

When SDM ideology meets reality

Decoding medical talks to help both doctors and patients

Pål Gulbrandsen^{1, 2} & Jennifer Gerwing²

¹Institute of Clinical Medicine, University of Oslo, Oslo, Norway;

²Health Services Research (HØKH) Centre, Akershus University Hospital, Lørenskog, Norway

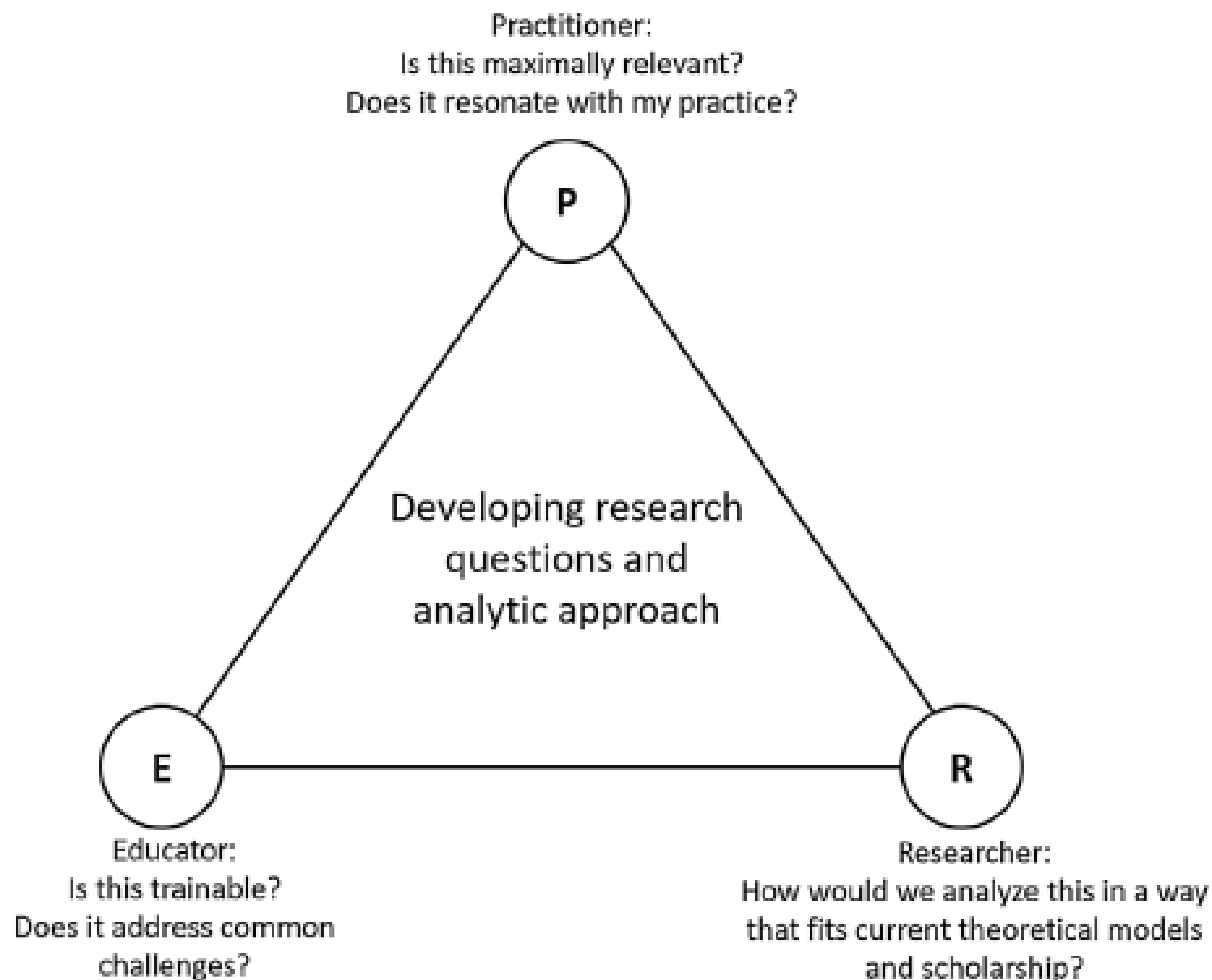


humility

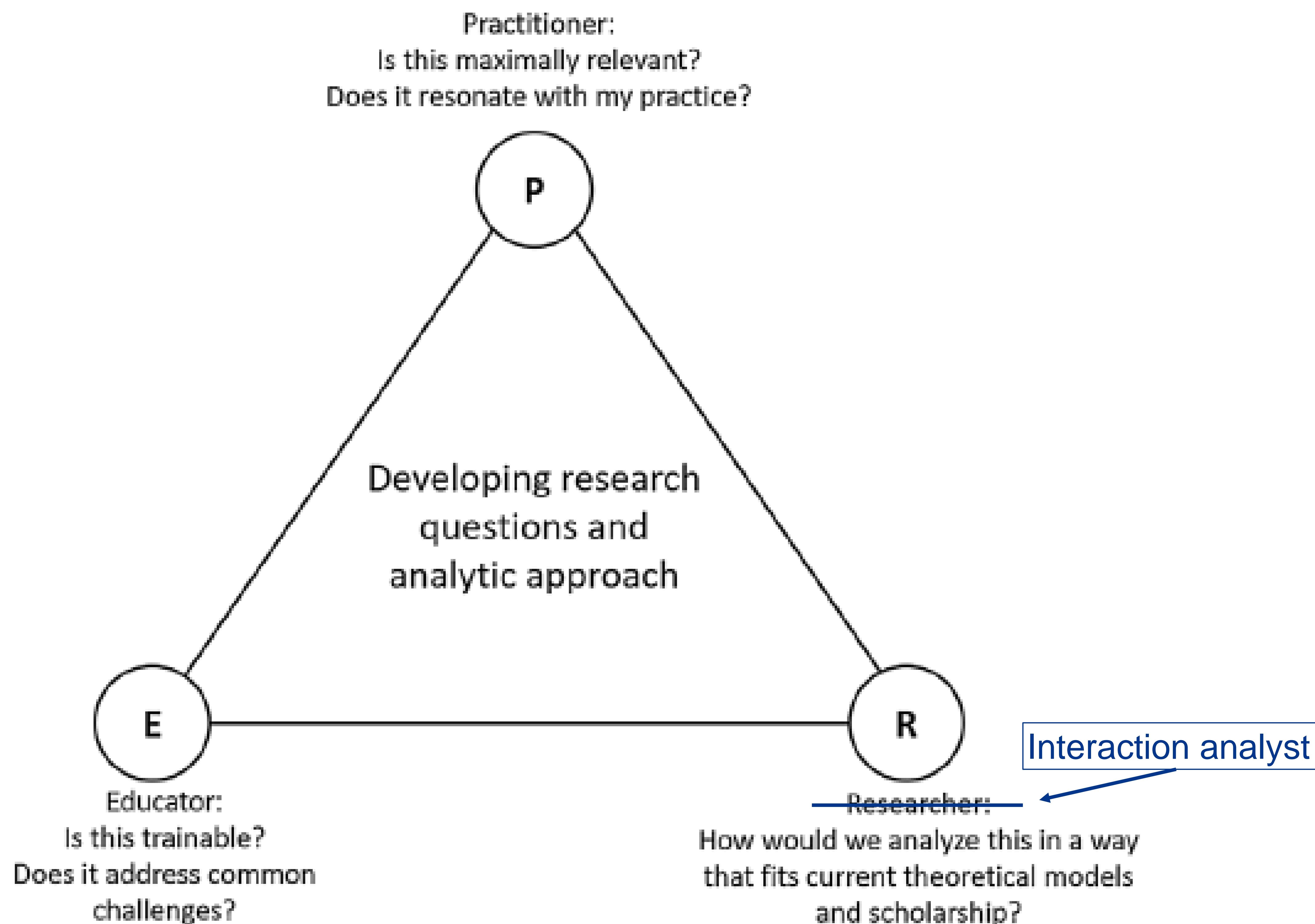
: freedom from pride or arrogance

collaborate

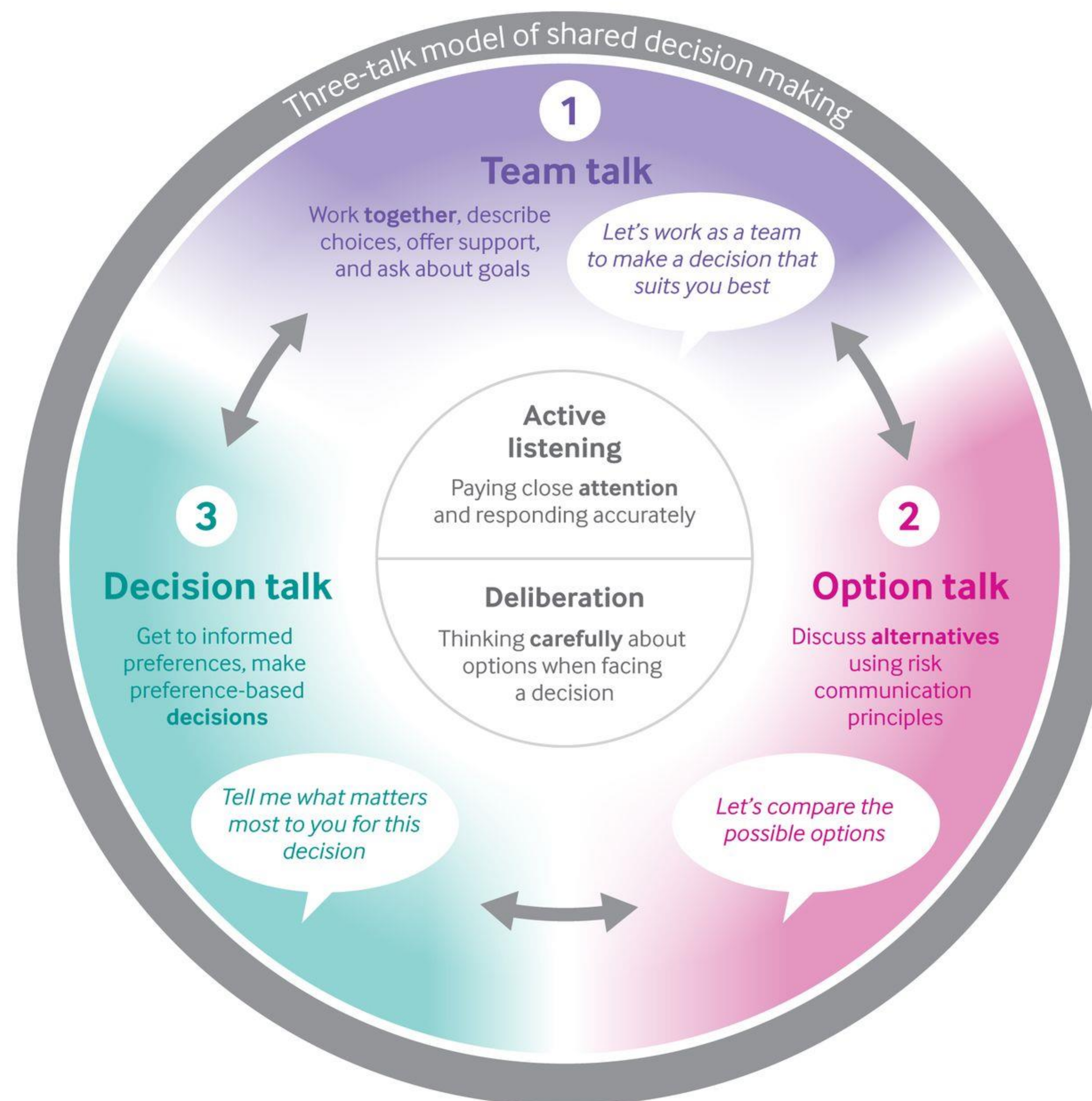
1 : to work jointly with others or together especially in an intellectual endeavor



