

“ If you can develop that relationship with the patient [and] understand what is important in their lives, you will have higher compliance with diet, exercise, and medications. When patients feel valued as partners, they are much more willing participants.”

— LISA ALLEN, PHD, CHIEF PATIENT EXPERIENCE OFFICER,
JOHNS HOPKINS MEDICINE



Do Ask, Do Tell

Allen suggests an “ask, tell, ask” model for this last step, which is a well-known technique for entering serious conversations with patients, and an approach also encouraged by James A. Tulsky, MD, chair of the department of psychosocial oncology and palliative care at the Dana-Farber Cancer Institute, Boston, and a pioneer researcher in clinical empathy and communication.

The first “ask” is meant to establish how well the patient understands the situation. “You always need to ask a patient their understanding before giving them information,” Tulsky says. Finding out how much or how little a patient knows should affect what information you give them and how you give it.

The “tell” should be in plain English. “You then give information in short bite-size chunks. It is very important not to use jargon and not to talk too much,” Tulsky says. “Then the final ‘ask’ is to ask about their understanding of what you just explained.” This last step is aimed at making sure that the patient understands the treatment plan and that expectations are shared.


Four Habits of Effective Communicators

Many institutions have their own versions of the Hopkins FIVE, such as the “Four Habits” model that has spread widely after originating with Kaiser Permanente:

- invest in the beginning,
- elicit the patient’s perspective,
- demonstrate empathy, and
- invest in the end.

“A lot of the physician-patient communication programs [have] a shared mental model. What we are trying to do [is to] help the patient build trust, understand what is going on, and understand what the next steps are for the plan of care,” Allen says.

She believes that endocrinologists in particular could benefit from this approach, for example, in working with diabetes patients: “If you can develop that relationship with the patient [and] understand what is important in their lives, you will have higher compliance with diet, exercise, and medications. When patients feel valued as partners, they are much more willing participants.”

Allen notes that an important byproduct of the attention to patient experience is that “it makes for a better work life” because providers find it rewarding when they talk with and understand their patients. They simply feel they are doing a better job: “I do believe it provides greater job satisfaction. It is not all about the patient. It is also about how [physicians] feel about the work they are doing.” 

SEABORG IS A FREELANCE WRITER BASED IN CHARLOTTESVILLE, VA. HE WROTE ABOUT TALKING TO PATIENTS ABOUT OBESITY IN THE MARCH ISSUE.



The Name Game

For researchers who find their published work getting lost among other authors with similar names, a new system called ORCID may be a solution.

BY MELISSA MAPES

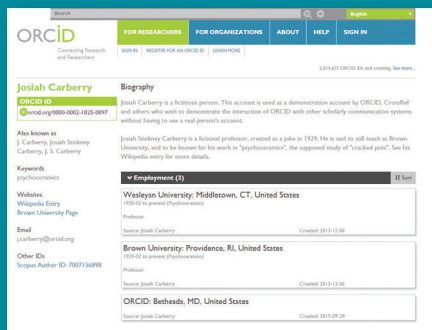
When Jun Yang, PhD, an endocrinologist at the Hudson Institute of Medical Research, does a quick search of her name in PubMed, she gets 2,212 hits. If she looks for “Yang J,” which is how she is usually credited, 28,880 results appear.

“It is impossible to retrieve my full list of publications using the current system of name and topic searches,” Yang laments. “My true publications are well-camouflaged amongst the varied articles produced by other J Yangs!”

For ages, researchers have grappled with the frustrating issue of attribution. But now more than ever, scientists with common surnames are seeing their work buried amongst doppelgangers. Then there are those who change their last names — such as after a marriage — and risk losing recognition for past work. In a field where authorship is everything, how can scientists ensure they receive proper credit for publications?

The answer, as it turns out, is so simple that it’s hard to understand why it hasn’t been implemented sooner: a unique numerical identifier.

One particular system, known as Open Researcher Contributor Identification (ORCID), has recently gained traction. Launched in 2012, the project started as a small nonprofit initiative but quickly picked up speed. Now it is closing in on two million registrants. More and more journals are requiring ORCIDs for all submissions — indicating long-overdue progress for authorship tracking.



THE ORCID OF JOSIAH S. CARBERRY

During demonstrations, the ORCID staffers use Professor Josiah Stinkney Carberry as a case study. Carberry is a fictitious researcher of “psychoceramics” at Brown University, who specializes in “cracked pots.”

Carberry was created as a joke in 1929 for a fake lecture that was posted around Brown’s campus. The tradition has continued with annual lectures on Friday the 13th and February 29th each year, for which Carberry fails to appear every time. He was awarded an “Ig Nobel prize” in 1991 for interdisciplinary studies and has been heralded as “the Absent-Bodied Professor” in major periodicals.

The creators of ORCID are carrying on the long-running joke with a hilarious list of made-up publications under Carberry’s name, such as “Toward a Unified Theory of High-Energy Metaphysics: Silly String Theory.” All of his fictional works and abstracts can be found at: <http://orcid.org/0000-0002-1825-0097>.

What Is an ORCID?

An ORCID is a 16-digit number that makes sure each scientist is properly associated with his or her body of work. It is like a social security number but for researchers.

One of the unique benefits of the ORCID is that it tracks more than just scientific publications — meaning patents, media mentions, data sets, and more can all be tied back to the correct person. “This may paint a more accurate representation of any individual’s contribution to science,” says Yang.

