

TRIADIC VS DYADIC COMMUNICATION STUDY

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Introduction

- A psychosocial nurse led clinic was established in 2011, in response to NSAP self assessment.
- The aim of the clinic is to provide patients and their caregivers with an introduction to palliative care, provide information and start future care planning
- The clinic is structured for the patient and caregiver to be seen together and then separately

Aim

- The overall aim of the study is to understand the role of all contributors in a clinic setting and whether there is a difference in the content or emotion expressed when patients are separated from their caregiver and provided with time for privacy.

Methods

- 33 patient and caregiver dyads consented to participate.
- All clinics of consented clients were tape recorded between May 2013-November 2013
- Tape recordings transcribed verbatim
- 10 patient transcripts (n=40) have been coded using a coding schema provided by University of Sydney
- A quantitative descriptive analysis has been employed to understand the communication transaction that occurs between clinicians, patients and their family caregivers

Demographic data

Date of session	Patient Gender	Patient DOB	Age	Carer	Diagnosis
22/05/2013	F	30/09/1943	70	Spouse	Breast
18/09/2013	F	28/10/1952	61	Spouse	Mesothelioma
2/10/2013	F	13/03/1948	65	Spouse	Lung
16/10/2013	F	22/01/1942	71	Daughter	Lung
30/10/2013	F	21/03/1942	71	Daughter	Breast
30/10/2013	M	13/06/1932	81	Spouse	Lung
13/11/2013	M	4/12/1933	80	Son	Bowel
13/11/2013	M	11/06/1955	58	Spouse	GBM
20/11/2013	M	19/02/1950	63	spouse	Oesophageal
27/11/2013	F	2/11/1941	72	Spouse	NHL

Demographic data revealed 60 % of patients were female. The average age of the patient was 69 years. 70% of family caregivers were spouses and 30% were adult children. 100% of diagnoses were malignant.

Literature on caregivers

- The communication literature has begun to explore the impact of the caregiver who attends a consultation with a patient
- There can be confusion about the over sharing of information and the difficulty in discussing sensitive needs (Laidsaar-Powell RC, Butow PN, Bu S, et al, 2012).
- Discrepancy within the information needs between patients and their caregivers has been identified within the literature. (Parker S, Clayton J, Hancock K et al, 2007).
- The value of having both joint and separate conversations between patients and their caregivers with the health professionals to eliminate the protective barriers that exist between patients and their caregivers and thus uncover individual information needs has been identified in the literature. (Clayton, Butow, Arnold et al 2005).

Caregivers

- Gaps between systematic assessment processes to identify caregiver need and actual practical support for family caregivers have been identified (Hudson P and Payne S, 2011).
- It is well recognised that the health care system is reliant on the role that family caregivers take on (Boehmer, Egginton, Branda et al 2014).
- If patients are to realise a desire to die at home then it is vital that family caregivers receive comprehensive preparation and support. Hudson et al describe the family caregiver as the 'hidden patients', with unmet needs in social support, financial assistance, emotional support and assistance in managing the dying person's symptoms (2008)

