

## Shared decision making in secondary care (outpatients) consultations: pilot testing patient experience questionnaires

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### Introduction

Shared decision making (SDM) is a process whereby healthcare professionals and patients use the most reliable evidence to reach a decision together[1]. SDM ensures that the patient is fully aware of the options available regarding their treatment and that the clinicians is aware of the patient's values and preferences [2]. Thus together with the clinician, patients can make a decision while taking into consideration what is most important to them.

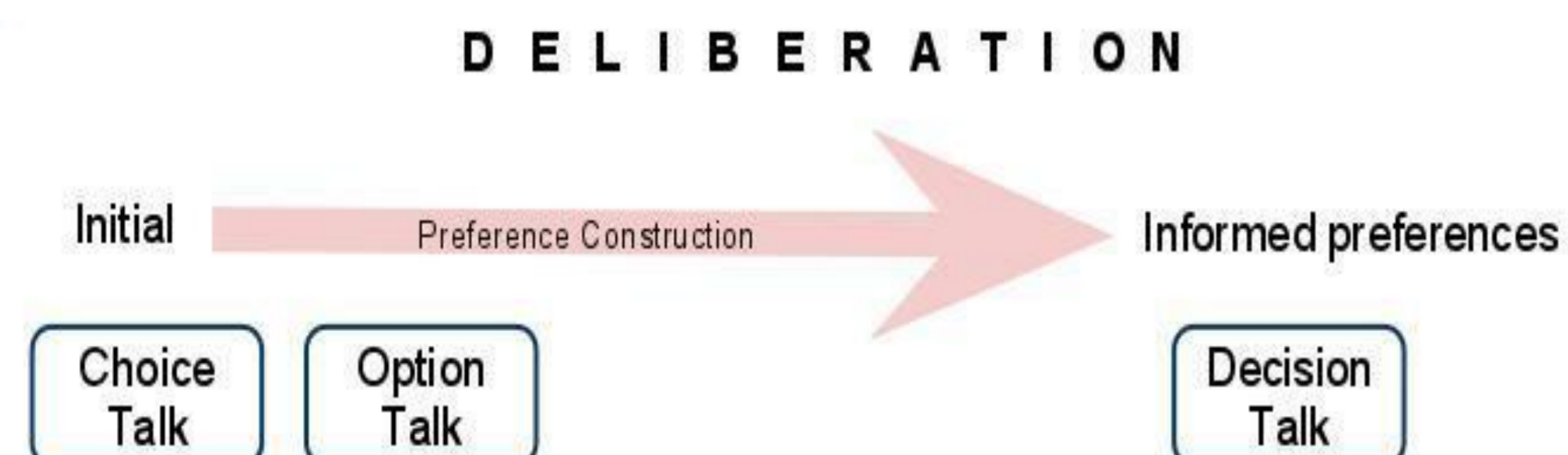
According to national patient surveys, 48% of inpatients and 30% of outpatients wanted to be more involved than they were in decisions about their care[3].



Making Good Decisions In Collaboration (MAGIC) is a programme which evaluates methods of implementing and embedding SDM in clinical practice. A component of this evaluation process involves asking patients about their experience of SDM in consultation through brief questionnaires.

This service evaluation was developed and tested across several secondary care clinics.

### Shared decision making : a model for clinical practice



### Methods

- ❖ Three different questionnaire formats were distributed to patients in outpatient clinics or posted to their home address following their outpatient appointment.
- ❖ Questions were presented in tabulated or list form. Either a five point response scale ranging from 'strongly agree' to 'strongly disagree' or a four point response scale ranging from 'yes completely' to 'not at all' was used for each question.
- ❖ The data collected were entered in Excel spread sheets and analysed through simple frequency charts.
- ❖ Questionnaires were modified and retested throughout, as qualitative evidence showed that some questions were poorly understood by patients.

