

A study to observe patient involvement in shared decision making at the European School of Osteopathy teaching clinic, compared to National Health Service physiotherapists. A quantitative study using the OPTION scale.

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Background

Shared decision making (SDM) forms the core of patient centred care (PCC) and is a matter of the ethical and legal rights of the patient. It is the principle whereby clinician and patient work together, using the best evidence available, to make a fully informed decision about the patient's treatment or care^{1,2,3}. It is a process of equal collaboration, where patients are encouraged to deliberate the information put forward to them and then communicate their preferences to the clinician. For this to happen, there is a requirement for a good therapeutic relationship and a supportive environment in which patients can receive information, explore what is important to them, deliberate the available options and express themselves openly^{4,5,6}.

Whilst SDM forms one of the quality standards of the National Institute for Health and Care Excellence⁸ and is said to be embedded in the National Health Service (NHS)^{6,8}, a growing number of patients seek alternative care outside of the NHS, such as that provided by osteopaths. Like other health care professionals, osteopaths are expected to practice PCC, as outlined in the General Osteopathic Council's (GOsC) Osteopathic Practice Standards¹⁰.

Available research suggests that osteopaths vary in their approach to SDM, dependant on their therapeutic style, for example clinician led, patient led, or shared¹¹. The extent to which osteopaths practice SDM is unknown, due to a lack of research in this area. However, a systematic review assessing the degree to which SDM is practiced across a range of clinical settings and countries found that "few health-care providers consistently attempt to facilitate patient involvement, and even fewer adjust care to patient preferences", suggesting that SDM is not yet fully implemented¹³.

Objectives

The objectives of this quantitative study were to observe osteopathic consultations and code them using the OPTION (observing patient involvement) scale to ascertain whether or not SDM is practiced at the ESO teaching clinic. Furthermore, to compare the incidence of SDM across years of study, consultation type, and to physiotherapists working within the NHS.

Methods

Design: This comparative observational study compared the incidence of SDM behaviours amongst ESO student osteopaths to those of NHS physiotherapists, previously reported by Jones et al¹⁴.

Setting: The school's third and fourth year students treat initial and continuing patients during their two-year clinical training, forming part of a four-year M.Ost degree programme. Patient attendance to the teaching clinic is on a self-referral basis, for a variety of complaints.

Participants: All third and fourth year students of the academic year 2013 to 2014 were invited to participate. Participants were excluded from taking part if they were under eighteen years of age and/or were not willing to give informed consent to contribute data to this study. All students were of similar osteopathic experience, being undergraduate students in their third or fourth year of study.

Data collection: Data was collected over a seven-week period in 2014. Participation in the study was entirely voluntarily for students, patients and tutors. Consent was sought from all participants prior to the consultation. Convenience sampling occurred with regard to patient selection. Each continuing or initial consultation was audio recorded for its entirety, either forty or eighty minutes respectively. To ensure the recordings were as near a true representation of a normal consultation, students and patients were blind to the research objective and the author did not observe the consultation.

Outcome measurement: The incidence of SDM was measured using the OPTION scale. This tool, devised by Elwyn and colleagues to measure the incidence of SDM in general practice, is now used in a variety of clinical settings. It consists of twelve SDM behaviours and a five point grading system, 0 indicating that the behaviour was not observed through to 4 - the behaviour was exhibited to a high standard¹⁴.

Data analysis: Each consultation was transcribed by the author and coded using the OPTION scale. To check for inter-rater reliability, a 10% sample was second marked. Both coders completed the OPTION instrument training by listening to and scoring a series of GP consultations provided in audio file format. The coders were blind to any identifying participant characteristics. To replicate the Jones et al. methodology, results were tabulated and the mean scores of the 12 SDM behaviours were summated and scaled to give a percentage score in relation to the highest possible total OPTION score of 48 (100%). A Wilcoxon Mann-Whitney U test was used to determine if there were statistically significant differences in mean percentage between the ESO students and NHS physiotherapists, year three and four ESO students, and initial and continuing ESO consultations.

Results

Out of one hundred and twenty invited participants, seventy-two consented to take part (students n=32, patients n=40). Two audio files were deemed unusable, leaving a total of thirty eight transcripts. Seven students recorded two or three consultations.

Table 1: Study characteristics.

