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Translation of the Working Alliance Inventory-Short Revised in Slovenian according to a forward-backward translation and a Delphi consensus procedure

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**UNIVERSITE DE BREST - BRETAGNE OCCIDENTALE
Faculté de Médecine & des Sciences de la Santé**

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DOCTORAT en MEDECINE

DIPLOME D'ETAT

**Par Madame Riou Marine
Née le 25 septembre 1989 à Morlaix (29)**

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**Translation of the Working Alliance Inventory-Short Revised in Slovenian
according to a forward-backward translation and a Delphi consensus
procedure.**

Président Monsieur le Professeur Jean-Yves Le Reste

Membres du Jury Monsieur le Professeur Christian Berthou

 Monsieur le Professeur Patrice Nabbe

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AUTORISATION D'IMPRIMER

Présentée par Monsieur le Professeur Jean-Yves LE RESTE

Titre de la thèse:

Translation of the Working Alliance Inventory-Short Revised in Slovenian according to a forward-backward translation and a Delphi consensus procedure.

ACCORD DU PRESIDENT DU JURY DE THESE SUR L'IMPRESSION DE LA THESE

OUI

En foi de quoi la présente autorisation d'imprimer sa thèse est délivrée à Riou Marine née le 25 septembre 1989 à Morlaix (29).

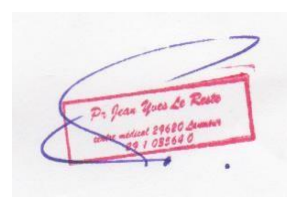
A Brest, le 06/06/2017

A Brest le 01/06/2017

VISA du Doyen de la faculté
Professeur C. BERTHOU

Le Président du Jury de Thèse
Professeur JY Le Reste

C. BERTHOU

SERMENT D'HIPPOCRATE

Au moment d'être admis à exercer la médecine, je promets et je jure d'être fidèle aux lois de l'honneur et de la probité.

Mon premier souci sera de rétablir, de préserver ou de promouvoir la santé dans tous ses éléments, physiques et mentaux, individuels et sociaux.

Je respecterai toutes les personnes, leur autonomie et leur volonté, sans aucune discrimination selon leur état ou leurs convictions. J'interviendrai pour les protéger si elles sont affaiblies, vulnérables ou menacées dans leur intégrité ou leur dignité.

Même sous la contrainte, je ne ferai pas usage de mes connaissances contre les lois de l'humanité.

J'informerai les patients des décisions envisagées, de leurs raisons et de leurs conséquences. Je ne tromperai jamais leur confiance et n'exploiterai pas le pouvoir hérité des circonstances pour forcer les consciences.

Je donnerai mes soins à l'indigent et à quiconque me le demandera. Je ne me laisserai pas influencer par la soif du gain ou la recherche de la gloire.

Admis dans l'intimité des personnes, je tairai les secrets qui me seront confiés. Reçu à l'intérieur des maisons, je respecterai les secrets des foyers et ma conduite ne servira pas à corrompre les mœurs.

Je ferai tout pour soulager les souffrances. Je ne prolongerai pas abusivement les agonies. Je ne provoquerai jamais la mort délibérément.

Je préserverai l'indépendance nécessaire à l'accomplissement de ma mission. Je n'entreprendrai rien qui dépasse mes compétences. Je les entretiendrai et les perfectionnerai pour assurer au mieux les services qui me seront demandés.

J'apporterai mon aide à mes confrères ainsi qu'à leurs familles dans l'adversité.

Que les hommes et mes confrères m'accordent leur estime si je suis fidèle à mes promesses ; que je sois déshonoré et méprisé si j'y manque. »

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Je te souhaite d'être heureuse et épanouie dans ta vie professionnelle et personnelle !

Ma famille et mes amis

A mes parents :

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A Amélie et Vincent, ma sœur et mon frère :

Malgré ma place d'aînée je ne pense pas vous avoir toujours montré le bon exemple. Vous ne me contredirez pas j'en suis certaine ! Merci pour ces moments de rigolade et d'insouciance partagés ensemble et qui pendant toutes ces années difficiles me permettaient de prendre du recul sur le quotidien. Parfois la simplicité est la meilleure des philosophies de vie. Je suis fière de ce que vous êtes devenus, ne changez pas et encore merci.

A mes grands-parents, et à Maryse : Merci pour votre présence.

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Au groupe de thèse :

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**A Florence, James, Soizig, Adrien, Antoine, Benjamin...ces médecins
urgentistes et ceux que j'oublie :**

Merci à vous de m'avoir transmis votre passion et votre savoir. Je m'engage dans une spécialité certes difficile, souvent ingrate mais j'en ai la foi. Je ne regrette jamais ce choix et vous n'y êtes pas pour rien. Merci pour tous ces bons moments en garde et en stage. Plus qu'un métier pour moi, c'est également une passion que je découvre tous les jours un peu plus et que j'espère à mon tour transmettre un jour.

