PATIENT SATISFACTION COMPARISONS BETWEEN PEDIATRICIANS AND OTHER PCPs: A MULTILEVEL CROSS-NATIONAL WEB BASED SURVEY STUDY
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OBJECTIVES: Few studies have tried to evaluate comparative patient ratings of physicians across specialties. We examined the differences in physician satisfaction reported by patients accessing care from pediatricians versus other primary care physicians. METHODS: We conducted a cross sectional, national web based survey study consisting of anonymous patients who rated their physicians on the basis of various dimensions of satisfaction from that they received from their most recent outpatient visit. The survey was user friendly, validated and helped patients identify their physicians as per specialties and rate them on a scale of 0 (“not at all satisfied”) to 10 (“extremely satisfied”). The association of physician satisfaction between pediatricians and non-pediatricians was assessed using hierarchical linear model (HLM). RESULTS: Using 6982 patient survey responses, we matched 2724 PCP visits with a similar number of visits to pediatricians. After controlling other variables, pediatricians were associated with higher satisfaction, on average, than other PCPs (r=0.39, p<0.000). Spending time with patients was positively associated with patient satisfaction (r=1.11, p=0.045). After controlling for other variables, waiting time was negatively associated with patient satisfaction (r=0.37, p=0.000). CONCLUSIONS: Our study finds that pediatricians are associated with higher patient satisfaction score than non-pediatricians. Increased time spent with the patient by pediatricians convinced to other PCPs to be the driver of the effect.

THE TRANSLATION AND LINGUISTIC VALIDATION OF THE EQ-5D ELECTRONIC VERSION (EQ-5D EPRO)
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OBJECTIVES: The objective of this study was to produce translations of the EPRO version of the EQ-5D that are conceptually equivalent to the original and other language versions, ensuring that the resulting translations are suitable for use in the EPRO format. METHODS: A group of translators with expertise in translation established a forward and a back translation protocol, review, developer review, linguistic validation interviews with 5 respondents (a mix of lay people and patients), second developer review and 2 proofreadings. RESULTS: The translation process highlighted numerous issues: 1) ‘Tap’, meaning to press lightly on the screen with a stylus, proved problematic in translation. In some languages, a literal translation would result in the patient touching the screen too lightly, not understanding that pressure was required. In other languages, there was no exact translation available: ‘press’ or ‘touch with the stylus’ were used as alternatives (French and Russian respectively), ensuring that patients could navigate the platform; 2) In some Romance languages, the emphasis of ‘tap ONE box’, meaning only one, became lost due to the languages’ requirement of an article. Some translators used a capitalised definite article (‘THE’), others placed ‘ONLY ONE’ in brackets to provide the stress; 3) The Eastern European translators maintained that there is some literal translation of ‘heading’, in the context of a title with sentences underneath. To render the intended meaning, they used ‘the text in bold’ or ‘in each of the groups’; 4) Some languages found “Please do this by [. . .]” a difficult construction to translate lightly, not understanding that pressure was required. In other languages, there was a mix of lay people and patients), second developer review and 2 proofreadings. The measure is now appropriate for use in multinational trials.

SUPPLEMENTAL METHODOLOGY FOR TRANSLATING INSTRUMENTS DEVELOPED IN A LANGUAGE OTHER THAN ENGLISH
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OBJECTIVES: Procedures used to linguistically validate PROs are well documented for instruments originally developed in English. However, methodology concerning non-English based measures is largely uncharted. This paper outlines the challenges associated with translating PROs developed in a language other than English and recommends supplemental methodology for improving this process. METHODS: To establish guidelines for translating non-English PROs, several case studies of previous validations were performed. Techniques used to validate the Cancer Dyspnoea Scale (Japanese) were compared to those used for the Pain Detect Scale (German), DN4 Questionnaire (French), and the Hôtel Dieu 16 (French). All questionnaires were translated from their source language into US English. The DN4 was subsequently translated into Dutch, while the CDS was translated into seven additional languages. Special attention was paid to maintaining conceptual equivalence, addressing colloquial native development setting and compensating for differing grammatical structures. RESULTS: Linguistically validating PROs in non-English based measures increased the accuracy of PROs in target countries. CONCLUSIONS: Linguistic validation and conceptual equivalence of non-English PROs should be considered to improve treatment validity and clinical outcomes.wagon; whereas among opioid analgesics, highest agreement was observed for strong agonists (κ=0.91). Collaborative medication use by pregnant women for medications used chronically and episodically or intermittently during pregnancy, methods and outcomes. Therefore, in clinical outcomes, the interpretation of data from these studies is confounded by the fact that the English validation was not standardized.

PATIENT reported outcome recall periods in light of the final FDA guidance
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OBJECTIVES: The selection of the most appropriate recall periods for PROs has been a topic of much debate since the release of the draft FDA PRO guidance in February 2006. The final PRO guidance (December 2009) provides more insight into the way instrument’s concepts. Recommended enhancements to the standard validation process include: assigning a project manager skilled in the source language to oversee all subsequent translations; creating a concept elaboration guide for both the original instrument and the English translation; conducting a specialized training session with translators to review the development of the original documentation; and producing an English translation; placing extra emphasis on the meaning of colloquialisms and the formulation of response sets. CONCLUSIONS: Linguistically validating PRO questionnaires developed in non-English settings presents special challenges. Evidence suggests that, in such situations, standard procedures may be insufficient to produce conceptually equivalent translations acceptable for use in multinational clinical trials. In such cases, expanded procedures are recommended.