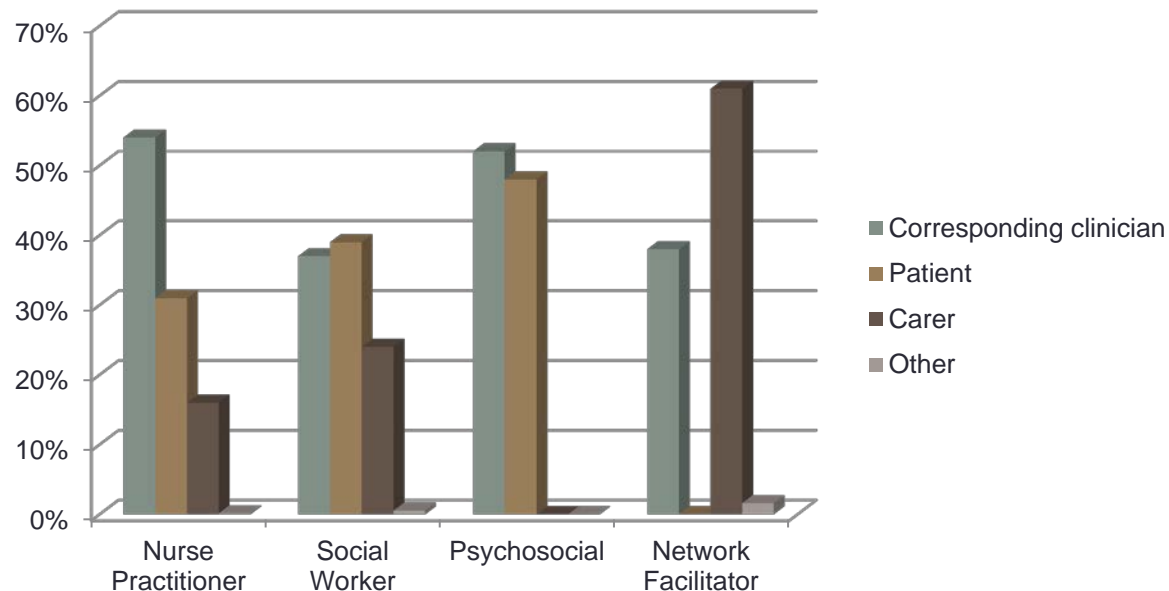
Clinician directed communication

Combined clinics	Patient	Carer	Other Relative	Patient/Carer Together	Other Clinician	Total
Social Worker	60.26%	18.97%	1.11%	19.65%	NA	100%
Nurse Practitioner	72.60%	17.25%	NA	10.05%	0.11%	100%

The direction of communication in the triadic Nurse Practitioner and Social Work clinic from the clinician favoured the patient. The caregiver was addressed directly less than 20% of the time

