

# Shared decision making in orthopaedics: mind the gap

Published: 14-02-2020

Last updated: 10-04-2024

a. Primary Objective: To examine the (barriers and facilitators of) the current use of SDM in doctor-patient communication, we will explore the communication practices (verbal and nonverbal) used by physicians and patients. Research questions: 1) What...

<b>Ethical review</b>	Approved WMO
<b>Status</b>	Pending
<b>Health condition type</b>	Joint disorders
<b>Study type</b>	Observational non invasive

## Summary

### ID

NL-OMON49204

### Source

ToetsingOnline

### Brief title

Mind the gap

### Condition

- Joint disorders
- Bone and joint therapeutic procedures

### Synonym

osteoarthritis, wearing joints

### Research involving

Human

### Sponsors and support

**Primary sponsor:** Elisabeth-Tweesteden ziekenhuis

**Source(s) of monetary or material Support:** Ministerie van OC&W

## Intervention

**Keyword:** Doctor-patient communication, Orthopaedics, Shared Decision making

## Outcome measures

### Primary outcome

i. Main study parameter/endpoint

Part 1: a description of the current use of SDM within Orthopedics is provided.

Part 2: based on the interviews, we can describe why certain communication approaches were chosen, which includes a description of barriers and facilitators to implement SDM.

Part 3: it will be known whether discussing the contents and interactional patterns of the medical consultation with patients and surgeons will result in more effective SDM

### Secondary outcome

N/A

## Study description

### Background summary

SDM is the approach in which patients and physicians use the best available evidence to make an agreed decision. It promotes involvement of the patient within the medical consultation and encourages both patient and physician to think about possible treatment options. SDM is especially suitable for conditions in which there is no absolute choice of treatment, such as osteoarthritis, degenerative spinal disorders, and cruciate ligament injury, so that medical treatment could be aligned with the preferences of patients. When SDM is applied, up to 38% less joint replacement surgeries are performed. SDM could, therefore, not only reduce healthcare costs, but also prevent unnecessary treatment. Moreover, it improves (health) outcomes after surgical and non-surgical treatment.

Effective SDM consists ideally of four steps: 1) choice talk: the physician informs patients about their choice in the decision, 2) option talk: the physician explains and elaborates on the different treatment options, 3-4) option talk: the patients' preferences will be discussed and the decision will be made. One of the key characteristics of SDM is that physician and patient share information and take steps to come to a consensus about the treatment plan (including no treatment/wait and see). Patients and physicians thus need information as well as the ability to make the decision. Ideally, physicians have information about cultural issues, illness perceptions and language, and know what the preferences and expectations of patients are, to provide them with adequate information in order for the patient to make an informed decision. However, a gap in the medical consultation exists; the patient perspective largely remains unexplored and SDM is not commonly employed. Patient involvement in the medical consultation is usually low and expectations are rarely explicitly discussed within the physicians' office. The minority (i.e. 11-25%) of patients present all their concerns and worries about the diagnosis, the future, or side effects. Most patients do not voice their agendas without being asked to and they often neglect to ask for information, clarification, or explanation. In fact, only 10% of patients discuss all the things they would like to mention during consultation.

An asymmetry exists in the interaction within the medical consultation, which poses a barrier to SDM. Physicians are often the ones to propose and ask questions, which are often framed in a way that only allows short answers and inhibit questions asked by patients. This fits the assumption that the medical consultation partly serves to objectively explain and educate the patient, which is mostly focused on a biomedical view. Reasoning for questioning is not provided by physicians, resulting in a gap in given information for the patient. Answers to statements of patients, used by physicians, as \*okay\*, which lack judgment about the answer of patients, additionally leads the patient in the dark. Furthermore, involvement of patients remains low by a so-called \*context stripping\* approach; medical consultations rarely focus on subjective experiences and personal perceptions, such as expectations. Moreover, patients do not disclose their expectations due to false beliefs about the purpose of the medical consultation. Physicians pay little attention to the perceptions of the patient and therefore hardly ask about them. Orthopedic physicians are rated low in communication skills. Hardly half of the concerns of orthopedic patients are addressed by the physician during consultation. Additionally, time constraints and the organizational structure of the general clinical situation are also proposed as barriers for SDM.

Thus, the literature indicates a gap between patients and physicians in the medical consultation. Nonetheless, it is not known how the above-mentioned gap in doctor-patient communication is related to the exploration of the patients' perspective and the use of SDM. Moreover, it is unknown why physicians construct their consultations the way they do and it is unclear why patients neglect to express their perspective. Obstructing and facilitating factors of

effective doctor-patient communication, therefore, should be examined in order to be able to close the gap in doctor-patient communication and stimulate the use of SDM.

## **Study objective**

a. Primary Objective:

To examine the (barriers and facilitators of) the current use of SDM in doctor-patient communication, we will explore the communication practices (verbal and nonverbal) used by physicians and patients.

Research questions:

- 1) What is the current use of SDM within different orthopedic patient populations?
- 2) Which factors within verbal communication, nonverbal communication, and general interactional patterns during consultation hinder or facilitate the exploration of the patient perspective?
- 3) To what extent did the medical consultation change during this study due to discussion or reflection upon communication practices?

