**Annex to 11**

# Shared Decision-Making Resources: Evaluation

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## Final Report 27.10.2023

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## Executive Summary

An independent evaluation of the General Osteopathic Council (GOsC) shared decision-making resources was undertaken between April and October 2023. The resources included: a patient leaflet/poster and animation about: what to expect from an osteopathic consultation, a patient history form and a goal planner. In addition, the osteopaths had access to an interview discussion about shared decision-making and a reflection form.

All registrants were invited to take part in a survey to determine registrant awareness and interaction with the resources. Just over two percent of registrants responded, their responses indicated poor awareness about the resources and minimal use of the resources.

Seventeen osteopaths recruited 19 patients to use and test the resources. Post consultation questionnaires and focus group discussions revealed the participant patients reported that the animation video was engaging, helpful and informative, despite reservations by the osteopaths reporting that it may have been too simplistic. Both the patients and the osteopaths found that the history forms and goal planner facilitated patient-centred dialogue. Patients felt listened to, included and respected and the osteopaths felt the history form added more personal and emotional content to the consultation and the goal planner was relevant for follow-up.

The resources did help both parties manage expectations and encouraged patient-centred dialogue so that the patient felt their osteopath could consider their needs in suggesting appropriate osteopathic care, but the resources did not necessarily facilitate shared decision-making in terms of discussing treatment options and choices, both osteopathic and reasonable alternatives options for care.

**Recommendations**

- Training and development for osteopaths in the process of shared decision-making
- Development of shared decision-making aids for osteopaths and patients outlining treatment options and their benefits and risks for the most commonly treated conditions that patients seek consultations for
- Putting all the patient resources on the GOsC ‘Visiting an osteopath’ website page
- Make the resources compatible for completion and saving electronically
- Promoting the resources as a business tool to enhance the patient experience and good practice

**Conclusion**

Registrant awareness of the GOsC resources is limited. The resources facilitated a patient-centred consultation but not necessarily shared decision-making.

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## 1.Background

The General Osteopathic Council (GOsC) the General Dental Council, and the Collaborating Centre for Values Based Practice used a novel approach to develop resources to support patient-centred care and processes of shared decision-making in implementing professional standards and reducing harms (Browne *et al,* 2019). This work emerged from a study indicating that communication, patient-centredness and shared decision-making needed enhancing to ensure practice standards were implemented (YouGov 2018).

After considerable consultation with stakeholders and patients, a range of resources were developed to support patients and practitioners to *better understand values in practice and to support better communication and dialogue in shared decision-making for the appropriate implementation of professional standards (Browne et al, 2019)*.

These resources included two items, specifically designed for patients, to prepare them for their osteopathic consultation; a 'visiting an osteopath' animation and an patient leaflet/poster, two resources for patients and osteopaths to use together; a patient history form and a goal planner, and two further resources for osteopaths to use; a video interview discussion and a practitioner reflection form (see table 1).

**Table 1 GOsC resources**

| Resources for patients | Description | Purpose |
|---|---|---|
| Patient leaflet/poster | Single page poster summarising what to expect from an osteopathic consultation. To be seen in advance of the consultation.<br>It can be displayed in the reception area or sent online. | To help the patient to think about any questions they might have for the osteopath and their goals for the appointment itself. |
| 'Visiting an osteopath' animation | Video animation, to be viewed prior to the consultation. | To advise patients on how to prepare for an osteopathic appointment. |
| Patient History form | A form that asks patients' about their lifestyle, health, expectations, needs and goals.<br><br>Patients can complete the form or just reflect on the questions prior to their consultation. | To enable patients – particularly those with long-term conditions – to present their history in a way that is meaningful to them, not just about their condition, but about their life and what they do. The form is to help the patient make clear to practitioners who they are and what they want and need. |
| Patient Goal Planner | The patient is asked to choose 2 or 3 goals, write them down and plot their progress over 5 weeks. | To enable patients to identify their goals for their life (for example, picking up the children from school, doing the gardening, going swimming once a week, and being able to work without too much time off sick) and then to track over |



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| | | |
|---|---|---|
| | | time how their symptoms or condition are affecting those goals. |
| **Resources for practitioners** | | |
| Audio recording | A video discussion between 3 people about values-based practice | To inform osteopaths about patient-centred care and shared decision-making. |
| Practitioner Reflection form | A questionnaire for osteopaths to complete after a consultation. | To enable practitioners to rate their own perceptions of person-centred care using the CARE measure. |

The aim of this study was to evaluate these resources and determine how they were used in practice.

The specific questions asked by the GOsC were:

**Overall GOsC - Research questions**

a. Explore what a successful or positive appointment means for the patient.

b. Explore what a successful or positive appointment means for the practitioner.

c. Whether any of the resources did or could have contributed to that successful or positive appointment.

d. Whether the resources supported or could have supported a better quality conversation between patient and practitioner and if so how, and what other factors supported this positive conversation.

e. How the resources might be improved to better support the patient and the practitioner.

f. Whether the resources had an impact to support a better understanding of shared decision-making and patient autonomy.

**Output**

The evaluation team were asked to:

a. Identify any enhancements required to improve the effectiveness of the resources.

b. Identify additional resources or approaches that patients and osteopaths may need to improve communication between the two parties.

c. Target our activities to be most effective and efficient to support shared decision-making between patients and osteopaths.

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## 2.Methods

There were two distinct pieces of work and work-streams:

**Workstream 1.** Evaluation of the awareness of, use of, and extent of use, of the pre-existing supportive making resources. This involved collecting data about web / online access to the resources and a survey of all osteopathic registrants.

Web / online access to the shared decision-making resources pages were collected via the GOsC from launch date, Sept 2022 to Sept 2023, the end of this study.

The survey was launched in April 2023 and closed in May 2023

**Workstream 2.** Evaluation: The assessment of the impact of the GOsC resources on the patient and the osteopath.

In the registrant survey we asked for volunteers to test the resources and recruit a patient to use the resources in a live real-world setting.

Osteopaths and patients were asked to complete a post consultation questionnaire about their experiences and to determine how patient-centred the consultation was.

In addition, we conducted focus groups with osteopaths and patients (separately to discuss the impact of the resources on their consultation).

Full details of the methodological approach can be found in Appendix 1.

The utility of the resources were tested during May, June and July 2023 with the focus groups being held throughout the same period.

Ethical review and approval were provided by the University College of Osteopathy Ethical Review Committee (5.4.23).

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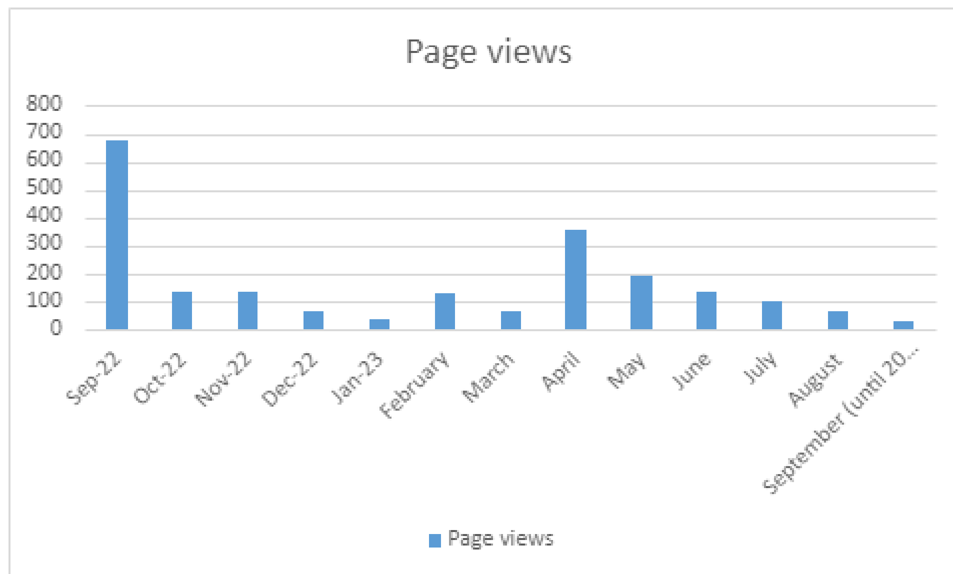
# 3.Findings

## 3.1. Registrant Awareness

### 3.1.1 Online Activity – traffic to the resources via the GOsC website.

The highest activity with the resource web pages were at the launch of the resources in September 2022 (nearly 700 hits), the registrant survey launch saw the second highest level of activity (nearly 400 views).

**Figure 1. Page views per month***




* Sept 22 Launch of resources

Oct 22 Bulletin / iO roadshow

Nov 22 Bulletin / x3 events

Dec 22 Launch Welsh version / Bulletin

Feb 23 Bulletin / Soc media

April 23 Launch of registrant survey

May 23 Close of registrant survey

June, July, August. Recruitment of osteopaths and patients

### 3.1.2 Registrant Questionnaire Survey

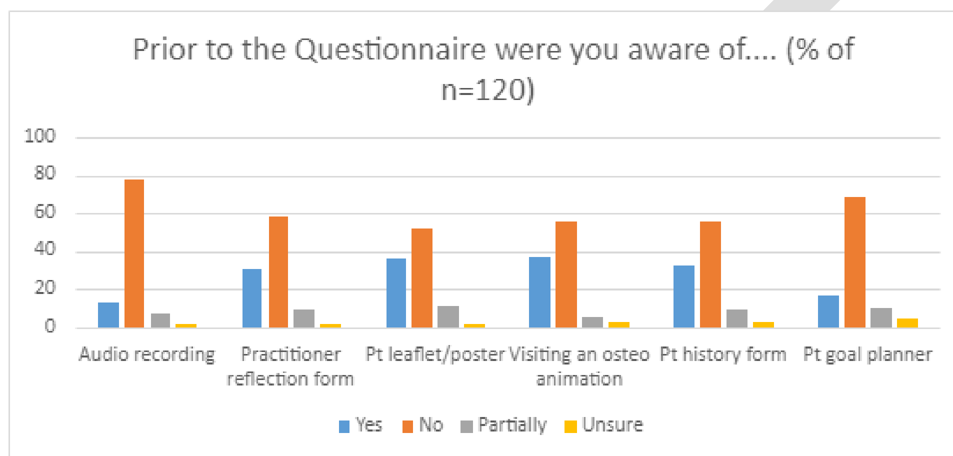
There were 121 responders, representing around 2.3% of registrants. Most were from England (80%), with slightly more than half identifying as female (57%), and 60% of respondents having 20 or more years in practice. Seventy-five percent described themselves as heterosexual, and 44% with no religion and 29% Christian. Seventy-six percent of respondents were white, 6% Asian, 5% mixed ethnicity and 2% Black. Ninety-seven percent described themselves as not being disabled.

The responder profile had slightly more females and older osteopaths (over 40 years) than the registrant population, the respondent sample was representative in terms of geographical distribution (See appendix 2)

The next section describes a summary of the survey responses, the full results can be found in Appendix 2.

Prior to the questionnaire, most respondents were unaware of the resources available. The highest awareness rates were for the animation (37%) and the patient leaflet/poster (36%) (Figure 2).

**Figure 2. Awareness of resources prior to questionnaire**




Prior to the questionnaire just under a third of registrant respondents had reviewed the animation (33%), patient leaflet/poster (30%), patient history form (29%) and practitioner reflection form (29%). The goal planner and the audio recording were the least reviewed (20% and 13% respectively) (Appendix 2 Diagram App2.2)

The GOsC eBulletin was the most cited source of information about the resources (63 respondents). Followed by the GOsC website (38) and the o-zone (36), the Institute of Osteopathy (33) and colleagues (26). Social media was not a major source of information (facebook and twitter (now X)) (Figure 4).

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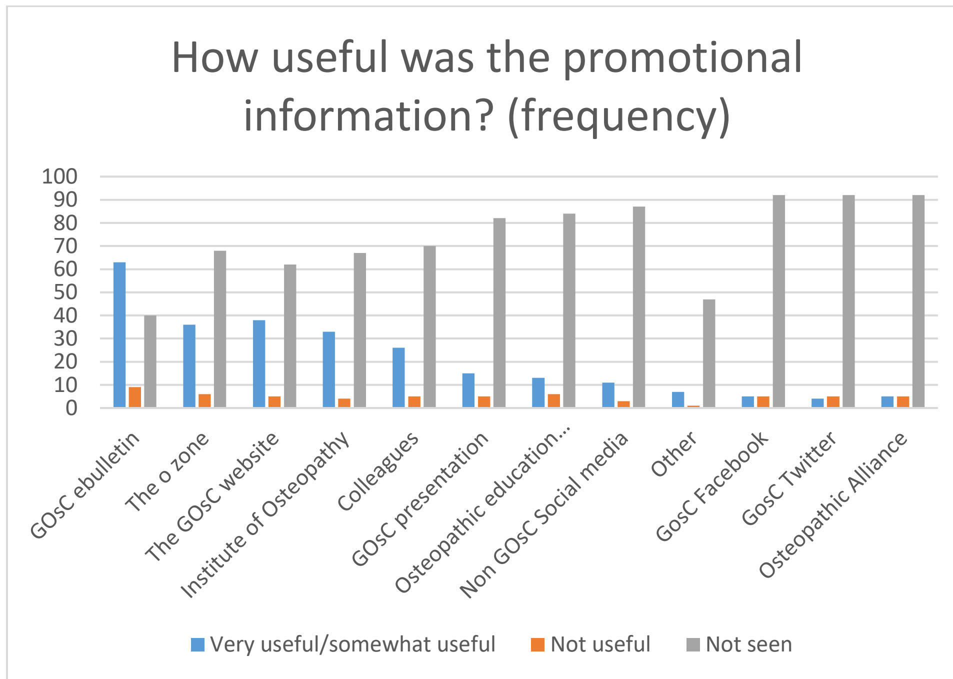
**Figure 4 Usefulness of promotional information**




Most respondents had not used the resources in practice: the animation, patient history form, patient leaflet/poster, and the practitioner reflection form had been used by only 13, 14, 14, 14 of responders respectively.

The respondent osteopaths felt more confident about implementing the practitioner reflection form (52 respondents) than the patient resources. The more passive patient leaflet/poster was rated second by respondents as the resource they could confidently implement (48 respondents) followed by the patient history form (42 respondents). The patient goal planner was the resource they felt they could least confidently implement (30 respondents).

Most responders rated the patient leaflet/poster, patient history form, animation and practitioner reflection form as potentially the most useful of the resources (Figure 5).

