

Editorial

New section headings in the Table of Contents in Patient Education and Counseling

In this issue Patient Education and Counseling introduces a new way to organize the articles of each issue under section headings in the Table of Contents. The reason for this is to provide the reader with a fast overview of the content of the issue, and facilitate attention to areas of specific interest that the individual reader might have. We already have a few special sections in our journal, such as the *Editorial*, *Reviews*, *Medical Education*, and *Reflective Practice*. These sections will be upheld. But from now on all original papers will be presented under section headings according to categories of content. In addition to the section headings that we already have, papers will be presented in three broad sections:

The *Interventions* section will include papers on interventions in a number of different categories, often with methods that combine typically educational strategies with counseling methods. This is, of course, a core thematic area for our journal. Among papers with “patient education” as a keyword in medical and healthcare journals over the last 10 years, Patient Education and Counseling is the journal with the highest number of published papers worldwide. In the present issue, for instance, Kochen et al. present results from a health education program for migrant females with psychosomatic complaints living in the Netherlands, applying a randomized controlled trial (RCT) design. The intervention group received counseling and education from migrant health educators, and reported better health and better abilities to cope with pain after the intervention [1]. Another example is Hardcastle et al.’s RCT intervention for patients at risk of coronary heart disease. The intervention group received counseling sessions in addition to standard exercise and nutrition information. Interestingly, the intervention group improved their blood pressure, cholesterol values and degree of physical activity, but did not change their diet [2]. We will give high priority to publication of well designed educational and counseling intervention studies.

Patient Education and Counseling is the official journal of the American Academy (AACH) and European Association (EACH) of Communication in Healthcare. In a broad sense most papers in our journal are somehow concerned with communication in healthcare, in terms of educational or counseling interventions and patient or provider perspectives on healthcare. But one section of the journal is devoted to

Communication Studies in a more specific sense. Our journal is a leader in this area of research. If one searches the medical databases for the combination of the words “patient” and “communication”, Patient Education and Counseling comes out with a good margin as the journal with most hits. In this issue we publish three communication studies. Two of them are on methodological issues. Cox et al. presents a new scale to assess communication between doctors and family members and caregivers, the Physician Caregiver Relationship scales [3]. Weiss and Peters compare two measures of shared decision making, the OPTION instrument developed in Wales and the Informed Decision Making instrument developed in Seattle, USA [4]. Moreover, Rosenberg et al. analyses the encounters between physicians, patients and interpreters [5].

We have labeled the final broad category of papers *Patient Perceptions, Preferences and Participation*, which will include papers on how patients – and often also providers – experience different aspects of care and other health related issues. The section will also include papers on patient participation in health care and health promotion. Over the last few years, Patient Education and Counseling has consistently been among the two or three journals with most articles on patient participation in health care. In the present issue we carry papers on for instance patient perception of health care [6], on patient needs and preferences [7] and on patient and provider participation in goal setting [8].

By applying these new section headings, we wish to sharpen the focus of the journal. In these areas, i.e. educational and counseling interventions, communication studies and the patient perspective on and active participation in health care, our journal is a leading one. The growing interest in these areas and the high quality of the journal’s papers are reflected in our growing impact factor, from below 1 only 5 years ago to 1.8 in 2006. We intend to live up this positive development in the years to come and invite colleagues to submit papers in the core topical areas of our journal.

References

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Arnstein Finset*
Patient Education and Counseling,
Oslo, Norway

*Tel.: +47 22 85 14 35; fax: +47 22 85 13 00
E-mail address: arnstein.finset@medisin.uio.no