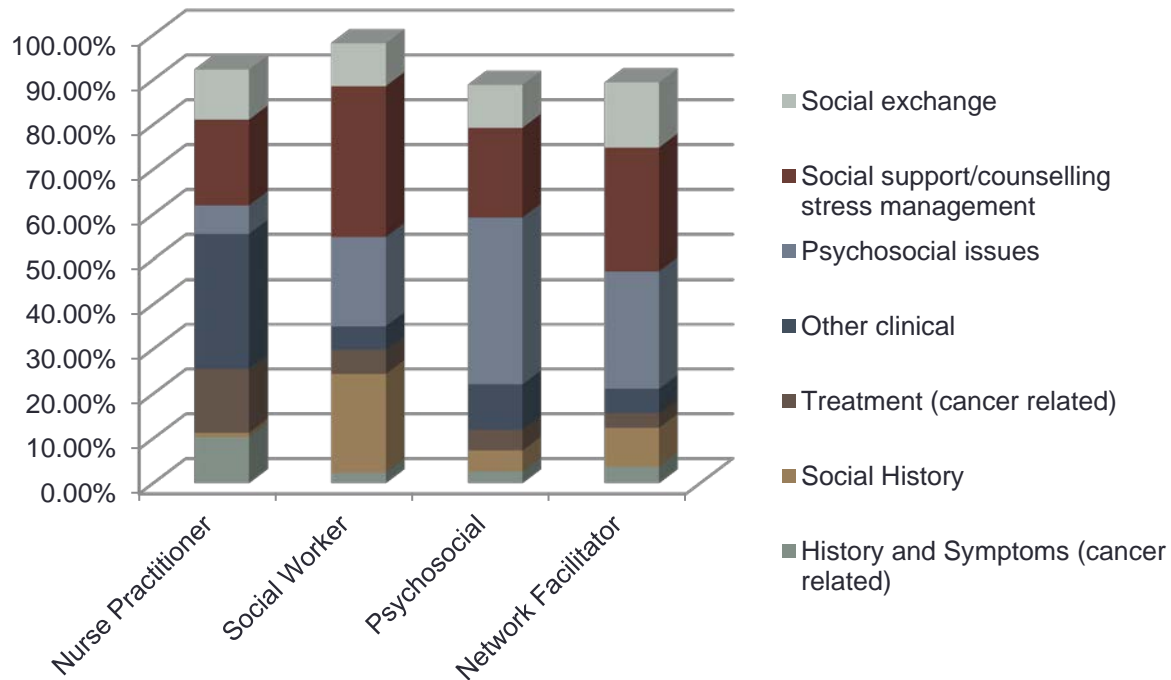
Word count

- A word count was applied to each participant within the clinic to understand who spoke the most words within the session.



Content covered in clinic

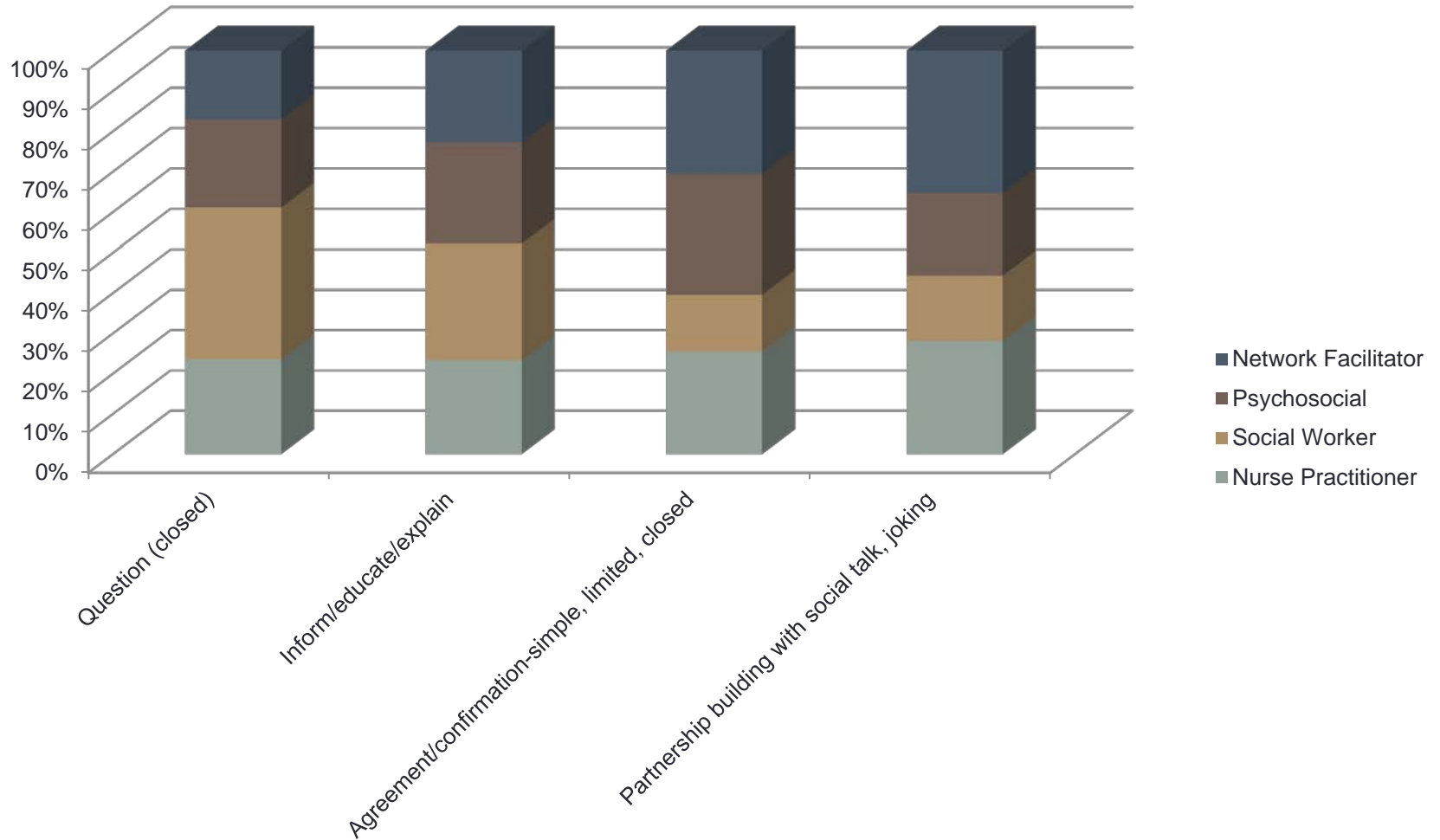
- The content of the communication exchange demonstrates that each clinician focuses
- on their area of expertise.



