Klinisk kommunikasjon med de slitne

Kristiansand
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Numbers needed to offend

Table

"If you had leg weakness, your tests were normal, and a doctor said you had 'X' would he be suggesting that you were Y (or had Y)." Percentage responses among 86 new neurology outpatients, offence score, and "number needed to offend"—that is, number of patients who would have to be given this diagnostic label before one patient is "offended"

Diagnoses (X)	Connotations (Y) (No (%) of patients)					Offence score (%)*	Number needed to offend (95% CI)†
	Putting it on (yes)	Mad (yes)	Imagining symptoms (yes)	Medical condition (no)	Good reason to be off sick from work (no)		
Symptoms all in the mind	71 (83)	27 (31)	75 (87)	57 (66)	60 (70)	93	2 (2 to 2)
Hysterical weakness	39 (45)	21 (24)	39 (45)	28 (33)	36 (42)	52	2 (2 to 3)
Psychosomatic weakness	21 (24)	10 (12)	34 (40)	18 (21)	24 (28)	42	3 (2 to 4)
Medically unexplained weakness	21 (24)	10 (12)	27 (31)	32 (37)	35 (41)	35	3 (3 to 5)
Depression associated weakness	18 (21)	6 (7)	17 (20)	13 (15)	24 (28)	33	4 (3 to 5)
Stress related weakness	8 (9)	3 (6)	12 (14)	14 (16)	20 (23)	20	6 (4 to 9)
Chronic fatigue	8 (9)	1 (2)	9 (10)	16 (19)	12 (14)	15	7 (5 to 13)
Functional weakness	6 (7)	2 (2)	7 (8)	7 (8)	17 (20)	12	9 (5 to 21)
Stroke	2 (2)	4 (5)	4 (5)	5 (6)	10 (12)	12	9 (5 to 21)
Multiple sclerosis	0 (0)	1 (1)	3 (3)	3 (3)	7 (8)	5	22 (9 to ∞)

*Proportion of patients who responded "yes" to one or more of "putting it on," "mad," or "imagining symptoms."
†Calculated according to the offence score.

Stone, J., et al. (2002). BMJ

Numbers needed to offend

Diagnoses (X)	Number needed to offend (95% CI)†
Symptoms all in the mind	2 (2 to 2)
Hysterical weakness	2 (2 to 3)
Psychosomatic weakness	3 (2 to 4)
Medically unexplained weakness	3 (3 to 5)
Depression associated weakness	4 (3 to 5)
Stress related weakness	6 (4 to 9)
Chronic fatigue	7 (5 to 13)
Functional weakness	9 (5 to 21)
Stroke	9 (5 to 21)
Multiple sclerosis	22 (9 to ∞)

Stone, J., et al. (2002). BMJ

Vanlig struktur i en konsultasjon

Vane I
Invester i begynnelsen

Investere i starten ved:
- Vise gjenkjenning
- Presentere seg
- Beklage venting
- Small-talk
- Be om hele lista
- Legge en plan

Vane II
Pasientperspektivet

Spørre om pasientens perspektiv

Vane III
Empati

Resten av anamnesen

Undersøke

Avslutte ved å
- Oppsummere
- Forklare
- Involvere
- Sjekke forståelse
- Takk for i dag

Vane IV
Invester i avslutningen

- Folk bryr seg ikke om hvor mye du vet før de vet hvor mye du bryr deg.

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