**Figure 5 Perceived usefulness of resources**

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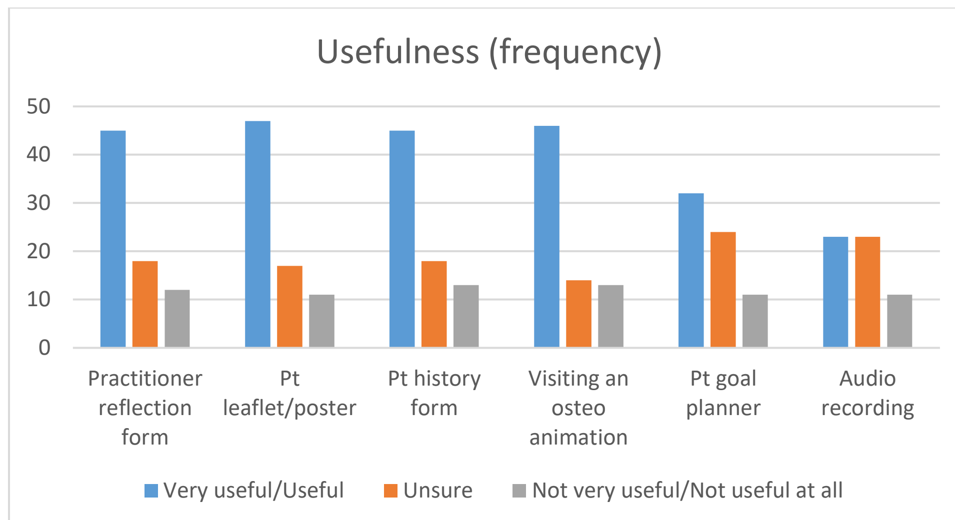


The free response comments were interesting due to the polarity of comments:

- From mistrust of the resources produced by the GOsC - to trust in the resources as they were produced by the GOsC .
- From being too dumbed down/patronising for patients - to really useful and very accessible to patients.
- From time to implement being barriers to using the resources - to useful, to save time.

Other useful comments centred on:

- The different methods and resources already in use by osteopaths to promote shared decision-making.
- Resources were paper dependent, since COVID many osteopaths are paperless.
- The resources were not osteopathic enough as they referred to medications/prognosis.
- In one instance an osteopath considered their role as facilitating shared decision-making about osteopathic options only (this is a recurring theme throughout the study).

## 3.2 Using the GOsC resources

**Testing the resources – osteopaths and patients**

Seventeen osteopaths were recruited, 12 female, 11 from England, 1 from Scotland, 2 Wales and 2 Republic of Ireland and 1 from Spain.

These osteopaths recruited 19 patients. All the osteopaths attended either a focus group or one-to-one interview and all but two of the patients attended a focus group, the remaining two participated in a one-to-one interview.

All osteopaths and patients completed their post consultation questionnaires. Full results can be found in appendix 3.

### 3.2.1 Post-consultation questionnaires

**Patients**

Nineteen patients completed the post-consultation questionnaire, 13 were female, 5 male and 1 preferred to self-describe. Three were 39 years or under, 13 were between 40 and 59 and 3 were



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over 60. Sixteen described themselves as heterosexual and 3 described themselves in a category of non-heterosexual. Eight had no religion, 7 described themselves as Christian, 1 as a Buddhist and 3 preferred not to say. The majority of participants were white (18) and two described themselves as disabled (one sensory, one physically).

All the patient participants fully or partially reviewed the patient leaflet/poster and the patient history form, 18 viewed fully or partially the animation and 17 the goal planner.

Seventeen patient participants fully or partially completed the patient history form prior to the consultation and 14 the goal planner. All the participants found the patient history form 'very easy' or 'easy' to use and 14 found the goal planner 'very easy' or 'easy' to use.

The goal planner was seen as the most useful resource, with patient respondents reporting that it was either very or moderately useful. The patient leaflet/poster was reported as very or moderately useful by 17 people, the patient history form by 16 people and the animation by 12 people. Two respondents reported that the patient leaflet/poster and the animation were not useful at all.

Few disadvantages were reported, those mentioned that some patients might feel overwhelmed by the resources and that returning patients might see less utility in them (see focus group reports for more details).

**Osteopaths**

Nineteen post consultation questionnaires were completed (17 osteopaths), one for each patient, two osteopaths recruited two patients each. Fifteen of the seventeen osteopaths were female. Two osteopaths were under 39 years of age, 12 were between 40 and 59 years and three were over 60 years. Fourteen described themselves as heterosexual and the remainder described themselves as other or preferred not to say. Seven described themselves as having no religion, 8 were Christian, two self-described. Fifteen described themselves as white with two preferring not to say or self-describe. Four described themselves as having either a sensory, physical and learning disability.

All osteopaths, bar one, said they had reviewed all the resources prior to the consultation (one osteopath reported not reviewing the audio recording, the practitioner reflection form or the animation).

All the osteopaths recommended that their patients review the patient leaflet/poster, the patient history form and the goal planner (although one osteopath was unsure whether they recommended the latter two) and 14 of the osteopaths recommended the animation (three actively did not).

For fourteen patients, the osteopaths fully completed the practitioner reflection form, in four cases the osteopaths only partially completed it, and in one case did not complete it. In all cases where an answer was provided (16/19), the osteopaths found the reflection form at least 'Slightly useful'. One osteopath found the patient history form and two the goal planner difficult to use, the remainder found the resources easy or very easy to use.

Most felt the resources were 'very', 'moderately' or 'slightly useful' however four osteopaths reported the that the goal planner was 'not at all useful'. Three osteopaths each reported that the patient case history was 'not at all useful' and two found the animation was 'not at all useful'.

Comments about the advantages of using the resources stated them giving more structure and formalising the patient-centred focus of the consultation. Disadvantages described were about the time taken to get familiar with the resources and incorporating them into the consultation without losing the natural 'flow' of the consultation.



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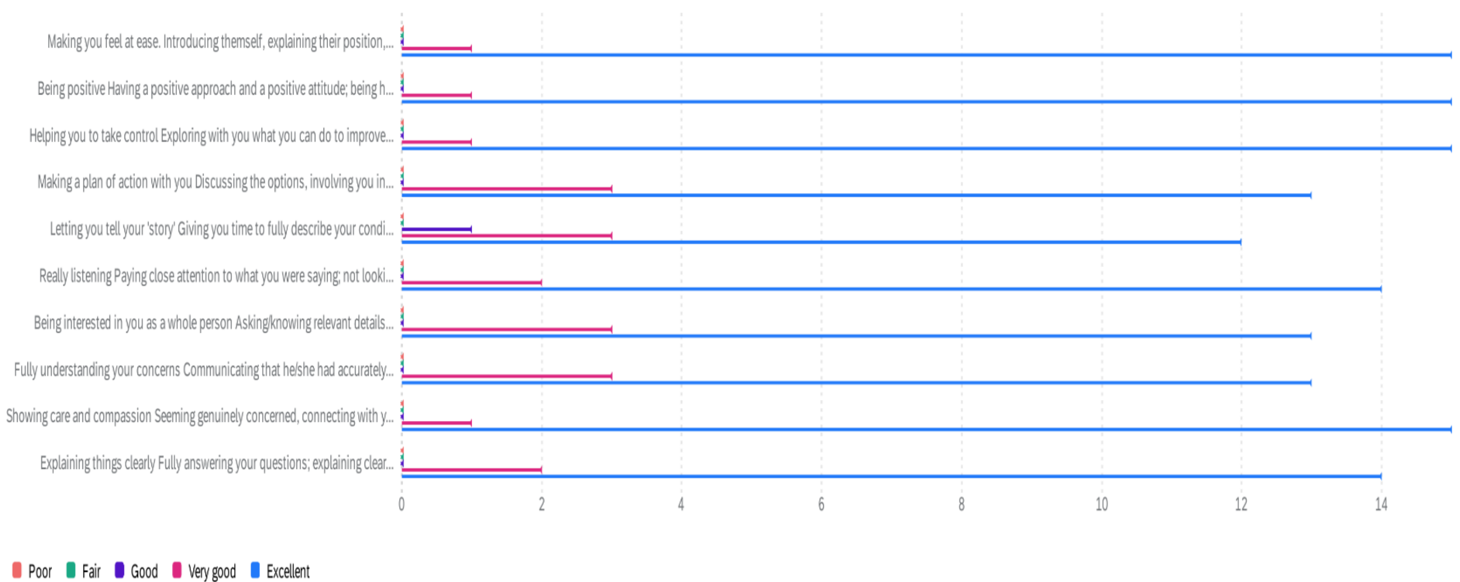
**Patient-centredness and the CARE response questionnaire**

The patients reported that the osteopaths were either ‘good, ‘very good’ or ‘excellent’ on all the dimensions of patient-centredness in the CARE response questionnaire (see Figure 6).

The osteopaths were less certain about how patient-centred they were, but still thought they were in the main ‘good’, ‘very good’ or ‘excellent’ (Figure 6), with one or two osteopaths rating themselves as ‘fair’.

**Figure 6 a and b CARE questionnaire -perception of patient-centredness (a Patient rating of osteopath, b Osteopath rating of self)**



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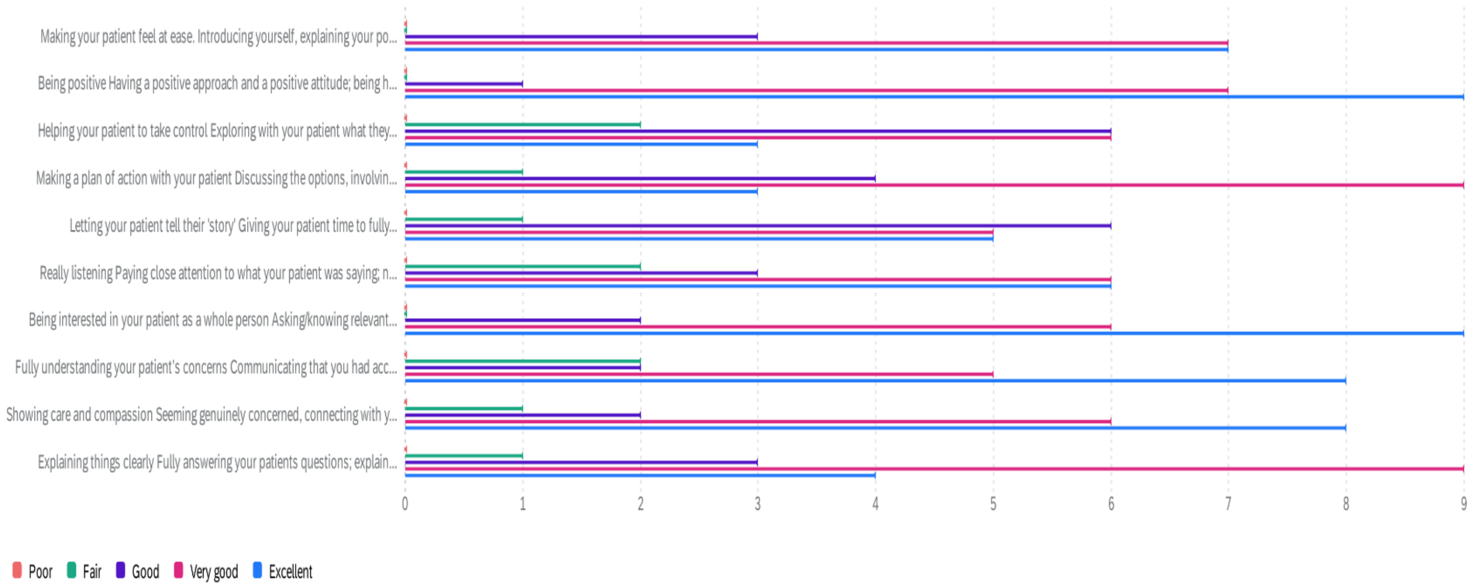

### 3.2.2 Focus Groups and Qualitative responses

Two focus groups were held with the osteopaths and two with the patients. Eight one-to-one interviews were conducted with those who could not attend the focus groups (six osteopaths and two patients).

During the focus groups and interviews, we asked about access and utility of the resources and the impact that they had on the consultation. We also asked participants about their idea of shared decision-making and what this meant to them.

**Common themes from the focus groups**

**Focus group discussion themes**

I. Ease of use and access
II. How resources were chosen and why
III. Impact of resources on the consultation
IV. Impact of resources on shared decision-making

**i.Ease of use and access**

The only problems with accessibility were reported when using the resources online (instead of being printed off).
The animation was well received by patients despite some osteopaths thinking it too basic.
Downloading and printing were an issue for some osteopaths and patients without printing facilities.
The osteopaths reported that they kept the patient history form and the goal planners rather than giving them back to the patients.

**Patients**

All the patients were given the links to the resources prior to their consultations. The links were in the participant information sheet and were shared by the osteopaths as information prior to the consultation. These links do not appear on the GOsC website 'Visiting an osteopath' pages.
The range of patient engagement varied from diligent completion - to skim reading - to no engagement. This was dependent on the individual, context and time constraints rather than noticeable differences between new or returning patients. That said, new patients found the resources, especially the animation, particularly informative and easy to engage with.
The returning patients with specific expectations and needs, who were familiar with their osteopaths, did not engage with the resources as much as the new patients.
Some patients left the responsibility of using/engaging with the material during the consultation to be initiated and led under the guidance of the osteopath (i.e. 'if required').
The patients were not overwhelmed by the volume of information given to them.
Nobody had difficulty accessing the information, but the following recommendations were made by the patients;

**Recommendations - Technical aspects of the resources – access**

- Need to be mobile friendly.
- Text boxes need to be expandable to take more text as needed.
- On the patient history form there is a mix of first and second person (page One uses 'I' page Two 'you').
- Goal planner - instead of asking the patient to choose two to three goals perhaps let the patient choose the number themselves e.g. up to three goals as one goal was sufficient for some patients.



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**Osteopaths**

The practitioner reflection form was seen as a useful reflective tool, but only for occasional use.
Some osteopaths sent links to the resources as part of a ‘Welcome pack’ and confirmation of appointment. This was appreciated by the patients and was seen as helpful and professional.
Some osteopaths used the patient leaflet/poster on both their website and in the waiting room.
Some osteopaths integrated the link to the animation on their website for all patients to access.
The Stephen Tyreman interview with Steve Bettles was the least accessed, used and discussed resource.
Some osteopaths printed off the patient history forms and goal planner and used them as prompts during the consultation rather than completing them with the patient.