Researchers can search and register with ORCID for free. The system operates as an open-source application program interface (API), which the nonprofit makes readily available to both individuals and institutions — spanning disciplines, research sectors, and the global scientific community.

What Is at Stake?

There is a lot riding on the success of a new identification system. “Publications are the lifeblood of researchers and need to be 100% visible for academics, review panels, and granting bodies,” Yang explains.

Like many other scientists, she believes that having a common last name has impeded her career in some regards. “I suspect the issue of name ambiguity also affects my chances of securing research grants,” Yang says. The review panels of philanthropic organizations likely find it frustrating when searching for her body of work and thousands of other researchers pop up.

Additionally, colleagues have a hard time locating her when they are interested in her work. “At national and international conferences, fellow scientists who look me up after my presentation often find it difficult to track my research output,” she continues. Yang has received emails from such individuals who are struggling to discover her publications. She has been on the other side of the issue too, where she could not locate the work of a researcher with another common name.

A system like ORCID would also resolve issues with cultural differences in name order. For example, Yang can be either a surname or a first name. It would help with inconsistencies in name abbreviation as well, since citations can follow several different style guides. Some may include a middle name or initial, while others do not.

Female researchers face the additional dilemma of choosing whether or not to change their name if they get married. “I kept my surname when I married so that my publications would consistently feature ‘Yang J.’ It turned out to be the wrong thing to do. I should’ve taken the more unique surname,” says Yang.



Without a new identification process, vast swaths of researchers — especially women — will continue to be at a disadvantage as they work to build their careers and gain recognition. Like any impediment, the inefficiencies of the current system also affect the pace of scientific progress.

What Are the Challenges Ahead?

The first step to implementing a unique ID is to choose a singular system. In addition to ORCID, there are tagging systems like ResearcherID by Thompson Reuters and Scopus by Elsevier.

“For any universal system, all stakeholders need to agree on a common code of conduct,” says Yang. She sees ORCID as the “perfect solution” and hopes that it continues to increase in popularity.

Fortunately, ResearchID is ORCID compliant, meaning that the two systems are able to work in unison. Scopus can also be searched by ORCID — demonstrating collaboration across platforms, despite what some may consider competing interests.

The other major obstacle involves past publications and deceased researchers. “A fair bit of work is also required of researchers, who must curate their older publications using the ORCID website,” says Yang. The system must also integrate scientists from earlier eras, who need someone to update this information on their behalf. The question of who will take this task remains to be answered.

“It would be ideal to have an automated system for assigning ORCID to authors in old papers,” Yang continues.

The publishing world is working to adopt the ORCID system, even if the backlog of past research still needs to be sorted out. “A uniform, nonprofit, world-recognized identifying system like ORCID is urgently needed,” says Yang. And it appears that much of the research community is in agreement.

For more information, visit orcid.org. 

Congressional Record

PROCEEDINGS AND DEBATES OF CONGRESS

ENDOCRINE SOCIETY CELEBRATES 100 YEARS OF PUBLIC HEALTH BREAKTHROUGHS

HON. JOSEPH P. KENNEDY III OF MASSACHUSETTS

IN THE HOUSE OF REPRESENTATIVES

Thursday, February 25, 2016

Mr. KENNEDY. Mr. Speaker, I rise today to recognize and congratulate the Endocrine Society, in honor of its Centennial anniversary.

A century ago, a small group of physicians joined together to unlock the secrets of the body's hormones — the chemical signals that govern breathing, metabolism, growth, reproduction and other critical biological functions. They were endocrinologists, and from this impassioned gathering, the Endocrine Society was born. Over the next 100 years, endocrinologists would discover lifesaving treatments and provide quality care for hundreds of millions of people with diabetes, osteoporosis, thyroid conditions, infertility, sleep disorders, hormone-related cancers and many other conditions.

Today, the Society has more than 18,000 members in 122 countries and is the world's oldest and largest organization devoted to hormone research and the clinical practice of endocrinology. During its centennial year, the Endocrine Society will celebrate endocrinology's contributions to science and public health — while keeping an eye on today's promising research, which will lead to tomorrow's discoveries. It will recognize Nobel Prize winners in the field (including four Society past presidents) and historic breakthroughs such as the 1921 discovery of insulin, which transformed diabetes from a death sentence to a manageable chronic condition.

In April, I am very pleased to recognize, the Endocrine Society will conduct its Annual Meeting and Expo, in Boston, Massachusetts. **ENDO** is the world's premier event for getting the latest updates in endocrine science and medicine, drawing thousands of endocrinologists from around the globe. **ENDO 2016** will feature special programming celebrating the field's history and notable achievements.

Because hormones affect nearly every cell of the human body, the work of endocrinologists is essential to manage conditions that affect millions, including: about 415 million adults worldwide who have diabetes, according to the International Diabetes Federation; more than 36% of American adults who are obese, according to the U.S. Centers for Disease Control and Prevention; an estimated 48.5 million couples worldwide who were infertile as of 2010, according to the World Health Organization; and more than 10 million American adults who have osteoporosis, according to the Society's Endocrine Facts and Figures report.

Endocrine Society members have been at the forefront of historic accomplishments in medicine and research. I offer my warmest congratulations to the Endocrine Society on its celebration of 100 years of breakthroughs, and I look forward to what the next century brings.