

## General guidance

The base level unit of analysis we are working with is the *decision point*.

A decision point is an interactional turn initiated by the neurologist, that takes a certain form. All decision points will have the following two properties:

1. The neurologist is clearly suggesting a course of action or courses of action that the patient could take
2. They suggest a course of action / courses of action that takes one of the following four forms:

### **Pronouncement**

Assert what action is necessary or is going to happen in a way that suggests a decision has already been made. Pat is given no choice (even if they can in fact resist). E.g. ‘Let’s refer you to...’ or ‘we need a scan’ or ‘I’m going to prescribe x....’.

Examples include:

“So we’ll do both these things” – GO31

“In particular er, I would do a scan of your head and a scan of your neck.” - GO31

“We’ll look at your neck and your head” – GO31

“we will do a scan, OK” – G033

“so=if we’re gonna improve you (0.2) what- we need to do is try other, medications.” – G034

“You won’t need any tests particularly, that’s been done, so we’re, we’re kinda OK with that”.  
– GO34

I, I will suggest to your doctor to, to start you on Gabapentin again on the smaller dose and then gradually increase it. – GO37

“I’ll give you a prescription to take to your doctor” – GO38 (note this would not be included if this was a wrapping up type decision – see exceptions section)

## **Recommendation**

Akin to a suggestion, but the neurologist proposes the action in more tentative terms, suggesting an element of choice. E.g. “I recommend that you try...’ or ‘I wonder if we could try....’ Or ‘I suggest...’ “I’d like to”

Examples follow:

*“what I think might be a wee bit more profitable in the first instance is to look for some other explanation.” – G031*

*“I think it’s important...that we do plan that” – from G03304*

*“Um, we could do some electrical tests looking at the arm itself” – from G03104*

*“I would suggest that er we’ll try maybe, you know, I’ll, I’ll, I’ll have, have a list of maybe three or four medications that we could try, three probably, that we could try um, and what you do is you add it in and er if it works and if it doesn’t upset you then we’ll take away one or both of your existing medications.” – G034*

*“Er, so what, er what I would suggest here is the first medication we should try is called Keppra, OK?” – G034*

*“So um, you know, I would certainly be, my advice would be that you take treatment.” – G036*

*“Now I’ll suggest a tablet called Levetiracetam, saying that, Keppra is its trade name, much easier to say, um they, it, it, it, it’s a drug that er most people tolerate fine with no side effects”. – G036*

*“U, well we might er, we might do a, an electrical test called somatosensory evoked potential” – from G03702*

*“We, we could um do a scan of your head just to rule out any possibility of any inflammation. – G037*

*“well we could try a tablet called Gabapentin for your”. – G037*

*“Um, the, the trick really is to stop the painkillers completely.” – G038*

*“we may not need to do anything particularly, but I think it may be worthwhile um if your doctor invites you to an ENT.” GO38*

*“I think we should try another course (0.7) of °just° (0.5) um (0.2) tablets (.) steroids (0.5) 400mgs daily for five days” – GO39*

*“Um (1.0).h and (0.4) you can have (.) a tablet called Gabapentin” – GO39*

### **Option listing**

Neurologist provides a menu of options from which pat selects. E.g. ‘there are two things we could try, option one is .... The second is...

Option listing will most often involve a long sequence – because each of the options will usually require an explanation.

If option-list is followed immediately by a PVE or recommendation, code this as no opportunity for response. If there is a gap, then code as no response from patient. It looks likely that most option-listing cases will have a code for option-listing and a code for either PVE or recommendation. We will need to make sense of any patterns relating to this after coding.

When coding a patient’s response to option listing, ‘Goes for option’ should be used if the patient chooses one of the options. ‘Acknowledge’ should be used if the patient just acknowledges what the neurologist has said / accepts there is a choice to be made.

*“So if it’s er, um, it’s one of these kind of slightly unsatisfactory things from your perspective where there’s nothing, you know, you’ve got two choices. One is to have the thing out, er which of course has a downside. Pat: (Laughs) Yeah. Neu: Er, and the other is to watch and wait er, and the downside of that is you’ve got a bit of uncertainty and, and who, who likes that? Pat: No. Neu: Er, um.” – G032*

### **PVE / offer**

Neu is willing to do something for pat, but seeks their view. E.g. ‘X could work, would you like to try X’.

*“So are you up for that, I mean is, is your (??)” - G034*

*"You'll give it a go?" - G034*

*"So, er, so I think if you are very worried then for the sake of reassurance we could do a scan" – from Glasgow 28*

*Um, and I would want to get you on treatment fairly quickly if you, if that's what you want to do. – G036*

*"is that ok with [you ]?" – G039*

Standalone "OK?" type comments from neurologist should not be counted as PVE / offers.