Henry, S. G., White, A., Magnan, E. M., Hood-Medland, E. A., Gosdin, M., Kravitz, R. L., Torres, P. J., Gerwing, J. (2020) Making the most of video recorded clinical encounters: Optimizing impact and productivity through interdisciplinary teamwork. *Patient Education and Counseling*, 103, 2178-2184.

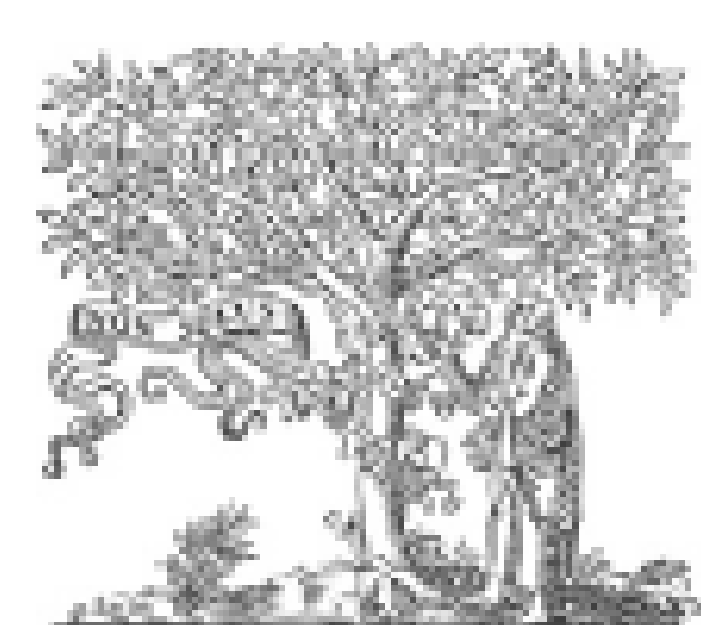


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Providing information

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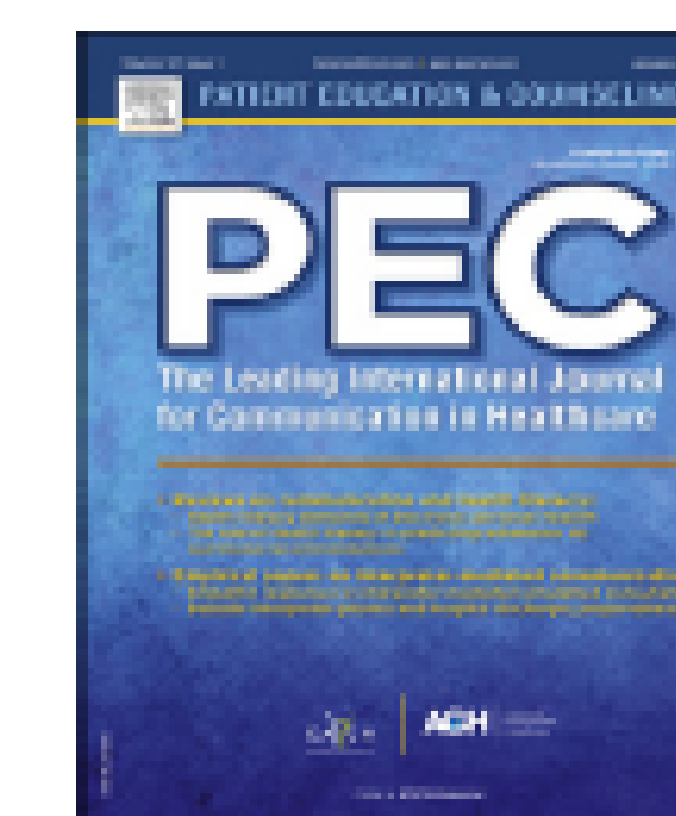