Speech function

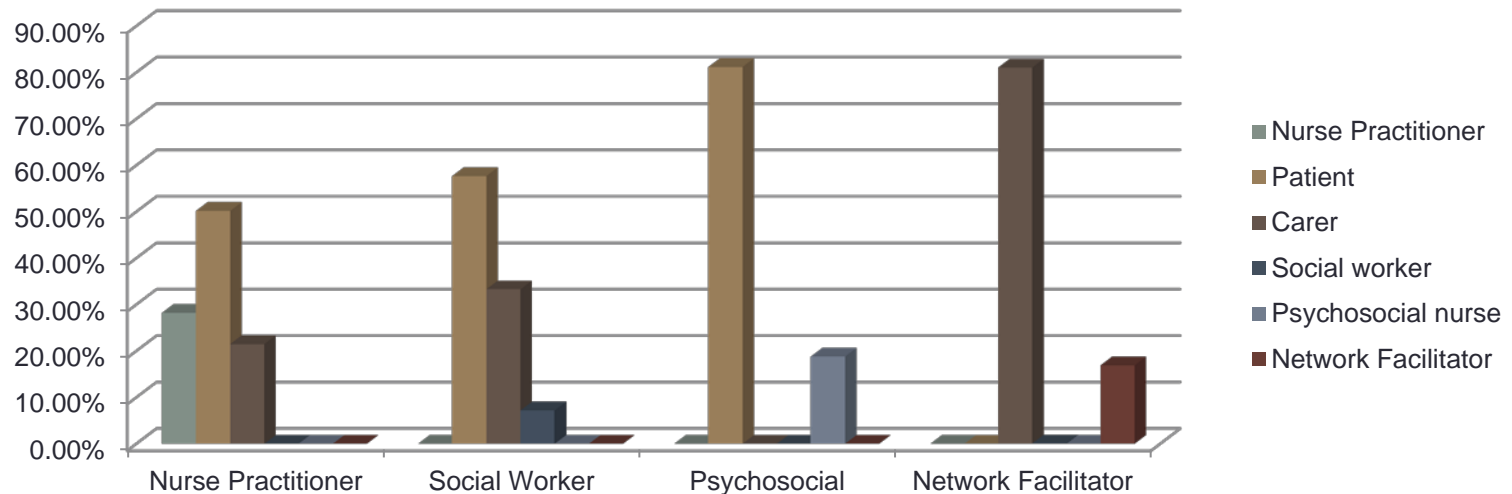
- The speech functions most used within the clinic setting are similar across all clinicians. The broad category of inform, educate and explain is the consistent function across all clinician groups. Simple closed agreement is next for all clinicians and closed questions are next for everyone except the Caregiver Network Facilitator who rated higher for partnership building.

