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Shared Decision Making in Dermatology: A Scoping Review

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Keywords

shared decision making, dermatology, patient decision aids, physician-patient relationship

Abstract

BACKGROUND

Shared decision making (SDM) is a standardized method to integrate patient values with the best clinical evidence. SDM is appropriate for any medical decision with multiple options and is now a formalized, Medicare-reimbursed, part of medical practice. Dermatologists often guide clinical decisions by patient preference and personal characteristics due to the nature of dermatologic diseases and the lack of evidence for single therapeutic answers. However, dermatology has lagged behind other medical specialties in developing SDM in clinical practice.

METHODS

We performed a systematic scoping review of the published literature on SDM in dermatology. The purpose of our research was to look at the characteristics and range of methodologies used in SDM for dermatology. Our search string was developed with several SDM MeSH terms to search Ovid Medline, Sciverse, Scopus, Cochrane, and PsychInfo. We screened 1701 published papers and identified 74 studies relevant for full text screening. Fourty-four of these studies were chosen for full text review. Qualitative coding of the 44 papers was done by two researchers using Dedoose and themes were described using coded excerpts.

RESULTS

The majority of SDM papers mentioning dermatology were focused on complex medical problems like cancer and rheumatologic disorders and concentrated on satisfaction with care as an outcome. Qualitative analysis identified the advantages and disadvantages of SDM, types of patients that are most likely to benefit from SDM, factors that affect decision making, tools and patient decision aids used in SDM, and the strategies as well as barriers to implementing SDM.

CONCLUSION

There is a lack of research on SDM in dermatology despite unique opportunities inherent to dermatology for collaborating with patients in deciding which treatment is best for them. Employing SDM in clinical practice increases patient adherence to treatment, physician and patient satisfaction, and reduces time in follow up consultations.