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PERAN MODEL ICE DALAM PENGAMBILAN KEPUTUSAN BERSAMA DOKTER-PASIEN

The Role of the ICE Model in Doctor-Patient Shared Decision Making

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Abstrak

Model ICE memainkan peran penting dalam pengambilan keputusan bersama antara pasien dan penyedia layanan kesehatan. Informasi yang memadai membantu pasien lebih memahami kondisi kesehatan mereka dan membuat pilihan; komunikasi yang efektif memfasilitasi pembangunan rasa saling percaya dan mencapai konsensus antara penyedia layanan dan pasien; dan menunjukkan empati dapat mengurangi kecemasan pasien dan meningkatkan kepercayaan diri mereka dalam berpartisipasi dalam pengambilan keputusan. Dalam beberapa tahun terakhir, penerapan model ICE dalam praktik klinis semakin mendapat perhatian. Artikel ini terutama mengeksplorasi dan menganalisis penerapan model ICE dalam praktik medis dan dampaknya terhadap kualitas interaksi pasien-penyedia layanan. Penelitian ini bertujuan untuk mengevaluasi bagaimana model ICE mendorong komunikasi dua arah yang efektif antara pasien dan penyedia layanan, dan bagaimana empati penyedia layanan dapat meningkatkan dukungan psikologis bagi pasien dan kepatuhan pengobatan. Melalui studi ini, tujuannya adalah untuk memahami secara komprehensif peran model ICE dalam meningkatkan kualitas layanan kesehatan, memperkuat hubungan pasien-penyedia layanan, dan membantu penyedia layanan dalam memberikan perawatan yang berpusat pasien. lebih personal dan pada Pada akhirnya, tantangan-tantangan yang ada saat ini dibahas, dan arah pembangunan di masa depan diusulkan.

Abstract

The ICE model plays a crucial role in shared decision-making between patients and healthcare providers. Adequate information helps patients better understand their health conditions and make informed choices; effective communication facilitates building mutual trust and reaching consensus between providers and patients; and the demonstration of empathy can alleviate patients' anxiety and enhance their confidence in participating in decision-making. In recent years, the application of the ICE model in clinical practice has gained

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increasing attention. This article mainly explores and analyzes the application of the ICE model in medical practice and its impact on the quality of patient-provider interactions. The research aims to evaluate how the ICE model promotes effective bidirectional communication between patients and providers, and how providers' empathy can enhance psychological support for patients and treatment adherence. Through this study, the goal is to comprehensively understand the role of the ICE model in improving the quality of healthcare services, strengthening patient-provider relationships, and assisting providers in delivering more personalized, patient-centered care. Finally, current challenges are discussed, and future development directions are proposed.

Keyword : narrative medicine , ICE model , Shared Decision Making

1.Introdction

Shared Decision Making (SDM) is widely recognized as a key component of providing patient-centered healthcare services. Its goal is to make the best medical decisions that align with the patient's values and preferences through equal participation and collaboration healthcare providers between and patients. However, in practice, SDM faces numerous challenges due to information asymmetry, communication barriers, and a lack of empathy between providers and patients (Frosch et al., 2012)

To better facilitate SDM, researchers have proposed the "ICE" model, which aims to integrate the three key factors of Information, Communication, and Empathy. Information refers to the comprehensive understanding of the patient and their family about the disease and treatment options; Communication emphasizes open, respectful, and bidirectional exchange between providers and patients; while Empathy requires healthcare professionals to genuinely understand the patient's concerns and needs from their perspective.

1.The Importance of Shared Decision Making

Doctor-patient joint decision-making is an important way and means to realize the humanistic spirit of narrative medicine. Doctor-patient joint decision-making plays a crucial role in narrative medicine, which is mainly reflected in its emphasis on the concept of "patient center" (Naye et al., 2024).

Doctor-patient joint decision-making also plays a role in narrative medicine in guiding patients' emotional expression and promoting the doctor-patient relationship. Through this decision-making model, patients gain a channel to express their emotions (such as fear, anxiety, etc.)c(Nicholson et al., 2023), and doctors use empathy to help patients regulate their emotions and achieve overall care.

Doctor-patient joint decision-making significantly improves patient satisfaction(Liverpool et al., 2021). By reflecting the patient's subjectivity, this decision-making model can usually improve the patient's treatment compliance and satisfaction, thus

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achieving the goal of improving the patient's quality of life emphasized by narrative medicine.

2. The Concept of the ICE Model

The application of the ICE model has significantly improved the quality of patient-provider interactions in medical practice. In terms of Information, this model encourages providers to offer comprehensive, accurate, and easy-to-understand medical information to patients. This includes not only the diagnosis and treatment plan but also potential side effects, treatment risks, and expected outcomes(Richter et al., 2023). Providers are encouraged to use non-technical language and visual aids to help patients better understand complex information. medical Additionally, providers need to ensure that patients have the opportunity to ask questions and receive clear answers, as such information exchange helps patients make wiser and more personalized medical decisions.

