

Big health benefits from a little small talk, researchers find

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Dr Daniel Angus.

(Medical Xpress) -- Healthcare professionals may soon be able to truly see the benefits of their talks with patients, thanks to an automated computer visualisation measurement technique called Discursis.

Five researchers from The University of Queensland (UQ) have visually mapped and analysed conversational behaviour in medical consultations and will publish the results in internationally renowned science and [medicine journal PLoS ONE](#).

Authors of the study, Daniel Angus, Bernadette Watson, Andrew Smith, Cindy Gallois and Janet Wiles, say their research suggests computer visualisation measurement techniques such as Discursis could become an invaluable tool for improving doctor-patient interactions.

Dr Daniel Angus, an interschool Research Fellow between the School of Information Technology and Electrical Engineering (ITEE) and the School of Journalism and Communication (SJC), UQ, says effective interactions have been shown to lead to better [health outcomes](#) for patients.

“Effective communication between healthcare professionals and patients is critical to patients' [health](#) outcomes, but it is notoriously difficult to study accurately. For instance, doctors who consent to such studies recognise the importance of good communication techniques and tend to be good communicators themselves,” he said.

Discursis automatically builds an internal language model from a transcript, mines the transcript for its conceptual content, and generates an interactive visual account of the discourse.

“We have managed to visualise and, through this, analyse doctor-patient interactions through detailed verbal positioning by speakers. We can literally see doctor-patient interactions in an infographic format, and pinpoint patterns of rapport building, engagement and repetition between patients and their doctor,” Dr Angus said.

“We can see what types of communication between doctors and patients lead to more effective communication.

“Doctors who encourage [patients](#) to expand on their health narrative early in the conversation are able to obtain details that can be explored for the remainder of the consultation, helping to achieve an accurate diagnosis and treatment plan”.

Poor doctor-patient communication is also easy to identify, he says.

“Using a checklist style of consultation can hinder patient outcomes, and

doctors who spend too much time on “off-topic” banter can build good rapport, but do so at the expense of developing the health narrative. These consultations may demonstrate poor task focus.”

“In the future, health practitioners could use the Discursis technique to assess their own task and rapport-building competence. Many health professionals express a desire to see their own behaviour, and Discursis has the potential to give them an efficient means of doing this,” said Dr Angus.

Dr Angus has recently completed a postdoctoral fellowship with the project, studying how conceptual navigation enables humans to make sense of the complex world of ideas.

Dr Angus and his colleagues in the UQ Thinking Systems project developed the Discursis tool, which visually represents conversations and assists practitioners in understanding the structure, information content, and inter-speaker relationships of conversations.

Thinking Systems Director Professor Janet Wiles says that, as a Strategic Initiative in Communication Technologies, the tool provides an “exceptional opportunity for the School of Information Technology and Electrical Engineering to connect technology development in partnership with [communication](#) experts”.

More information: Link to article:
[dx.plos.org/10.1371/journal.pone.0038014](https://doi.org/10.1371/journal.pone.0038014)

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