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Review Article

Tested communication strategies for providing information to patients in medical consultations: A scoping review and quality assessment of the literature



Julia Menichetti^{a,*}, Hanne C. Lie^{b,1}, Anneli V. Mellblom^{b,c}, Espen Andreas Brembo^d, Hilde Eide^d, Pål Gulbrandsen^{a,e}, Lena Heyn^d, Kristina H. Saltveit^b, Hilde Strømme^f, Vibeke Sundling^g, Eva Turk^{d,h}, Lene K. Juvet^{i,j}

^a Institute of Clinical Medicine, University of Oslo, Oslo, Norway

^b Department of Behavioral Medicine, University of Oslo, Oslo, Norway

^c Regional Centre for Child and Adolescent Mental Health, Eastern and Southern Norway (RBUP), Oslo, Norway

^d Science Centre Health and Technology, Faculty of Health and Social Sciences, University of South-Eastern Norway, Drammen, Norway

^e Health Services Research (HØKH) Centre, Akershus University Hospital, Lørenskog, Norway

^f Library of Medicine and Science, University of Oslo, Oslo, Norway

^g Department of Optometry, Radiography and Lighting Design, University of South-Eastern Norway, Kongsberg, Norway

^h Medical Faculty, University of Maribor, Maribor, Slovenia

ⁱ Department of Nursing and Health Sciences, University of South-Eastern Norway, Drammen, Norway

^j Norwegian Institute of Public Health, Oslo, Norway

ARTICLE INFO

ABSTRACT


Providing information: Scoping review

- Used initial search terms (*physician, information, oral communication, controlled study*) → **9423 articles**
- Applied inclusion criteria (*empirical peer-reviewed articles of intervention studies with control group where doctors give medical information to patients in dialogue*) → **39 articles**
- Extracted and synthesized information-provision strategies: **(19)**
 1. *aiding cognitive processes,*
 2. *persuading patients,*
 3. *building a good relationship with patients,*
 4. *providing solid, objective, accurate information*
- List of strategies can be used to analyze real life communication, initiate a coding tool to assess which ones are naturally occurring

Providing information

Effects of Physicians' Information Giving on Patient Outcomes: a Systematic Review



Hanne C. Lie, PhD¹, Lene K. Juvet, PhD^{2,3}, Richard L. Street Jr, PhD⁴,
Pål Gulbrandsen, PhD^{5,6}, Anneli V. Mellblom, PhD^{1,7}, Espen Andreas Brembo, PhD²,
Hilde Eide, PhD², Lena Heyn, PhD², Kristina H. Saltveit¹, Hilde Strømme, MSc⁸,
Vibeke Sundling, PhD^{2,9}, Eva Turk, PhD^{2,10}, and Julia Menichetti, PhD^{5,6} 

¹Department of Behavioral Medicine, Institute of Basic Medical Sciences, Faculty of Medicine, University of Oslo, Oslo, Norway; ²Centre for Health and Technology, Faculty of Health and Social Sciences, University of South-Eastern Norway, Drammen, Norway; ³Norwegian Institute of Public Health, Oslo, Norway; ⁴Department of Communication, Texas A&M University, College Station, TX, USA; ⁵Institute of Clinical Medicine, University of Oslo, Oslo, Norway; ⁶Health Services Research (HØKH) Centre, Akershus University Hospital, Lørenskog, Norway; ⁷Regional Centre for Child and Adolescent Mental Health, Eastern and Southern Norway (RBUP), Oslo, Norway; ⁸Library of Medicine and Science, University of Oslo, Oslo, Norway; ⁹Department of Optometry, Radiography and Lighting Design, University of South-Eastern Norway, Kongsberg, Norway; ¹⁰Medical Faculty, University of Maribor, Maribor, Slovenia.

BACKGROUND: Providing diagnostic and treatment information to patients is a core clinical skill, but evidence for the effectiveness of different information-giving strategies is inconsistent. This systematic review aimed to investigate the reported effects of empirically tested communication strategies for providing information on patient-related outcomes: information recall and (health-related) behaviors.

METHODS: The databases MEDLINE, Embase, PsycINFO (Ovid), Cochrane Central Register of Controlled Trials, and relevant bibliographies were systematically searched from the inception to April 24, 2020, without restrictions, for articles testing information-giving strategies for physicians (PROSPERO ID: CRD42019115791). Pairs of independent reviewers identified randomized controlled studies with a low risk of selection bias as from the Cochrane risk of bias 2 tool. Main outcomes were grouped into

DISCUSSION: Using specific framing strategies for achieving specific communication goals when providing information to patients appears to have positive effects on information recall and patient health-related behaviors. The heterogeneity observed in this group of studies testifies the need for a more consistent methodological and conceptual agenda when testing medical information-giving strategies.

TRIAL REGISTRATION: PROSPERO registration number: CRD42019115791

KEY WORDS: systematic review; medical information; medical communication; behavioral change; information recall.

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Effects of information provision: Systematic review

- ...39 articles
- Inclusion criteria = (*RCT with a low risk of selection bias assessed with the Risk of Bias 2 (RoB2) tool*) → **17 articles**
- Reported effects of physicians' specified information-giving strategies on patient-related outcomes
- Using deliberate strategies can be more effective than not.
- Complex interplay among
 - Physicians' information giving
 - Patients' recall
 - Patients' subsequent behaviour
- How do we recognize these skills?

