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Study of Physicians-Patients Communication and Satisfaction among Patients Receiving Carotid Duplex

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The aim of this study was to understand the relationship of communication behavior between physicians and patients and their satisfaction when receiving Carotid duplex. The study was conducted with a cross-sectional design with structured questionnaires. The participants were recruited in the Carotid duplex room of a hospital located in Taipei area of Taiwan, R.O.C. During March to April in 2009, questionnaires from 252 patients were obtained and data were analyzed by t-test, ANOVA and Pearson correlation. Data revealed positive communication behaviors. Most patients considered that their physicians explained the processes and the purpose of Carotid duplex very carefully. And their physicians' attitudes were also positive. Most patients were satisfied with the explanation before Carotid duplex, waiting time, personnel attitudes. However, they were dissatisfied with the environment of the examination room and/or the interpretation of the results of the examination.

Regarding the related factors, patients who were accompanied by family and/or those whose physicians were more experienced tended to have significantly higher appraisal of the communication behaviors between patients and their physicians. Patients who were females and whose physicians were more experienced tended to have significantly higher satisfaction of the Carotid duplex they received. To conclude, patients' appraisals of the communication behavior between physicians and patients and their satisfaction about the Carotid duplex were generally high. Physician's experiences may play important role in communicating with their patients and then may influence patients' satisfaction of medical care.

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Relationship among the Hospital/Physician's Characteristics, Process of Care and Outcome in Curative Therapies for Patients with Hepatocellular Carcinoma

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Hepatocellular carcinoma (HCC) is the second death cause of cancer in Taiwan, its incidence is increasing worldwide. However, few studies examined the relationships between the pattern of care measured by HCC core measure indicators and hospital/physician volume-outcome relationship for patients received HCC curative therapies. The study has examined the associations among hospital/physician characteristics, the pattern of care, and outcomes for patients with HCC via

national databases. A retrospective cohort study was conducted of 2,114 HCC patients received curative therapies that had registry in Taiwan Cancer Database in 2004. The 2,114 patients were received care from 29 hospitals, and 1,548 patients were treated by 275 physicians. Also their three-year National Health Insurance claims data and three-year survivals were collected from respectively National Health Research Institute and death cause database of Department of Health. Relationships between hospital/physician volume characteristics, pattern of care, and 1-year/3-year survivals were assessed by X2, ANOVA, Log-rank test, and the associations among variables were assessed by multiple regression, logistic regression, and Cox proportional hazard regressions with accounting for potentially confounding patient characteristics. Hospital characteristics (including ownership, accreditation level, geography, and 3-year service volume), physician characteristics (including specialty) were identified to be significantly related to the pattern of care and outcomes of patients with HCC. Both hospital and physician characteristics are significantly related to survival outcome for patients with HCC. Besides, the diagnosis of pattern are also significantly related to 3-year survival outcome for patients with HCC.

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Factors Affecting Newborn Care Practices among Mothers in Rural Community of Nepal

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Globally, an estimated four million babies die every year before they reach the age of one month. Sixty percent of all neonatal death and sixty eight of the world's burden of prenatal deaths occur in Asia. The state of newborns in Nepal still compares poorly to that of almost all other developing countries. In Nepal traditional beliefs and practices dominate newborn care and are often hazardous. The primary care of newborns includes the proper practice of cutting the Umbilical cord. Traditionally, the cord is usually cut with razor blade, knife, sickle or even piece of wood. In some cultures, the cord is not cut until the placenta is delivered. Hospital data suggests that the major causes of neonatal death in Nepal are infection, birth asphyxia, preterm birth and hypothermia. More recent community based data present similar picture. The study design was one shot, cross-sectional, non-interventional and descriptive. Both qualitative and quantitative methods were used. The studies aimed to provide the information on factors affecting newborn care practices among mothers in rural community of Doti (far western region) and Dalit (most disadvantaged ethnic group) of Salyan (mid western region). Non-probability purposive sampling method was used to select VDCs from Doti and 96 sample size was determined. In Salyan one VDC having high population of Dalits were selected and 78 sample size was determined.