Speech Function



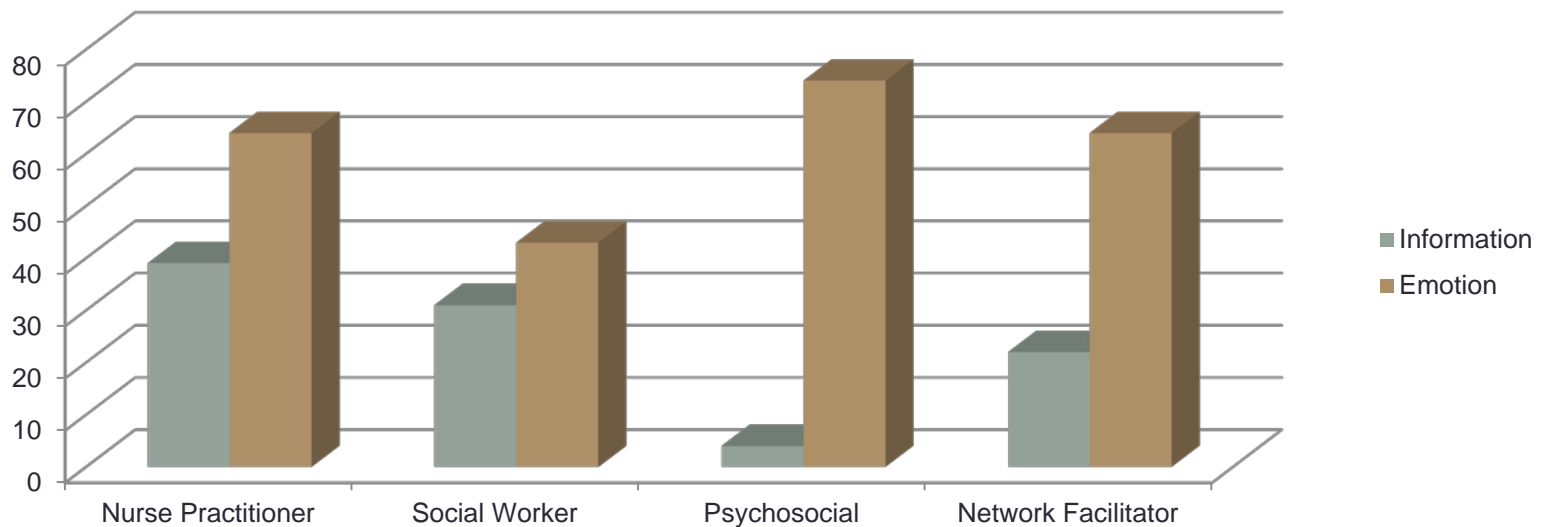
Code Inform, educate, explain

- In breaking down the function code of Inform, educate and explain further it is evident that it is the patient and the family caregiver who spend most of the clinic session explaining their circumstances and informing clinicians of their illness



