

Clinical Decision-Making Practices Among a Subset of North American Prosthodontists

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The aim of this study was to determine the decision-making practices of a subset of North American prosthodontists. A survey was administered to assess practitioner views regarding the relative importance of practitioner, patient, and patient family beliefs and preferences during treatment planning of the edentulous patient. In responses to abstract questions, practitioners appeared to endorse a blending of patient and practitioner beliefs and preferences when treatment planning. However, in response to a question proposing a simulated clinical scenario, practitioners indicated they placed a greater emphasis on their own beliefs when choosing a treatment option. *Int J Prosthodont* 2007;20:606–608.

In recent years, the prevalence of the traditional paternalistic model of the doctor-patient relationship, in which the patient is submissive to the decisions of the doctor, has diminished. At the other end of the continuum lies a consumerist model in which the clinician provides the patient with expertise based on his or her clinical experience of the treatment options. Subsequently, the patient makes the decision with otherwise minimal clinician input. In between these extremes lie degrees of “shared decision making” in which both clinician and patient deliberate together and make consensual decisions.

Traditionally, prosthodontists have opted to use outcomes of technical processes when making recommendations to patients during the treatment planning phase. A clinical decision-making process that depends on technique-based outcome measures without

due consideration of patient beliefs and expectations, however, may not maximize patient satisfaction with treatment. This study examines how values and beliefs of prosthodontic practitioners impact communication during treatment planning.

Materials and Methods

Prosthodontic Model System

A completely edentulous patient was chosen as the test model because therapy to address edentulism routinely involves 1 of 3 elective options—complete denture, implant-retained overdenture, implant-supported fixed hybrid prosthesis—that have a wide range of costs and substantial differences in treatment duration, invasiveness of therapy, and improvements in clinical outcomes.

Survey Instrument Development

Based on a literature review of published clinical decision-making material, a set of questions was developed (item generation). Experts from the Mayo Clinic Survey Center, one expert in decision-making practices of patients (VMM), and 4 prosthodontists reviewed and offered suggestions to improve the clarity, flow, and relevance of these questions. The Mayo Clinic Institutional Review Board approved the revised questionnaire for use at the 2005 Academy of

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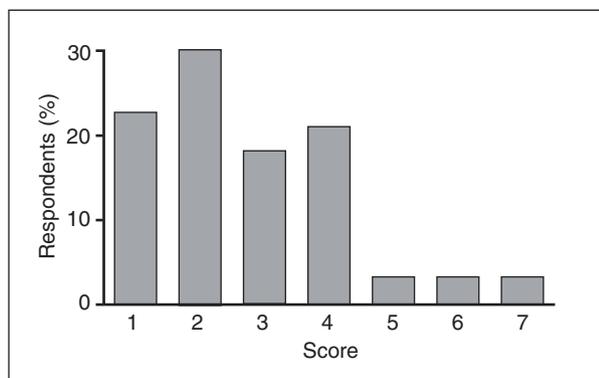


Fig 1 How important are your own values (beliefs, priorities, preferences) in helping edentulous patients make treatment decisions (1 = very important, 4 = neutral, 7 = very unimportant)?

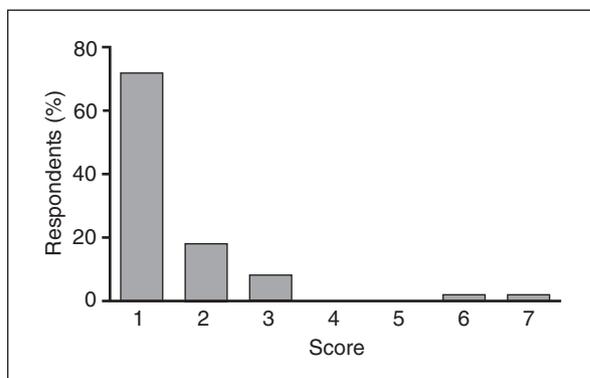


Fig 2 How important do you perceive the edentulous patient's values (beliefs, priorities, preferences) to be in making treatment decisions (1 = very important, 4 = neutral, 7 = very unimportant)?

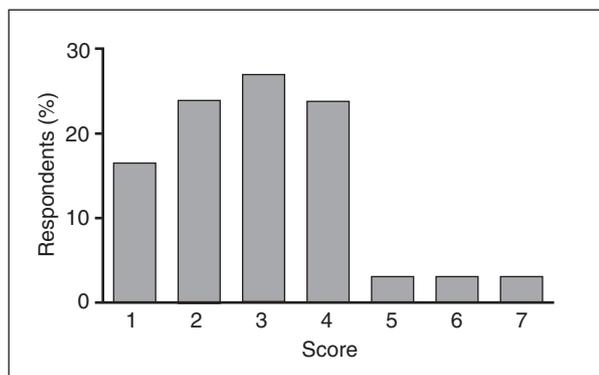


Fig 3 How important do you perceive the values (beliefs, priorities, preferences) of the edentulous patient's family or friends to be in making treatment decisions (1 = very important, 4 = neutral, 7 = very unimportant)?