**ii. How resources were chosen and why**

Nearly all the patients looked at all the resources available and engaged with all of them. This may have been due, in part, because they were enrolled in the study and receiving compensation for their time.
The animation was viewed by all the patients and considered novel, engaging, informative and easy to understand and helpful.
The osteopaths responded less favourably to the animation believing it to be too simple/dumbed-down, this view was not supported by the patient feedback, as stated above.
The patient history form and goal planner were completed by the patients, partly because this was felt to be an expectation of the study. The osteopaths also felt ‘obliged’ to use these if the patient had taken the time to complete them.
When asked if they would use the resources again, the patients said they would not need to view the animation again, that the patient history form was useful for a first consultation to help the osteopath get to know them and that the goal planner was useful for making realistic goals and monitoring progress on an ongoing basis.
The osteopaths were generally a bit reluctant and sceptical at first about using the resources but after having used them said they would use them again, particularly the animation and patient leaflet/poster for new patients. For all new and some returning patients, osteopaths said they would use the patient history form and goal planners as they did help to understand their patient and manage their expectations.

**iii. Impact of resources on the consultation**

**Patients**

There was a difference between new and returning patients. The new patients reported that the resources helped the osteopath take their lifestyles into account (to note: they had no reference against which to compare a consultation). The returning patients had differing views ranging from “Why hasn’t my osteopath used these before” to “My osteopath knows really me well and can advise me accordingly” to “I know what treatment I need and so does my osteopath” to “My osteopath does this anyway”.
The new patients reported that they felt better prepared for the consultation having watched the animation and they felt the patient history form and the goal planner did help them focus their thinking about their health and what they wanted from the consultation.

**Osteopaths**

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Some osteopaths saw the resources as a barrier rather than enhancer to the consultation because they felt they disrupted the flow of the consultation, whilst others felt it enhanced the content and dialogue and the 'quality' of patient information.
Whilst some osteopaths reported the resources meant lengthening their consultations, all felt that if used often the resources could be used and integrated without the need for more time.
The goal planner was seen as the most useful resource as it helped formalise the process of identifying patient needs and managing patient expectations of outcomes. The patient history form did provide more personal information but some of the osteopaths felt that this really should be part of their patient history-taking anyway; again this highlighted the importance of incorporating these types of questions to more fully understand the context and needs of the patient.
The osteopaths were unsure whether the animation and the patient leaflet/poster meant that patients were better prepared for the consultation.

**iv. Impact of resources on shared decision making**

The feedback from the participants indicated there was little or no impact on shared decision-making, however there was a noticeable difference in patient-centredness, expressed by both patients and osteopaths. The resources were used by both the patients and the osteopath, for the patient to think about themselves in a more 'organised way' and for the osteopath to learn more about the patient.
The patients said they felt listened to, and that the context of their life was taken into account during the consultation.
The osteopaths reported that the consultations had more 'emotional' content and that this enabled them to help facilitate better goal setting and manage expectations.
The process was described by one patient as "facilitating my accountability", i.e. meaning they were helping her actively self-manage her condition.
Overall, there was a lack of understanding about what shared decision-making is. From the patient perspective it was about the osteopath getting to know them to suggest the best treatment approach.
From the osteopath's perspective there was uncertainty about the appropriate extent of shared decision-making – for most it was about the choice between osteopathic interventions, rather than a choice between other non-osteopathic treatments or doing nothing. The concept of 'doing nothing' was seen as a bit bizarre by the patients (and some of the osteopaths) as the patients were actively seeking and wanted treatment.

**v.Shared Decision-Making**

Patient view of shared decision-making was about the osteopath understanding the context of their life to help the osteopath recommend what treatment may be the most appropriate for them.

Osteopaths view of shared decision-making ranged from helping the patients understand their osteopathic options, to feeling overwhelmed by the requirement to understand and be knowledgeable about lots of other treatment options delivered by other healthcare professionals.
Figure 7 shows the resources were helpful in facilitating a patient-centred consultation, with both osteopaths and patients confident and comfortable about this process. However, the process of shared decision-making was more complicated and less certain. There are three aspects to shared decision-making, in this context: discussing osteopathic treatment options, discussing non-osteopathic treatment options and discussing the option of no osteopathic treatment and doing nothing.

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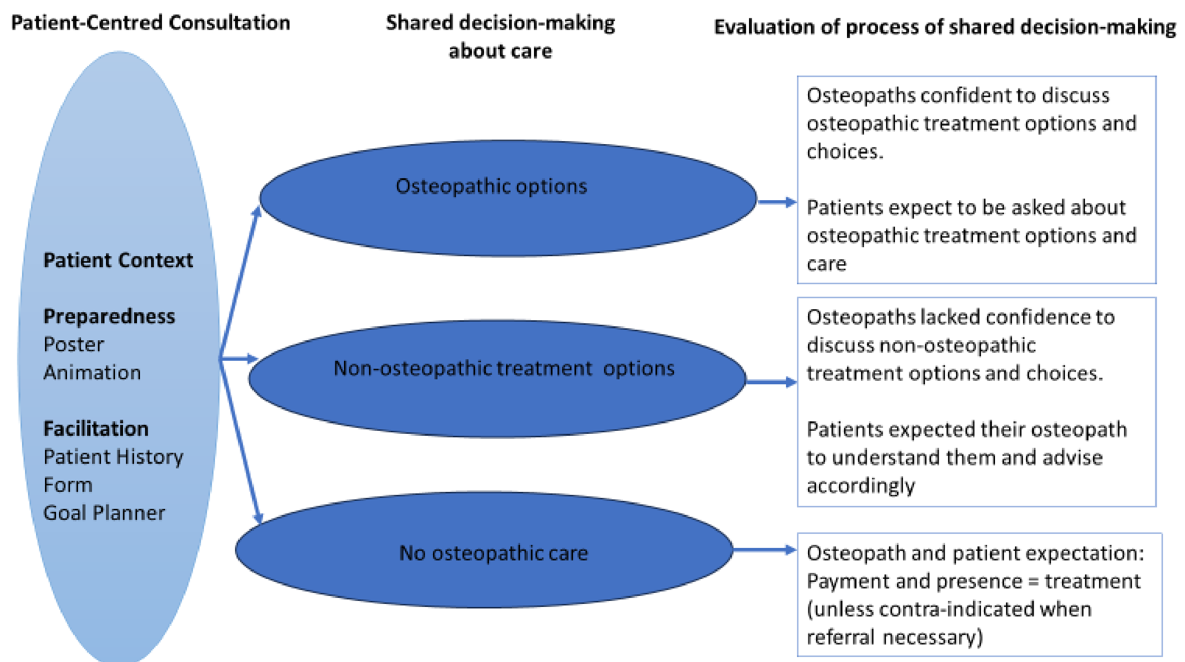
Shared decision-making about osteopathic treatment options was both accepted and expected by osteopaths and patients, however the shared decision-making about non- osteopathic treatment options, no osteopathic treatment and doing nothing (neither osteopathic or non-osteopathic) were less accepted and expected by both osteopaths and patients.

**Figure 7. The Osteopathic Consultation**

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In response to the GOsC original queries we summarise our findings in Table 2 in the context of these.

### 3.3 GOsC queries

In response to the specific GOsC queries we summarise our findings below.

**Table 2 Overall Response to GOsC queries**

| Aims to explore: | Evaluation findings - Patients | Osteopaths |
|---|---|---|
| What a successful or positive appointment means for the patient. | Patients liked to be listened to and respected with their needs, understood by the osteopath in the context of their experience of their condition and their lifestyle.<br>The resources were valued by the patients because they provided the opportunity for the patient to articulate their needs better. This was thought to help the osteopath make more informed decisions about the type of osteopathic treatment appropriate to them. | |
| What a successful or positive appointment means for the practitioner. | | When the osteopath understood the needs of the patient and was able to take them into account in the treatment approach and where the patient felt engaged in the consultation. |
| Whether any of the resources did or could have contributed to that successful or positive appointment. | The new patients who interacted with the resources were enthusiastic about them and reported that they had a positive impact on the consultation, because the consultation was individualised.<br>Returning patients found the leaflet/poster, animation and patient history form a bit redundant but still valued the goal planner. | There was some initial scepticism reported about the utility of the resources but the post consultation focus groups revealed a change in attitude especially when the resources were used with new patients who were more prepared for the consultation. |
| Whether the resources supported or could have supported a better quality conversation between patient and practitioner and, if so, how and what other factors supported this positive conversation. | The patients reported that the animation helped them be more prepared for the consultation.<br>Osteopaths and patients found the goal planner added value and made follow up more meaningful. | Some of the osteopaths initially thought the animation was ‘too dumbed down’ but this was not the perception of the patients who found it informative and helpful.<br>The patient history form was seen as repetitive of their normal case history however |

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| | The patient history form was more valued by the patients than the osteopaths, they felt it gave them an opportunity to disclose and share more contextual information about themselves, but they did not report feeling pressurised to do so. | some osteopaths reported that it did give valuable additional information about lifestyle and psychological disposition, some reporting the consultation was more 'emotional'. |
| How the resources might be improved to better support the patient and the practitioner. | The patients wanted the osteopaths to understand their needs to make better suggestions and decisions about their care. This reflected a patient-centred approach (as reported in the CARE post consultation questionnaire) but it did not reflect shared decision-making<br>One suggestion was to check the colours and type face for accessibility for partially sighted users | Some guidance about the timing of the use of resources to optimise their impact and to avoid making them too time - consuming |
| Whether the resources had an impact to support a better understanding of shared decision-making and patient autonomy. | The patients were unsure about the concept of shared decision-making beyond osteopathic treatment options. Shared decision-making was articulated as part of the consenting process (agreeing to osteopathic care) rather than shared decision-making about treatment alternatives. The resources did not seem have an impact on shared decision-making but did make the consultations patient-centred. | The resources helped the osteopaths understand the patient context and needs but did not help them move beyond discussing osteopathic treatment options to non-osteopathic options with the patients. |

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## 4.Discussion

### 4.1 Context and summary

The resources were seen as less about shared decision-making but more about facilitating dialogue about the patient and being more patient-centred. In the context of the Montgomery ruling (2015) the clinician should communicate all reasonable treatment alternatives and include the option of doing nothing as a treatment decision.

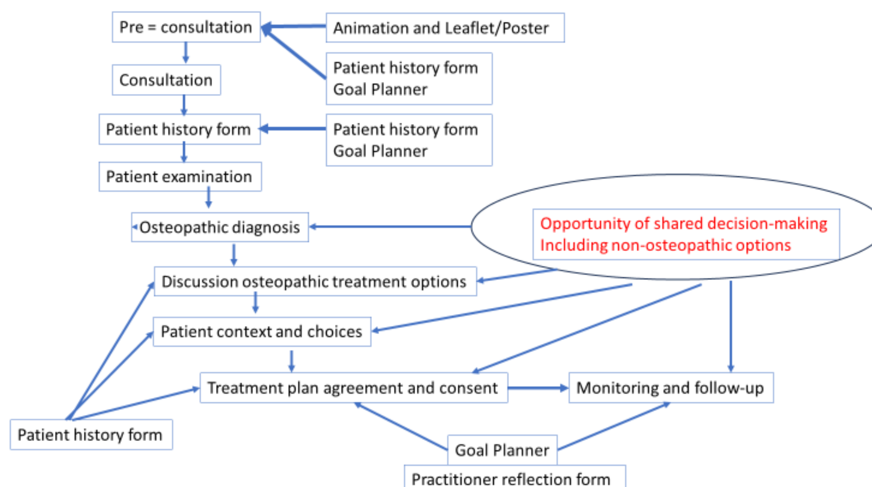
The resources assisted both the patient and osteopath to identify the differing needs of the patient within the context of their lifestyle to help determine the appropriateness of treatment, however the resources were not deigned to, and do not give the osteopaths or the patients the knowledge about benefit or risk or the various treatment options available to the person. The osteopaths lacked confidence in providing this information.

The goal planner is a resource to identify goals and manage expectations, and can be used as a backdrop against which potential treatment outcomes can be discussed.

The fundamental knowledge required by osteopaths to discuss treatment options were not covered by these resources. The osteopaths generally limited the discussion of treatment options and choices with patients to osteopathic ones alone with little consideration of other treatments – this was partially in response to patient demands as they were actively seeking osteopathic treatments, not alternatives.

The consultation processes reported are illustrated in the diagram 2 below. The red parts of the diagram indicate the gaps in shared decision-making.

**Diagram 2 The Consultation Process with the GOsC resources**




### Access to the resources

The data about website page views and downloads, social media sharing and survey responses indicated low awareness of the resources. Registrants became aware of the resources mainly through formal channels of communication rather than social media. This could have been that the social media was under-utilised, was un-engaging or that the respondents older age profile meant

they engaged less with social media. The resources seem to exist in a vacuum partly because they are not easy to find on the GOsC website. There are no supportive resources or guidance about how to use and integrate them into practice, there is no associated training and education about shared decision-making (what it is and what it means in terms of practice) and there are no shared decision-making aids (as in information leaflets about treatment choices for example for non-specific low-back pain).

The resources are found in News and Resources main tab of the GOsC website and in the registrant only 'O-zone' pages. They do not seem to fit easily into any of the sub headings on the 'News and Resources' website (News, Blogs, Media Enquiries, Publications, Photo Library, Research and Surveys and Links). They are found in 'Publications' and they are last in a long list of publications – listed as 'Supporting decision-making with patients'. The only resource found in the 'For Patients' webpages section is the animation. Patients would struggle to access any of the other patient resources without receiving a direct link to them.

**Implementation**

The evaluation relied on osteopaths volunteering to participate in the study and they selected patients to 'try-out' the resources. Some osteopaths asked existing clients and some new clients which gave us a range of insights, but all were probably more highly motivated to engage as they were part of a study, and therefore more likely to change their behaviour. The reality of achieving this level of engagement and use in the registrant population would involve concerted behaviour change campaign. Using the *Michie et al ( 2011)* behavioural model to encourage uptake of new ideas osteopaths would need: capacity and capability (skill, competence and confidence), opportunity (access) and motivation (willingness and overcoming barriers) to adopt the shared decision-making resources.

This evaluation showed that the osteopaths had the capability of using the resources to be more patient-centred but not necessarily to use them to fully facilitate shared decision-making. The patients valued the opportunity to engage with the patient history form and the goal planner and found the animation useful. Knowing that patients really appreciate the resources and found them beneficial may motivate the osteopaths to use them in the clinical settings. For both patients and osteopaths to engage with the resources to a greater extent they will need additional support, advice and guidance to increase their confidence and competence.