Regarding Communication, the ICE model effective emphasizes establishing two-way communication channels. Providers need not only to clearly convey information but also to listen to patients' thoughts, feelings, and concerns(Spinnewijn et al., 2020). This communication approach encourages patients to actively participate in the treatment process, expressing their views preferences. Through and such communication, providers can better understand patients' lifestyles, cultural backgrounds, and values, which is crucial for developing personalized treatment plans. Effective communication also enhances trust and understanding between providers and patients, provides emotional support for patients, and reduces anxiety and uncertainty during treatment.

In terms of Empathy, the ICE model highlights the importance of providers demonstrating empathy when communicating with patients. This means that providers should not only understand patients' emotions and feelings but also express care and support for (Schulz & 2022) Through Wirtz, . empathy, providers can deeper gain а understanding of patients' psychological states and emotional needs, thereby providing more comprehensive treatment and care. This expression of empathy not only helps patients better cope with illness and treatment psychologically but also enhances patients' acceptance of treatment plans and adherence. Overall, the ICE model significantly improves the quality of healthcare services and better meets patients' overall needs through the application of information exchange, effective communication, and profound empathy(Faiman & Tariman, 2019)).

3. The Application of the ICE Model in Shared Decision-Making Research

A middle-aged female patient with type 2 diabetes faces the decision of whether to use insulin therapy. This case exemplifies how to navigate complex medical decisions through the ICE model.

1. Information gathering and provision are fundamental. The provider should collect detailed patient history and

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personal preferences and provide easy-to-understand medical information. Using charts and models can help patients better grasp complex medical concepts. Additionally, the provider needs to use language that the patient can understand, avoiding excessive use of technical jargon to ensure effective information delivery.

In this case, the patient initially controlled her blood sugar with oral medications after diagnosis, but over time, her blood sugar control became increasingly difficult. At this point, the provider provided her with detailed information about using insulin injection therapy, including its advantages, potential side effects, and necessary lifestyle changes. The provider also offered relevant health education materials and explained the long-term benefits and risks of insulin therapy compared to other treatment methods.

2. Communication. The provider uses open-ended questions to encourage patients to share their feelings and concerns and demonstrates attention through active listening techniques such as nodding, eye contact, and summarizing feedback. This communication approach helps establish trust and understanding, laying a solid foundation for shared decision-making.

In this case, during multiple consultations, the provider used open-ended questions to understand the patient's concerns about insulin therapy, such as fear of injections, worries about side effects, or uncertainty about changing her existing treatment regimen. The provider ensured that the patient's concerns were fully understood and considered through active listening and feedback. Additionally, the provider discussed different treatment options with the patient, helping her weigh the pros and cons to make an informed decision. The provider also recommended dietary and exercise-based supplementary health management approaches based on the patient's personalized needs.

3. Empathy. Cultivating empathy is at the core of the ICE model. Providers need to strive to understand patients' emotions and experiences and demonstrate this understanding in their communication. Different medical contexts, such as care, emergency chronic disease management, pre-and post-operative consultations, require providers to adjust their communication and decision-making strategies based on specific situations. For example, rapidly establishing trust in emergencies, engaging in long-term communication for chronic disease management, and providing detailed surgical information and emotional support in pre-and post-operative Through consultations. the implementation of these strategies, the quality of shared decision-making is enhanced, promoting better medical outcomes.

In this case, the expression of empathy played a crucial role throughout the decision-making process. The provider established a deep trust relationship by demonstrating an understanding of and concern for the patient's worries. The provider recognized that accepting insulin therapy was not only a medical decision for the patient but also a lifestyle change. Therefore, when discussing treatment

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options, the provider fully considered the patient's lifestyle habits, work demands, and personal preferences to ensure that the personalized treatment plan suited her lifestyle.

4. Research Results

4.1 The "Information" component requires doctors to provide comprehensive and accurate information to patients about their condition, treatment options, and potential risks and benefits. This process is not just a one-way transmission of information but also involves understanding patients' personal values, preferences, and lifestyles to ensure that the information provided is personalized and relevant. Transparency and understandability of information are crucial in helping patients make informed decisions, especially when facing complex medical choices.

4.2 The "Communication" component emphasizes the quality of interaction between doctors and patients. Effective only communication not involves conveying information but also listening, understanding, and providing feedback. Doctors need to use open-ended questions to encourage patients to express their concerns and expectations, while demonstrating attentiveness to patients' words through active listening. This two-way communication helps build trust, making patients feel respected and understood, and thus more willing to participate in the decision-making process.

4.3 The "Empathy" component is the core of establishing a good patient-provider

relationship. It involves the doctor's understanding and compassion for the patient's emotions, concerns, and experiences. In the shared decision-making process, demonstrating empathy means that doctors not only focus on the patient's clinical needs but also care about their emotional and psychological states. This in-depth understanding and care helps alleviate patients' anxiety, enhances their trust and acceptance of treatment plans. Overall, the ICE model provides a comprehensive and humanized framework for shared decision-making by promoting effective information exchange, high-quality communication, and profound empathic understanding.

