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Version: Supplemental Material

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## **Supplemental File**

### **Draft Survey**

#### **Page One – Introduction and consent**

Thank you for taking the time to look at this survey. This research is being undertaken by a team of orthodontists with an interest in decision-making:

- Dr Sophy Barber – NIHR Clinical Lecturer in Orthodontics, University of Leeds
- Professor Susan Cunningham – Professor in Orthodontics, UCL Eastman Dental Institute
- Dr Fiona Ryan - Consultant in Orthodontics/Honorary Senior Clinical Lecturer, Eastman Dental Hospital UCLH Foundation Trust

We hope to find out current knowledge and attitudes to decision-making in orthodontics. This will help support future training, research and development of clinical tools. This is an important area for improving patient care and your input is greatly appreciated.

This survey is aimed only at clinicians providing orthodontic treatment in the UK. If you do not provide any orthodontic treatment please do not complete the survey but thank you for taking the time to look.

The survey will take approximately 15-20 minutes to complete.

All respondents who complete the survey will be offered the opportunity to be entered into a prize draw to win a £200 John Lewis voucher. If you wish to be entered into the prize draw you will be asked to provide an email address. This will be stored separately from the survey response and stored only until the prize draw. Your email address will not be shared with anyone else and will not be used for any purpose other than for the prize draw. If you do not wish to be entered into the draw, you do not need to leave your email address.

Ethical approval for this survey has been granted by the University of Leeds Dental Research Ethics Committee (add information). All responses will be stored confidentially and reported anonymously. You are able to save the survey and complete it at a later date if you wish. Completion of the survey is voluntary and you are free to withdraw at any time by exiting the survey. Any responses given prior to withdrawal may be included in analysis.

#### **Screening questions**

Do you provide orthodontic treatment in the UK?

- Yes (continue)
- No (exit screen 1)

Are you happy to complete the survey?

- Yes (continue)
- No (exit screen 1)

**Page Two**

What is your gender?	<input type="radio"/> Female <input type="radio"/> Male	
What is your main job role?	<input type="radio"/> Therapist <input type="radio"/> General dentist <input type="radio"/> Pre-CCST trainee <input type="radio"/> Specialist orthodontist (including consultants) <input type="radio"/> Other - please give details (free text box)	
Where do you work? (please tick all that apply)	<input type="radio"/> Specialist practice – NHS <input type="radio"/> Specialist practice – Private <input type="radio"/> Hospital <input type="radio"/> Community <input type="radio"/> General dental practice <input type="radio"/> Other – please give details (free text box)	
Orthodontic Therapists	When did you complete your orthodontic therapy training?	
Non specialist dentists	What year did you obtain your primary dental degree (e.g. BDS / BChD)?	
For specialists	What year did you qualify as an orthodontic specialist (MOrth or equivalent)?	
Have you had any training in shared decision-making?	<input type="radio"/> No <input type="radio"/> Not sure <input type="radio"/> Yes – continue to question below	
When did you receive training? (Please tick all that apply)	<input type="radio"/> Undergraduate <input type="radio"/> Postgraduate <input type="radio"/> CPD	
What type of training did you receive? (Please tick all that apply)	<input type="radio"/> Lecture <input type="radio"/> Online <input type="radio"/> Workshop / Course <input type="radio"/> Other - please provide brief details (free text)	

**Page Three**

**What does the term Shared Decision-Making in healthcare mean to you?**

Free text
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**Page Four**

Shared decision making is described in many different ways. For the purpose of this questionnaire, we are using the definition of shared decision making used by the NHS:

“Shared decision making (SDM) ensures that individuals are supported to make decisions that are right for them. It is a collaborative process through which a clinician supports a patient to reach a decision about their treatment.”

**Page Five**

Please indicate how much you agree with the following statements. There are no right or wrong answers, we are interested in your opinions.

When answering the questions, please assume the patient has capacity to make decisions.

	Strongly agree	Agree	Disagree	Strongly disagree
I try to imagine myself in my patients' shoes when providing care for them				
Shared decision-making is unrealistic because it takes too much time				
Using shared decision-making with patients could increase my legal risk				
Shared decision-making can only be done with patients who are sufficiently educated to discuss treatment or screening options with their clinician				
Giving patients informational resources is sufficient to foster shared decision-making				
Shared decision-making is challenging because patients ask me to decide for them				
It is alright for a shared decision to stray from what I feel is the most clinically appropriate course of action				
Shared decision-making is not always compatible with clinical guidelines				
Shared decision-making may cause patients to question my clinical expertise				
I am not confident in my ability to engage in shared decision-making				
Shared decision making is low on my priority list				
Having resources which help patients make decisions would be helpful (e.g. patient decision aid)				
Remuneration should be based on how well clinicians use shared decision making				
Patients should trust clinicians to make all decisions on their behalf				
Informed consent and shared decision making mean the same thing				

**Page Six**

Please answer the following statements as true or false. These statements relate to evidence about decision-making across healthcare. Your answers can be based on personal opinion and experience or your current understanding about decision-making. There are no right or wrong answers.