**Miscellaneous**

The evaluation raised some unexpected observations about: the timing of exposure to the resources, which type of patients were most likely to benefit from the resources, printed versus electronic use and what to do with the resources once completed, for example who kept them and how were they stored.

**Summary of findings**

- Overall awareness of the GOsC resources could be improved
- The GOsC resources were used adequately and appropriately
- Adopting and integrating the resources into everyday practice requires additional motivation
- The resources promoted patient-centredness
- The osteopaths generally lacked awareness about shared decision-making
- The osteopaths lack confidence in discussing treatments beyond their osteopathic remit
- Patients found the resources very informative and useful and felt that their 'voice' was heard

- The patients felt respected and understood.

**Limitations of the evaluation**

The registrant survey had a low response rate of 121 representing 2.3% of registrants therefore the responses and views of the osteopaths were not likely to be representative, however the profile of the respondents compared to the register were slightly older and more female (See appendix 2).

The participating osteopaths' profile for testing the resources was 94% female and all osteopaths were 40 years or older. They were possibly more knowledgeable in shared decision-making and more interested and motivated than other osteopaths. The feedback indicated a lack of clarity around the expected scope of shared decision-making in terms of treatment options, so if the participating osteopaths were more knowledgeable and aware, there is more work to be done to raise awareness.

Recruitment of patients was determined by the osteopaths. We thought that the osteopaths would choose their most 'responsive and receptive' patients to work with initially but this was not the case. There was a range of new and returning patients included in the particpant sample.

We acknowledge that the patient participants may have felt the need to give socially desirable responses as they were loyal to their osteopaths and they were being compensated for their time in monetary terms. We phrased the focus group and interview questions to allow constructive feedback about changes needed to improve the resources for other patients and they were forthcoming about these.

### 4.2 Recommendations

- Training and development for osteopaths in the process of shared decision-making.
- Development of shared decision-making aids for osteopaths and patients outlining treatment options and their benefits and risks for the most commonly treated conditions that patients seek consultations for.
- Putting all the patient resources on the GOsC 'Visiting an osteopath' web pages.
- Make the resources compatible for completion and saving electronically.
- Selling the resources as a business tool to enhance the patient experience to ensure good practice.

## 5.Conclusion

Registrant awareness of resources is limited. The resources facilitated a patient-centred consultation but not necessarily shared decision-making.

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## References

Browne F, Bettles S, Clift S, Walker T. Connecting patients, practitioners, and regulators in supporting positive experiences and processes of shared decision making: A progress report. J of Eval in Clin Practice. 2019: https://onlinelibrary.wiley.com/doi/full/10.1111/jep.13279

Michie S, van Stralen MM, West R. The behaviour change wheel: a new method for characterising and designing behaviour change interventions. Implement Sci. 2011 Apr 23;6:42. doi: 10.1186/1748-5908-6-42. PMID: 21513547; PMCID: PMC3096582.

YouGov 2018 GOsC Perception Study Public Perceptions Study - General Osteopathic Council (osteopathy.org.uk)

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## Appendix 1 Methods and registrant questionnaire

## Methods

**Work-stream 1. Survey of osteopaths**

**Aim: To identify reach and use of existing supporting material**

Data was obtained from the GOsC regarding access and downloads of shared decision-making resources from the GOsC website. These data were extracted each month for the period between the launch of the resources (September 2022), until the end of the study (September 2023).

All osteopaths on the GOsC register were potential respondents of the survey. The GOsC emailed registrants an invitation to participate in a survey, which included a link to the questionnaire. Registrants were asked about their awareness of the shared decision-making resources, their engagement with the shared decision-making material: i) if used, how used, ii) if aware and not used, why, iii) if unaware, explore levels of engagement generally.

Demographic details were also collected about the osteopath respondents, including protected characteristics to profile respondents and identify any under-represented groups.

The survey was developed with the GOsC and piloted in collaboration with three registered practicing osteopaths.

The invitation to participate was circulated on 13th April 2023. Two reminders were sent, and the survey was closed on 14th May 2023.

Data was collected electronically via an online questionnaire and analysed using basic descriptive statistics and some modelling to estimate reach.

(Questionnaire can be found in Appendix 1a)

We asked respondents if they would be willing to engage in further research with us. We contacted respondents from those willing to engage in further research for work-stream 2.

The figure below (Figure 1) shows the process of the evaluation.

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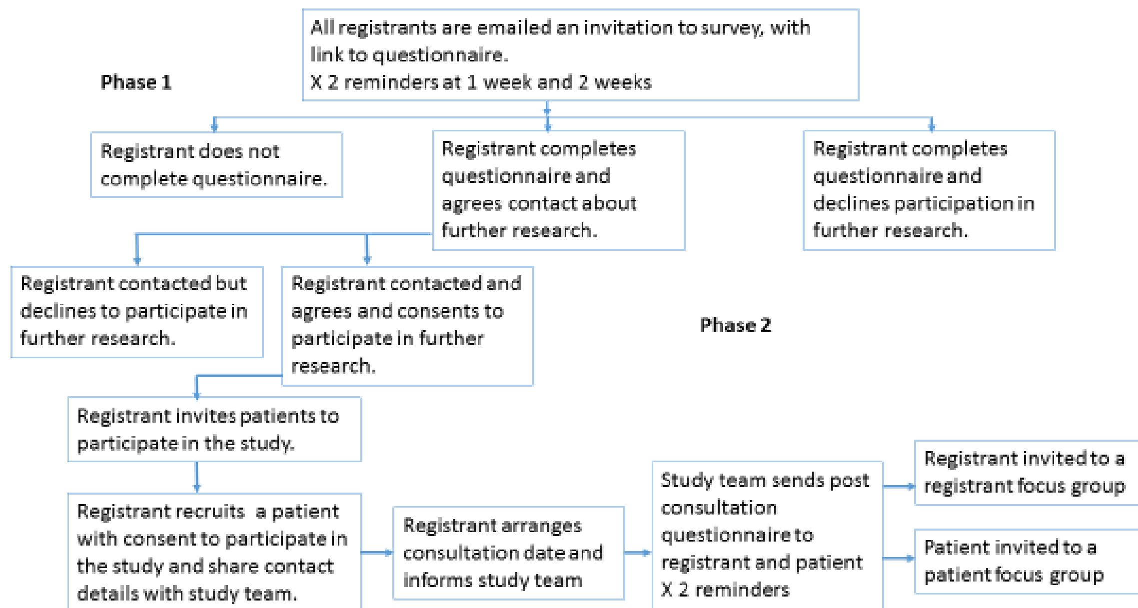
**Figure 1 Study Flow Chart**




**Work-stream 2. Evaluation: The assessment of the impact of the GOsC resources for the patient and osteopath**

**Aim: To understand how the GOsC shared decision-making resources are used and received**

**Patient-practitioner consultations**

To explore the impact, and potential impact, of the resources, we recruited osteopath-patient dyads to understand how the materials were used in practice.

Both osteopaths and patients were asked to use the resources before, during and after their consultation.

After the consultation we asked the patients to complete a questionnaire which included the CARE questionnaire [https://www.gla.ac.uk/media/Media_65352_smxx.pdf]. This measures how 'patient-centred' patients perceived their consultation to be. We also used a modified version to evaluate how osteopaths perceived their patient-centredness. Additional questions, specifically about the GOsC resources and their experience of using the GOsC resources were included in both the patient and osteopath questionnaires. (These questionnaires can be found in Appendix B)

The patient and osteopath CARE questionnaire were analysed quantitatively, and responses were compared to highlight areas where differences were apparent.

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An analysis of the overall impact of the material was done using a qualitative analysis framework approach of the free text responses, first describing the qualitative responses followed by an interpretive analysis of the whole data set.

The process of being in a research project may impact the behaviour of both the patient and the osteopath, but this was not thought to be an issue in this evaluation, as we were mainly looking for what works well, and in what circumstances.

**Focus Groups**

We convened focus groups after the consultation phase of the project, two for patients and two for osteopaths, to discuss what successful shared decision-making 'looks like' and how this can be encouraged, promoted and optimised. The results from the analysis of the questionnaires were presented back to the focus groups to triangulate the findings with their experiences.

We analysed the content of the focus groups and evaluated similarities and differences between the osteopath and patient experiences and the more pragmatic elements of use, from both the osteopath and patient perspectives, about each individual resource.

**Inclusivity**

We tried to ensure that each member country of the UK was represented in the samples and that as many people as possible with protected characteristics were included. This meant we actively approached osteopaths who work in areas of high ethnic diversity and/or specialist areas representing neurodiversity, older people and disability.

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## Appendix 1a Questionnaire Survey

Introduction
GOsC Registrant Questionnaire – Shared Decision Making

### Shared Decision Making resources survey

Shared decision making is a joint process in which a healthcare professional works together with a patient to reach a mutual decision about their care. It allows patients to discuss information in a way that is meaningful for them and enables them to have a good understanding of the benefits, harms, and possible outcomes of different treatment options. However, shared decision making can be challenging to implement in practice.

The GOsC has produced six resources to support shared decision making between patients and osteopaths.

### Aim of the survey

The GOsC has funded an independent research team

to carry out an independent evaluation of these shared decision making resources. The following survey is designed to explore your awareness of, and if appropriate, your use of these resources.

The survey is in four parts:

1. Awareness of the GOsC shared decision making resources
2. Use of the GOsC shared decision making resources
3. Further involvement in the evaluation of the shared decision making resources
4. More information about you

All questions are optional but if completed the questionnaire should take around 10 minutes.

By completing and submitting this questionnaire you are consenting for your responses to be used in the independent evaluation.

### Confidentiality

Your responses to this survey will be completely confidential to the independent study team. It is your chance to provide anonymised feedback about the dissemination and provision of the shared decision making resources developed by the GOsC.

All data will be anonymised fully and stored securely on the University College of Osteopathy's security protected server and destroyed after six years. Data will only be used for the purposes of this evaluation study.

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# Annex to 11

## Piloting the resources in your practice

In addition to this survey, we want to recruit osteopaths to use the resources with some of their patients and give us further feedback via a short post consultation questionnaire and focus group. If you would like to participate in the further evaluation of the resources, please leave your contact details in part 3 of the survey. Your contact details will be stored separately to your data and will only be accessed by the study team.

With many thanks,

Professor Dawn Carnes (Principal Investigator)
GOsC shared decision making resources

Shared decision making is an important part of person centred care and the consent process. The GOsC have developed 6 different resources for osteopaths and

patients to help make the process of shared decision making easier and more efficient.

For osteopaths

1. Audio recording — a discussion between Professor Bill Fulford and Professor Stephen Tyreman facilitated by Steven Bettles about values-based practice.
2. Practitioner Reflection form — enabling practitioners to rate their own perceptions of person-centred care using the CARE measure.

For patients

3. Patient leaflet/poster — this can be sent to the patient in advance to help them to think about any questions they might have for the osteopath and their goals for the appointment itself, or it can be displayed in the reception area to help patients think about their goals whilst waiting to see the practitioner.
4. 'Visiting an osteopath' animation — advising patients on how to prepare for an osteopathic appointment.
5. Patient History form — this enables patients – particularly those with long-term conditions – to present their history in a way that is meaningful to them, not just their condition, but their life and what they do to support them to make clear to

practitioners who they are and what they want and need.

6. Patient Goal Planner — this enables patients to identify their goals for their life (for example, picking up the children from school, doing the gardening, going swimming once a week, and being able to work without too much time off sick) and then to track over time how their symptoms or condition are affecting those goals.

Part 1. Awareness of the GOsC shared decision making material.

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# Annex to 11

1.1 Prior to this questionnaire, were you aware of the:

| | Yes | Partially | No | Unsure |
|---|---|---|---|---|
| Audio recording | ◯ | ◯ | ◯ | ◯ |
| Practitioner Reflection form | ◯ | ◯ | ◯ | ◯ |
| Patient leaflet/poster | ◯ | ◯ | ◯ | ◯ |
| 'Visiting an osteopath' animation | ◯ | ◯ | ◯ | ◯ |
| Patient History form | ◯ | ◯ | ◯ | ◯ |
| Patient Goal Planner | ◯ | ◯ | ◯ | ◯ |

Comments (optional)

1.2 Prior to this questionnaire, had you reviewed the:

| | Yes | Partially | No | Unsure |
|---|---|---|---|---|
| Audio recording | ◯ | ◯ | ◯ | ◯ |
| Practitioner Reflection form | ◯ | ◯ | ◯ | ◯ |
| Patient leaflet/poster | ◯ | ◯ | ◯ | ◯ |
| 'Visiting an osteopath' animation | ◯ | ◯ | ◯ | ◯ |
| Patient History form | ◯ | ◯ | ◯ | ◯ |
| Patient Goal Planner | ◯ | ◯ | ◯ | ◯ |

Comments (Optional)

1.3 How did you hear about the shared decision making material prior to this survey? (choose all that apply)

- ☐ Monthly GOsC ebulletin
- ☐ The o zone
- ☐ The GOsC website: osteopathy.org.uk
- ☐ GosC Twitter
- ☐ GosC Facebook
- ☐ Colleagues
- ☐ GOsC presentation
- ☐ Institute of Osteopathy
- ☐ Osteopathic Alliance
- ☐ Osteopathic education provider
- ☐ Non GOsC Social media (Facebook groups etc)
- ☐ I was unaware
- ☐ Other

Comments (optional)

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1.4 How useful was the promotional information about the shared decision making material in the following channels?

| | Very useful | Somewhat useful | Not useful at all | Not seen |
|---|---|---|---|---|
| Monthly GOsC ebulletin | ○ | ○ | ○ | ○ |
| The o zone | ○ | ○ | ○ | ○ |
| The GOsC website: osteopathy.org.uk | ○ | ○ | ○ | ○ |
| GosC Twitter | ○ | ○ | ○ | ○ |
| GosC Facebook | ○ | ○ | ○ | ○ |
| Colleagues | ○ | ○ | ○ | ○ |
| GOsC presentation | ○ | ○ | ○ | ○ |
| Institute of Osteopathy | ○ | ○ | ○ | ○ |
| Osteopathic Alliance | ○ | ○ | ○ | ○ |
| Osteopathic education provider | ○ | ○ | ○ | ○ |
| Non GOsC Social media (Facebook groups etc) | ○ | ○ | ○ | ○ |
| Other | ○ | ○ | ○ | ○ |

Comments (optional)

**Part 2. Use of the GOsC shared decision making resources**

2.1 Prior to this questionnaire, had you used any of the resources as part of your clinical practice?

| | Yes | Partially | No | Unsure |
|---|---|---|---|---|
| Audio recording | ○ | ○ | ○ | ○ |
| Practitioner Reflection form | ○ | ○ | ○ | ○ |
| Patient leaflet/poster | ○ | ○ | ○ | ○ |
| 'Visiting an osteopath' animation | ○ | ○ | ○ | ○ |
| Patient History form | ○ | ○ | ○ | ○ |
| Patient Goal Planner | ○ | ○ | ○ | ○ |

Comments (optional)

## 2.2 How confident do you, or did you, feel about implementing the materials in your practice?

| | Very confident | Confident | Unsure | Not very confident | Not confident at all | Not applicable |
|---|---|---|---|---|---|---|
| Audio recording | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ |
| Practitioner Reflection form | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ |
| Patient leaflet/poster | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ |
| 'Visiting an osteopath' animation | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ |
| Patient History form | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ |
| Patient Goal Planner | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ |

Comments (optional)

## 2.3 How useful were the resources?

| | Very useful | Useful | Unsure | Not very useful | Not useful at all | Not applicable |
|---|---|---|---|---|---|---|
| Audio recording | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ |
| Practitioner Reflection form | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ |
| Patient leaflet/poster | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ |
| 'Visiting an osteopath' animation | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ |
| Patient History form | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ |
| Patient Goal Planner | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ |

Comments (optional)

2.4 a Please say what motivated you to use the shared decision resources

2.4b Why did you choose not to use the resources?

