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The Two-Way Communication Checklist (2-COM) in First Episode Psychosis Patients in Hong Kong: An Open Label Randomized Controlled Trial

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Introduction

The Two-Way Communication Checklist (2-COM) is a needs assessment tool for patients to complete while waiting to be seen in out-patient clinic. It provides an opportunity for them to show areas of concern and voice their needs to minimize the discrepancy and miscommunication between patient and healthcare professional.

Objectives

To investigate whether early psychosis patients who used the 2-COM checklist would lead to (1) improvement in patient's overall satisfaction, (2) longer consultation time and (3) change in treatment compared to those who did not use 2-COM.

Methodology

This was an open label randomized controlled trial of psychosis patients in Hong Kong (ClinicalTrials.gov identifier: NCT02435784). Patients were recruited from the Queen Mary Hospital under the Hong Kong's Early Assessment Service for Young People with Psychosis (EASY) programme. Patients were randomly assigned into either the 2-COM or the treatment as usual (TAU) groups. In the 2-COM group, patients filled out the 2-COM checklist while waiting and then submitted the completed checklist to the clinician during consultation. Patients in the TAU group attended the clinic as usual. All patients in the two groups were asked to complete a Patient Satisfaction Questionnaire after the consultation and their total consultation time were recorded. Following consultation with each patient, clinicians were asked to complete a change in treatment questionnaire.

Result

Results: From May to July 2015, 84 psychosis patients were recruited (41 in the 2-COM group and 43 in the TAU group). Patients reported to have a high satisfaction level towards the service they received (total score of the questionnaire is 95) in both the 2-COM group (mean = 77.4, s.d. = 9.3) and the TAU group (mean = 78.1, s.d. = 9.6). Averaged consultation time was 10.0 minutes (s.d. = 5.52) in the 2-COM group

while it was 9.7 minutes (s.d. = 5.8) in the TAU group. The number of change in treatment following consultation was minimal in both groups (2-COM: mean = 1.0, s.d. = 0.94; TAU: mean = 0.93, s.d. = 0.91). Overall, the two groups did not show any significant differences in patients' satisfaction ($t = -3.40$, $p = 0.734$), consultation time ($t = 0.833$, $p = 0.734$) and change in treatment ($t = 0.468$, $p = 0.641$). Conclusion: Early psychosis patients in Hong Kong receive intensive, holistic and multidisciplinary treatment under the service of EASY. Our finding that using 2-COM could not increase patients' satisfaction, consultation time and change in treatment significantly may imply that patients have high satisfaction level towards the service. The data also show that the mean length of consultation time is longer for EASY clinic than the general psychiatric clinic. The full effectiveness of 2-COM may not be revealed in this trial which may be attributed to adopting the use of a single site and the one off use of 2-COM.