	True	False
Shared decision-making interventions cause patients to feel uncertain about their decisions		
Using shared decision-making interventions increases patient decision regret		
Using shared decision-making interventions results in fewer patients choosing major surgery		
Involving patients in decision-making increases knowledge		
When communicating information about risks, it is best to use relative risk (e.g. there is double the risk of developing thrombosis when using oral contraceptives)		
Most people will understand natural frequency (e.g. 1 in every 100 people) better than a percentage		
The majority of patients do not want to engage in shared decision-making with their clinicians		
Shared decision-making leads to improved affective-cognitive outcomes		
There is limited evidence of the impact of shared decision-making interventions on treatment adherence		
Shared decision-making interventions have a variable effect on the treatment option chosen		
Shared decision-making interventions have not been shown to affect health outcomes		

### **Page Seven**

**Please indicate how do you think decision-making in orthodontics should be approached?**

- (a) The patient should make the final decision about which treatment she/he would receive.
- (b) The patient should make the final decision about which treatment she/he would receive after seriously considering my opinion.
- (c) As the clinician, I should share responsibility with the patient for making the final decision about the treatment she should receive.
- (d) As the clinician, I should make the final decision about which treatment the patient should receive after seriously considering the patient's opinion.
- (e) As the clinician, I should make the all decisions about which treatment the patient should receive

### **Page Eight**

**Please read the following scenario and decide which approach you would take.**

An 18-year-old male presents to you seeking treatment for his malocclusion. There are two treatment options available that are clinically appropriate for this patient, and the evidence shows neither treatment is superior in terms of outcome. Each option has different risks and benefits. What would you do?

- (a) Determine the patient's clinical situation independent of his values and present him with evidence supporting my treatment decision.
- (b) Discuss the patient's health-related values with him and deliberate together using evidence-based information to decide on his treatment plan.
- (c) Use evidence-based information to help the patient understand his health condition and all possible treatment options so he can decide on a treatment plan based on his values.
- (d) Help the patient understand his personal values and suggest evidence-based treatment options that fit those values.

**Page Nine**

Do you work in more than one setting?

- Yes (continue)
- No (next page)

Do you feel you approach decision-making differently in these settings?

- Yes
- No

(If yes) Please can you explain the difference in your approach in different settings?



## **Page Ten**

### **Would you like to know more about shared decision-making?**

- Yes (continue)
- No (skip to last question)

### **What is your preferred method for learning more about SDM? (please tick all that apply)**

- Didactic (lecture style)
- Workshop with interaction and simulation
- Online learning package
- Structured training with an opportunity to apply theory in practice and reflect on learning
- Other – please give details (free text box)

### **Would you prefer to have training as an individual or as a team?**

- As an individual
- As a team
- Both

### **How much time would you allocate to SDM training in your next 5 year CDP cycle?**

- 1-2 hours
- Half a day
- One day
- Other – please give details (free text box)

### **Please select the reason which best explains why you do not want further SDM training**

- I already know enough about SDM
- I already use SDM in my everyday practice
- I do not have time for it within my PDP
- I do not agree with SDM
- I do not think SDM is important
- I do not have the time / funding to support attending training
- Other – please give details (free text box)

**Page 11**

Thank you for taking the time to complete this survey. If you have any queries, comments or concerns about this survey please contact Sophy Barber on [sophybarber@nhs.net](mailto:sophybarber@nhs.net).

If you would like to be entered into the prize draw for a chance to win £200 Amazon voucher please provide your email address below. Your email address will be stored separately to your survey response and will only be stored until the prize draw. Your email address will not be shared with anyone else and will not be used for any purpose other than the prize draw.

Free text box
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If you would like to know more about shared decision-making, links to some useful resources are provided below:

<https://www.england.nhs.uk/shared-decision-making/>

<https://www.nice.org.uk/about/what-we-do/our-programmes/nice-guidance/nice-guidelines/shared-decision-making>

<https://www.e-lfh.org.uk/programmes/shared-decision-making/>

**Thank you**