Given the literature, we expect that SDM is not yet fully implemented in clinical practice. The time constraint of medical consultations, but also the fact that physicians need time to discuss the possible complications could sometimes lead to situations that SDM was not optimal. We expect that the scientific approach in real life situations will result in practical solutions, of which some can be and will be immediately implemented in clinical practice.

## **Study design**

This study has a multimethod design in which (i) the doctor-patient consultation will be videotaped and analyzed and (ii) interviews will be held with patients and physicians. As the interviews could have an impact on future medical consultations, this study, in addition to being a prospective observational study, could possibly be seen as an experimental study examining the effects of discussing and reflecting on the medical consultation. We aim to include all consecutive patients of the Elisabeth-TweeSteden Hospital with osteoarthritis, degenerative spinal disorders, and cruciate ligament injury, until the required sample size has been met.

Time Period: 18 months

Part 1: video- and audio-recording of consultations (month 1-5). After the first recording is performed, we immediately start with the analyses.

Transcription and analyses of recordings (month 1-9)

Part 2: interviews with patients and physicians (month 10-14), second wave of recordings of medical consultations (month 15-17)

Part 3: examining the effect of the discussion and reflection of the medical consultation on the interaction in future consultations (month 16-18)

## **Study burden and risks**

Subjects can leave the study at any time for any reason if they wish to do so without any consequences. The investigator can decide to withdraw a subject from the study for urgent medical reasons.

Patients will be videotaped during the doctor-patient consultation and participate in an interview regarding the doctor-patient consultation, so there is no risk in participating in the study. Patients receive care as usual. If patients think that they, for any reason, are not ready to answer questions about their physical condition, communication practices or any of the other variables of interest, they are free to refuse participation or to not answer specific items. They are able to notify the researchers at any given time during the study that they want to stop participation, in which case their data will be withdrawn. Patients participating in this study do not directly benefit.

However, the study will provide insight in the current use of SDM and how doctor-patient communication could facilitate or hinder the implementation of SDM. In this study real-life consultations are analyzed, allowing exploration of practical issues of clinical practice. Our conclusions will, therefore be relevant for practicing clinicians striving to achieve SDM. The study results provide information on whether and/or how to adapt future medical consultations. Our conclusions will, therefore be relevant for practicing clinicians striving to achieve SDM. It is expected that the part, in which surgeons reflect on their communication strategies, will already change the way consultations are performed. Moreover, in September 2019 the NIAZ visits the ETZ hospital. One of the topics that will be assessed is 'patient participation'. In this study, patients will provide feedback upon communication practices.

## **Contacts**

### **Public**

Elisabeth-Tweesteden ziekenhuis

Doctor Deelenlaan 5  
Tilburg 5042AD  
NL

### **Scientific**

Elisabeth-Tweesteden ziekenhuis

Doctor Deelenlaan 5  
Tilburg 5042AD  
NL

## **Trial sites**

### **Listed location countries**

Netherlands

## **Eligibility criteria**

### **Age**

Adults (18-64 years)

Elderly (65 years and older)

### **Inclusion criteria**

In order to be eligible to participate in this study, patients must meet all of the following criteria:

- Having an appointment for a consultation at the Department of Orthopaedics at the ETZ
- Suffering from symptoms of :
  - o osteoarthritis: pain and/or stiffness during movements and when getting out of bed or a chair; and limitations during activities of daily life as indicated within the referral letter, OR
  - o degenerative spinal disorders: pain, spinal deformity, limited motion, weakness and/or sensory loss as indicated within the referral letter, OR
  - o cruciate ligament injury: a preceding \*popping\* sound in the knee, pain, swelling, instability and reduced range of motion as indicated within the referral letter

All physicians of the department of Orthopedics at the Elisabeth-TweeSteden Ziekenhuis (i.e., 12 staff members, 1 head of the department and 7 residents) will be eligible to participate in this study, regardless of their level of experience, when they meet the following criteria:

- participating at the medical consultations at the Department of Orthopedics at the ETZ, location Elisabeth
- conducting medical consultations with the patient group as described above

## Exclusion criteria

A patient who meets any of the following criteria will be excluded from participation in this study:

1. Suffering from dementia, because of expected difficulties in completing the interview without assistance
2. Inadequate proficiency of the Dutch language, because of expected difficulties with completing a Dutch interview

No exclusion criteria were drawn up for physicians.

## Study design

### Design

**Study type:** Observational non invasive

Masking: Open (masking not used)

Control: Uncontrolled

Primary purpose: Health services research

### Recruitment

NL

Recruitment status: Pending

Start date (anticipated): 01-01-2020

Enrollment: 30

Type: Anticipated

## Ethics review

Approved WMO

Date: 14-02-2020

Application type: First submission

Review commission: METC Brabant (Tilburg)

## Study registrations

### Followed up by the following (possibly more current) registration

No registrations found.

### Other (possibly less up-to-date) registrations in this register

No registrations found.

### In other registers

Register	ID
CCMO	NL72193.028.19