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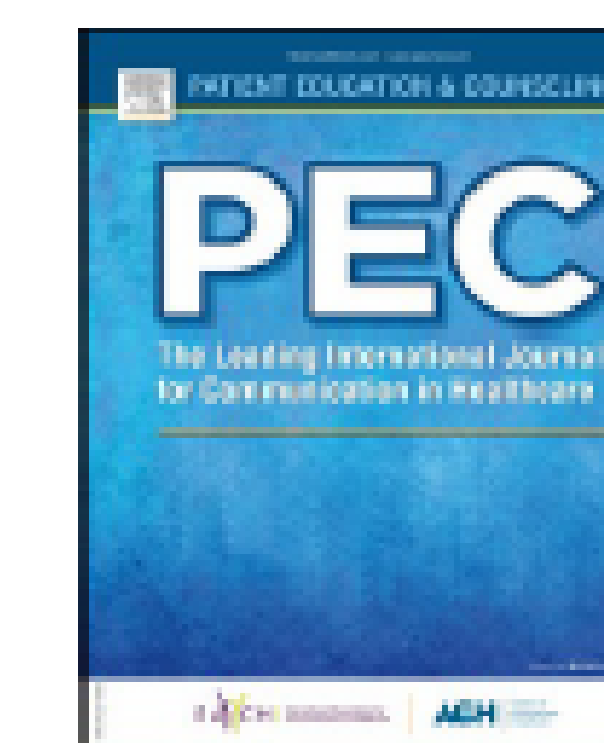
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Three strategies when physicians provide complex information in interactions with patients: How to recognize and measure them

J.M. Nordfalk^{a,b,d,*}, J. Menichetti^a, O. Thomas^a, P. Gulbrandsen^{a,c}, J. Gerwing^a

^a Health Services Research Unit HØKH, Akershus University Hospital, Lørenskog, Norway

^b Department of Neurology, Akershus University Hospital, Lørenskog, Norway

^c Institute of Clinical Medicine, Campus Ahus, University of Oslo, Oslo, Norway

^d University of Oslo, Norway

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ABSTRACT

Objective: To define and operationalize three taught strategies for providing information in interactions with patients using videos collected in a randomized controlled trial (RCT).

Methods: This was a qualitative exploratory study embedded in a randomized controlled design, using microanalysis of face-to-face dialogue as an inductive video analysis method to operationalize physicians' use of three information-provision strategies. Data were 34 video-recorded simulated (but unscripted) interactions between 17 physicians and 34 multiple sclerosis patients collected before and after a brief course on information provision. We operationalized (1) *mapping the patient's preferences* and (2) *checking the patient's understanding*, and pauses indicative of (3) *portioning information*.

Results: Results are detailed analytical definitions, criteria, and assessable, quantifiable outcomes for each of the three strategies. Patients responded to portioning pauses as expected: whereas 91% of these pauses elicited an immediate patient response, only 23% of non-portioning pauses did so.

Conclusion: Our methods revealed how to define and evaluate information sharing strategies physicians used within the contingencies of clinical interaction.

Practice implications: Findings provide applicable methods to teach, analyze, and evaluate information sharing strategies and indications for further training.

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Nordfalk JM, Menichetti J, Thomas O, Gulbrandsen P, Gerwing J. Three strategies when physicians provide complex information in interactions with patients: How to recognize and measure them. Patient education and counseling. 2021 Oct 13.

Information portioning: Physicians were taught the importance of pausing after presenting a piece of information, creating meaningful spaces in their information provision sequences in order to provide opportunities for the patient to respond (e.g., confirm understanding or express a need for clarification).