**Part 3: Further involvement in the evaluation of the shared decision making resources**

We would like to further explore how osteopaths are using the shared decision making resources in practice. It would involve recruiting a patient (new or returning), using the resources with a patient, answering a short post consultation questionnaire and attending a focus group with other osteopaths.

We estimate this would require about 4-6 hours of your time. Being involved in research can be a way of promoting your clinic, it's interesting and can form part of your CPD requirement. This work covers many of the standards in OPS themes A: Communication and Patient Partnership and D: Professionalism and is a useful way to reflect on your practice.

More information can be found by following this link.

3.1 Would you like to participate in some research to further evaluate the GOsC shared decision making resources?

No, I would not like to be involved further

Yes, I would like to be involved

**Part 4 Some further questions about yourself**

To help us understand how diverse the respondents are to this questionnaire we would really appreciate it if you could answer the following questions. If we find that some groups are under-

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represented we can then address this. All responses are voluntary and will be analysed separately to the previous sections to ensure anonymity. Thank you.

Location of practice

- England
- Northern Ireland
- Scotland
- Wales
- Other

Years post-graduation:

- 0 - 5
- 6 - 10
- 11 - 15
- 16 - 20
- 20 +

## More information about you

We would like to be able to describe the personal characteristics of those responding to this survey to consider how representative and diverse our respondents are. Please could you tell us a bit more about yourself (all questions are optional and confidential to the study team only)

What gender do you identify as?

- Male
- Female
- Non-binary
- Prefer not to say
- [ ] Prefer to self-describe

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4.4 Religion/Belief – Which group(s) do you identify with?

- ◯ Buddhist
- ◯ Christian
- ◯ Hindu
- ◯ Jewish
- ◯ Muslim
- ◯ Sikh
- ◯ No Religion
- ◯ [ ] Other or Prefer to self describe
- ◯ Prefer not to say

4.5 Which group do you identify with?

- ◯ Asian / Asian British
- ◯ Black / African / Caribbean / Black British
- ◯ Mixed / Multiple ethnic groups
- ◯ White
- ◯ [ ] Other or Prefer to self describe
- ◯ Prefer not to say

## Disability

The Equality Act 2010 defines a person who has a disability if they have a physical or mental impairment which has a substantial and long term adverse effect on their ability to carry out normal day to day activities.

4.Do you consider yourself to be a disabled person?

Yes

No

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Is your disability related to any of the following:

- ◯ Cognitive Impairment (e.g. Autism, Aspergers Syndrome, head injury)
- ◯ Learning Disability
- ◯ Long term illness/health condition
- ◯ Mental Health Condition
- ◯ Physical Impairment
- ◯ Sensory Impairment
- ◯ [ ] Other
- ◯ [ ] Prefer to self-describe
- ◯ Prefer not to say

Thank you for completing this questionnaire.

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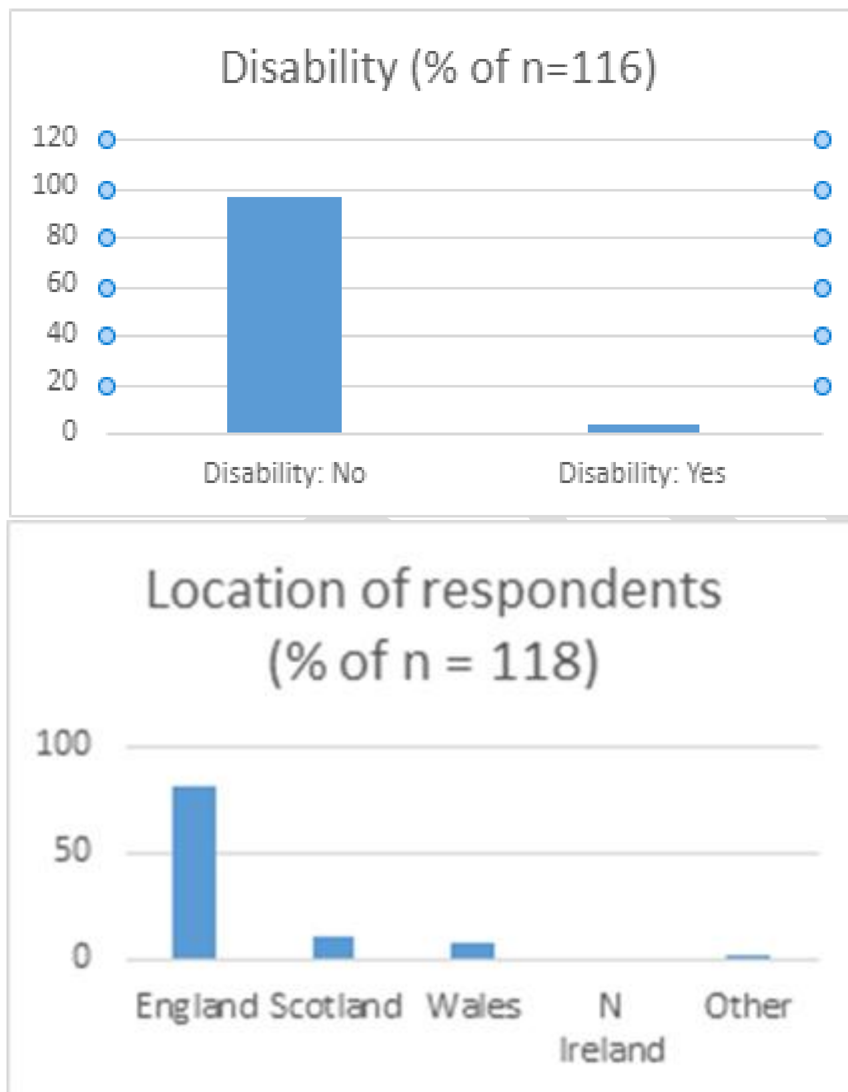
## Appendix 2 Registrant Questionnaire Survey Results

There were 121 responders, representing around 2.3% of registrants. Most were from England (80%), with slightly more than half identifying as female (57%), with 60% of respondents having 20 or more years in practice. Seventy-five percent described themselves as heterosexual, and 44% with no religion and 29% Christian. Seventy-six percent of respondents were white, 6% Asian, 5% mixed ethnicity and 2% Black. Ninety-seven percent described themselves as not being disabled (Diagrams App2.1)

**Diagram App2.1 Respondent characteristics**



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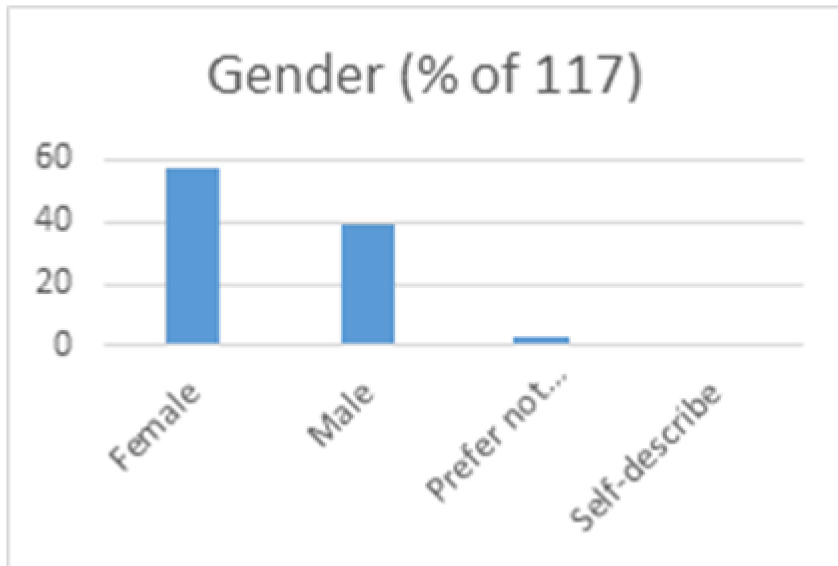


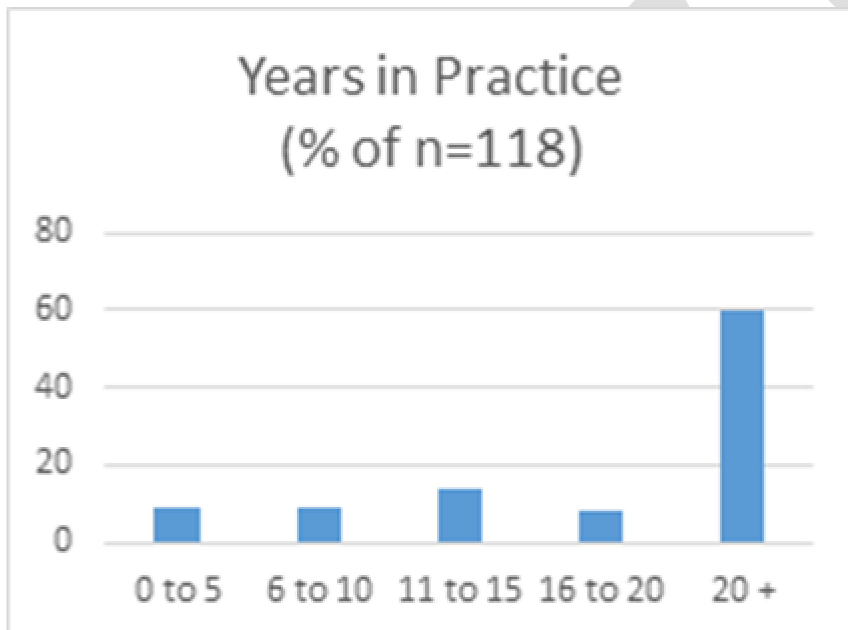

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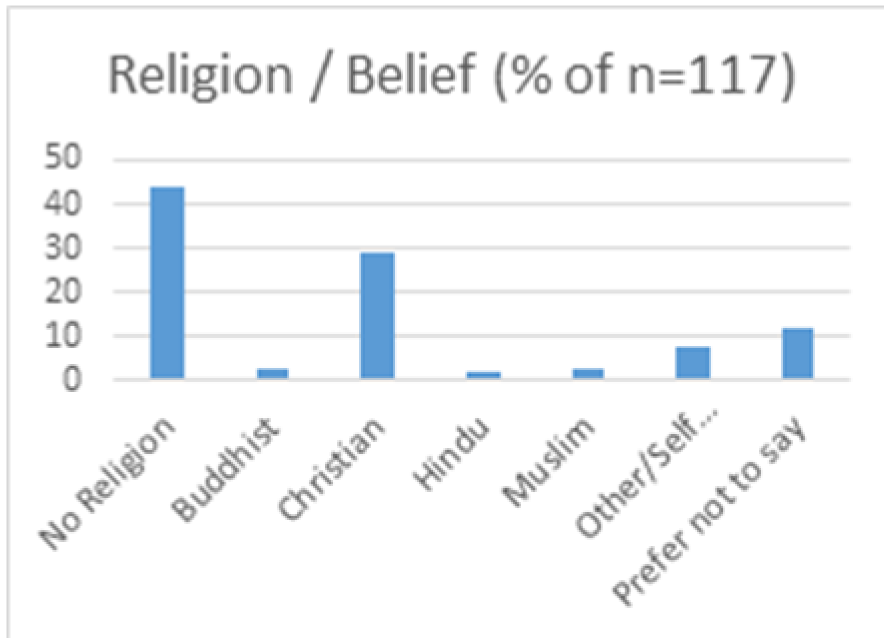
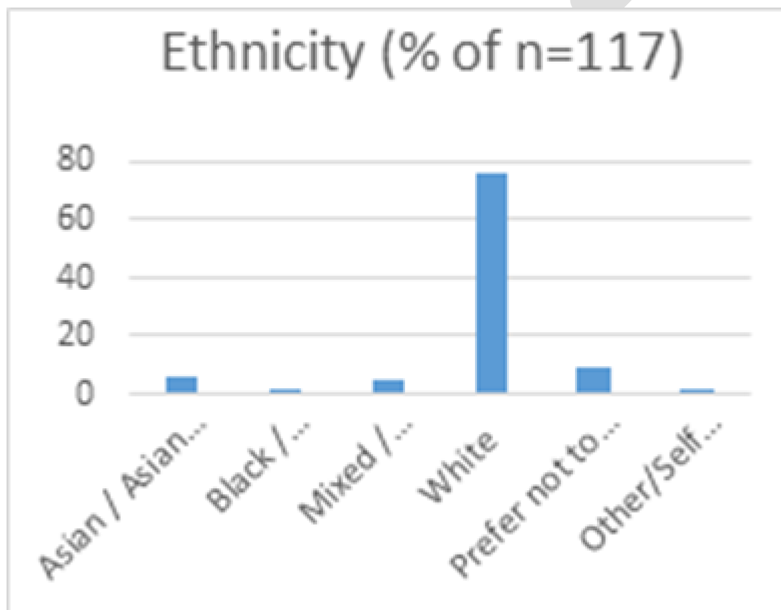
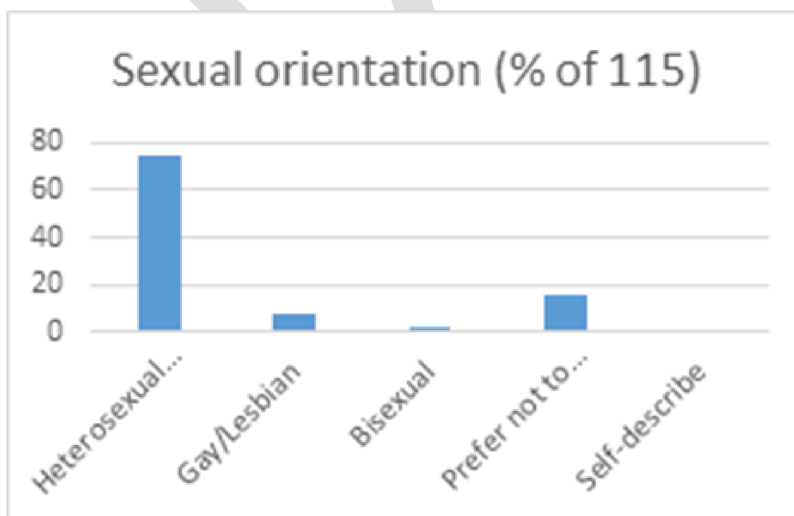
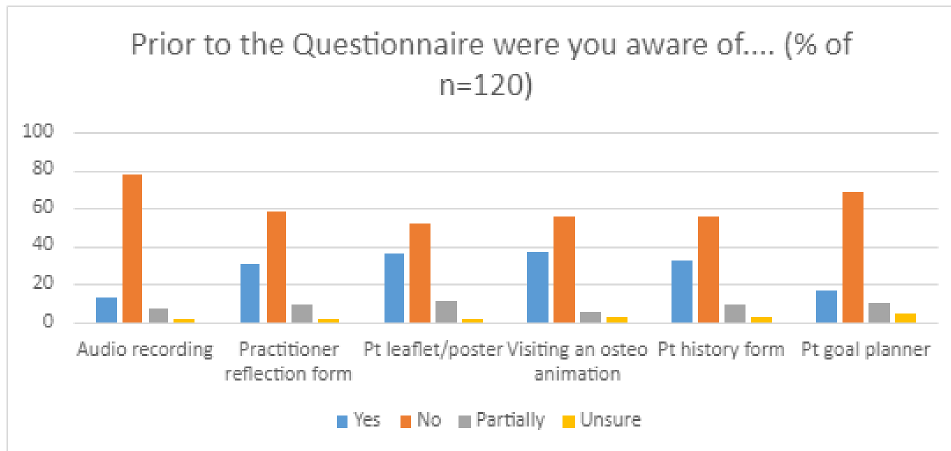