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Abstract

Introduction:

Therapeutic alliance (TA) is a fundamental concept based on communication skills. It is defined a quality as the relationship between physician and patient with the objective to enhance observance. It is of importance for the follow up of chronic diseases. The lack of European data on the subject promoted this study. A systematic literature review and a RAND/UCLA Appropriateness Method identified the Working Alliance Inventory Short Revised (WAI-SR) as the most appropriate scale to evaluate the TA (according to its reproducibility and reliability). The purpose of this study was to achieve the translation of the WAI-SR in Slovenian, according to a forward-backward translation and a Delphi consensus procedure.

Method:

A research group composed of therapists and bilingual experts produced a forward translation. Slovenian general practitioners (GPs) validated it using a Delphi procedure. After obtaining a consensus, two independent translators worked together to carry out a backward translation. They had especially to take care of linguistic differences.

Result:

Twenty-six GPs participated. The Slovenian version of the WAI was validated after two Delphi rounds. The backward translation was achieved by two professional linguists. The differences noted, linked to linguistic variations did not bring any change of semantics regarding the original version.

Conclusion:

Translation of the WAI-SR into Slovenian using a reliable and reproducible method, will have a triple interest. It will permit homogenization of medical European practices. Its use will establish a working support for the physician to increase its practice and its competences. And finally, communication training for medical students could be improved.

Introduction

Knowledge:

Medicine is an old science. Along time a numerous changes happened within medicine. Those changes were technical but also, on knowledge and on communication skills. (1-3). Within communication skills, therapeutic alliance (TA) is an interesting concept to help communication and share decision making. It is a tacit contract between patients who need care and physicians who have knowledge.

Many studies showed that therapeutic alliance (TA) has a positive effect on quality of care and adherence. (4). The concept of TA has been developed at first for psychotherapy. (5) It was a predictive factor of an efficient implication of the patient in care. It decreases depression symptoms in pharmacotherapy. (6). Despite of interpersonal variability, TA is a key point in medical care of chronic disease in both adults and child population. The European population ageing increases chronic illness (hypertension, diabetes...) from which adherence to treatment decrease multimorbidity. (7) In December 2016, a study showed that a robust therapeutic alliance was strongly associated with patient engagement in weight management program. (8)

With social and cultural evolution, paternalistic model decreased. (9) Actually, medical decision should be shared between patient and physician. (10) (11). The easy access to the information (internet, press) masked the differences which existed between patient and physician. It is nowadays a partnership based on trust in which

physician develop empathy, communication, and listening. The listening is an indicator of patient's satisfaction.

Purpose of the study:

During the medicals undergraduates, students have not much teaching on communication. (12) However, it is a fundamental aspect of consultation while enhancing mutual understanding and patient empowerment. The physician has to be self-aware, his values and his feelings. The skills can be improved thanks to programs of specific learning. In Slovenia, communication teaching with practice, has permitted to the students to be more competent. They have developed professional skills for their future job, like empathy. Their cares corresponded better to their patients' expectations (13). Another study confirmed that patients satisfied with their physician, recommended him to their family (14). Personal continuity of care is associated with a lower discrepancy between the opinions of patients and physicians.

Therapeutic alliance is a qualitative concept; some components are complex to evaluate. It is the main difficulty. Nevertheless, it governs by an ethical and legal framework. (15). From those facts was born the Tool Assessment for Therapeutic Alliance (TATA) group within the European general practice research network. In the absence of gold standard this group aimed to find the most validated tool to measure therapeutic alliance around Europe. In 2013, a systematic literature review identified six scales to measure therapeutic alliance in adults (16). In September 2014 eight experts in the field of general practice, linguistics and psychology showed that the Working Alliance Inventory- Short Revised (WAI-SR) was the most efficient and easy

to use tool evaluating therapeutic alliance across Europe for general practitioner (17). The choice of the scale was made according to a RAND/UCLA consensus. The WAI-SR is feasible, reproducible and reliable.

The purpose of the study was to undertake the translation of the WAI-SR in Slovenian, according to a forward-backward translation and a Delphi consensus procedure.

Methodology

Research Group:

The study was led by a group from the medicine school of Brest who had a meeting once a month. The group included General Practitioners (GPs) trainees and senior researchers from the department of general practice. The group was instituted with the objective of exchange about difficulties. Student was in contact with a local Slovenian investigator who centralized the information.

Consensus procedure:

A forward-backward translation from English to Slovenian was selected to avoid languages differences. Thereafter, the study used a Delphi consensus procedure to ensure reproducibility in Slovenia. The advantage of this method was to try to prevent leader effect and extreme ideas.

Forward translation:

In first place, the local investigator had to find a team of four people (one linguist, one GP, one psychologist and one official translator) to translate the WAI SR from English to Slovenian. They had to have a fluid level in English. Their agreement was notified. This translation was carried out between October and November 2016.

Validation of the Forward translation:

From November 2016 to Mars 2017 a Delphi consensus procedure was undertaken to fulfill the confirmation (forward-backward translation's method) (18). A group of 30 GPs experts had to validate or not the translation by ordering each proposition from 1 (absolutely no agreement) to 9 (fully agreement). They had to explain why they did not agree under 7, using a short commentary. A local investigator centralized the answers. Each expert was contacted independently by emails to avoid contamination between experts.

