages reveal a specific set of norms regarding mindset and life style.

Author(s)
Irene Groenevelt 1

P: Presenting author

Affiliation(s)
1. Tilburg School of Humanities and Digital Sciences, Department of Culture Studies, Tilburg, NL
Cloudy attitude? Healthcare professionals’ one-word descriptions of working with patients with medically unexplained symptoms

Aim
Patients with Medically Unexplained Symptoms (MUS) often feel stigmatized, which may possibly be related to healthcare professionals’ (negative) attitudes and/or prejudices towards this patient group. In this study we aim to explore healthcare professionals’ attitudes towards working with MUS-patients.

Methods
Currently, 33 psychiatrists (in training), 40 occupational medicine specialists and 39 children’s physicians participated. All participants were asked to answer the question: ‘What is the first word that comes into your mind when you think about patients with MUS?’. Data were collected during lectures about MUS, using an online, anonymous, tool. Since this study is ongoing, more data will be collected in various professional groups.

Results
The most frequently mentioned word (including synonyms) was ‘difficult’ (7.9%; n=9), followed by ‘complex’ (7.1%; n=8). Overall, 39.8% (n=45) of all words had a negative connotation, such as ‘complicated’, ‘whining’, and ‘exhausting’. Only 6.1% (n=7) oneword descriptions had a positive connotation, such as ‘important’ and ‘interesting’. Other words (52.2%; n=59) were neutral, such as ‘fibromyalgia’, and ‘unclear’. More results will be presented in due time, as well as results per profession.

Conclusion
Negative attitudes and/or prejudices may hamper the healthcare professional’s ability to provide the best possible care for MUS-patients. Therefore, prejudices deserve attention in medical education and training.

Author(s)
Denise Hanssen / Judith Rosmalen

P: Presenting author

Affiliation(s)
1. University Medical Center Groningen, Psychiatry, Groningen, NL
2. University Medical Center Groningen, Psychiatry & Internal Medicine, Groningen, NL