

What do providers think about shared decision-making regarding hypospadias surgery?

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Hypospadias Decision-making

- Evidence of decisional conflict and regret in some parents
- Parental anxiety and uncertainty
 - Lack of credible information



Shared Decision-making

Clinician



Patient



PATERNALISTIC:

Information and recommendations



INFORMED MEDICAL DECISION MAKING:

Information



SHARED DECISION MAKING:

Information and recommendations



Values and preferences

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Objective

- To facilitate a discussion with providers about shared decision-making regarding hypospadias surgery



Methods

- Two focus groups (Nov 2018, Jan 2018):
 - Pediatric urology (n=7)
 - General pediatricians (n=10)
- Guided discussion → shared decision-making
- Audio recorded, professionally transcribed
- Qualitative content analysis → affinity diagram

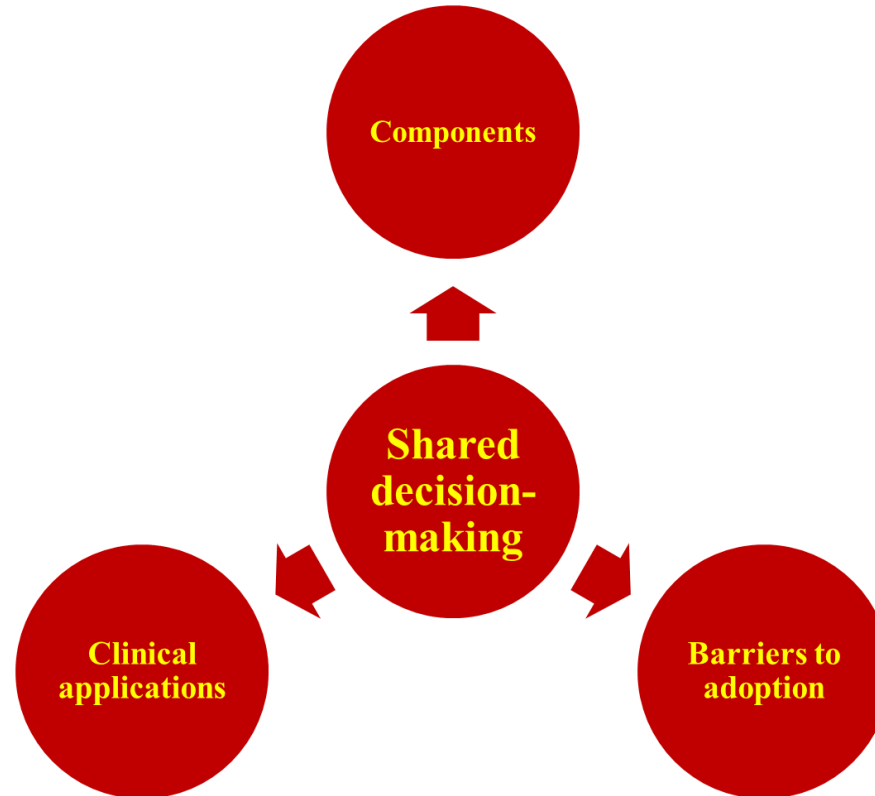


Focus group demographics

- Median age: 47.5 years
- 83.3% Caucasian
- 58.3% Male
- 58.3% MDs, 41.7% Nurse Practitioners



Provider Perspectives: Shared Decision-making



What is Shared Decision-making?

- Engaging families
- Facilitating discussion
 - treatment options, risks/benefits
- Eliciting:
 - values/preferences
 - concerns and goals of care



How might Shared Decision-making be useful?

- Discussing preference-sensitive conditions
- Affirming “no intervention”
- Encouraging parental compliance
- Pediatricians: avoiding unnecessary referrals to specialists

Barriers to Adoption of SDM

- Parental factors
 - Lack of interest
 - Misconceptions about medical evidence
 - Anxiety
 - Decision already finalized

- Provider factors
 - Time constraints
 - Productivity pressure
 - Bias/opinion

Conclusions

- Providers are knowledgeable about shared decision-making and its clinical applications
- To address potential barriers to SDM:
 - Make decision aids adaptable for use PRIOR to the clinical visit
 - Introduce decision aids EARLY in decision-making process
 - Consider provider orientation

THANK YOU

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