

Doctors support greater sharing of decision-making with patients but experience practical barriers in implementation.

Overview

This questionnaire-based study evaluated general practitioners who participated in skills training on shared decision-making and risk communication. Participating physicians were supportive of greater patient involvement in decision-making and enthusiastic about the skills training.

Background

Greater involvement of patients in decisions about their care is widely seen as an important goal. However, health care providers have not readily acquired the skills needed to achieve greater patient involvement. Practical barriers, such as time constraints, may explain part of this performance gap, but providers' attitudes about adopting these skills and their confidence in using them also may explain the gap. Few studies have investigated provider attitudes and confidence in these areas.

Objective

To assess physicians' attitudes about shared decision-making and risk communication and their confidence with applying these approaches in patient consultations.

Methods

- Study population: 20 general practitioners in South Wales, each of whom consulted with an average of 40 patients. Patients had one of four conditions: prostatism, atrial fibrillation, menorrhagia, or menopausal symptoms

- Study design and setting: Between February and December 2000, physicians attended training interventions that consisted of two three-hour workshops on shared decision-making and two three-hour workshops on risk communication. Workshops included simulated patient consultations with actors. Physician attitudes were evaluated via questionnaires, which used a 5-point Likert scale, before and after each of the 4 training interventions. The 5 areas assessed with the questionnaires included:
 - Attitudes about patient involvement in decision-making
 - Perceived competence in involving patients in decision-making
 - Reported frequency of involving patients in decision-making
 - Confidence in discussing risk information with patients
 - Reported frequency of using risk communication materials outside the study setting

Previously known about the topic:

- Health care providers have not readily acquired the skills needed to achieve greater sharing of decision-making with patients.

Contribution of this study:

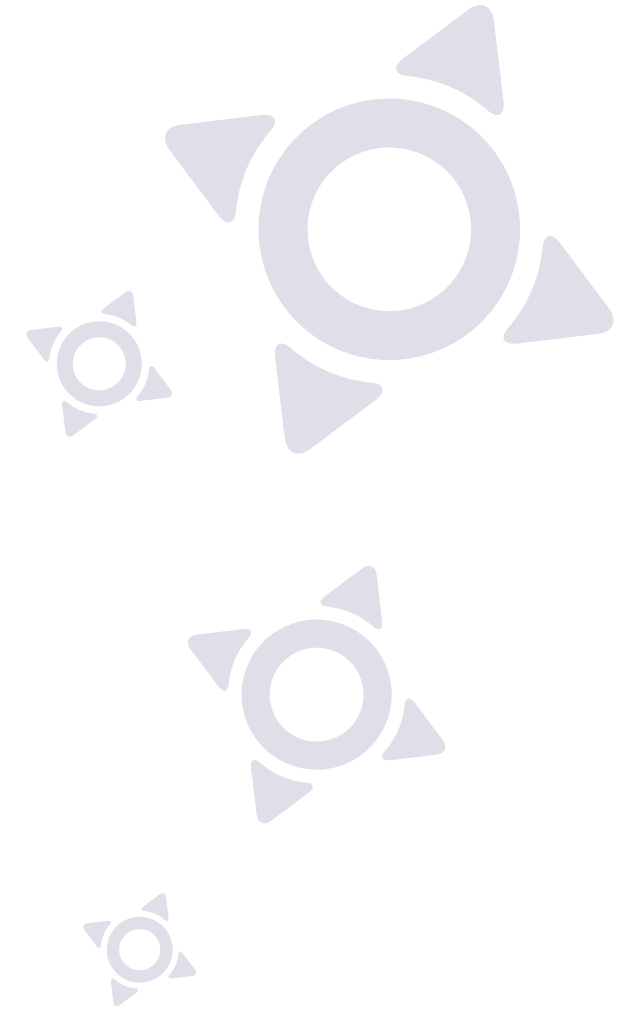
- Physician use of tools to foster shared decision-making and improved risk communication appears to be limited more by practical barriers, such as time constraints, than by physician attitude.

Main Results

- 99 of 100 questionnaires were completed
- At baseline, physicians were supportive of patient involvement in decision-making (mean score of 2.1 on a scale of 1-5 where 1 indicates greater importance) and modest levels of confidence in discussing risk information with patients.
- Specific training did not directly influence specific attitudes (ie, there was no evidence that attitudes about patient involvement improved immediately after a training intervention on shared decision-making). However, a cohort effect was evident, in that the confidence and reported frequency of the use of communication techniques increased for the group as a whole over the course of the study.
- As a group, physicians had more favorable attitudes about patient involvement in decision-making at the conclusion of the study than at baseline.
- Physicians found the risk tools helpful but some reported difficulty with accessing the information at the time of consultation. All reported that lack of time continued to be a challenge to implementing these communication approaches.

Key Implications

- Physicians as a group were supportive of skills training to foster shared decision-making and improved risk communication.
- Compared with baseline, physicians reported greater confidence and frequency of use of shared decision-making and risk communication approaches after the training interventions. ■



Full citation:

Edwards A, Elwyn G. Involving patients in decision-making and communicating risk: a longitudinal evaluation of doctors' attitudes and confidence during a randomized trial. *J Eval Clin Pract.* 2004;10(3):431-7.

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