

Audiology Clinician Perspectives on Decision-Making for the Management of Otitis Media with Effusion: A Thematic Analysis

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BACKGROUND



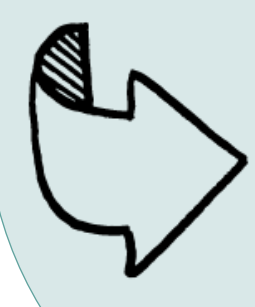
Otitis media with effusion (OME) is a common cause of childhood hearing loss that can cause problems with speech, language and educational development¹.



The different options for management of OME creates **uncertainties** for parents and clinicians to consider.



This should be managed through a process of **shared decision making (SDM)**, which has had low uptake in other healthcare settings^{2,3,4}.



There is **lacking evidence** on the **clinician perspectives** on the current use of SDM in OME management.

AIMS

To gain an understanding of audiology clinician perspectives on:

- their role in the decision-making process
- Shared decision making for OME management
- A need for improvement

METHODS



RECRUITMENT
Eight audiology clinicians were recruited to participate



DATA COLLECTION
Semi-structured one-to-one interviews carried out with participants



DATA ANALYSIS
Interviews were transcribed and analysed using reflexive thematic analysis⁵

FINDINGS

The Need for Empowerment

'So I think they're just kind of waiting for us to tell them what to do rather than being aware that they've got a decision to make' [Catherine, page 2].

Uncertainty over Provision of Recommendations

'I think it might be different if we had the freedom to say, actually this is what I recommend, but we're not allowed to say that so the parents don't take us as seriously.' [Esther, page 7].

Audiology Clinicians as Information Providers

'I think it's sort of that facilitating discussions and putting all of the options across to let the parents make their own decisions' [Sarah, page 3].

The Need for Prior Understanding

'But that's where I find that speech banana helps or doing speech testing helps because they understand speech, they don't understand warble tones' [Mary, page 12].

Audiology clinician views on parental role and involvement

Audiology clinician views on professional remit

Clinician Bias

'I think definitely each clinician has their own options that they like to give and I think the order and the priority that they give each option really makes an impact for the parent' [Naomi, page 3].

Preconceived Ideas on Management Options

'A lot of the time it's do they want surgery yes or no, and a lot of the time parents just kind of know how they feel about that' [Beth, page 12].

Execution of Shared Decision-Making is Varied

Professional Hierarchy

'I think probably the lack of power that I personally as an audiologist feel, I think that contributes to it. But now I think ultimately we are not doctors and that's what prevents it' [Esther, page 8].

Availability of Resources

'So maybe some sort of Table or decision tree for them to look at while we're having that discussion might be a way for them to step it forward' [Louise, page 15].

Audiology appointment

Priorities

'Having longer appointments where we can sit down and have that discussion.' [Naomi, page 3].

DISCUSSION AND CONCLUSIONS

Audiology clinicians value the role of SDM within their practice and OME management. However, execution of SDM in practice is varied, which is similar to findings from other healthcare settings^{4,5}. Studies have shown that clinicians' understanding of SDM can vary relating to the clinician's views of their role in decision-making⁶. As well as being influenced by systematic factors, this leads to variation of SDM in practice^{6,7}.

Future Research

- Involvement of other professionals in research, such as ENT consultants and teachers of the deaf
- Investigating the possibility of developing a decision aid for OME management

References

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