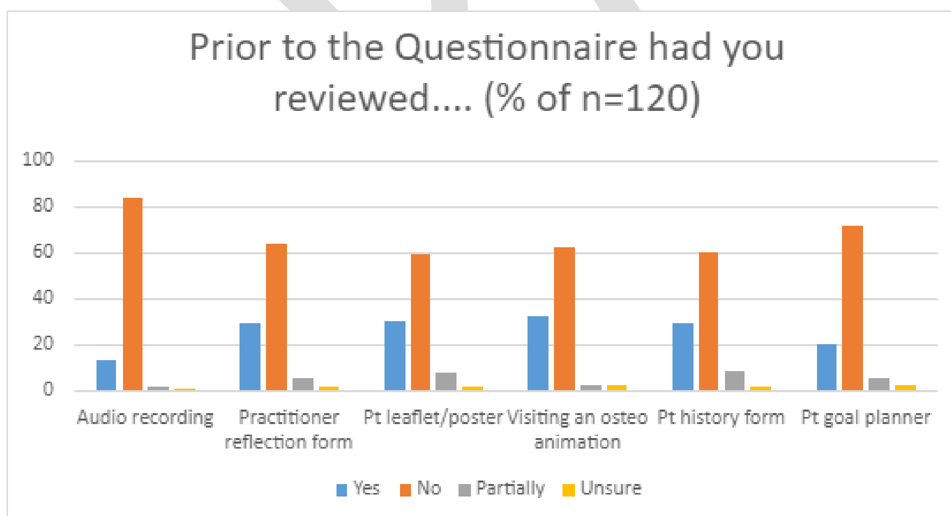
Prior to the questionnaire, most respondents were unaware of the resources available. The highest awareness rates were for the animation (37%) and the patient leaflet/poster (36%) (Diagram App2.2).

**Diagram App2.2 Awareness of resources prior to the questionnaire**



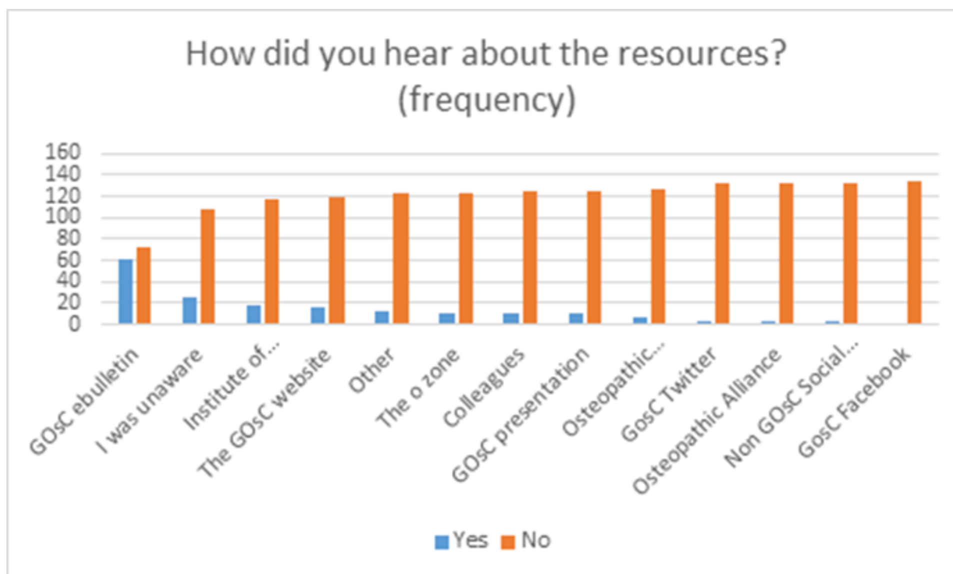

Prior to the questionnaire most respondents had not reviewed the resources, the most reviewed resource was the animation (33%), followed by the patient leaflet (30%), patient history form (29%) and practitioner reflection form (29%). The planner and the audio recording were the least reviewed (20% and 13% respectively). (Diagram App2.3)

**Diagram App2.3 Respondent review of resources**



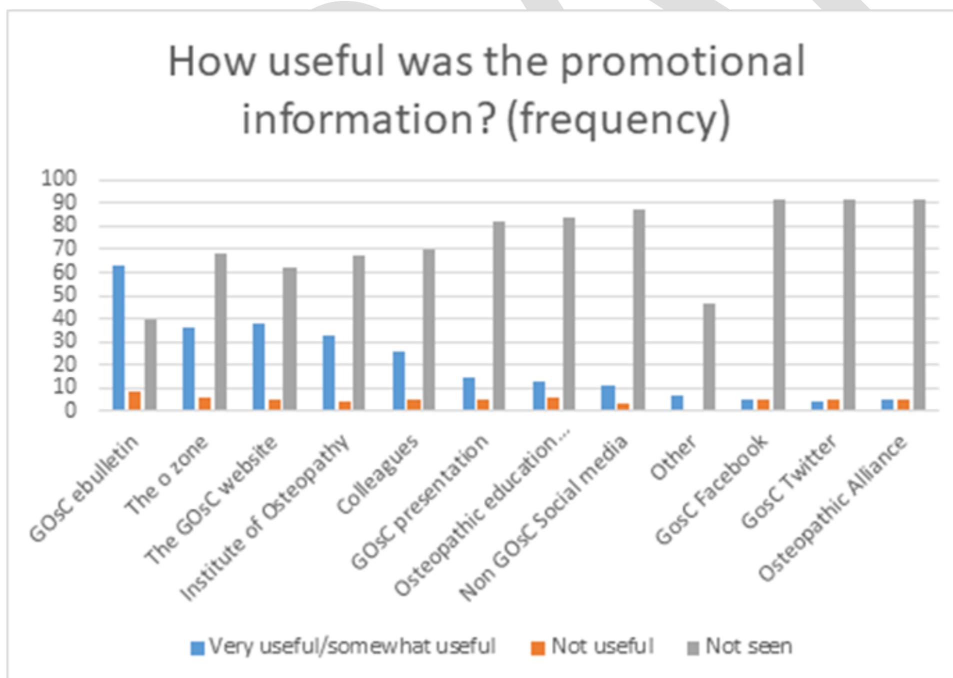

The GOsC eBulletin was the most cited source of information about the shared decision-making resources (60 respondents). (Diagram App 2.4)

**Diagram App 2.4 Dissemination**



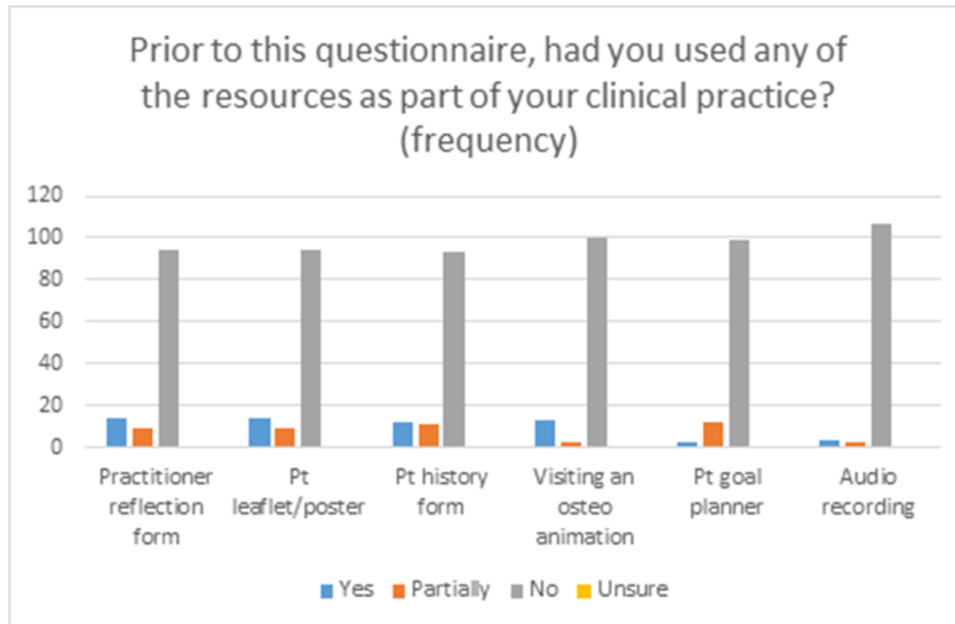

The GOsC ebulletin (63 respondents), the GOsC website (38) and the o-zone (36) were rated as the most useful sources of information, closely followed by the Institute of Osteopathy (33) and colleagues (26). (Diagram App 2.5)

**Diagram App2.5 Usefulness of resources**



Most respondents had not used the resources in practice: the animation, patient history form and leaflet/poster, and the practitioner reflection form had been used by 13, 14, 14, 14 of responders respectively. (Diagram App2.6)

**Diagram App 2.6 Use of resources**




The respondent osteopaths felt more confident about implementing the practitioner reflection form (52 respondents) than the patient resources. The more passive patient leaflet/poster was rated second by respondents as the resource they could confidently implement (48 respondents) followed by the patient history form (42 respondents). The patient goal planner was the resource they felt they could least confidently implement (30 respondents). (Diagram App2.7)

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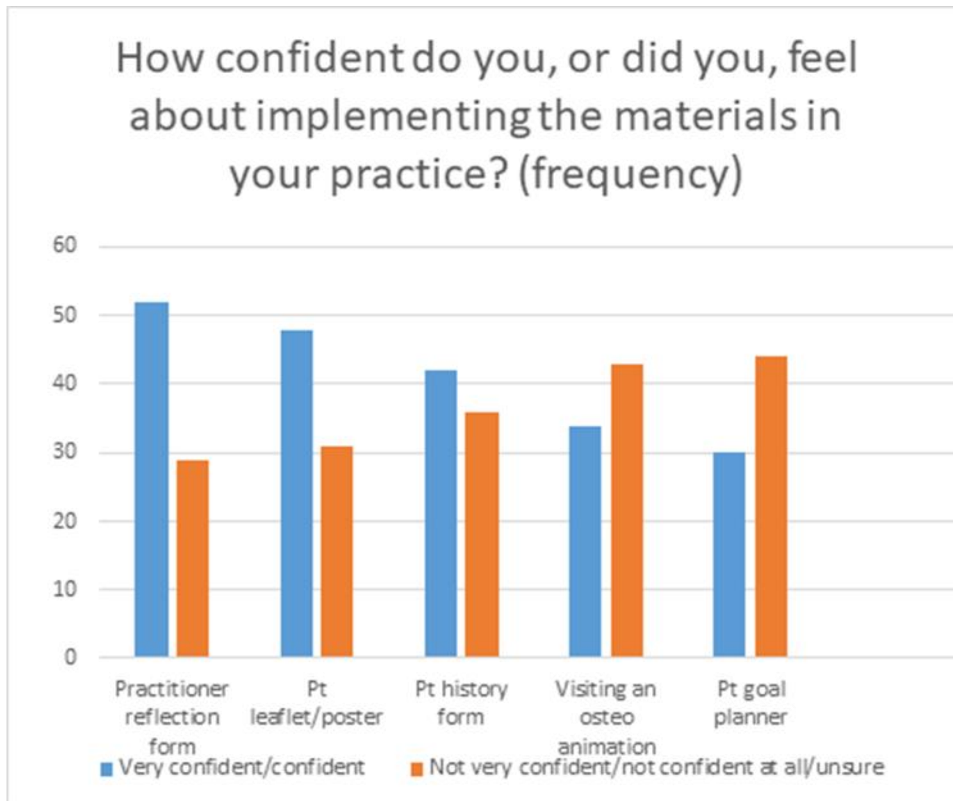
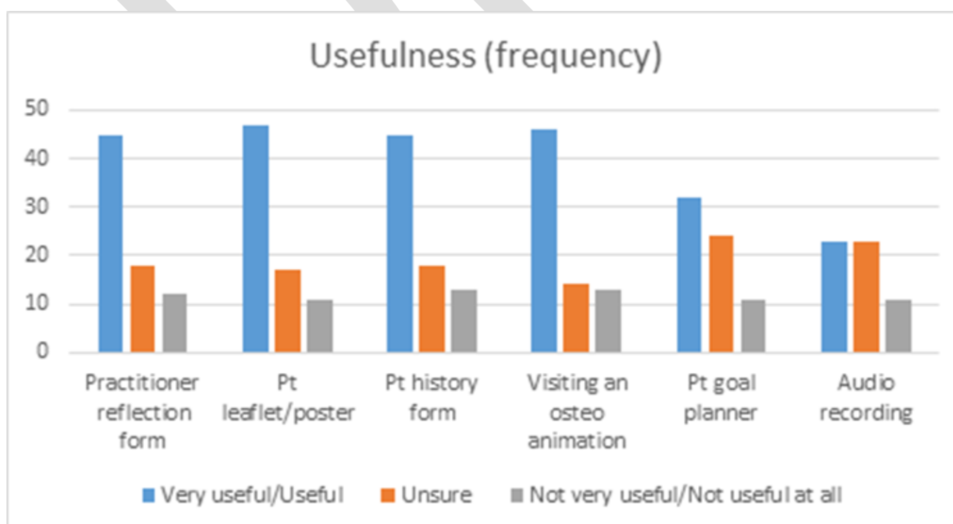
**Diagram App2.7 Confidence in implementing the resources**




