KEY POINT SUMMARY

OBJECTIVES

This study evaluated the influence of placing a computer screen slightly above a semicircular table around which all parties were seated so that patients, the people accompanying them to appointments, and physicians could all simultaneously see the screen and access the keyboard and mouse for the same computer during a consultation on patient-clinician interaction.

DESIGN IMPLICATIONS

Consultation room design should enable patients, people accompanying them to appointments, and physicians to all see computer screens in use and to potentially make modifications to that information.

Consultation Room Design and the Clinical Encounter: The Space and Interaction Randomized Trial

Almquist, J. , Kelly, C., Bromberg, J. , Bryant, S. , Christianson, T. , Montori, V.
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Key Concepts/Context

Although computers are now often located in consultation rooms, their screens are generally oriented so that patients and those that accompany them to appointments can't see them, but physicians can. This study investigated how changing the design of the consultation room so that patients, the people accompanying them to appointments, and the physician present could all see a computer screen in use and potentially all make modifications to the information displayed would influence patient-clinician interactions.

Methods

Six physicians and 65 patients participated in the study at the Mayo Clinic. Data were collected after consultations in either standard consultation rooms, in which the physician was seated at a desk with a direct view of the computer screen, or the experimental room, in which all present in the room were seated along the rounded edge of a rounded half table and had visual access to the information on the computer screen and physical access to the related computer keyboard and mouse. The postvisit survey collected information using a 5-point scale regarding satisfaction with the visit and the consultation room, mutual respect, patient trust in the clinician, communication quality, people-room interaction, and interpersonal-room interaction. The researchers report that, "The people-room interaction [questions] captured patients' experience of the way the room and its furnishings were positioned, including the issues of comfort, understanding where to sit and where to place belongings, and access to the computer monitor and input devices. The interpersonal-room interaction [questions] asked questions regarding the way the patient, physician, and care partner related by using artifacts [things] in the room."
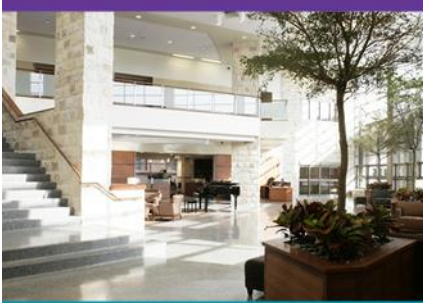
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Findings

As the researchers report, they "found no differences between the rooms [standard and experimental] in terms of patient satisfaction with the consultation, mutual respect, or communication quality." Patients in the experimental room (when compared to patients in standard rooms) did feel better able to interact with the computer monitor, that they could look at the screen at any time, that the doctor allowed them to see and review their medical record on the computer screen, and that the doctor reviewed relevant information available on the Internet (all results reported here are statistically significant).

Limitations

- The number of patients and physicians involved was relatively small.
- The median age of patient participants was 69.
- Patients had difficulty determining where to sit in the experimental consultation room.
- Physicians may have used the computer more extensively in the experimental rooms because all could see it.