

## How can we know patients are involved in treatment decision-making?

Nowadays, patients desire a more active role in decision-making about their healthcare. Besides, the patients' preference may differ from what their doctor advises. Shared decision-making (SDM) is the process in which both doctors and patients decide together about treatment decisions, using the best available evidence. If there are two or more different treatment options, the patients' preference should be leading. An SDM process involves the elicitation and consideration of patients' preferences and helps secure that patients' preferences guide the final choice. Also, evidence shows that involving patients in decision-making increases patients' satisfaction with their care and, thus, improves quality of care.

The following aspects should be discussed to ensure a sufficient level of SDM in the doctor-patient consultation: the clinician has to inform the patient about their health issue(s), the existence of different treatment options and that these options each have their pros and cons. Clinicians should also make effort to elicit and integrate the preferences of the patient in the final decision. Besides, clinicians should check if the patient has understood the explanation about the different treatment options.

There are several instruments to measure these aspects of the SDM-process. We focused on the two available OPTION ("observing patient involvement") instruments. These tools are used to measure the extent in which healthcare providers involve patients in decision-making. The OPTION<sup>12</sup> uses a 12-item scale and the OPTION<sup>5</sup> uses a 5-item scale. The advantage of this instrument is that it is applied by independent observers, which avoids possible bias when doctors or patients judge the SDM-process themselves.

It has been hypothesized that a better observable behaviour and briefer measure would have some important benefits. For this reason we investigated the performance of the Dutch OPTION<sup>5</sup>-instrument as compared with the OPTION<sup>12</sup>-version. Each item (for example: "The clinician makes an effort to elicit the patient's preferences in response to the options that have been described.") in both instruments was scored on a zero (no effort) to four (exemplary effort) point scale. Before the two observers started to score the consultations, they predefined when to score, for example, 'minimal' or 'moderate' effort to avoid individual differences in the interpretation.

To test the two OPTION instruments we analyzed 60 audiotaped vascular surgery and oncology patient consultations.

We found a positive correlation between the OPTION<sup>12</sup> instrument and OPTION<sup>5</sup> instrument. However, the OPTION<sup>5</sup> total scores were consistently higher than the OPTION<sup>12</sup> total scores. Furthermore, the five-item scale seems more sensitive to differentiate between low and high scores

for patient involvement. Overall, the OPTION<sup>5</sup> instrument seems a good alternative to the OPTION<sup>12</sup> instrument as it contains less items to be judged. The OPTION<sup>5</sup> instrument shows a wider range in results and contains fewer items, so, OPTION<sup>5</sup> seems to differentiate better between various levels of patient involvement.

Therefore, we recommend the OPTION-5 instrument to apply when appreciating the level of patient involvement in doctor-patient consultations about treatment choices. This means we have a more sophisticated instrument to assess the level of SDM in an era where the role of patients in the decision-making process about their health issues becomes more and more prominent.

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## **Publication**

[OPTION\(5\) versus OPTION\(12\) instruments to appreciate the extent to which healthcare providers involve patients in decision-making.](#)

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