### **Further guidance on coding decision points**

If the neurologist uses any of these forms of turn above, then this counts as a decision point. Forms of recommendation can follow each other in close proximity –code each of these separately. For example, from G00604, Neu: Well I hesitate to do that again, but I think, I, I mean I think we have to try and record some of these turns, and I wonder if the best way to do it would be to give you a wee monitor to go home with, what do you think of that? Would be coded as three separate decision points: pronouncement, recommendation, PVE

Not every decision point will end up being coded. The following exceptions apply:

Exceptions:

- If a decision has been reached in a previous consultation but not yet actioned
- Decisions about lifestyle (e.g. stopping smoking, losing weight, vitamin supplements). This includes referrals to lifestyle management professionals (e.g. OTs)
- Patient (or third party other)-initiated decisions. Decisions are patient initiated if the patient starts a discussion by asking about a certain treatment, investigation, or referral. This exception includes situations when a doctor brings up an originally patient-initiated decision later in the consultation (e.g. see G00402 – nothing gets coded as quantitative data in this consultation)
- Future / conditional/another party's domain decisions

- Decisions made unilaterally by the neurologist that there is no treatment. “There’s nothing we can do for you”. This exception doesn’t include situations when the neurologist recommends against a treatment / referral / investigation that does exist. E.g. for MS, where the neurologist recommends not starting DMT at this particular time.
- When describing the details (e.g. dosage) of a new treatment
- If the decision has already been made (i.e. the neurologist is describing the decision that has been made, and saying they will write to GP)
- Wrapping up type decisions (either restating decisions already made earlier or orienting to future appointments)
- Where a pursuit is built as a justification of the thing that has just been proposed in some way that doesn’t meet the criteria for categorizing as a recommendation / pronouncement (even though we understand it is a pursuit in interactional terms)

Decision points are the unit of analysis in this study but each decision point within a consultation is not independent of other – they link together in a number of ways. For this reason, the coding process is designed so as to maintain the linkage between decision points in two ways.

Firstly, each decision point may be related to others in a decision-making sequence (i.e. they immediately follow each other in interactional terms). Secondly, each decision point may be related to others in that they are focusing on the same *issue* (e.g. two decision points may both relate to a patient’s recurring seizures) and / or the same *content* (e.g. two decision points may relate to the same drug that a doctor is recommending for a certain *issue*)

Some decision points will be the first decision point in a particular decision-making sequence – these initiating decision points are known as *first decision points*.

Decision points that follow (*pursuits* in interactional terms) will be recorded as related to the initiating sequence. This is done automatically by a prompt in the questionnaire that asks “Do they carry on the decision-making with regard to this issue/content?”

Every *decision point* (and by extension *first decision point*, which is a type of *decision point*) will relate to a particular issue and content. A new initiating point must be started for each new *content*.

Therefore, when filling in the questionnaire, a new questionnaire must be filled in for each *first decision point*, although a series of follow-up questions will then be asked about any further decision making that follows the initiation point. This means that each questionnaire may involve the filling in of several *first decision points* (each possibly with several follow-up decision points) that may relate to a single issue that has multiple contents, or multiple issues with only a single content each, or some combination of single content issues and multiple content issues.

There are also several questions at the issue and content level that must be filled in at the end of the coding of every *decision-making sequence*

There is also a *consultation level question* that must be filled in at the end of the coding of each consultation.

Coding of a single consultation will therefore involve the filling in of zero to many questionnaires. The procedure for how to fill in the questionnaires is outlined in the Codebook below.

# Codebook

What's the ID number of the consultation?

Put the ID number in. This just needs the first part (not the date) e.g. G00101

## Part 1: issue and content information

### Describe the issue

Describe the issue relating to the decision point. Please use consistent descriptors for each issue (i.e. don't write 'eyesight' for the first decision point and then change to 'vision' for the second decision point)

### Describe the content of the decision in one or two words

This refers to the 'content' of the decision e.g. MRI scan or DMT or referral to a psychologist

Where there are two-step decisions regarding the same issue and the same but more specific content, treat this as the same content. E.g. suggesting that drug therapy will help, then later suggesting the specific drug that will be used counts as the same content

In this example from G031, we see a recommendation for investigation in broad terms:

*"what I think might be a wee bit more profitable in the first instance is to look for some other explanation."*

Followed by a more specific pronouncement:

*"In particular er, I would do a scan of your head and a scan of your neck."*

Both of these decision points would be the same issue and content. In the following example we see two decision points, where the content is about a change in medication, where we can see the move from general to specific recommendation:

*"I would suggest that er we'll try maybe, you know, I'll, I'll, I'll have, have a list of maybe three or four medications that we could try, three probably, that we could try um, and what you do is you add it in and er if it works and if it doesn't upset you then we'll take away one or both of your existing medications."*

*"Er, so what, er what I would suggest here is the first medication we should try is called Keppra, OK?" – G034*

Copy and paste the relevant text here

Paste the full text of the decision point, including the response (if applicable) in this box

What type of decision is this?

