

EXAMINING LEVELS OF SHARED SURGICAL DECISION MAKING IN PAEDIATRIC OTOLARYNGOLOGY USING THE OPTION SCALE

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OTOLARYNGOLOGY

BACKGROUND:

Elective surgical procedures are common in pediatric otolaryngology, and research shows that increased caregiver involvement in the decision-making process, termed shared decision making (SDM), leads to positive outcomes. The objective of this study was to describe current levels of SDM during pediatric otolaryngology consultations.

METHODS:

One hundred and seventeen caregivers and three pediatric otolaryngologists were prospectively enrolled. Surgical consultation visits were videotaped and coded using the Observing Patient Involvement (OPTION) scale. Following the encounter, all participants completed a questionnaire measuring perceived levels of SDM (SDM-Q-9, parents; SDM-Q-Doc, surgeons). Spearman's correlation coefficient was used to measure associations between variables.

RESULTS:

Overall OPTION scores were low (median 14/48, interquartile range 12), and not significantly correlated with perceived levels of SDM (SDM-Q-9, $p = 0.415$; SDM-Q-Doc, $p = 0.236$), surgery type ($p = 0.197$), or patient demographics. The OPTION scores were positively correlated with consultation length ($p < 0.001$). Within the OPTION scale, items 5 (96.6%) and 8 (95.7%) were observed most frequently; items 3 (0%) and 10 (48.7%) were observed the least.

CONCLUSION:

Observed levels of SDM were consistently low, but higher levels were observed when the surgeon spent more time in consultation. Observed levels of SDM did not match perceived levels of SDM, which were consistently rated higher by both caregivers and otolaryngologists. Efforts should be made to increase SDM in pediatric otolaryngology.