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Research Paper

Communicating to promote informed decisions in the context of early pregnancy loss

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ABSTRACT

Objective: To evaluate residents' ability to engage standardized patients in informed decision making during a pregnancy loss scenario.
Methods: Forty patient encounters between interns and standardized patients were coded to assess informed decision-making practices, exploration of unexpressed concerns, and support provision.
Results: Interns engaged in minimum informed decision making but did not address all of the communicative elements necessary for informed decisions, and most elements were only partially addressed. Patients in this study did not receive information about all management options, their concerns were not addressed, and there was limited support communicated for their decision.
Conclusion: This study offers an initial assessment of a communicative approach to evaluate and improve decision making during early pregnancy loss. A comprehensive approach to making informed decisions must include discussion of all management options, exploration of patient preferences and concerns, and support for the patient's decision.
Practice implications: Physicians could benefit from communication skills training to communicate more effectively with patients to help them make more informed decisions.

1. Introduction

As many as 25% of known pregnancies end in a miscarriage, which occurs when a pregnancy "ends on its own, within the first 20 weeks of gestation" [1]. Early pregnancy loss occurs within the first 12 weeks of gestation and is often a terrifying and unexpected event [2]. Symptoms of a miscarriage can include vaginal bleeding or discharge, pain, expulsion of tissue, or sudden decrease in pregnancy symptoms; however, some women are asymptomatic and unaware of the loss until they are diagnosed by a physician (i.e., missed miscarriage) [1]. Most miscarriages are the result of chromosomal abnormalities in fetal development, but parental age, health status, and lifestyle factors (e.g., smoking) can also play a role [3]. In most cases, a miscarriage does not affect a woman's long-term health or her chances for a subsequent pregnancy [1]. What may affect women's daily living, however, is how the miscarriage is managed. Women are likely to feel overwhelmed [4], anxious, and unprepared for coping with a miscarriage [5]. As academic obstetricians have noted, the conversation about managing an early pregnancy loss should begin with a review of all available management options and then an elicitation of patient preferences [6]. However, evidence suggests that informed decision making does not occur in many cases of early pregnancy loss [6].

1.1. Informed decision making

Informed decision making (IDM) is a "process by which physicians foster the informed participation of patients in clinical decision-making" [7]. IDM is one approach that is part of a growing trend encouraging patient participation in making health care decisions across a variety of medical contexts [8]. An IDM approach is especially useful in situations where one course of treatment is not inherently superior to another [8], which is the case in early pregnancy loss [6]. In fact, Wallace and colleagues have explicitly called for more research that applies an IDM model to the context of early miscarriage [6]. IDM involves providing information and eliciting patient perspectives. This process of informing a patient can facilitate a patient's active participation in decision making [9] and promote quality interactions with physicians [10], better knowledge about health conditions [11], trust of physicians [12], satisfaction with treatment decisions [13], and ultimately better treatment adherence and clinical outcomes [14,15].

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Braddock and colleagues [7,16] identified nine communicative elements of informed decision making: (1) discussion of the nature of the decision (i.e., clinical issue), (2) description of alternatives for managing the issue, (3) discussion of potential pros and cons of each alternative, (4) discussion of uncertainties associated with the decision, (5) assessment of the patient's understanding, (6) discussion of the patient's role in making the decision, (7) exploration of the effect of the decision on the context (e.g., patient's daily life), (8) assessment of the patient's desire for others' input, and (9) exploration of the patient's preferences. At a minimum, for a patient to make an informed decision at least two elements must exist in the conversation: discussion of the nature of the decision *and* either discussion of the patient's role or exploration of the patient's preferences [7]. Researchers in a wide variety of clinical contexts (e.g., periviability, [17]; psychiatry [18]) have used the IDM framework.

