Communication Study

What is agenda setting in the clinical encounter? Consensus from literature review and expert consultation

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ABSTRACT

Objective: To establish consensus on the core domains of agenda setting in consultations.
Methods: We reviewed the healthcare literature and, using a modified Delphi technique to embrace both patient and clinician perspectives, conducted an iterative online survey, with 30 experts in health communication. Participants described agenda setting and rated the importance of proposed domains. Consensus was determined where the group median was ≥ 5 on a 7-point Likert-like response scale, and the interquartile range fell to within one point on this scale.
Results: Relevant publications were identified in three overlapping bodies of healthcare literature. Survey respondents considered that agenda setting involved a process whereby patients and clinicians establish a joint focus for both their conversation and their working relationship. Consensus was obtained on six core domains: identifying patient talk topics, identifying clinician talk topics, agreement of shared priorities, establishing conversational focus, collaboration and engagement. New terminology – agenda mapping and agenda navigation - is proposed.
Conclusion: We identified core agenda setting domains that embraced patient and clinician perspectives.
Practice implications: An integrated conceptualization of agenda setting may now be used by researchers and educators in both clinician and patient focused interventions.

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1. Introduction

Establishing the focus of consultations can present a challenge for both clinicians and patients. These time-limited encounters often involve multiple, interrelated priorities that need to be addressed. The UK government has set out its commitment to a patient – centered health service [1,2] and a legislative context to patient involvement is also established [3,4]. Against this background the challenge of how to truly involve patients in their care remains [5]. The consultation is a key point of healthcare delivery where patients and health professionals communicate with each other [6–9]. It is within this encounter that the aspirations and values of truly patient centered initiatives may be expressed.

Agenda setting offers potential for clinicians and patients to collaborate more effectively in decision-making about their care. It has been described as a process of establishing shared focus [10] that sets the relational tone for the consultation [11,12] facilitating patient engagement [13,14] and involvement in decision making [15], while maintaining efficiency [16,17]. Agenda setting has been used in many different clinical contexts including primary care [10,13,18–20], adolescent weight loss [21], oncology [15], type 1 Diabetes [17,22,23], type 2 Diabetes [24,25], asthma [26], pediatric mental health [27,28] and psychiatry [29].

Previous studies have identified the importance of agenda setting in communication skills training programs [30–32], including interventions aimed at improving patient communication skills [33–35]. However the evidence base is compromised by the absence of a shared understanding of agenda setting. Differences in conceptualizations make it difficult to generalize findings across settings and studies, and to build a comprehensive picture of how it affects clinical outcomes. No formal attempt has as yet been made to clarify what skillful agenda setting involves.

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We set out to determine consensus on the core domains of agenda setting to establish a basis for valid and reliable measurement.

While agenda setting is a generic skill, suited to a range of clinical contexts, we focused this work on agenda setting in long-term condition consultations. Effective management of long-term conditions is a challenge and key priority for current health service delivery [5,36–38]. These consultations are often made routinely in primary and secondary care – for example, as annual reviews – and were of particular interest since clinicians are likely to be more actively involved in setting the agenda than in patient-initiated consultations. Patient involvement and activation is an essential component of self-management, and ensuring a mutually agreed agenda in this context may be particularly important [39–41]. This clinical context therefore provided a framework within which to explore a generic skill.

We started by reviewing the healthcare literature for descriptions of agenda setting in any context, and then narrowed our focus to agenda setting in long-term consultations in a Delphi consensus study.

2. Methods

We used a mixed methods approach in this study. First we reviewed the healthcare literature to identify themes across a wide range of publications on agenda setting. We then proposed core domains of agenda setting and aimed to obtain consensus on these using a modified Delphi technique.

2.1. Literature review

We searched Medline, PsycINFO, EMBASE and British Nursing Index databases from their earliest possible entry to August 2009 for publications on agenda setting. The search strategy used terms such as elicit, set, prioritize or negotiate agendas (see Appendix for full search strategy). Articles were included if they investigated agenda setting (using this term) or the process of eliciting the patient's agenda, or identifying patient concerns. Our rationale here was that, to study agenda setting, researchers would have had a reasonably clear definition of that construct. We excluded papers presenting opinions, theory or discussions without empirically derived findings, however we reviewed the reference lists of these papers for additional relevant citations.

