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Figure 3: Free text responses arising from the attitudinal questions

<p>Challenges in applying SDM in practice</p>	<ul style="list-style-type: none"> <li>▪ Challenging to give all information required to support truly informed decisions</li> <li>▪ Important to participate in active listening to understand values and not make assumptions</li> <li>▪ Need conversational dialogue and visual aids to understand patient perspective</li> <li>▪ Patients may fail to take responsibility</li> <li>▪ May not always be an ideal course of action from either patient or professional perspective</li> <li>▪ Patient may not be aware that there might not be a 'best' treatment and it depends on what is important to them</li> <li>▪ Guidelines do not always consider outcomes that are relevant to the patient</li> <li>▪ SDM can make it difficult to decide</li> <li>▪ SDM can be challenging based on patient ability to process information</li> <li>▪ Not all patients want SDM</li> </ul>
<p>Concerns with SDM</p>	<ul style="list-style-type: none"> <li>▪ SDM may limit clinician's freedom to select /refuse treatment that they do/not agree with</li> <li>▪ SDM can be used as a substitute for adequate diagnostic and treatment planning knowledge by inadequately trained professionals</li> <li>▪ SDM is nothing new – just rebranding of existing concept</li> <li>▪ 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</li> <li>▪ Very difficult to measure – hence, difficult to support remuneration</li> </ul>
<p>Organisational barriers</p>	<ul style="list-style-type: none"> <li>▪ Primary care - funding, Key Performance Indicators (KPIs)</li> <li>▪ System does not support time-consuming process like SDM</li> <li>▪ Lack of care in system</li> </ul>