Most responders rated the patient leaflet/poster, patient history form, animation and practitioner reflection form as potentially the most useful of the resources. (Diagram App2.8)

**Diagram App2.8 Usefulness of resources**

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The free response comments were interesting due to the polarity of comments:

- From mistrust of the resources produced by the GOsC - to trust in the resources as they were produced by the GOsC .
- From being oo dumbed down/patronising for patients - to really useful and very accessible to patients.
- From being barriers to using the resources due to time constraints - to useful to save time.

Other useful comments centred on:

- Different methods and resources already in use by osteopaths to promote shared decision making.
- Resources were paper dependent.
- The resources were not osteopathic enough as they referred to medications/prognosis and in one instance an osteopath considered their role as facilitating shared decision making about osteopathic options only.

## Appendix 3 Post consultation Questionnaires (please see attached pdf files)

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## Appendix 4 Focus Group Field note Summaries

## Osteopath Focus Group and Interviews – Field note summaries

**FOR EACH RESOURCE:**

**How easy to access?**

Easy

Very easy (all 12/17)

Fine from the links sent through

Animation good (will use on all welcome emails)

Easy

Not easy

Not easy to access through the GOsC website.

Not easy to access, convoluted to access that way. Could not access on tablet, only on the laptop.

PDF format better than word for tablet/pencil usage, patient did not fill in the forms.

Concerns for patients with disability. ? Sense check not done in terms of equality and diversity issues (challenging for visually impaired patient).

The graphics in the other docs can be distracting from the message.

Not accessible for people without computers. Or for people who are not tech savvy, or don't have email address so using a relatives, then issues with confidentiality when having forms online.

Printed out and talked through

Printed off and talked through docs with pt in the consult.

A lot of paper problematic for filing and colour for printing problematic (6/17).

Did not print them off – too much ink involved.

Do it already

Use some of the stuff already – have own documents. Reflected on how they could adapt their own materials.

Normally just does as part of the consultation -> allows to tell their story -> goal setting -> would not normally set the goals at the first appt – people don't know how to set goals. Normally asks people to think about why they are there – but this is not a goal – what is it that you cannot do. Would normally do goal planning – mention at first consult – but come back to next consult with real goals. Usually talk about goal setting rather in later consult. Would normally ask same q's as PH form.

Not useful

Audio recording not helpful.

Felt docs lacked examples of what the typical osteopath might recommend at the end of appt.

Confused, said to be used during consult but thought it would be better accessed prior, pink boxes and blue numbers also confusing.

Some patients just want to be fixed and don't want 'faffing' with all the resources.

Last question on Patient History (PH) form regarding 'making a decision today' or 'I want to go away and talk options through with others'. Some felt this was irrelevant unless doing sensitive or intimate techniques.

**How resources selected and why?**

All

Some observed that osteopaths used all, and thought they all had a role in the process of SDM, in different ways, but patients did not.

Animation

Below is the general feedback from the osteopaths on the animation:

Could not show the animation in the appt – thought it was really fun but thought good for a website.

Patient watched the video and glanced at the leaflet and poster

Liked animation and poster – both on website

Did not like animation but it 'grew on me' after several watches.

Animation a bit simplistic but has grown on me also.

Will put Poster and Animation on website.

Patient Leaflet/Poster

Below is the general feedback from the osteopaths on the leaflet/poster:

Showed poster and will probably put onto website and wall of the clinic.

Used poster the least – didn't feel it was needed.

While patient watched the video they just glanced at the leaflet/poster.

Several mentioned that they would put Poster and Animation on website.

Patient History

Below is the general feedback from the osteopaths on the patient history form:

Did not complete everything.

Have something similar in use already, but the lay language is better in the SDM doc.

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Thought page 2 could be shortened a little. Wondered if patient would want to disclose all the requested information in the first appt. Would probably expect the practitioner to disclose the number of treatments before budgeting for future appts.

Some did not use the history form.

Other osteopaths said they used their own patient history form and feel the SDM complimented this well.

Easy to integrate PH Doc as already similar version sent with appt confirmation email. Even if not filled it makes pt think about meds etc beforehand.

Used normal PH form but had SDM PH form in front throughtout so worked between the two.

Patient history form was a prompt for extra information from the patient, and used to fill in gaps at the end.

Worried the PH form would hamper normal consult but it seemed to trigger sharing of 'vital' information.

Would like to give patient choice to use the PH form and GP in advance.

Goal planner

Below is the general feedback from the osteopaths on the goalplanner (GP):

Several (but not all) osteopaths identified GP as their favourite resource.

Others thought too encompassing. Having goals are good but planning ahead for 5 weeks is unrealistic and stressing to the patient.

One osteopath stated they had their own version – patient fills what they think is going on, practitioner writes what their hypothesis is, and their recommendation at this point (what to do/avoid doing) and treatment plan. They felt the goal planner might take too long.

Some said they loved the GP – fantastic way to have patient verbalise 'outloud'.

Thought GP more useful to osteopath, patient had trouble filling as the goals did not fit the questions. Patient does not know what you want as an osteopath.

Did not like GP, overloads patient. Maybe depending on patient or subsequent appt only.

Goal planner particularly good for getting patient to think about why they wanted appt e.g. pain relief, reassurance, specific activity (running) etc. But not good when looking for advice as more about pain and disability and therefore limiting on scope of practice. Maybe the goal planning points could be more concise.

Although the goal form was not used well in this 'study' consult, the osteopath has since used it with other patients and reported that they were 'thrilled' to be offered the time to go through the goals in a formal way.

Would like to give patient choice to use the PH form and GP in advance.

Would consider using GP on an ongoing basis to measure the effects and progress of treatments.



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What's the need rather than what's the goal (to move away from just activity goals).

Reflection doc

Below is the general feedback from the osteopaths on the Reflection Form:

Good to reflect – felt may be better on the second or later appt.

Reflection doc – Not useful on first appt but expressed the importance of following up with new patients –does not need to be a face -to-face appointment – just a follow-up call/email.

The reflection form is good to read in advance but would not use rigidly.

Reflection form – can always improve how we practice, we all have bad days.

Would normally do this anyway. Did not lean towards any particular material. Uses GIBBS reflective model.

**Ease of use / how implemented ?**

Using the resources gives focus to the consultation. More likely to suggest to patient to think about issues, e.g. expectations, goals etc, in practice rather than use resources. And being mindful that the consult is a partnership.

Prefer idea of attaching some suggestions to a welcome email rather than all the resources which can be overwhelming.

The osteo printed this for the patient to look at in the clinic because they had not accessed the link beforehand. This caused the patient to feel a bit under pressure. Otherwise the osteopath felt she was able to weave the tools through the consultation without it interfering too much in the normal consult process. Osteopath thinks they are good forms and cover all that she would normally want to ask. Liked that this is formalised though the forms. Also mentioned that it was useful for patient to see the forms in advance. Felt that this allowed the patient to be more prepared and play more of an active role in the consultation. Osteopath mentioned that there was nothing that was 'at odds' with her normal consult experience.

Osteopath does send out some forms in advance to patients and says that they often do not fill them out. The forms she uses are not similar to the SDM forms, she prefers the SDM and would like to implement them more but feels some of the wording could be adapted to be more patient friendly.

Most of info is already incorporated in typical consult. May be more useful for the complex patient. (*NOTE: this is at odds with same patient opinion – JE researcher*) or those with chronic conditions who have been to see an osteopath many times – can help avoid getting in a rut with treatment. Can help patient (particularly those who can be passive in their appt, e.g. elderly, who just want medical professional to fix them) to be more involved and proactive. Felt sending in advance was a bit ambitious, but no time to do in consultation and practitioner reflection was done at the end of the day – could barely remember what they did, but did make more reflective. But there was a lot of stuff that felt could be incorporated into pre-existing clinic docs. Timing and type of patient may be an issue – many won't bother reading the resources. The animation is useful and could be emailed in advance.

Thought 'clunky' as already sending a lot of forms and this might overwhelm patient – but pleasantly surprised at how patient opened up in an emotional way having read the materials – this was different to normal.

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Did not print off but covered all the material in the consult – difficult due to language (non-english speaking patient) – be great to have translated. Especially good for more reserved patients to help to focus appt.

Fine to use online – patient had not read them – did all online. Proceeded with the consultation as usual.

Animation – watched – patient did not comment on it. Audio – did not need this. Did not think it was informative -did not start well – not a lot of information.

Took ages, didn't get all done even though extended the appt time. Not feasible to go through in a normal session without familiarising with the materials, or sending to patient in advance.

To do it properly and follow all the materials requires a lot of time but equally following a schedule of forms was good to keeping the focus of the consultation.

**Impact on consultation**

Good

Yes in a good way. Because the patient had viewed the video and poster in advance she had thought through what she wanted from the appt and had questions ready for practitioner. The osteopath felt that getting information was easier than usual because the patient had a better understanding about why this was important and relevant.

Really useful /helpful to pts.

In our clinic the receptionist gave print out to patient before appt and it helped to focus the conversation.

Opened up conversation more into the impact of how pain 'made him feel' on a more emotional level. It felt 'like we were on the same page'.

Concentrated the process and clarifies patient beforehand.

Enhanced the whole consultation.

Positive – better consultation.

Improving communication with the patient and their understanding of the process and treatment aims and they feel empowered.

We will continue to use.

Good impact on the consult – more conscious of SDM – would always have this focus – we are working together – but was more conscious. But don't like the form filing from the start. Some people just want to tell story – sometimes no treatment. Sometimes its just an explanation of what is going on for them which is all they want.

Even that engagement from the start tells them 'you're important'

Felt it helped patient 'buy-in' from the start

Made osteopathy and the consultation 'more professional'

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Patients more prepared with questions and answers

No difference

Patient commented that 'we do this anyway'.

Bad

The forms 'may be too set in ways'.

Too much ink to print.

Timing to include the resources but as used more then become more familiar and quicker.

What did you do with forms?

Most osteopaths kept forms at end of consult for records – did not offer patient a copy.

## SHARED DECISION MAKING (SDM):

What does SDM mean to you?

Co-responsibility.

Not just 'telling patient what to do'.

Concept of healthcare where you offer a plan of treatment based on patients view. How can the patient benefit best from osteopathy and have informed consent in decisions.

Coming to a decision about treatment and management together with the patient based on their values, options available to them, best evidence and anecdotal experiences. These options can be referring to another practitioner, another modality of treatment (e.g acupuncture), exercise programs (some patients don't want to do exercises), whether or not they need treatment.

In terms of offering 'options and choices'

Understanding other therapies and being able to advise is very difficult.

I don't know enough about other treatment choices.

Specific to pain, osteo is a 'choice' to get out of pain without drugs, not interested in other options.

To offer all options as best I can. Try and tell them what I think is wrong and then they can go away and come back or they can stop the process or they can continue with someone else.

Choices were mostly made around types of osteo techniques. Some discussion on how to implement prescribed exercise and foot-ware choices. Ergonomics. Choices around frequency of treatment.

Is there anything else you would rather do in terms of treatment?

Did using the SDM materials change your understanding?

A little bit because it was brought into conscious thinking. Had used the concepts before but gave patient a second chance to discuss the mental and physical impact of condition.

No. Had done a lot of work previously with Stephen Tyreman so was confident in this process and how it should work. Did not feel that the materials clearly outlined what SDM is supposed to be for those that are not familiar. Identified the Practitioner reflection sheet as particularly important. If a

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practitioner had read this, particularly if read in advance, they would understand what the materials in general are trying to achieve. But most practitioners might not read this until after the consult, or not at all, and therefore would miss the point. Felt that this was the most useful form where SDM was concerned.

Did the whole process encourage shared decision making? Y/N expand

(Did the process work? Yes)

Osteo understood SDM but the patient did not. Osteo understands SDM to be joint decision process where osteo provides their understanding and recommendation so that the patient is empowered with the information and part of their recovery plan. Patients then engage better in the treatment plan because you are improving their understanding and their expectations.

It all comes down to communication and consent - that's the basic element of shared decision making no matter what resources being used. Its not made clear to patients that shared decision making isn't just a patient saying, yeah, I'll go along with that. There's nothing that actually would stand up in a process that demonstrates you have obtained the patient's consent for it. The patient needs to be aware of the benefits and risks that come with whatever's been explained - there's a step that needs to be inserted there of saying shared decision making is when the patient and you as a practitioner make a decision.

(Did the process work? No)

Osteopath felt that the consultation benefited from better SDM and also a better consultation experience all round with the use of the forms. When the patient has time to think in advance then the case history develops much more easily.

Patient enthusiastic about taking part in the research but had not read in advance and had not printed off, “just launched into a sort of massive, massive story about her whole life history” which took ages and it seemed patient just thought they got to share more of their story. She didn’t ‘get’ the resources.

