

More time—but not physician training in shared decision-making or use of decision aids—improved patient-related aspects of decision-making.

Overview

This randomized, crossover trial evaluated general practitioners who received training on shared decision making and risk communication using decision aids. Investigators found no evidence of either improvement or worsening in patient-based outcomes but found that greater “protected time” for consultation was associated with improvement in some patient-based measures.

Background

According to previous research, shared decision making is associated with patient benefits, such as satisfaction with decisions and lower decisional conflict, and possibly with improved health outcomes. While decision aids have been developed to assist health care providers engage in shared decision making, they have not been widely used due to time constraints and lack of training in their use. Risk communication, during which the patient is provided with information about risks and benefits of treatment options, is one aspect of shared decision-making.

Objective

To assess the effect on patient-related outcomes of physician training on shared decision making and the use of decision aids for risk communication.

Previously known about the topic:

- Shared decision making is associated with patient benefits but is not widely used by providers.

Contribution of this study:

- Additional “protected time” for consultation can improve decision quality.

Methods

- **Study population:** 20 general practitioners in South Wales who consulted with a total of 747 patients. Patients had one of four conditions: prostatism, atrial fibrillation, menorrhagia, or menopausal symptoms
- **Study design and setting:** Patients were randomly assigned to consult with one of the participating physicians at one of three time points (baseline, after the physician had received the first training intervention, or after physician had received both training interventions). Further randomization was used to assign patients either to consultations at the usual physician clinic or at a research clinic where there were fewer interruptions and more time for consultation. The physician training interventions consisted of workshops on shared decision making and risk communication using simulated patient consultations with actors. Outcomes were gathered by questionnaires at the physician consultation and one month later.
- **Primary outcome measures:** risk communication and patient’s confidence in the decision, based on subscales from the COMRADE instrument

Main results

- 747 patients participated; of these 655 completed questionnaires at the consultation and 1 month later
- There were no statistically significant effects on patient-based outcomes after interventions to train physicians on shared decision making, use of decision aids during risk communication, or both.
- Significantly greater scores were observed in two outcomes (patient confidence in the decision made and patient expectation to adhere to chosen treatment) when consultations were conducted in a setting with more available time and fewer interruptions.

Key Implications

- The trial found no effects on patient-based outcomes with physician training in shared decision making, risk communication, or both.
- Documenting a lack of worsening with these training interventions is important, because either shared decision making or greater communication of risk information could have resulted in greater patient uncertainty or anxiety.
- Patient confidence in the decision made and patients' expectation of adhering with the chosen treatment were greater when consultations were conducted in settings with more available time and fewer interruptions.
- The evidence from this trial supports the need for longer consultation time to support shared decision-making. ■

Full citation:

Edwards A, Elwyn G, Hood K, Atwell C, Robling M, Houston H, Kinnersley P, Russell I; Study Steering Group. Patient-based outcome results from a cluster randomized trial of shared decision making skill development and use of risk communication aids in general practice. *Fam Pract.* 2004;21(4):347-54.

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