

# Do more 'risk literate' GPs apply better Shared Decision Making?

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One slide-five minute/research idea

## Background

Barriers to Shared Decision Making (SDM) are well described. One of those barriers for healthcare providers is the perception of a lack of latitude in the choice of treatment in certain clinical situations (1). We know that clinicians' expectations of the benefits and harms of medical interventions are often inaccurate. Like patients, clinicians generally overestimate the benefits and underestimate the harms (2). This lack of "risk literacy" (3,4) among clinicians could contribute to creating a false sense of "necessity to intervene" which, besides contributing to the trend of over-medicalization, could infringe on the place left to SDM.

## Research question

Is the level of "risk literacy" of the general practitioner (GP) associated with a better quality of SDM process during consultations?

## Method

An observational study of audiotaped consultations with standardised patients comparing the level of risk literacy among GPs and the place given to SDM during consultations. Risk literacy would be measured by the 'Berlin numeracy test' (5) and the quality of the SDM process during consultations would be measured by the 'Option 5 tool' (6). To reduce case-mix variation, we would use standardized patients, focusing on 3 scenarios particularly appropriate for SDM. Basic sociodemographic characteristics, curriculum and type of practice of the GPs would also be collected to study associations with risk literacy.

## Results

Our hypothesis is that GPs with more accurate risk perception leave more place to SDM during consultation.

## Conclusion

This study could identify another lever with which to promote SDM: the improving GPs risk literacy. Results could also identify 'profiles' of GPs in terms of their risk literacy.

## Discussion points

- Regarding the use standardized patients: necessarily unannounced and covertly taped?
- Which recruitment procedure to avoid selection bias and achieve a large enough sample?
- Is there a way to measure SDM using *clinical vignettes* instead of standardized patients? Both for logistical reasons (number of consultations needed) and to avoid first visit bias.

## REFERENCES

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5. T. Cokely E, Galesic M, Schulz E, Ghazal S, Garcia-Retamero R. *Measuring Risk Literacy: The Berlin Numeracy Test*. Vol. 7. 2012.
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Figure 1: Slide proposed to support oral presentation



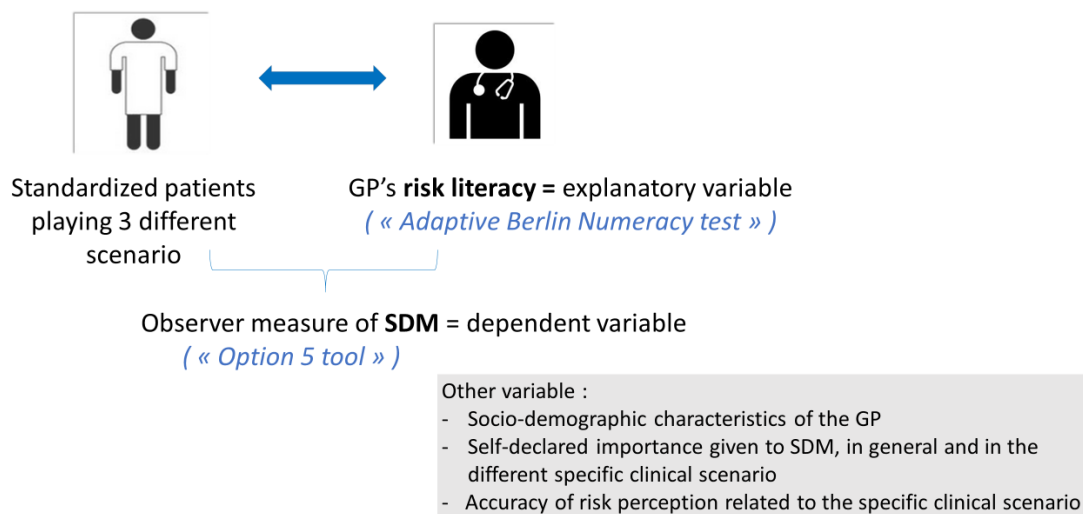
## Do more 'risk literate' GPs apply better Shared Decision Making?

### State of the art – research question

- One barrier to Shared Decision Making (SDM) for healthcare providers is the perception of a lack of latitude in the choice of treatment in certain clinical situations.
- Like patients, clinicians generally overestimate the benefits and underestimate the harms.
- This lack of "risk literacy" could contribute to creating a false sense of "necessity to intervene" which could infringe on the place left to SDM.

→ Is the level of "risk literacy" of the general practitioner (GP) associated with a better quality of SDM process during consultations?

### Proposed study design : observational



### Discussion points

- Standardized patients: necessarily unannounced and covertly taped?
- Which recruitment procedure to avoid selection bias and achieve a large enough sample?
- Is there a way to measure SDM using clinical vignettes instead of standardized patients?

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Let's talk about it  
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