*Treatment*

The neurologist suggests a drug or other treatment

*Referral*

The neurologist refers patient to see a specialist. This doesn't include references to GPs and visits to neurology nurses

*Investigation*

The neurologist suggests tests are needed

*Multiple*

More than one of the above types of decisions are described



## Turn design

### *Pronouncement*

Assert what action is necessary or is going to happen. Pat is given no choice (even if they can in fact resist). E.g. ‘Let’s refer you to...’ or ‘we need a scan’ or ‘I’m going to prescribe x....’.

### *Recommendation*

Akin to strong suggestion, but there is scope for patient to respond with acceptance or not (element of choice). E.g. ‘I recommend that you try...’ or ‘I wonder if we could try....’ Or ‘I suggest...’

### *Option listing*

Neurologist provides a menu of options from which pat selects. E.g ‘there are two things we could try, option one is .... The second is..., what do you think?’

Option listing will most often involve a long sequence – because each of the options will usually require an explanation.

When coding a patient’s response to option listing, ‘accept’ should be used if the patient chooses one of the options. ‘Acknowledge’ should be used if the patient just acknowledges what the neurologist has said / accepts there is a choice to be made.

### *PVE / offer*

Neu is willing to do something for pat, but seeks their view. E.g. ‘X could work, would you like to try X’.

## Who responds?

Answer this regardless of whether there is an opportunity for the patient / third party to respond. If there is no opportunity, code as *neither*

*Patient*

Only the patient responds

*Third party*

Only the third party responds

*Both patient and third party respond*

...

*No-one*

...

*No opportunity to respond*

There is no space within the conversation for the patient or third party to respond

## Response

*Goes for option*

Patient chooses the option suggested by the neurologist. If the decision point design was that of an option list, or a PVE referring to a list of options, then select this if one of the options was chosen

*Acknowledgement*

Patient acknowledges in some way, but does not appear to accept recommendation / choose an option

*Seeks info*

Patient asks for more information. This includes where patients throw the decision back to the doctor in option listing and PVEs.

*No audible response*

Patient / third party do not respond

*Doesn't go for option (in any way not coded for above)*

Patient does not go for the option in any way not coded for above. This category includes outright resistance

*No opportunity to respond*

There is no space within the conversation for the patient or third party to respond

*Patient and third party both respond differently*

Both parties respond but they have different responses

### **Additional information on Response**

If in doubt about whether something is an acceptance or acknowledgement, go for Acknowledgement. For example, um, um-hum, right

If there is a narrative response, take the whole extended turn into account when choosing a code to apply. Does the whole narrative appear to offer support or resistance to the neurologist's suggestion?

Delayed responses: these should be coded for whatever kind of response is produced regardless of the delay (not as a 'no response').

Do they carry on the decision-making with regard to this issue/content?

*Yes - including at least one of our focal categories*

Focal categories refers to the format of the decision point (i.e. the a priori categorizations listed in the 'how is it pursued?' questions)

*Yes - but not including any of our focal categories*

There is some pursuit of the issue and content but it does not fit into any of the categories we are coding

*No*

There is no further pursuit of this issue and content by the neurologist. You will now have to choose whether to fill in higher level information.

## Part 2: Higher level information

Higher level information refers to information that describes data at a level above the individual decision point.

Answer the issue and content level info if this is the last decision point for this issue and content.

If there is only a single sequence relating to a particular content then you will always fill in the Issue and content level questions at this point, after you have clicked *Yes - but not including any of our focal categories* or *No* in response to Do they carry on the decision-making with regard to this issue/content?

If there are multiple initiation points / sequences relating to a single content then only fill in the Issue and content level questions for the last initiation point / sequence relating to the content.

Answer the Consultation level information question if all decision point information for the consultation have been filled in (i.e. the last thing you should do for each consultation is answer the Consultation level question).

Is the outcome in line with what the neurologist appeared to think is best?

*Yes*

Use your judgement. The outcome is what the neurologist appeared to believe is the best option, when they first brought up the issue and content.

*No*

...

*Partly*

...

*Not evident*

...

Is the outcome in line with what the patient appears to prefer?

*Yes*

Use your judgment. The outcome is what the patient appeared to believe is the best option.

*No*

...

*Partly*

...

*Not evident*

...

Is the course of action going to happen in principle?

If the doctor recommends or list more than one course of action, then answer 'Yes' if any of the courses of the courses of action that they suggest may be appropriate are taken.

Answer this question with regard to the initial position of the doctor (i.e. if they initially recommend a course of action and it is decided that this will happen then click yes, regardless of if they change their mind about the appropriateness of any action mid-way through the consultation

*Yes (this includes where the prescription has to be obtained through GP but the decision has already been taken)*

*No*

*Decision deferred (including those where the decision is to be taken with a third party)*

How long does the consultation last?

Type in the box – round to the nearest minute (e.g. a 15:37 minute consultation should be coded 16)