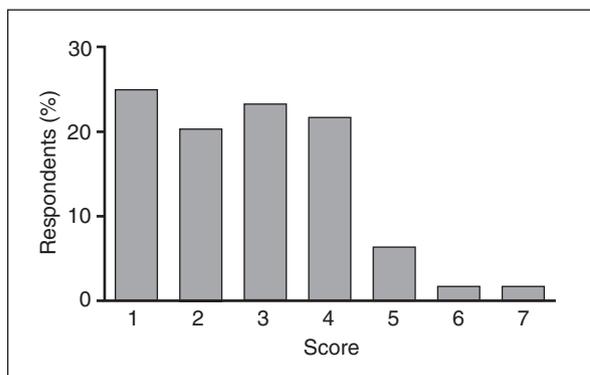


Fig 4 How much do your own personal values (beliefs, priorities, preferences) influence your presentation of material to patients who are in the process of choosing among different treatment options (1 = a lot, 4 = neutral, 7 = not at all)?

Prosthodontics Annual Scientific Session. Along with questions aimed at obtaining demographic information about the participants, a variety of questions related to the influence of practitioner and patient values and beliefs on treatment planning was presented.

Statistical Analysis

Chi-square analysis and the Kruskal-Wallis test were used to test for associations between responses. Statistical significance was set at $P \leq .05$.

Results

Participants and Their Stated Approaches

Ninety-four of 104 participants returned questionnaires (90.4% response rate) (Figs 1 to 5). Sixty-seven participants were prosthodontists from North America and had practiced prosthodontics for a mean of 25 years (SD: 12). Eighty-four percent of respondents were male. Female practitioners were more likely to offer patients their own preferred approach after disclosing poten-

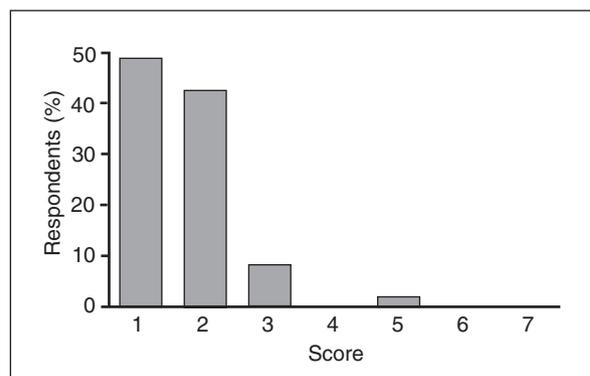


Fig 5 In general, how satisfied do you think your edentulous patients are with the decision-making process when choosing among different treatment options (1 = very satisfied, 4 = neutral, 7 = very dissatisfied)?

tial differences in circumstances, values, and preferences with those of the patient ($P = .0082$), indicating gender-specific differences in the approach to clinical decision making.

Table 1 Ideally, How Should Clinicians and Patients Arrive at the Optimal Treatment Option for the Edentulous Patient?

Answer	Respondents (%)
Choice of the best solution is fundamentally a technical decision; the clinician should make a strong recommendation to patients and seek their endorsement	2.99
Choice of the best solution is partly a technical decision and partly based on the clinician's preferences given what he/she knows about the patient	2.99
Choice of the best solution results from negotiation between patients and clinicians after they have shared technical information as well as their values and preferences about the options	50.75
Choice of the best solution is partly a technical decision and partly based on the patient's informed preferences, regardless of the clinician's preferences	23.88
Choice of the best solution is completely based on patient preferences; the clinician should only make sure the patient has adequate information about the option	19.40

Table 2 Which of the Following Best Describes Your Response to an Edentulous Patient Who in Response to Your Advice About Treatment Options Asks, "What Would You Do if You Were Me?"

Answer	Respondents (%)
Inform the patient that my clinical concerns and preferences are likely different from theirs and decline to offer an answer	17.19
Share my own clinical concerns and preferences to clarify differences with the patient's circumstances, and offer an answer as if I was choosing for myself	37.50
Answer the question as if I was the patient and use my own values/preferences to choose among the different treatment options	20.31
Answer the question as if I was the patient and use my interpretation of the patient's values/preferences to choose among the different treatment options	18.75
Answer the question as if I was the patient and use my interpretation of the average patient's values/preferences to choose among the different treatment options	6.25

Practitioner and Patient Values

Figures 1 and 2 clearly indicate that participants believe strongly that patient values are of greater importance than their own values, thus indicating that a paternalistic view is not endorsed. The traditional view that prosthodontists impose their own values onto those of patients appears unfounded.

How Should Patients and Clinicians Arrive at Treatment Decisions?

Responses to this question (Table 1) support Fig 1, since the majority of participants endorsed shared decision making (options 3 and 4) and rejected the paternalistic approach.

What Would You Do if You Were Me?

In contrast to results in Figs 1 and 2 and Table 1, fewer than 20% of participants chose option 4, which gives the patient's values priority over their own (Table 2).

Discussion

In this study, practitioners reported diverse and perhaps adaptive decision-making styles, with a majority favoring patient participation in decision making. Of particular interest is the apparent discrepancy between

what practitioners say they would do in abstract situations and how they would respond to patients' requests to place themselves "in the patient's shoes." Many practitioners have been asked by a patient, "What would you do if you were me?"; their response to the question likely represents actual personal experience as a clinical health care provider and hence a more realistic assessment of participant views. Figures 1 and 2 may represent participants' perception of ideal answers, establishing a priority between patient and practitioner values, ie, a form of "political correctness." Future work with simulated realistic environments and direct observations in practice may provide a more accurate picture of practitioner decision-making styles.

Conclusion

The studied subset of North American prosthodontists appears to engage in shared decision making. Direct assessment of "ideal" behavior reveals that many practitioners appear willing to develop interactive relationships with patients at this pivotal stage of treatment planning.

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