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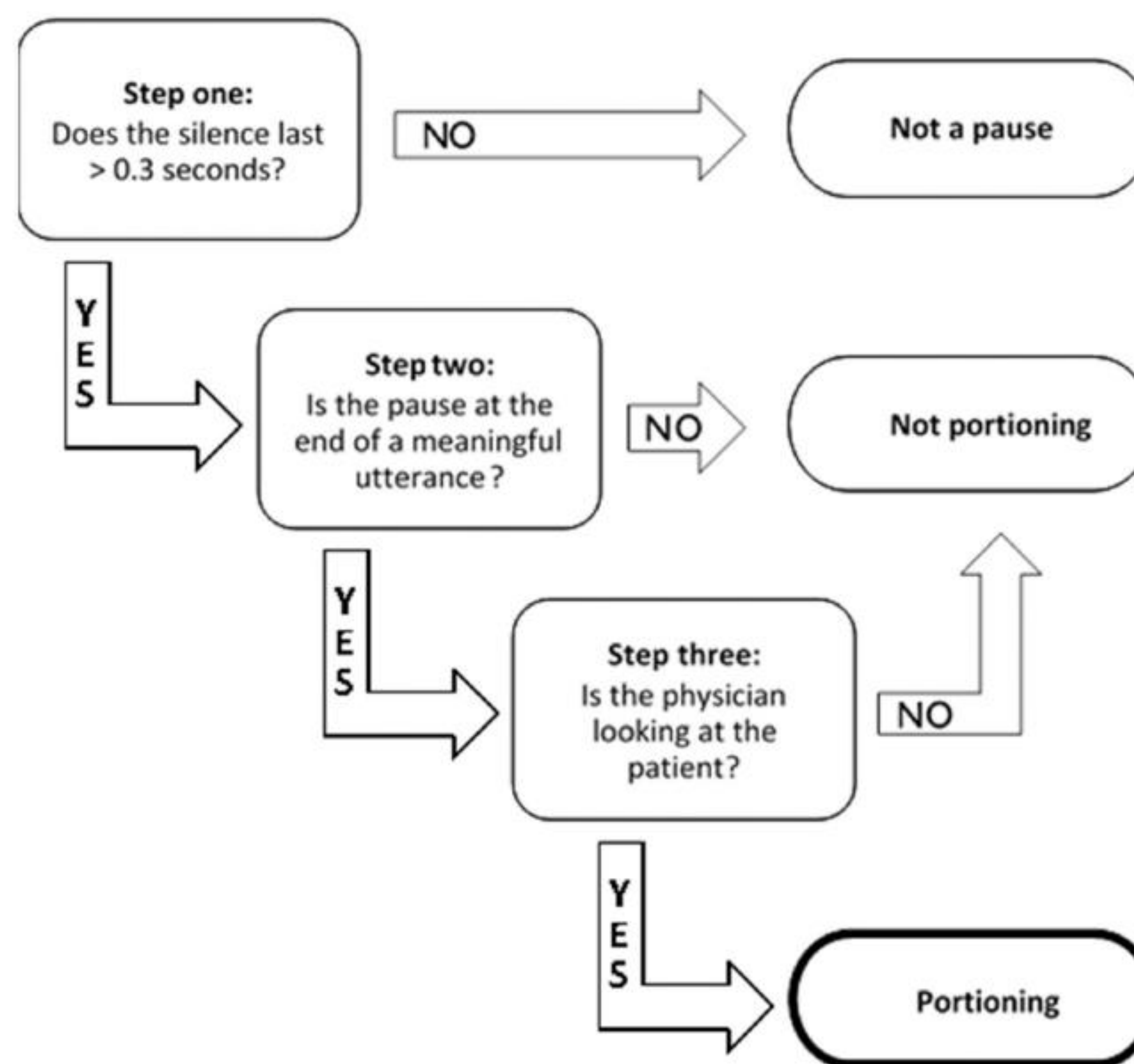


Fig. 1. Main decision steps of pause analysis.

Nordfalk JM, Menichetti J, Thomas O, Gulbrandsen P, Gerwing J. Three strategies when physicians provide complex information in interactions with patients: How to recognize and measure them. Patient education and counseling. 2021 Oct 13.

Mapping preferences: Physicians were instructed to ask questions aimed at eliciting the patient's preferences, background and current ideas regarding their disease and treatment. In this way, they could create an opportunity to prioritize and tailor information accordingly.

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Table 3
Defining criteria of the three strategies.

Communication strategies	Inclusion criteria	Exclusion criteria
Mapping the patient's preferences and needs	<div><div>a) Asking for the patient's knowledge/thoughts around:</div><div><ul style="list-style-type: none">• current situation, practical and otherwise• current treatment• a change of medication• possible pros/cons/effects/risks with new treatments• current test results or findings</div><div>a) Explicitly asking the patient which information he/she wants.</div><div>b) Asking about the patient's medical knowledge.</div><div>c) Making sure that the information gathered from the patient about her wishes and preferences is correct.</div><div>d) Summarizing with an element of probing whether the patient needs more information.</div></div>	<div><div>a) Questioning the patient about</div><div><ul style="list-style-type: none">• Current symptoms, side-effects, medication.• Possible child-bearing wish.• Family medical history• Own medical history• Previous tests</div><div>a) Reacting to patient volunteering information with a formulation that included repetition only.</div><div>b) Engaging in small-talk.</div><div>c) Summarizing information given by the patient. If it is merely a summary, it is also considered a formulation and is thus excluded.</div><div>d) Posing questions after giving the main body of information to find out if the patient leans towards a preferred choice.</div><div>e) Posing questions after giving information, checking if the patient is listening/following. This falls under the area of checking for understanding.</div><div>f) Posing questions as part of closing sequence</div></div>

