



UNIVERSITY OF LEEDS

This is a repository copy of *Knowledge of, and attitudes to, shared decision-making in orthodontics in the UK*.

White Rose Research Online URL for this paper:
<http://eprints.whiterose.ac.uk/163800/>

Version: Supplemental Material

Article:

Barber, SK, Ryan, F and Cunningham, SJ (2020) Knowledge of, and attitudes to, shared decision-making in orthodontics in the UK. *Journal of Orthodontics*. ISSN 1465-3125

<https://doi.org/10.1177/1465312520941526>

© The Author(s) 2020. This is an author produced version of a paper published in *Journal of Orthodontics*. Uploaded in accordance with the publisher's self-archiving policy.

Reuse

Items deposited in White Rose Research Online are protected by copyright, with all rights reserved unless indicated otherwise. They may be downloaded and/or printed for private study, or other acts as permitted by national copyright laws. The publisher or other rights holders may allow further reproduction and re-use of the full text version. This is indicated by the licence information on the White Rose Research Online record for the item.

Takedown

If you consider content in White Rose Research Online to be in breach of UK law, please notify us by emailing eprints@whiterose.ac.uk including the URL of the record and the reason for the withdrawal request.



eprints@whiterose.ac.uk
<https://eprints.whiterose.ac.uk/>

Figure 3: Free text responses arising from the attitudinal questions

Challenges in applying SDM in practice

- Challenging to give all information required to support truly informed decisions
- Important to participate in active listening to understand values and not make assumptions
- Need conversational dialogue and visual aids to understand patient perspective
- Patients may fail to take responsibility
- May not always be an ideal course of action from either patient or professional perspective
- Patient may not be aware that there might not be a 'best' treatment and it depends on what is important to them
- Guidelines do not always consider outcomes that are relevant to the patient
- SDM can make it difficult to decide
- SDM can be challenging based on patient ability to process information
- Not all patients want SDM

Concerns with SDM

- SDM may limit clinician's freedom to select /refuse treatment that they do/not agree with
- SDM can be used as a substitute for adequate diagnostic and treatment planning knowledge by inadequately trained professionals
- SDM is nothing new – just rebranding of existing concept
- SDM is not appropriate to orthodontics in many cases because orthodontics is essentially a cosmetic procedure so options of no treatment does not carry risk – so patient should decide
- Very difficult to measure – hence, difficult to support remuneration

Organisational barriers

- Primary care - funding, Key Performance Indicators (KPIs)
- System does not support time-consuming process like SDM
- Lack of care in system