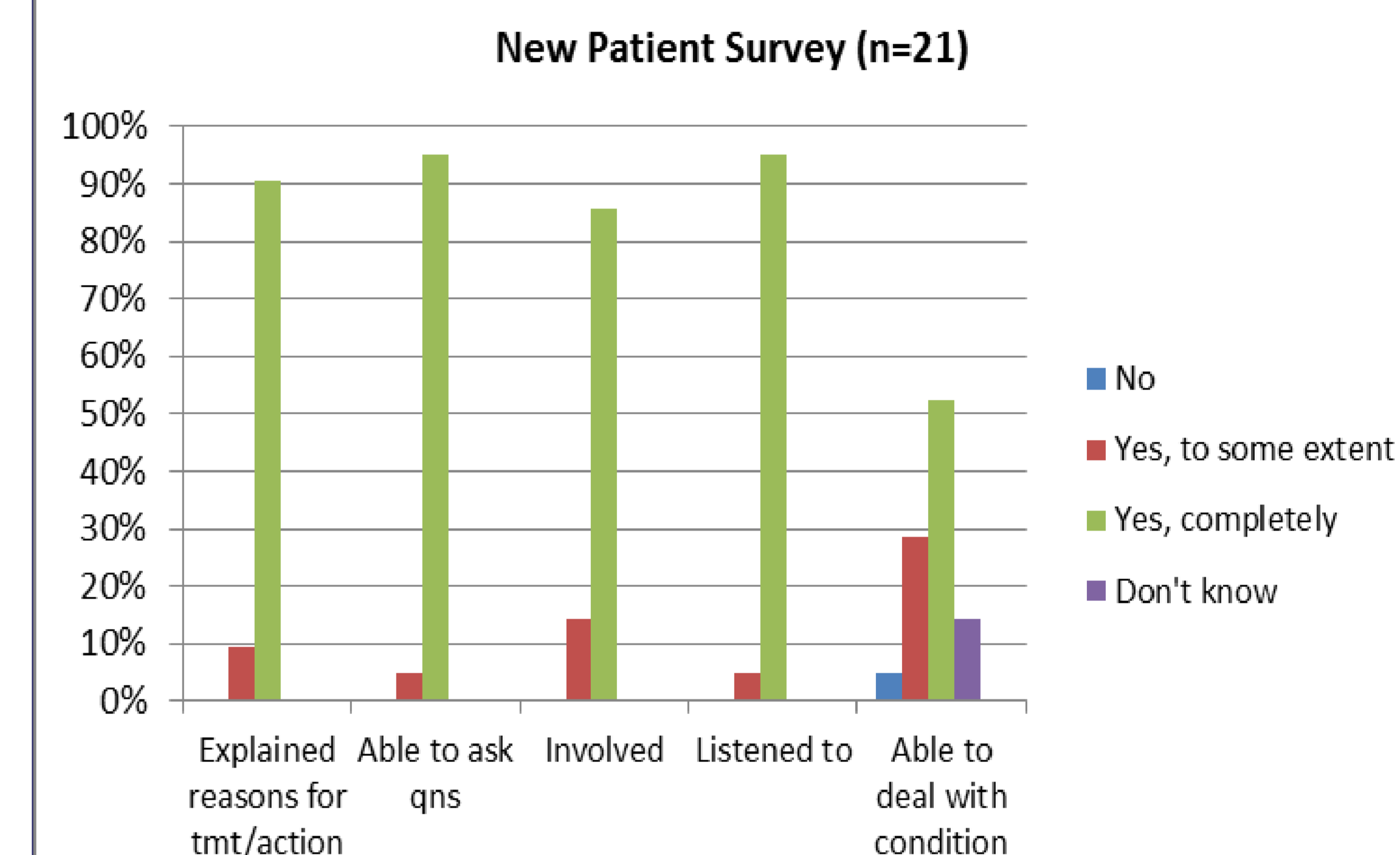


### References

1. Elwyn, G., *Implementing shared decision making in the NHS*, BMJ2010; 341;c5146
2. Coulter, A., *Making shared decision making a reality: No decision about me, without me*, The King's Fund 2011.
3. *Patient Survey 2010*, Care Quality Commission (CQC) 2010.

### Results

Eighty-five questionnaires were distributed in clinic and a further 58 questionnaires were posted out with SAEs for return. A ceiling effect was observed from preliminary testing of the questionnaires. Close proximity to the consultation and social acceptability bias are possible explanations for this.



### Results from one questionnaire showing the ceiling effect

Patients did not always differentiate between SDM in one consultation and their overall patient experience, hence the modification of the questionnaires to address the level of involvement desired. Introducing a new question to two questionnaire types in the latest round of pilot showed a greater discriminant value.

### Conclusion

Testing allowed modifications to be made to the questionnaires in order to achieve a clearer indication of the patients' perception of, and desire for involvement in, decision making. However, further work is required to compare patients' and clinicians' perceptions of the SDM process.

### Acknowledgements

I would like to thank my supervisors, Professor Richard Thomson and Lynne Stobbart for their invaluable help and support throughout the project.