We refined the sample at two time points (Fig. 1). First titles and abstracts were reviewed for relevant articles (*n* = 4683). Second, full texts were retrieved (*n* = 67) for decision-making. We also mined reference lists of included papers to identify additional citations [42].

Given the expected heterogeneity of included articles, a narrative (rather than statistical) approach was used to summarize the findings [43]. Research notes captured the following information from each paper: study design, context and, verbatim descriptions of agenda setting, where the term was used. Identification of themes was iterative and was guided by the patient centered origins of agenda setting [44,45]. NVivo 8 software [46] was used to facilitate this analysis. All reviewers (NG, MR, PK, JG) were involved in shaping the search strategy, one reviewer (NG) applied the decision rules and all reviewers were involved in the analysis. The full literature search is available: http://orca.cf.ac.uk/56395/1/2014GOBATN%20PhD.pdf. (pp. 27–66)

2.2. Modified Delphi technique

The Delphi technique is one of a number of consensus methods [47–49]. It involves structured communication in which participants remain anonymous to each other, may respond asynchronously, and may participate from different geographic locations. In a typical Delphi study, the first iteration involves generating ideas that are then refined over subsequent rounds [49,50]. Round 1 of our Delphi study took place after the literature review from which we had identified core domains of agenda setting in long-term
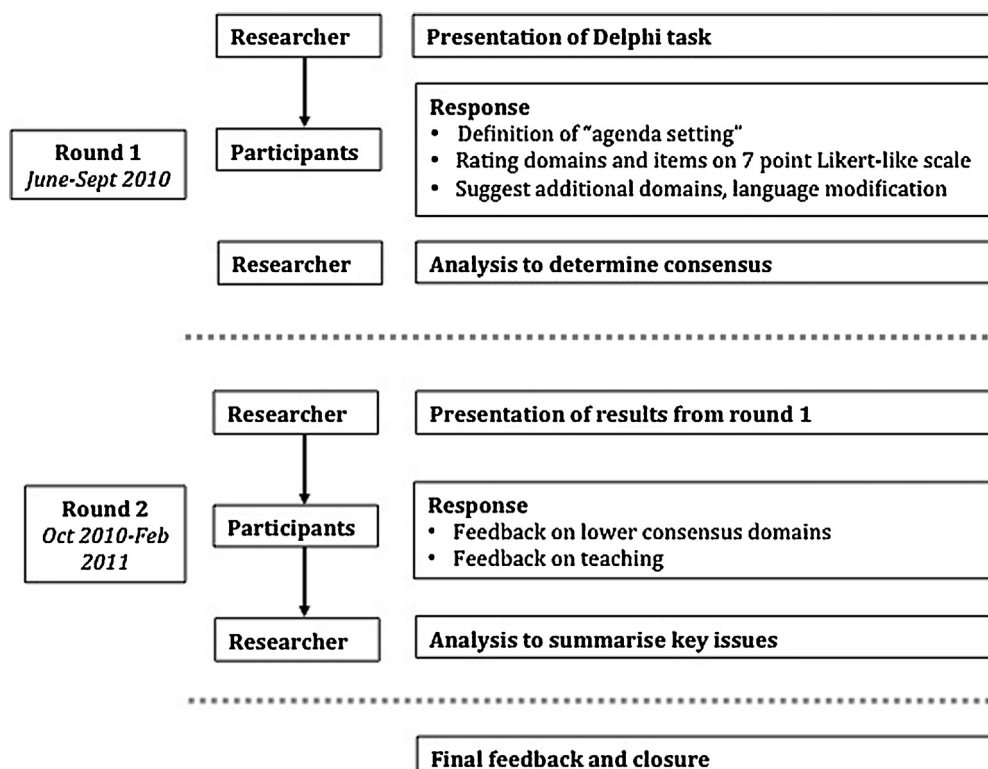

Fig. 1. Delphi process.