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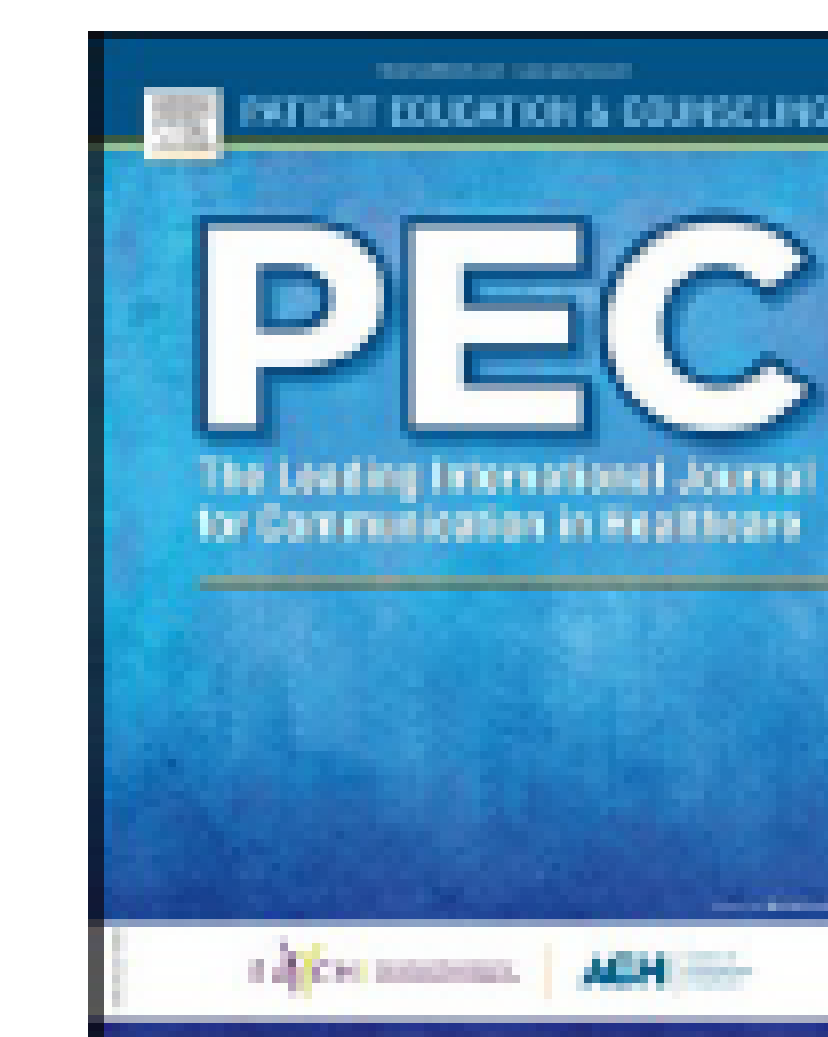


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Association Page

Methods for analyzing actual communication: A shared decision making consultation under multiple methodological lenses

Julia Menichetti^{a,*}, Inge Henselmans^b, Janneke Noordman^c, Anne Marie Landmark^d,
Jennifer Gerwing^e, Marij Hillen^{a,f}, Arwen Pieterse^{a,f}

^a EACH Research Committee, Norway

^b for the OPTION Instrument, The Netherlands

^c for the Roter Interaction Analysis System, The Netherlands

^d Conversation Analyst, Norway

^e Microanalysis of Clinical Interaction Analyst, Norway, Canada

^f EACH Research Committee, The Netherlands

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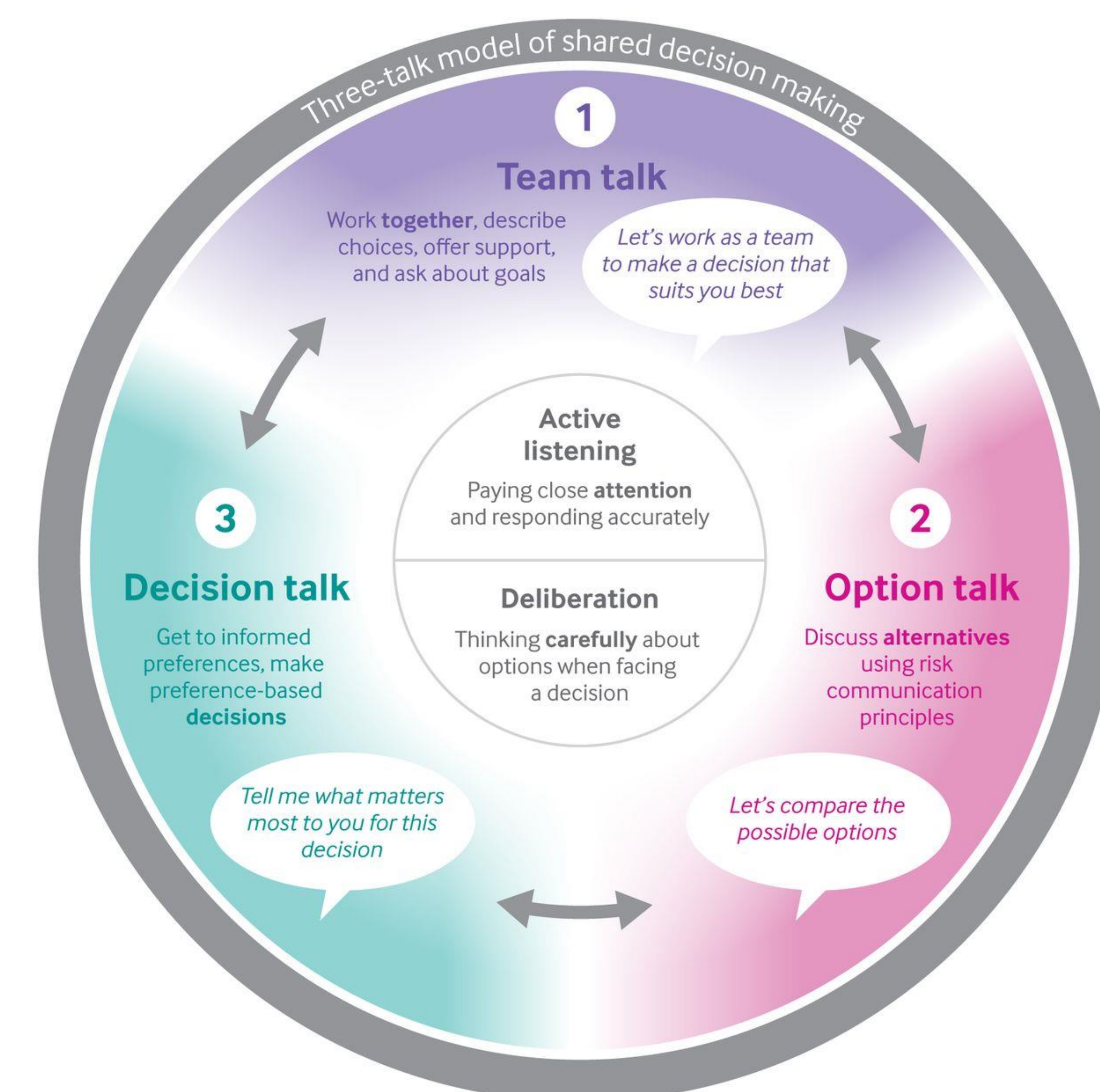
The Tweety Bird Test

