Studying communication in healthcare among physician assistants, nurse practitioners, and physicians who specialize in family medicine or surgery

This study aims to understand health communication knowledge and attitudes among physician assistants, nurse practitioners, and physicians in the United States.

Your participation is voluntary. Participation involves completing a 5-minute online survey focused on health communication.

You may choose to not answer any or all questions. In accordance with SERMO's privacy policy, Dartmouth will never receive names and/or other identifying information. Therefore, this information will never be used in any presentation or report about this project.

Questions about this project may be directed to: [PI CONTACT INFORMATION] during normal business hours.

If you wish to participate in this research project, please press the 'next' button below to view and complete the survey.

S1. Are you comfortable reading and writing in English?

(1) Yes

(2) No **[END SURVEY]**

S2. Which of the following best describes your professional licensure?

(1) Nurse Practitioner

(2) Physician (MD or DO)

(3) Physician Assistant

(4) Other **[END SURVEY]**

S3. Is your main area of practice...

(1) General surgery

(2) A surgical specialty

(3) Family medicine

(4) Other **[END SURVEY]**

[IF S2=1 AND S3=1 OR 2 – COUNTS TOWARD SURGICAL NP QUOTA N=50]

[IF S2=1 AND S3=3 – COUNTS TOWARD FAMILY MED NP QUOTA N=50]

[IF S2=3 AND S3=1 OR 2 – COUNTS TOWARD SURGICAL PA QUOTA N=50]

[IF S2=3 AND S3=3 – COUNTS TOWARD FAMILY MED PA QUOTA N=50]

[IF S2=2 AND S3=1 OR 2 – COUNTS TOWARD SURGEON QUOTA N=50]

[IF S2=2 AND S3=3 – COUNTS TOWARD FAMILY MED PHYSICIAN QUOTA N=50]

S4. Where is your current practice located?

(1) United States

(2) Other **[END SURVEY]**

Q4. How do you define the term 'shared decision-making'?
[OPEN-ENDED RESPONSE]

Q5. Have you previously received formal training in shared decision-making?

(1) Yes

(2) No

(3) Don't know/Can't recall

SHOW TEXT ON NEXT SCREEN:
We define shared decision making as an approach where physicians and patients make decisions together. This is a simplified definition from Elwyn G, Frosch D, et al. Shared decision making: a model for clinical practice. *J Gen Internal Medicine* 2012;**10**:1361–7.

Q1. Please indicate how much you agree or disagree with each of the following statements.
[RANDOMIZE ITEM ORDER A, B, C, E-J; LIST D FIRST]

		Strongly agree	Agree	Disagree	Strongly disagree
d.	I try to imagine myself in my patients' shoes when providing care to them.	**4**	**3**	**2**	**1**
b.	Doing shared decision-making takes too much time.	**4**	**3**	**2**	**1**
c.	Using shared decision-making with patients could increase my legal risk.	**4**	**3**	**2**	**1**
a.	Shared decision-making can only be done with patients who are sufficiently educated to discuss treatment or screening options with their clinician.	**4**	**3**	**2**	**1**
e.	Giving patients informational resources is sufficient to foster shared decision-making.	**4**	**3**	**2**	**1**
f.	Shared decision-making is challenging	**4**	**3**	**2**	**1**

	because patients ask me to decide for them.				
g.	It's okay for a shared decision to stray from what I feel is the most clinically appropriate course of action.	**4**	**3**	**2**	**1**
h.	Shared decision-making is not compatible with clinical practice guidelines.	**4**	**3**	**2**	**1**
i.	Doing shared decision-making may cause patients to question my clinical expertise.	**4**	**3**	**2**	**1**
j.	I am not confident in my ability to engage in shared decision-making.	**4**	**3**	**2**	**1**

Q2. Please indicate whether you think each of the following statements is TRUE or FALSE. **[RANDOMIZE ITEM ORDER]**

		True	False
a.	Shared decision-making interventions cause patients to feel uncertain about their decisions.	**1**	**2**
b.	Using shared decision-making interventions increases patient decision regret.	**1**	**2**
c.	Using shared decision-making interventions results in fewer patients choosing major surgery.	**1**	**2**
d.	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).	**1**	**2**
e.	Most people will understand natural frequency (e.g., 1 in every 100 people) better than a percentage.	**1**	**2**
f.	A majority of patients do not want to engage in shared decision-making with their clinicians.	**1**	**2**
g.	Shared decision-making leads to improved affective-	**1**	**2**

cognitive outcomes.

h.	There is limited evidence of the impact of shared decision-making interventions on treatment adherence.	**1**	**2**
i.	Shared decision-making interventions have a variable effect on the treatment option chosen.	**1**	**2**
j.	Shared decision-making interventions have not been shown to affect health outcomes.	**1**	**2**

Q3. Read the following scenario. Please indicate which decision style you would adopt if you were in this situation. There are no right or wrong answers.

A 40-year-old male presents to his provider seeking treatment for Disease X, and there are two treatment options available. Both options are clinically appropriate for this patient, without a significant difference in terms of survival. However, each option has different harms and benefits. What would you do?

[RANDOMIZE RESPONSE OPTION ORDER]

(1) Determine the patient's clinical situation independent of his values and present him with evidence supporting my treatment decision.

(2) Discuss the patient's health-related values with him and deliberate together using evidence-based information to decide on his treatment plan.

(3) 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.

(4) Help the patient understand his personal values and suggest evidence-based treatment options that fit those values.

D1. Are you…

(1) Male

(2) Female

(3) Other gender

(4) Prefer not to say

D2. For how many years have you been in practice? Include only time at your current level of practice, e.g., nurse practitioner, physician, or physician assistant. Do not include residency or fellowships.

[NUMERIC BOX, RANGE 0-60] years