Characteristic and measure	Data
Number of patients	38
Female patients	24
Male patients	14
Mean age (range)	51 (22-91)
Number of students	30
Female students	20
Male students	10
Mean age (range)	30 (22-51)
Number of 3rd year students	15
Number of 4th year students	15
Number of consultations	38
Number of initial consultations (80 minutes)	7
Number of continuing consultations (40 minutes)	31
Hours of observational data	30

Table 2: ESO and NHS overall mean OPTION scale scores % (NHS data obtained from the Jones et al. study¹⁴):

Study	Overall mean OPTION score % (min-max OPTION score %)
ESO	1.50% (0-5.6%)
NHS	24% (10.4-43.8%)

The overall mean OPTION score was 1.5% (range 0 - 5.6%), compared to a score of 24% (range 10.4 - 43.8%) reported in the NHS physiotherapist study. ESO initial and continuing consultations scored a mean of 0.6% and 1.7% respectively, compared to the NHS' 23.6% and 24.5%. Third year students scored 0.7%, compared to the fourth year's 1.8%.

Table 3: ESO and NHS OPTION scale scores per SDM behaviour (NHS data obtained from the Jones et al. study¹⁴).

Item: Shared decision making behaviour:	Study	Mean score (min-max OPTION score)	% Of clinicians achieving an OPTION score of 0-4, per OPTION behaviour				
			0	1	2	3	4
1: The clinician draws attention to an identified problem as one that requires a decision making process	ESO	0.2 (0-4)	89.50%	7.90%	0.00%	0.00%	2.60%
	NHS	0.7 (0-3)	48.80%	33.80%	16.30%	1.30%	0.00%
2: The clinician states that there is more than one way to deal with the identified problem	ESO	0.1 (0-3)	94.70%	2.60%	0.00%	2.60%	0.00%
	NHS	0.8 (0-3)	41.30%	36.30%	21.30%	1.30%	0.00%
3: The clinician assesses patient's preferred approach to receiving information to assist decision making	ESO	0.0 (0-0)	100.00%	0.00%	0.00%	0.00%	0.00%
	NHS	0.6 (0-3)	58.80%	27.50%	10.00%	3.80%	0.00%
4: The clinician lists 'options', which can include the choice of 'no action'	ESO	0.1 (0-2)	97.40%	0.00%	2.60%	0.00%	0.00%
	NHS	1.4 (1-3)	0.00%	73.80%	25.00%	1.30%	3.80%
5: The clinician explains the pros and cons of options to the patient (taking no action is an option)	ESO	0.1 (0-2)	92.10%	5.30%	2.60%	0.00%	0.00%
	NHS	0.8 (0-3)	42.50%	38.80%	15.00%	3.80%	0.00%
6: The clinician explores the patient's expectations (or ideas) about how the problem(s) are to be managed	ESO	0.2 (0-2)	86.80%	10.50%	2.60%	0.00%	0.00%
	NHS	1.0 (0-4)	41.30%	27.50%	22.50%	6.30%	2.50%
7: The clinician explores the patient's concerns (fears) about how problem(s) are to be managed	ESO	0.0 (0-0)	97.40%	2.60%	0.00%	0.00%	0.00%
	NHS	0.3 (0-2)	77.50%	17.50%	5.00%	0.00%	0.00%
8: The clinician checks that the patient has understood the information	ESO	0.1 (0-1)	94.70%	5.30%	0.00%	0.00%	0.00%
	NHS	1.3 (0-3)	17.50%	36.30%	43.80%	2.50%	0.00%
9: The clinician offers the patient explicit opportunities to ask questions during decision making process	ESO	0.0 (0-1)	97.40%	2.60%	0.00%	0.00%	0.00%
	NHS	1.2 (0-2)	18.80%	46.30%	35.00%	0.00%	0.00%
10: The clinician elicits the patient's preferred level of involvement in decision making	ESO	0.0 (0-0)	100.00%	0.00%	0.00%	0.00%	0.00%
	NHS	0.7 (0-3)	58.80%	16.30%	22.50%	2.50%	0.00%
11: The clinician indicates the need for a decision making (or deferring) stage	ESO	0.0 (0-1)	97.40%	2.60%	0.00%	0.00%	0.00%
	NHS	1.2 (0-3)	7.50%	70.00%	20.00%	2.50%	0.00%
12: The clinician indicates the need to review the decision	ESO	0.0 (0-0)	100.00%	0.00%	0.00%	0.00%	0.00%
	NHS	1.7 (0-4)	5.00%	42.50%	31.30%	18.80%	2.50%

0 = no attempt, 1 = brief of perfunctory attempt, 2 = baseline skill level, 3 = behaviour exhibited to a good standard and 4 = skill exhibited to a high standard.

Table three details the scores achieved by the ESO student osteopaths and NHS physiotherapists for each of the twelve SDM behaviours.

