

PMSIG Clinical Pearl - April 2019

Restoring Locus of Control through Shared Decision Making

Health locus of control can be defined as the extent to which individuals attribute their health to their own actions or to circumstances outside their control¹. You may have experienced working with persons who have given their locus of control over to “powerful others”, such as a physician, or perhaps “luck” was the reason they were able to make it through a difficult time. When often left unnamed or ignored, these encounters have potential to decrease the likelihood of recovery from persistent pain.

Restoring an internal locus of control can have positive effects on health outcomes across many conditions^{4,5}. Although literature has not thoroughly examined the effects of shared decision making (SDM) on internal locus of control, authors are beginning to examine the biopsychosociospiritual applications of SDM to restore autonomous capacity³. When viewed through an ethical lens, SDM is a natural extension of informed consent, an inherent patient right to determine their own path. Clinicians should remain astute, recognizing when a patient does and does not prefer a shared approach to decision making.

Recently, a framework for SDM has been developed for PT practice². The framework describes a three-staged process; preparing for collaboration, exchanging information about options, and affirming and implementing the decision or plan. Key activities within each stage are described below:

- **Prepare for Collaboration** - Offer an invitation to participate while explicitly stating the decision(s) to be made. Additionally, priorities for treatment are negotiated.
- **Exchange Information on Options** - Identify patient knowledge, concerns, and values. Through verbal and non-verbal communication, ensure value is shared for both the clinician and patient. Discuss options, including benefits and risk, and clarify and correct perceptions/expectations. Clinicians should determine congruence between patient priorities and available options.
- **Affirm and Implement Decision** - PT summarizes the plan, confirming congruence on goals and priorities. Patient summarizes the plan and discusses concerns and confidence about the plan. Finally, PT will document the process, implementation, and outcomes of the plan.

Implementation of a SDM approach can be bolstered by **tools and techniques**, allowing for greater confidence when adopting this approach. Strategies such as using health literacy universal precautions, incorporating the teach-back method, and motivational interviewing assist clinicians to move seamlessly through each stage of the process. Products have also been developed to assist clinicians to address learning and information processing styles/preferences for patients, allowing for improved decision making capacity. Decision aids are tools that can be used to gather and collect information, provide a logical framework for decisions, and provide patient with vital education necessary to make an informed decision. Patient reported outcomes measures can also serve to provide valuable insight into the patient's perception of status and function.

Health Locus of Control and Information

Multidimensional Health Locus of Control- Form C

https://nursing.vanderbilt.edu/projects/wallstonk/form_c.php

Tools and Techniques

AHRQ Health Literacy Universal Precautions Toolkit

<https://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/index.html>

Teach Back Toolkit

www.teachbacktraining.org/

Motivational Interviewing

<https://motivationalinterviewing.org/>

Products

Low Back Pain: Should I have an MRI?

<https://www.healthwise.net/ohridecisionaid/Content/StdDocument.aspx?DOCHWID=aa6410>

Low Back Pain: Should I have spinal manipulation?

<https://decisionaid.ohri.ca/Azsumm.php?ID=1045>

Low Back Pain: Should I try Epidural Steroid Shots?

<https://www.healthwise.net/ohridecisionaid/Content/StdDocument.aspx?DOCHWID=abk1059>

References

1. Fletcher J, Scaffa, M. Relationships between Multidimensional Health Locus of Control and Low Back Pain: A Mini-Review. *J Yoga & Physio*. 2018; 6(2): 555683. doi:[10.19080/JYP.2018.06.555683](https://doi.org/10.19080/JYP.2018.06.555683)
2. Moore CL, Kaplan SL. A Framework and Resources for Shared Decision Making: Opportunities for Improved Physical Therapy Outcomes. *Phys Ther*. 2018;98(12):1022-1036. doi:[10.1093/ptj/pzy095](https://doi.org/10.1093/ptj/pzy095)
3. Gulbrandsen P, Clayman ML, Beach MC, et al. Shared decision-making as an existential journey: Aiming for restored autonomous capacity. *Patient Education and Counseling*. 2016;99(9):1505-1510. doi:[10.1016/j.pec.2016.07.014](https://doi.org/10.1016/j.pec.2016.07.014)
4. Parsons S, Harding G, Breen A, et al. Will shared decision making between patients with chronic musculoskeletal pain and physiotherapists, osteopaths and chiropractors improve patient care? *Family Practice*. 2012;29(2):203-212. doi:[10.1093/fampra/cmr083](https://doi.org/10.1093/fampra/cmr083)
5. Pucheu S, Consoli SM, D'Auzac C, Français P, Issad B. Do health causal attributions and coping strategies act as moderators of quality of life in peritoneal dialysis patients? *Journal of Psychosomatic Research*. 2004;56(3):317-322. doi:[10.1016/S0022-3999\(03\)00080-](https://doi.org/10.1016/S0022-3999(03)00080-)

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Clinical Pearls reflect succinct, clinically relevant information drawn from your experience that can benefit patient care but may not be found in the medical literature. We'd love to

hear your suggestions. Please send your ideas for a Clinical Pearl to Bill at Rubineb@ohsu.edu or Carolyn at carolyn@carolynmcmamus.com.