

# Risk Communication and Values Clarification in Primary Care: A Descriptive Study

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## Informed Decisions Require<sup>1,2</sup>

### Understanding of risks and benefits (*risk communication*)

- Best practices often from survey contexts.<sup>3-6</sup>
- Can/do these apply in clinic?

### Clarity about what matters (*values clarification*)

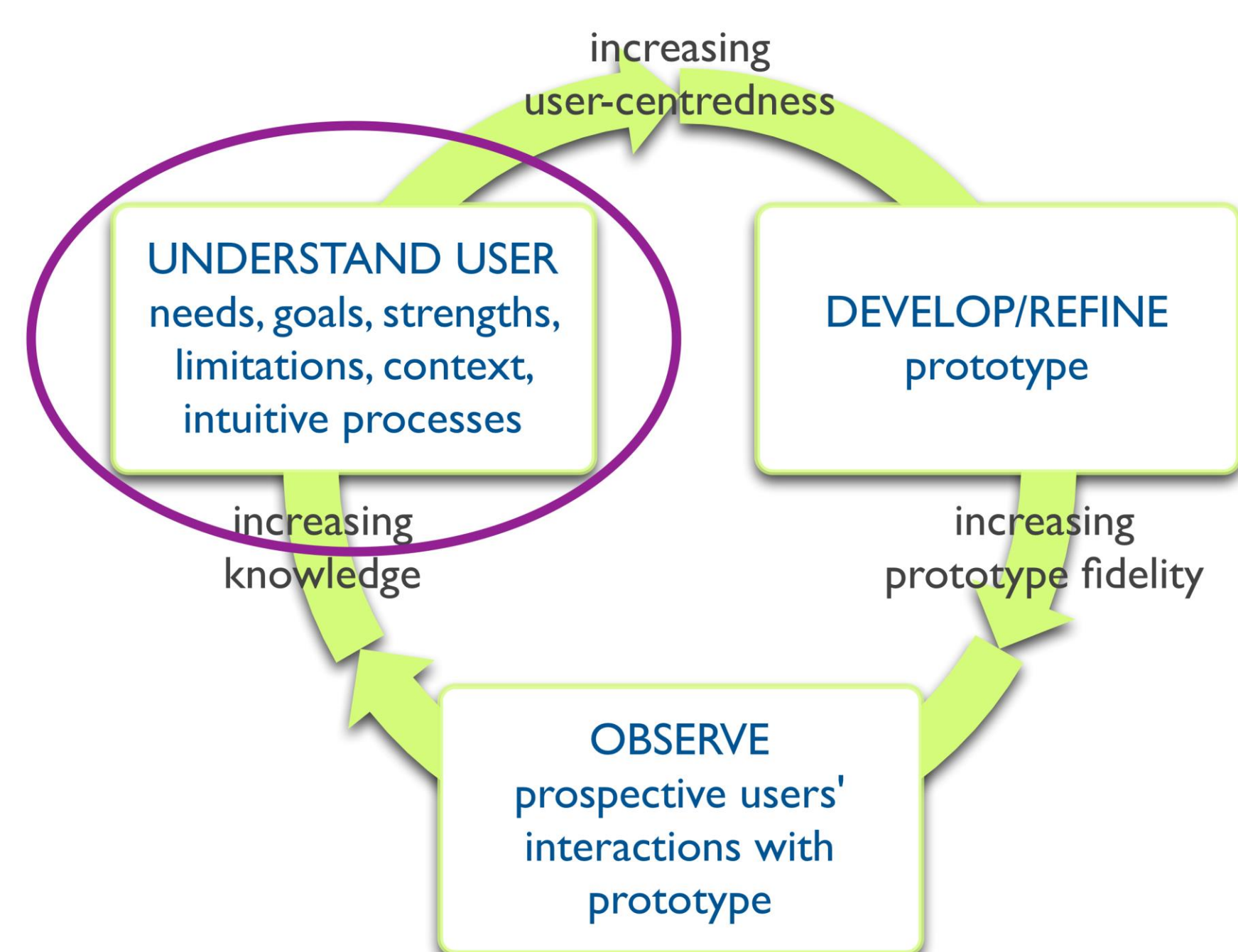
- No established best practices.<sup>7,8</sup>
- Clinicians unable to predict what matters to patients.<sup>9-12</sup>