How a classic Tweety Bird cartoon became a mainstay in linguistics research.



Tweety and Sylvester look at each other through binoculars. In describing this scene, a viewer will often make a gesture that mimics holding binoculars with their hands.

Field work is not finished!



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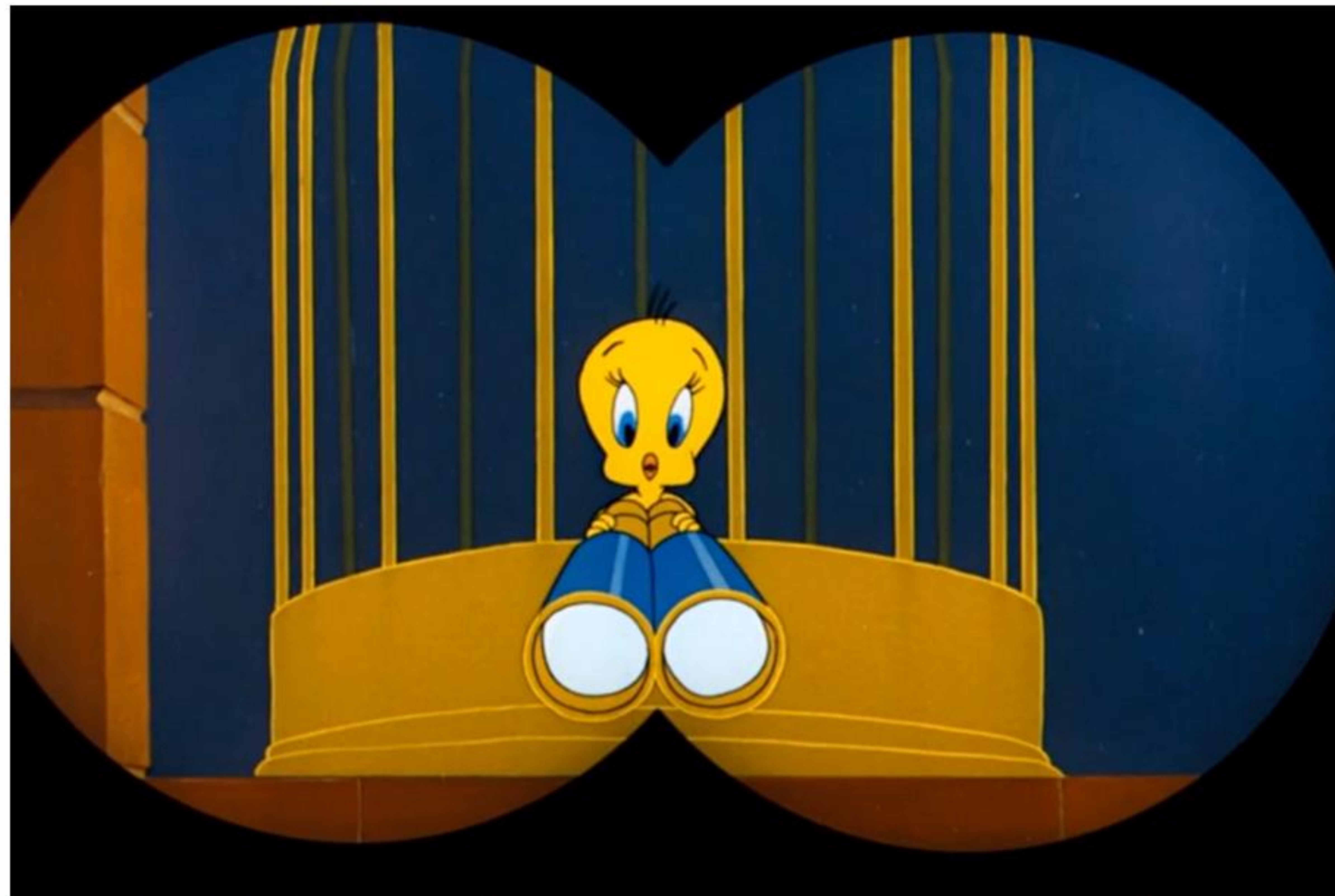
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Thank you!!

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