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Abstracts of presentations

**Bridging the gap between research and  
practice: patient pull or clinician push?**

 Maastricht University *Leading in Learning.*

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and Primary Care

### Factors clinicians believe important for themselves and parents in treatment decisions for childhood exotropia

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#### BACKGROUND

Intermittent distance exotropia (X(T)) is a form of childhood squint, exacerbated when the child focuses on distant objects, is tired or daydreaming. Management includes observation, orthoptic exercises, occlusion, minus lenses and surgery, yet evidence for superiority of any of these is sparse. With surgery there is a risk of over-correction sometimes leading to further surgery. We wished to explore with clinicians the factors they believe important in treatment decision making for themselves and for parents.

#### DESIGN AND METHODS

This is a qualitative study. In-depth interviews were conducted with orthoptists and consultant ophthalmic surgeons in four ophthalmology centres in the north of England. Data were analysed using a constant comparative method.

#### RESULTS

Eight ophthalmic surgeons and 13 orthoptists were interviewed. Most children are monitored regularly in the clinic by the orthoptists; occlusion and minus lenses are offered when the child has problems controlling the squint and as means of 'buying time' and delaying surgery. Factors important for clinicians' surgical decisions included: clinical features of the squint (e.g. squint manifest for longer periods); parents' views (e.g. the cosmesis of the squint); and accurate measurement of the squint. Clinicians listed a number of factors important to parents' treatment decision making that included: concerns about the impact of the squint cosmetically or on visual acuity; understanding of the condition and of treatment; and the opinions of others. Most clinicians felt that very few children were bothered or even aware of the squint. Whilst some clinicians stated that surgery would only be conducted for clinical reasons, it was clear that parents' views could influence this decision.

#### CONCLUSION

Clinicians' decision-making about surgery is frequently influenced by parental anxiety rather than clinical factors. Parents concerns about the cosmesis of the squint and that their child would be subjected to bullying once they attend school could be a driver for treatment.

### "Sharing a decision" vs "Shared Decision Making": What's the difference? - Perspectives of Healthcare Professionals in Malaysia

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#### BACKGROUND

There are different definitions of shared decision making (SDM). However, most of these definitions are derived from a western perspective. The SDM concept has not been explored much in the Asian context. Using insulin initiation in Type 2 diabetes as an exemplar, this study aimed to explore the perspectives of healthcare professionals from Malaysia, a multiethnic Asian country, which has a public-private dual healthcare system.

#### DESIGN AND METHODS

In depth interviews and focus group discussions were conducted in 2010 with healthcare professionals consisting of general practitioners (n=7), diabetes nurses (n=3), government policy makers (n=1), family medicine specialists (n=1) and endocrinologists (n=1). A topic guide was used to guide the interviews which explored healthcare professional's roles and views about healthcare decision making. The interviews were transcribed verbatim and analysed using Nvivo software using a grounded theory approach.

#### RESULTS

The participants viewed shared decision making as a process that involved: listening, negotiation, information-giving, offering options, giving time, patient's consent and making decisions together.

When helping patients to make decisions, the healthcare professionals attitudes varied from being 'very serious', wanting the patients to 'be on our side' to 'not forcing' the patient to make a decision. During the decision making process, the healthcare professionals played different roles. Some would try to 'convince' patients to start insulin, while others would 'guide' them through the decision making process. A few would even try to push or 'threaten' the patients. The attitudes and roles of healthcare professionals in the decision making process depend on the clinical settings. Those from the private sector expressed a fear of losing patients if they forced the patient to initiate insulin. This was because patients from the private sector paid for the service and could decide which treatment options they preferred.

#### CONCLUSION

Healthcare professionals in Malaysia viewed shared decision making as the process of providing information and persuading patients to choose a medically-preferred option. Patient's values or perspectives were not highlighted by the healthcare professionals.