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Medical decisions in 372 patient-physician encounters

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Background & Aim: Decision-making is a key activity in health care and clinical decisions are important outcomes of patient-physician encounters. Research on clinical decisions has typically focused on a few core decisions and no comprehensive description of decisions as they are conveyed in medical encounters has been described.

Methods: We analyzed 50 videotaped patient-physician encounters through a content-driven iterative process. Informed by the findings from the qualitative study, we conducted a cross-sectional descriptive evaluation of 372 encounters from 17 different specialties and three different clinical settings (ward round (WR), emergency room (ER) and outpatient (OP)) recorded at a large Norwegian teaching-hospital.

Results: We developed a taxonomy consisting of ten topical categories and three temporal categories allowing identification and classification by defining a clinically relevant decision as “a verbal statement committing to a particular course of clinically relevant action and/or statement concerning the patient’s health that carries meaning and weight because it is said by a medical expert”. The 372 encounters contained 4976 clinically relevant decisions, average of 13.4 per encounter (range 2-40, SD 6.8). On average, there were 15.7 decisions in internal medicine-encounters, 7.1 in ear-nose-throat-encounters, and 11.0-13.6 in the remaining specialties. WR encounters contained significantly more drug-related decisions than OP encounters ($p<0.001$) and preformed decisions than ER and OP encounters ($p<0.001$). ER encounters contained significantly more gathering additional information ($p<0.001$) and less problem-defining decisions than OP and WR encounters ($p=0.03$). There was no significant difference in averages related to physician and patient age or gender, except female physicians presented 14.7 decisions versus male physicians 12.7.

Conclusions: The taxonomy could prove helpful in other descriptive studies of clinical decision-making and aid future studies aiming to assess the quality of medical decisions with regards to level of patient involvement, patient safety, provider professionalism and degree of concordance with evidence based practice.