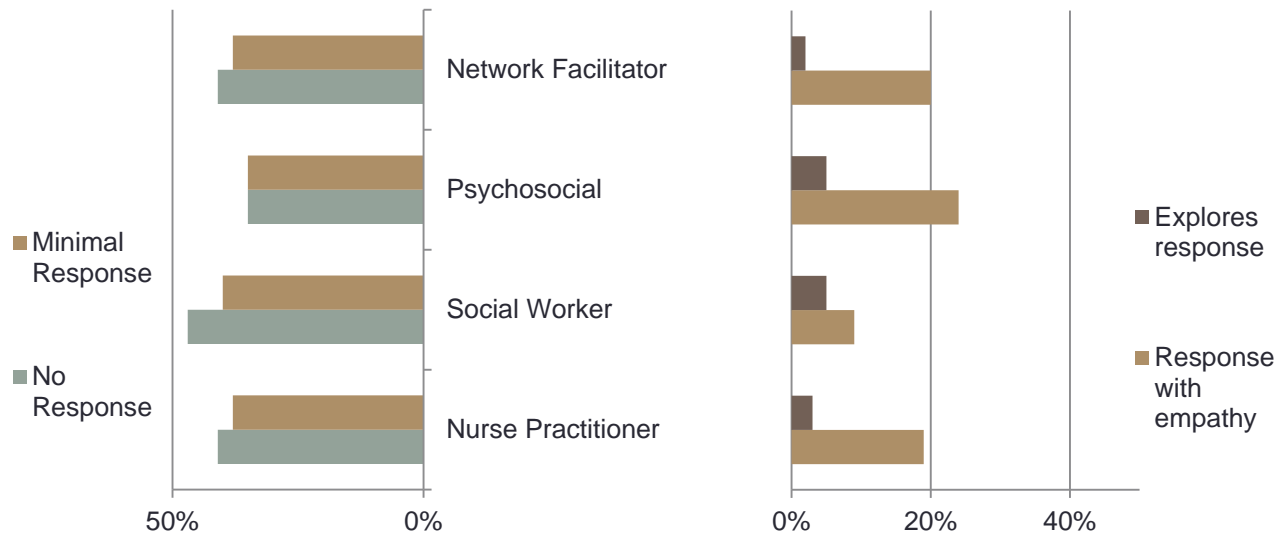
Cues expressed by patients/carers

- Finally the cues that patients and their family caregivers provide in a clinic session fall into two categories. cues for information and cues that reveal emotion.
- Emotional cues are expressed more than cues for information in this clinic.



Clinician response to cues

- The clinician response to an emotional or information cue is broken into two groups, no or minimal response and responds with empathy or explores the response.



Findings

- The preliminary analysis of the first 10 patients within this study has demonstrated the role and function of each clinician engaged in this ambulatory model of care.
- The patient is the focus of the triadic consultation clinics.
- The health care providers focus on their area of specialty.
- The caregiver network facilitator position offers a unique service which is not replicated by the other healthcare providers.

NP clinic

- The nurse practitioner is tasked with the role of providing the overarching introduction to palliative care and what that means for the patient and their family caregiver.
- This component of the clinic also focuses on the physical experience of illness hence most of the interaction within the clinic is designed to understand the disease, treatment and prognosis and any relevant past medical/clinical issues.

Social Work clinic

- The patient remains the focus within the social work clinic; however there is greater engagement of the family caregiver. The social worker focuses on understanding the family construct as well as social supports that are in place to assist the patient to be managed in the community setting

CNF clinic

- The area of focus is steered directly to the family caregiver and explores their informal support networks, and their ability to cope and manage all that is happening within their family unit, while caring for a member with a life limiting illness.
- When comparing the word count, family caregivers speak 16% of the total words spoken in the nurse practitioner consultation, 24% of total words spoken in the social work consultation then in the dyadic clinic they dominate in their session with the caregiver network facilitator speaking 61% of the total words for that clinic.
- These findings support the literature in that carers have their own information and support needs.

Psychosocial clinic

- The patient spends time alone with the psychosocial nurse where they are assessed for their level of adjustment and coping to their illness. The psychosocial nurse spends some time building rapport in order to encourage the patient to speak freely in the clinic. The patient speaks 48% of the word total in the psychosocial clinic. Of particular interest is that 95% of the cues expressed in the dyadic clinic when the patient is alone are emotional cues.

So What?

- The objectives of a clinic focusing on introduction to service with education and information is supported in the findings.
- Each clinic does tend to focus on specific content forms which supports the role they play. Eg NP focuses on physical.
- The overriding function of speech is related to informing, educating, explaining. The use of minimal encourages is next followed by closed questions for $\frac{3}{4}$ clinics with NF deviating with active support and empathy.

Conclusion

- The coding of individual speech units has enabled greater understanding of the dynamic that occurs in a clinic situation.
- The findings from the caregiver network facilitator clinic support Parker et al's finding that family caregivers have their own unique information needs (2007).
- This study also supports the findings from the initial assessment of this clinic which demonstrated that patients and their caregivers appreciated time alone to express their concerns privately away from each other (Swetenham et al, 2014)