### Objective

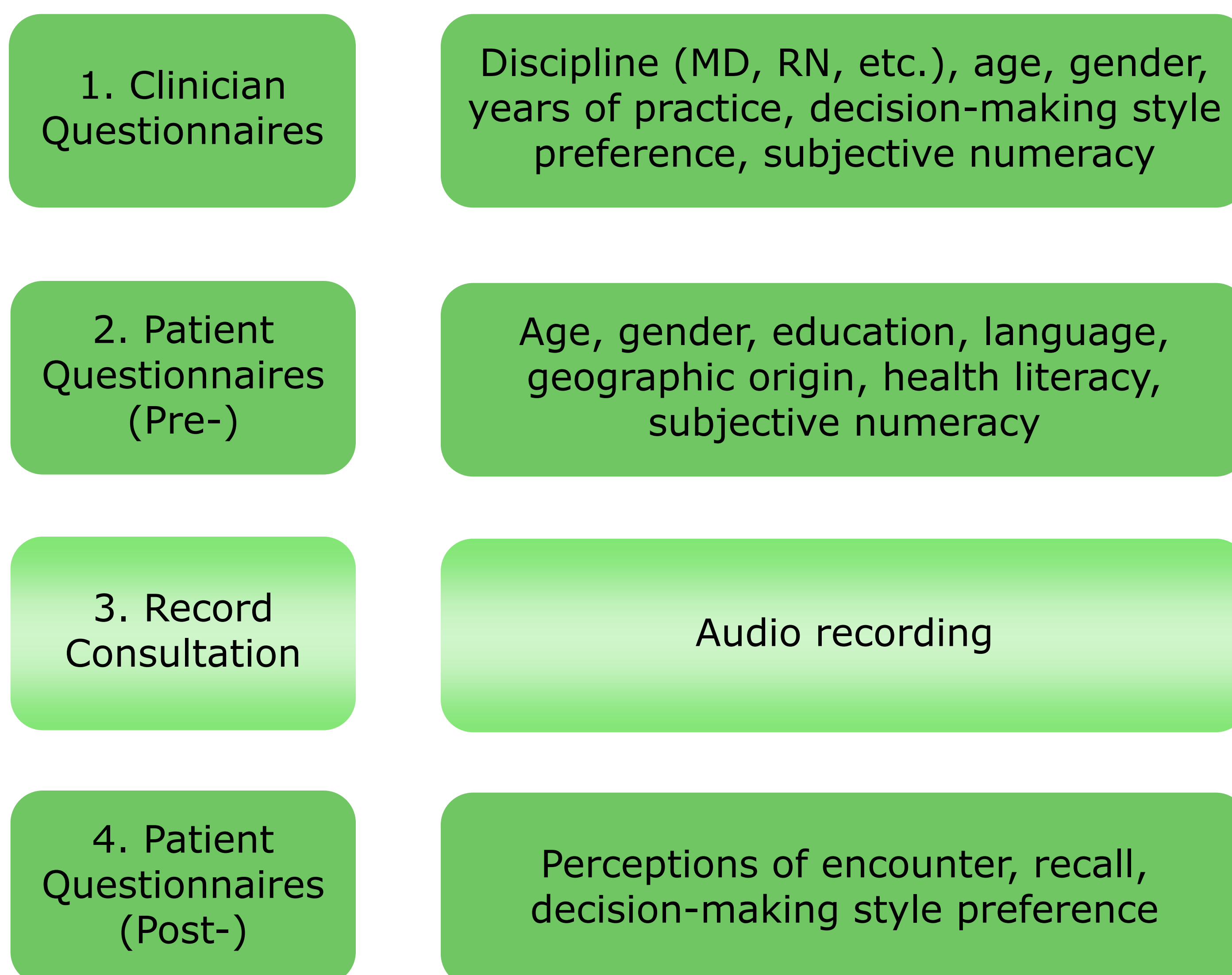
Snapshot of **risk communication & values clarification** processes and outcomes in primary care.