5. Discussion

5.1 Research on information exchange has shown that clear, accurate, and easy-to-understand information delivery is the foundation for shared decision-making between providers and patients. Studies have emphasized the need for doctors to use language that patients can understand when providing information about treatment choices, risks, and benefits, and to consider patients' cultural and educational backgrounds. Furthermore, some studies have explored how to leverage digital tools and platforms enhance to information communication between providers and patients, such as through electronic health records and patient portal websites(Leucht et al., 2023).

5.2 Research on communication skills has focused on how to establish effective dialogue between providers and patients. Studies have found that using

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open-ended questions, active listening, and timely feedback can greatly improve the quality of communication(Chmielowska al., et 2022). This interactive approach not only facilitates two-way information flow but also helps build trust and understanding, enabling patients to participate more actively in the decision-making process. Additionally, research has also indicated that doctors' non-verbal communication, such as body language and facial expressions, plays an important role in provider-patient communication.

5.3 Research on empathy has emphasized the importance of doctors' ability to understand and respond to patients' emotions and psychological states. Studies have shown that when doctors demonstrate a genuine understanding and concern for patients' feelings, it can significantly improve patients' acceptance and satisfaction with treatment plans. Furthermore, some studies have explored how to more effectively cultivate empathy skills in medical students and doctors through medical education, emphasizing the importance of emotional intelligence and humanistic care in medical practice.

Reference

- Chmielowska, M., Mannocci, N., Tansel, A., & Zisman-Ilani, Y. (2022). Peer support and shared decision making in Open Dialogue: Opportunities and recommendations. *Frontiers in Psychology*, 13. https://doi.org/10.3389/FPSYG.202 2.1059412
- Faiman, B., & Tariman, J. D. (2019). Shared Decision Making: Improving Patient Outcomes by Understanding

the Benefits of and Barriers to Effective Communication. *Clinical Journal of Oncology Nursing*, *23*(5), 540–542.

https://doi.org/10.1188/19.CJON.54 0-542

- Frosch, D. L., May, S. G., Rendle, K. A. S., Tietbohl, C., & Elwyn, G. (2012). Authoritarian physicians and labeled patients' fear of being "difficult" among key obstacles to shared decision making. Health Affairs (Project Hope), 31(5), 1030-1038. https://doi.org/10.1377/HLTHAFF.20 11.0576
- Leucht, S., Siafis, S., Rodolico, A., Peter, N. L., Müller, K., Waibel, J., Strube, W., Hasan, A., Bauer, I., Brieger, P., Davis, J. M., & Hamann, J. (2023). Shared Decision Making Assistant (SDMA) and other digital tools for choosing antipsychotics in schizophrenia treatment. *European Archives of Psychiatry and Clinical Neuroscience*, *273*(8), 1629–1631. https://doi.org/10.1007/S00406-02 3-01712-9
- Liverpool, S., Hayes, & D., Edbrooke-Childs, J. (2021). An Affective-Appraisal Approach for Parental Shared Decision Making in Children and Young People's Mental Health Settings: A Qualitative Study. Frontiers in Psychiatry, 12. https://doi.org/10.3389/FPSYT.2021 .626848
- Naye, F., Toupin-April, K., de Wit, M., LeBlanc, A., Dubois, O., Boonen, A., Barton, J. L., Fraenkel, L., Li, L. C., Stacey, D., March, L., Barber, C. E. H., Hazlewood, G. S., Guillemin, F., Bartlett, S. J., Berthelsen, D. B.,

Received: 26 Maret 2024 :: Accepted: 25 April 2024 :: Published: 30 April 2024

Mather, K., Arnaud, L., Akpabio, A., ... Décary, S. (2024). OMERACT Core outcome measurement set for shared decision making in rheumatic and musculoskeletal conditions: a scoping review to identify candidate instruments. *Seminars in Arthritis and Rheumatism*, 65. https://doi.org/10.1016/J.SEMARTH RIT.2023.152344

Nicholson, V., Tuttle, N., Papinniemi, A., & Evans, K. (2023). Patients report being satisfied with private musculoskeletal physical therapy when therapists educate effectively and facilitate shared decision making. *Brazilian Journal of Physical Therapy*, 27(2).

> https://doi.org/10.1016/J.BJPT.2023 .100501

- Richter, R., Jansen, J., Bongaerts, I., Damman, O., Rademakers, J., & van der Weijden, T. (2023). Communication of benefits and harms in shared decision making with patients with limited health literacy: A systematic review of risk communication strategies. *Patient Education and Counseling*, *116*. https://doi.org/10.1016/J.PEC.2023 .107944
- Schulz, A. A., & Wirtz, M. A. (2022). Midwives' empathy and shared decision making from women's perspective - sensitivity of an assessment to compare quality of care in prenatal and obstetric care. *BMC Pregnancy and Childbirth*, 22(1). https://doi.org/10.1186/S12884-02 2-05041-Y
- Spinnewijn, L., Aarts, J., Verschuur, S., Braat, D., Gerrits, T., & Scheele, F. (2020). Knowing what the patient

wants: a hospital ethnography studying physician culture in shared decision making in the Netherlands. *BMJ Open*, 10(3), e032921. https://doi.org/10.1136/BMJOPEN-2 019-032921