Scholars have argued that non-emergent early pregnancy loss is an ideal context for IDM because there are multiple, equally viable medical options for managing the miscarriage, yet this framework has rarely been applied to understanding communication about pregnancy loss [6]. This context illustrates a critical need for physicians' effective communication skills in assisting women in making the best choice for them by discussing not only clinical issues about pregnancy loss care (e.g., medical procedure, future pregnancies; [19]) but also women's own thoughts and feelings about loss and care [20]. Such discussions involve educating women about all four medically reasonable options for managing an early pregnancy loss: expectant management, medical management, and two types of surgical management options [6]. Expectant management involves no medical intervention and is considered a "wait-and-see" approach as a woman's body is expected to expel the pregnancy on its own. Medical management involves pharmaceutical assistance to progress the miscarriage. One surgical option involves a local anesthesia and is conducted in a physician's office; whereas, the other option involves general anesthesia and is performed in a hospital or surgery center, both of which require the cervix to be dilated and the contents of the uterus to be surgically removed.

In addition to evaluating all the available options, women make treatment decisions based on unspoken concerns, such as fear of anesthesia or uncertainty about expelling the pregnancy at home [21]. If women who are under emotional duress are not expressing concerns that influence their decisions and physicians are not exploring concerns to assist women in making informed decisions, then patients might rush to make decisions without fully assessing the management options [20,21]. Physicians not only need to explore patient concerns but also provide support to address these concerns and the decision the patient ultimately chooses. In fact, when physicians use supportive communication, patients are more likely to express their concerns, which could help providers deliver necessary information for informed decision making [22]. Moreover, physicians favor patient-centered decisions in cases of pregnancy loss [20].

1.2. Medical skills training

Communication skills training is vital to an effective medical residency program. One of the core competencies assessed by the Accreditation Council for Graduate Medical Education (ACGME) is interpersonal skills and communication. Residency programs offer a convenient, appropriate, and ready context in which to evaluate how practitioners are trained and to implement training programs for improving communication about pregnancy loss. One training method is to utilize standardized patients (SPs) in simulations [23–25]. Using SPs (i.e., trained actors) is an effective way to improve providers' communication skills because SPs help prepare medical trainees for working with real patients through simulations of emergent and sensitive medical encounters [26]. Using SPs offers a realistic approach to practicing skills and an opportunity for residents to receive feedback from other physicians and the SP; however, SP scenarios might lack exposure to the potential variety of patient responses and approaches [27].

Still, existing literature has indicated positive outcomes of using SPs, including improvement of bad news delivery [21], communication of empathy [28], and relationship building [23], all of which could be beneficial in a patient encounter involving a miscarriage. Using SPs has been shown to improve physicians' communication skills, particularly as it relates to informed and shared decision-making practices, in the context of fibromyalgia care [10] and oncology/palliative care [29].

1.3. Study purpose

Women coping with early pregnancy loss view communication with their health care providers as critically important in meeting their desires for "clear and comprehensive information about both miscarriage diagnosis and treatment options" in order to make informed decisions [30]. Therefore, our purpose with this study was to evaluate an objective structured clinical examination (OSCE) program in which obstetrics/gynecology (OB/GYN) residents are trained using standardized patients to engage women in decision making during a pregnancy loss scenario. More specifically, we wanted to know the extent to which interns engaged standardized patients in IDM. The following research questions guided our inquiry:

RQ1: To what extent did interns communicatively engage patients in informed decision making?

RQ2: To what extent did interns present patients with the full range of medically viable options to manage an early pregnancy loss?

Additionally, we were interested in other evidence-based communicative strategies (i.e., eliciting concerns and providing support) that have been shown to influence medical decisions [21,22]. Unexpressed concerns guide most women's decisions for managing a miscarriage [21], and physicians' use of supportive communication encourages patients' active participation in expressing concerns and making decisions [22]. Therefore, the following research questions were posited:

RQ3: To what extent did interns explore concerns that might influence patients' decision making regarding pregnancy loss management?

RQ4: To what extent did interns provide supportive statements to patients regarding the decision?

2. Methods

After receiving institutional review board approval, we observed 40 patient encounters between OB/GYN interns and standardized patients at a medical institution in the Midwest. Interns participate in the patient encounter during an OSCE at the end of their first year of residency. At least one investigator observed 18 live patient encounters via video feed, and both authors reviewed and coded video recordings of the 40 patient encounters to assess informed decision-making communication behaviors.

2.1. Objective structured clinical examination (OSCE)

Forty OB/GYN interns (36 females, 4 males) participated in the pregnancy loss OSCE during the previous five years. Upon approaching an examination room, interns were instructed to read a standard door note that describes a "missed AB" scenario

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