Had heard of SDM – had own idea of what it was (”that osteopathic patients had said they were not involved”). Likes how these forms formalise and gives an ‘in depth pt view point’.

Aware of a version of SDM but some patients like a more paternalistic approach and may prefer to be told what they need.

Aware of SDM but shocked at how many osteos are not, maybe its those that are aware of SDM are the ones more likely to engage in the process and this study.

Only related to stress when patient came in and realised that they had not ‘prepared’ fully by going through all the forms. But this was specific to the experience within the study as they were both trying to ‘do it right’.

Takes more time, and if you have a tricky patient they might feel it takes time away from their treatment.

Certainly some some patients would be frightened off by all the forms due to having different expectations from their healthcare appt that does not require that level of commitment and involvement. It can be overwhelming when added as an extra to appt rather than incorporated. Best to extract the ‘good stuff’ and incorporate into existing practice. Felt that the recipient needed to be ‘filtered’ and wouldn’t give to anyone.

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Make sure paper version available in clinic as not all pts have access to online forms.

I don't think I would use them regularly with patients as they just take too much time unless selected patients (e.g. shy) when they may be beneficial (2 osteopaths).

What does the osteopath think the patient thinks SDM is?

Autonomy? – some patients don't want autonomy, some pts want you to tell them what to do. Sometimes doesn't go much beyond me telling them what I think is wrong and what I think they can do. But some don't want to come up with their own goals – they don't know how to. They don't know what their goals are. Often said to osteo – 'well you're the expert' – and I say back 'I'm not the expert, I don't know what your feeling'. Pain is personal and I can't or don't know what they are experiencing and their context, their background, their gender, their employment, their social network – all impacts on their pain experience. I might explain that BPS – they are all linked – explain this to patients – all depends on context and how if affects your life. Pain experience is not necessarily an injury but in the context of your life, how it affects you.

## RECOMMENDATIONS/CHANGES

What would you do differently next time?

Reformat the patient history form and word it in a more patient friendly way, or in a way that the practitioner is more comfortable working with, but keep content the same. Other forms – give patient the choice about what they'd like to use. Present to the patient as an option and see what they thought.

Adapting own doc to include some of the SDM. Might stay with own goal planner and not use reflection until later in the treatment program. Receptionist might direct the patients to the 'what to expect' on the website.

Post-consult email with exercises, advice and appt summary so patient has something to refer back to and share if wanted. Makes people feel cared for.

Incorporating them into welcome materials, welcome packs, welcome emails and then refer back to materials within the consultation. Animation will be in welcome email and goal planner can be used more as a follow-up about what the goals are and how these can be achieved together.

Some of the questions need to be more explicitly worded.

A link or QR code to the 'what to expect' poster would be useful.

Some of the resources that are out there on communication and consent could actually be adapted to include shared decision making within the package. And use it as a tool to put in the shared decision making as part of that communication and consent, explaining benefit and risk.

Let patients choose what they would like to use.

## OTHER QUESTIONS

How recruited patients?

Most patients were selected randomly – Next NP - did not know the patient.

A few had an existing patient with a new problem.

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First patient pulled out as they thought it would be too time consuming. Second patient (who participated) had been treated by another osteopath previously but had a new condition and new to this osteopath.

One osteopath selected someone who would engage or had the time to give it.

Another selected patient with disability to challenge the process and this particular patient because of his personal ability to be outgoing and articulate but resources could be particularly good for the 'shy' patient who finds it hard to articulate their issues.

<u>Other resources used by osteopaths and patients and why?</u>

Exercise prescription software package – rehab my patient.

Yes, they have their own versions of the SDM docs in the clinic already in use. These having been in use for sometime and not informed by the GOsC docs.

Other podcasts on shared decision making.  Would like to access these.

Psychology of buy in – Serena Simms – needs to be measureable – needs to be an image that is the goal. Also uses GIBBs reflective model.

<u>Final comments</u>

Once study finished and has conclusions would like if there was an educational component that could be shared through regional groups. She only knew about the SDM because of a presentation by Steve Bettels. Likes the idea but believes that many osteos miss it and that they too would like it if they knew more about it.

Believes the concept of encouraging SDM is so important – the ideas of could be widely used if shared more effectively.

Yes I feel confident with SDM but have done a lot of courses since graduating. Its good to be reminded by the resources and to practice the skills.

From graduating I learned to teach people to look after themselves, so it wasn't just application of treatment. it's been interesting to connect with the values based practise and the GOsC website.

I don't think these resources increased my confidence. I think they made me slightly nervous about them and less confident in my abilities, which I think are probably reasonable. I don't think they are good tool to an under confident practitioner to increase their abilities or confidence with shared decision making. I think they are good tool for someone who's already doing stuff and wants to improve.

I wonder if the patient would fill the reflection form differently to the practitioner, felt a little like marking own homework.

Would be really nice to have an animation directed at children.

One osteopath admitted that she did not fully understand SDM before or after the exercise, even though she thinks she does do it to a certain extent. She raised the point that sometimes if a patient does not return for treatment she takes this as a failing of her communication. However, she noted that given what SDM is supposed to be, it may in fact suggest that she did her job well and the patient decided not to come back because other options were clearly explored.

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Needs to be more explicit what the practitioner needs to understand in advance of using the forms.

## Patient Focus Groups x2 + interview (CD) - Field note summary

**FOR EACH RESOURCE:**

How easy to access?

Yes

Mostly received by PIS links but one received links through a text message.

All commented that they were easy to access

No

One noted that animation (bean one!!) needed access through youtube.

How resources selected and why?

- One patient read on line and printed goal planner and poster (loved the poster). Did not fill in advance but chatted through in the consult.
- One patient 'skim read' as she felt familiar with osteopathy and chose not to engage – short time frame to appt and was in a lot of pain. Felt relationship with osteopath was more important than the materials
- Others read the materials in detail and engaged because they felt this was required for the study.
- Materials leaned towards activities unable to achieve – may not be relevant if visiting for health maintenance reasons.
- Materials 'assume' the patient knows what an osteopath is.
- 2 patients 'knew' their pain story and therefore found materials superfluous to the consult, 2 patients were not in immediate pain and liked the structure of the materials.
- SDM sounds good but is there evidence for utility and if yes, can this be shared (referenced)
- Animation
    - Lots of patients loved the animation
    - good
    - simplistic/'kidified'
    - lacked 'what to expect' – should explain that more than 'just talking' happens in the consult
    - made me laugh (bean man)
- Patient history form
    - Simple and clear
    - Online filling – boxes do not expand with text – a number of pts commented on this. When filled online and printed the box size does not expand to see all text.
    - Number of pages to be completed unclear – also remarked by a number of pts, not sure what they were getting into.
    - More for practitioner than patient
    - Helped to be specific with details, added context to appt
    - Good to have in advance
    - Unsure of the tick box Q's

- Osteopath had own, much more detailed form, in consult – duplication
- If case history is complex, these forms are not relevant
- Asked about medicines but not vitamins and supplements or other alternative supports.
- Felt it was long winded and did not get to the point.
- Effects on day-to-day life Q – one felt irrelevant, however others said that this was a good prompt “prompted to consider what and why I was seeing an osteopath for”.
- “there was more value in the thought process behind filling out the forms, than in the filling themselves”
- Felt q’s were ‘scary and negative’ and might put people off.
- What do you want to achieve from consult? One pt identified this as an important question as she realised that she wanted to feel that she ‘wasn’t alone’ and could be helped to recovery.
-

- Goal Planner
    - Most often identified as the favourite for many patients
    - Good if you are results driven
    - Maybe week 1 goals can be broken down into days
    - Actions to achieve goals rather than goals themselves – a ‘this is what you need to do’ approach to goals would have been better
    - Too intense – too much information – does not know what will happen in the next few days let alone the next few weeks. When in intense pain, cannot focus on details, only interested in getting out of immediate pain.
    - Others felt that 3 goals was a good number ‘3 is the magic number’ but maybe no harm to mention on the form that 3 goals not necessary.
    - Use layman’s language – what can you do to help me achieve – how can I get there?
    - Handy to go through and consider ‘formalising and focusing on risk and reward’
    - Good for pacing recovery and identifying a realistic and achievable timeframe for recovery.
    - One patient felt that GP allowed him to focus on goals rather than pain, and he felt ‘safe’ achieving the goals in a considered way.
    - Some pts felt that goals seem to focus on activities but different goals were identified for different patients. For some it was activity, running etc. Others it was to be out of pain. One patients goal was to return to work. Another pt identified improved mental health as a goal.
    - Also helps to financially plan
- Poster
    - loved the poster – human language. Had been before to osteo – can put up in clinic. Patients can be terrified when they go to clinic first, this information really helpful.

<u>Ease of use / how implemented ?</u>

Overall everyone found them easy to use. Implemented throughout the consult.

Some suggested that they distracted from the consultation. Others felt that they added context to the consultation. This again seemed to be the difference between the patient type – those who 'knew' their problem felt it took away from the focus.

Impact on consultation

Materials did not refer to what to expect from consult in terms of advice, lifestyle, exercises, stress management etc.

One patient felt that the holistic element of the osteopathic consult is not captured in the materials.

A post consultation record/report would be useful.

Did not make any difference – but did not seem to get the point of SDM (note: later in interview this patient did not understand SDM).

One patient mentioned that they liked to review their forms before the follow-up appts so that they could re-focus on how they were doing and this really helped.

## SHARED DECISION MAKING:

What does SDM mean to you?

Collaboration

Both parties saying what they think

Should roll through the whole appt

Conversation and exchange of views

Did the whole process encourage shared decision making? Y/N expand

Yes, though there was some discussion around peoples understanding of what SDM really meant.

Some did not understand beyond that it meant sharing something with the practitioner.

"Not in this instance – did not fully understand. Maybe I can see what osteo wants and what I want do? (after some discussion about what SDM might be) Can see how the materials could help SDM if you don't know what to expect from your osteopathic appointment. "

Nice not to have 'decisions thrust upon' us, and to be kept involved

What were the positives of using and introducing the resources to care?

Good way to keep account of engagement with the process.

Good basis/framework for discussion, positive experience

Helps to work in collaboration – rather than have 'something done to me'. Most patients are no longer 'passive' about their treatment and want to know what is being done and why.

One patient remarked that the forms seemed to shorten their recovery time, because they felt 'empowered to speak to the osteopath" and say "these are my goals", allowing honesty about patient needs both physically and mentally, rather than "feeling like being told what to do".

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Another said “it promoted more conversation”.

Another said ‘having forms in advance enabled participation in the consultation’.

One patient remarked that with the SDM docs her appt felt ‘tailor-made to me’ because the osteopath was ‘interested in my needs’. Also feels more empowered to speak up when a treatment feels ‘too much’.

Patients said that they did not feel that the forms put them under too much pressure in terms of responsibility of care.

One patient said that in years of visiting an osteopath, this was ‘one of the most positive experiences’ she had.

Having forms takes the information out of your head, rather than going ‘round and round’ in your head.

‘Felt like a partnership. Me contributing and her listening and hearing what was important to me’.

Felt like ‘a journey with the osteopath’. Felt like a care package than a business transaction.

If new to osteopath the materials might accelerate the collaborative approach between osteopath and patient. For long standing patients already familiar with osteopathy there is no obvious advantage because patients will pick and choose an osteopath who they feel they can engage best with. Experience of attending teaching clinics where less experienced students become ‘defensive’ is patients express opinions about their presentation and care needs. I know what my pain feels like in my body.

Having the materials prompted and prepared for a more in depth conversation.

<u>What were the challenges?</u>

Forms could become a distraction – patients are used to, and trust, the patient-practitioner relationship. But it was felt that an experienced practitioner will achieve SDM subtly being informed by the patient.

Some patients might not want SDM – the ‘expert knows best’ approach but this links back to a lack of understanding about SDM.

Yes, but if the osteo does not agree with diagnosis of another osteo – they might not agree – they might not like it that you go in ‘dictating’ whats going on. Therefore having a diagnosis written down, and being able to share this with another practitioner can be helpful. This patient felt anxious visiting new practitioners because her experience has been an attitude of ‘osteopath knows best’ and she is worried they will do more harm. She has a long history of MSK pain.

One patient mentioned that they generally find form filling overwhelming at the outset, so these could turn her off. There was no sense of how long the forms were. The GP was easier to work with. She felt it would be easier to do the PH form with the osteopath.

Another patient mentioned that language was ‘scary and negative’.

First consultations can make new patients feel bombarded with information. Careful with timing, how much extra information these might cause.

Overwhelming to start with but read a few times appreciated the content.

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## RECOMMENDATIONS/CHANGES

What would you do differently next time?

Likes the way its done already in routine appt – would like to be able to bring diagnosis between osteopaths – nervous if other osteos get the diagnosis wrong.

Any recommendations?

One participant recommended accessibility audit on all materials for users with extra needs (e.g. for the visually impaired)

The timing of supplying the different forms may need consideration, or certainly the explanation to the patient of the utility of these forms so they can understand the purpose.

Adding a section to the PH form on diet, supplements, lifestyle (in addition to medications) would be useful. Also possible maintaining factors, postures, habits.

## OTHER QUESTIONS

How recruited patients?

Mostly new patients but some were existing patients with new condition.

Other resources used by osteopaths and patients and why?

Some practitioners had their own comprehensive P/H forms and one osteo sent out a follow-up email with details of the consult and advice to the patient.

Final comments

One patient who was a first time patient to the osteo (seen a chiro previously). Went through forms with osteo. Unable to access on her own. Did not understand SDM before or after the process. Did not make choices. Felt more understood. But did not feel a need to discuss options other than those recommended by the osteopath. This patient loved her osteopath.

Another patient who knew her osteopath, had been for a few sessions. Understood the process. Felt the materials allowed her as a patient to understand and focus on what the osteopath was doing and why. Felt the process of working through the materials allowed her to challenge the osteopaths recommendations, and look for explanations and alternatives. Choices were given around what treatment approaches (MT vs non-MT) the patient was happy with and these were rechecked on subsequent appt's so patient felt involved and part of those decisions. She said that although she had been to the same osteo before, and was very happy, this made her feel more 'relaxed' because she had confidence in the direction the consultation could go, having 'ME" in mind. This also made her more compliant with the advice given, because she was included in the advice choices and understood why she was doing it.

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# Annex to 11

Also mentioned at the end that she really loved the materials but thought they might be intimidating for patients not familiar with the osteo consult. Also, that they can be time consuming which might be frustrating for some patients.

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