There was not a single instance of a behaviour being exhibited by the entire ESO cohort, and the majority of student osteopaths failed to achieve a "brief or perfunctory attempt" skill score of 1 for each of the twelve behaviours.

Table 4: Analytical findings:

Analytical characteristic and measure	Data
Inter-rater reliability score between two OPTION scale coders (AC1)	0.74 (>80%)
Wilcoxon Mann-Whitney U P-value:	
Total OPTION score: ESO vs. NHS	<0.0001
Total OPTION score: Year 3 vs. year 4 ESO students	0.9674
Total OPTION score: ESO initial vs. continuing consultation	0.7256

Table four details the P-values from the Wilcoxon Mann-Whitney U tests.

Discussion & Conclusions

The principle findings of this research were a mean OPTION score of 1.5% (initial consultations 0.6%, continuing consultations 1.7%), compared to the significantly higher score of 24% reported in the Jones et al. study¹⁴. Whilst this comparison was statistically significantly different, it is important to note that the NHS study observed qualified physiotherapists with skills ranging from novice to expert, whereas the ESO students were all observed at an undergraduate level.

SDM is said to be of greatest importance in the long term medical scenario and where decisions are high risk or irreversible^{9,12}. Whilst this is not necessarily comparable to that of the osteopathic setting, it is important to remember that there are regulatory expectations for osteopaths to implement SDM into their everyday practice¹⁰. This ensures that the legal and ethical rights of the patient are met and allows for the many reported benefits, such as meeting patient preference and improving practitioner outcomes, to be achieved. That is not to say that practising SDM is easy, because there are also many barriers to its use. Perhaps the biggest of all being a lack of training in this area at an undergraduate level, which certainly seems to be a contributory factor in this setting.

To this regard, future research in this area would be beneficial to understand whether the ESO, and therefore the next generation of ESO trained osteopaths, have assimilated SDM into the practice. In addition, concurrent research to ascertain patient preference for SDM at the ESO teaching clinic and within the osteopathy setting in general.

References

- Weston, W.W., 2001. Informed and shared decision-making: the crux of patient-centred care. *Canadian Medical Association Journal*, 165(4), pp.438-439.
- Brand, P.L.P. & Stiggebout, A.M., 2013. Effective follow-up consultations: the importance of patient-centered communication and shared decision making. *Paediatric Respiratory Reviews*, 14(4), pp.224-228.
- Pellerin, M.-A. et al., 2011. Toward Shared Decision Making: Using the OPTION Scale to Analyze Resident-Patient Consultations in Family Medicine. *Academic Medicine*, 86(8), pp.1010-1018.
- Elwyn, G. et al., 2010. Implementing shared decision making in the NHS. *Bmj*, 341, p.971.
- Elwyn, G. et al., 2012. Shared Decision Making: A Model for Clinical Practice. *Journal of General Internal Medicine*, 27(10), pp.1361-1367.
- NHS, 2012a. NHS Shared Decision Making. NHS. Available at: <http://sdm.rightcare.nhs.uk/about/shared-decision-making/> [Accessed March 21, 2014].
- NICE, 2012. Shared decision making. NICE. Available at: <http://www.nice.org.uk/> [Accessed March 21, 2014].
- NHS, 2012b. NHS Shared Decision Making Programme. NHS. Available at: <http://sdm.rightcare.nhs.uk/about/about-the-nhs-shared-decision-making-programme/> [Accessed March 21, 2014].
- Young, H.N., 2008. Physicians' Shared Decision-Making Behaviors in Depression Care. *Archives of Internal Medicine*, 168(13), p.1404.
- General Osteopathic Council, 2014. Standards of training & practice | General Osteopathic Council. General Osteopathic Council. Available at: <http://www.osteopathy.org.uk/information/standards-of-training-practice/> [Accessed March 21, 2014].
- Thomson, O.P., Petty, N.J. & Moore, A.P., 2014. Clinical decision-making and therapeutic approaches in osteopathy - A qualitative grounded theory study. *Manual Therapy*, 19(1), pp.44-51.
- Joosten, E.A.G. et al., 2008. Systematic Review of the Effects of Shared Decision-Making on Patient Satisfaction, Treatment Adherence and Health Status. *Psychotherapy and Psychosomatics*, 77(4), pp.219-226.
- Coult, N. et al., 2013. Assessments of the extent to which health-care providers involve patients in decision making: a systematic review of studies using the OPTION instrument. *Health Expectations*, pp.1-20.
- Jones, L.E. et al., 2014. Shared decision-making in back pain consultations: an illusion or reality? *European Spine Journal*, 23(S1), pp.13-19.

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