

The Interplay between Patients' Emotional Cues and Concerns and Provider Responses. Four Studies Applying VR-CoDES

Introduction. What factors influence (1) numbers and nature of emotional cues and concerns and (2) patients' preferences regarding emotions in medical interviews? How do characteristics of cues and concerns influence responses and vice versa? These questions are addressed, applying the Verona Coding Definitions of Emotional Sequences (VR-CoDES).

Individual presentations.

Arnstein Finset will give a brief introduction to VR-CoDES and the symposium.

Lidia Del Piccolo et al. audio-taped 104 first out-patient psychiatric consultations and investigated factors influencing the expression of concerns. Concerns may come out of cues which become explicit or by elaboration of former concerns, and may be introduced both by patients and physicians. The process by which cues become concerns is described.

Gerry Humphries et al. video-recorded 40 consultations between medical students and simulated patients. They studied students' responses to different types of patients' emotional cues and the patients' progressive disclosure on these cues following students' responses. The probability of reducing space was found to be a function of the number of cues/concerns.

Anneli Mellblom et al. studied 67 follow-up consultations between childhood cancer survivors and oncologists. The number and nature of cues/concerns depended on oncologist response style, and oncologist responses to cues and concerns depended on the topic of the cue/concern.

Karolien Aelbrecht et al. have analyzed data from the GULIVER study and found differences in preferred communication style with regard to patients' educational level. In the present study they investigate the impact of educational level on patient preferences for emotional communication using VR-CoDES based on the same data set.

Discussion. An interplay between cues/concerns and provider responses was seen both in the expression of cues and concerns over time in the consultation and in shaping providers' responses. The effect of patient characteristics such as education level on patients' preferences for how emotions are handled should be considered.