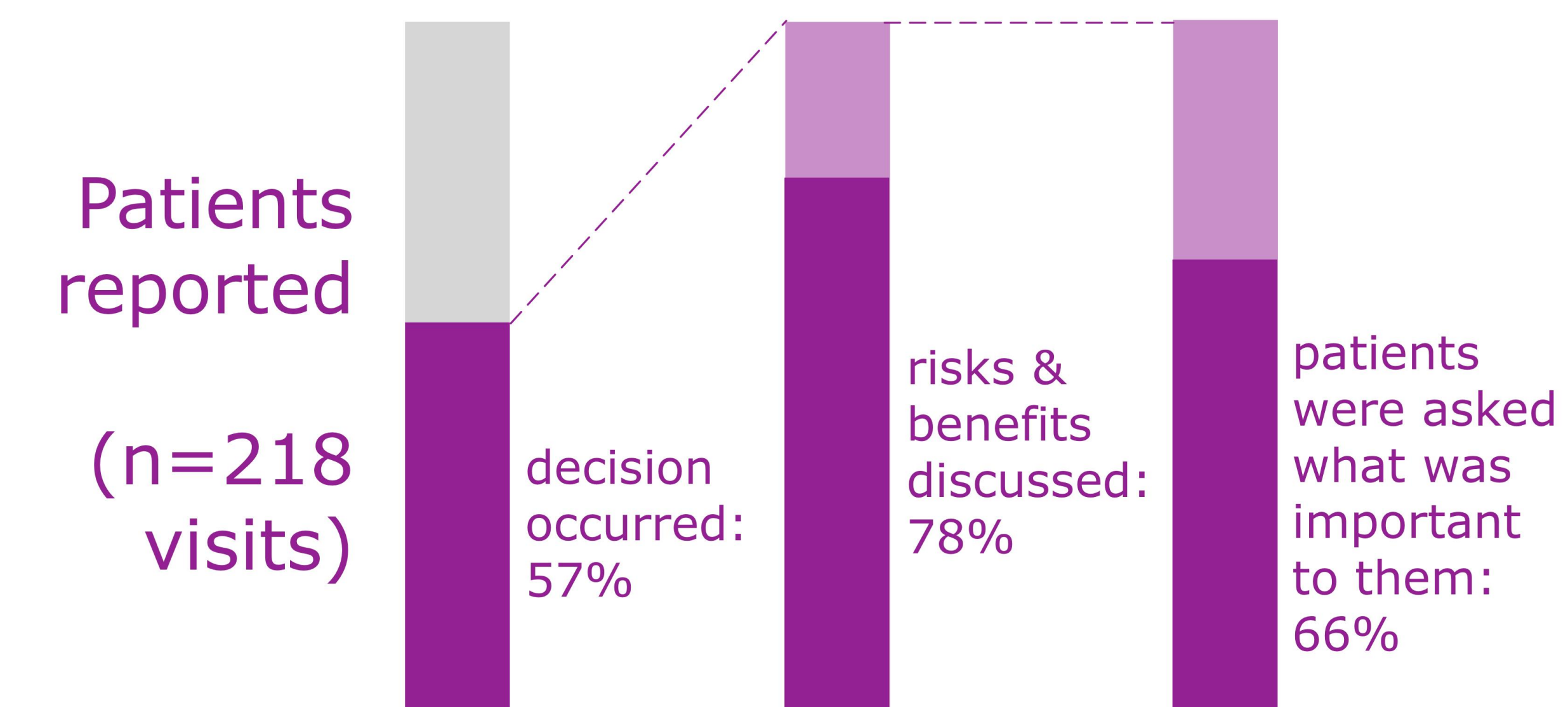
## First step in broader program



## Methods



## Results



Preferred decision-making style <sup>13</sup>	Patient-led	Shared	Clinician-led
Patients (n=218)	<b>121 (58%)</b>	62 (30%)	24 (12%)
Clinicians (n=69)	27 (42%)	<b>35 (55%)</b>	2 (3%)
Fisher's exact $p < .001$			

## Study Participants



### 5 family medicine units in Quebec

- 3 urban (Quebec City, pop. >500k, Montreal, pop. >1.6M)
- 2 semi-urban/rural (Trois-Pistoles, pop. ~4k; Baie Comeau, pop. ~20k)
- 2 Practice-Based Research Networks (Université Laval, McGill University)

### 69/72 clinicians (97%)

- 34 physicians, 26 residents, 8 nurses, 1 nutritionist

### 218/309 patients (71%)

- 73% women, 27% men
- median age 39 (range 16-81)
- broad range of educational attainment

## Conclusions & Next Steps

### Patients and clinicians want patients to be involved in decision-making

- Patients more than clinicians, though not all

According to patients' reports, **improvements remain to be made in risk communication & values clarification**

### Next steps:

- Qualitative analyses of audio recordings: how do risk communication & values clarification occur in clinic?
- Multilevel analyses of factors associated with patients' recall & sense of involvement in decision

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