The consensus was defined as at least 70% of the participants rating 7 or above the consensual items. If an item was not validated the local investigator had to propose a new proposition taking into account, the maximum of proposals and sent it again to the group. (18). The questioning was modified until a consensus was obtained. They gave their consent previously. It was a classical Delphi consensus procedure. This methodology was frequently used in primary health care all around Europe (19-20-21).

Backward Translation:

It was designed by two people who speak English fluently. They were independent from the beginning group and they had no knowledge of the initial translations.

Ethical committee: The study was approved by ethical committee of the « université de Bretagne occidentale » in October 2014.

Results

Characteristics of first translation group:

WAI SR FORWARD SLOVENIAN TRANSLATION GROUP							
FORMATION	Gender	Age	LEVEL OF ENGLISH			NUMBER OF PUBLICATIONS	
			Reading	Written	Spoken	SLOVENIAN	ENGLISH
GP 1	F	57	Very good	Very good	Very good	48	49
GP 2	F	43	Very Good	Very Good	Very Good	11	4
LINGUIST (For Slovenian language)	M	60	Very good	Very good	Very good		
PSYCHIATRIST	F	52	Very good	Very good	Very good	25	36

Forward translation:

Initially, thirty experts were selected to participate to the validation of the forward translation, but four did not want to continue (no answers for three of them, too busy for one). Theirs characteristics were summarized in table 1 and 1bis.

Table 1:

CODE	BIRTHDAY	AGE (years)	GENDER		YEARS OF PRACTICE	PRACTICE TYPE		
			MALE	FEMALE		SOLO	GROUP	OTHER
1	18/05/1969	48	1	0	18	0	1	0
2	26/05/1981	36	0	1	3	0	1	0
3	29/05/1989	28	0	1	1	1	0	0
4	23/11/1982	34	0	1	7	0	1	0
5	05/06/1981	36	0	1	8	0	1	0
6	23/02/1963	54	0	1	28	1	0	0
7	10/08/1968	48	0	1	22	1	0	0
8	05/10/1988	28	0	1	1	0	1	0
9	12/10/1976	40	1	0	10	1	0	0
10	12/04/1986	31	0	1	3	0	1	0
11	30/06/1956	60	0	1	34	1	0	0
12	16/06/1977	39	0	1	10	0	1	0
13	19/10/1970	46	0	1	20	0	1	0
14	08/08/1980	36	0	1	3	0	1	0
15	08/12/1958	58	0	1	24	0	1	0
16	03/06/1986	31	0	1	1	0	0	1
17	10/09/1979	37	0	1	8	1	0	0
18	07/04/1968	49	0	1	22	0	1	0
19	20/12/1966	50	0	1	20	0	1	0
20	04/10/1984	32	0	1	5	1	0	0
21	09/05/1962	55	0	1	29	0	1	0
22	25/11/1978	38	0	1	8	0	1	0
23	05/03/1976	41	0	1	12	0	1	0
24	26/02/1986	31	0	1	3	0	0	1
25	06/06/1973	43	0	1	17	0	1	0
26	16/03/1981	36	1	0	3	0	1	0
27	05/06/2017	0	0	0	0	0	0	0
28	05/06/2017	0	0	0	0	0	0	0
29	05/06/2017	0	0	0	0	0	0	0
30	05/06/2017	0	0	0	0	0	0	0

NUMBER OF PARTICIPANT	30
INCOMPLETE ANSWER	4
ANALYSIS	26

1065	3	23	320	7	17	2
		26				26
40,96	11,54%	88,46%	12,31	26,92%	65,38%	7,69%
		100,00%				100,00%
AVERAGE AGE	%MALE	%FEMALE	AVERAGE YEARS PRACTICE	%SOLO	%GROUP	%OTHER

CHECKING DATA

Table 1bis:

CODE	SETTING TYPE			TEACHING		RESEARCH		NUMBER PUBLICATION		LEVEL ENGLISH			CONSENT
	RURAL	SEMI RURA	URBAN	YES	NO	YES	NO	ENGLISH	OTHER	BASIC	INTERMED	FLUENT	
1	0	0	1	1	0	1	0	5	0	0	0	1	1
2	0	0	1	0	1	0	1	0	0	0	0	1	1
3	0	1	0	0	1	0	1	0	0	0	1	0	1
4	0	0	1	1	0	1	0	3	5	0	0	1	1
5	0	1	0	1	0	1	0	1	4	0	0	1	1
6	1	0	0	1	0	1	0	15	252	0	0	1	1
7	1	0	0	1	0	1	0	8	40	0	0	1	1
8	0	0	1	0	1	1	0	0	0	0	0	1	1
9	0	1	0	1	0	1	0	15	400	0	0	1	1
10	0	1	0	0	1	0	1	0	3	0	0	1	1
11	0	0	1	1	0	1	0	16	247	0	0	1	1
12	0	1	0	1	0	1	0	0	20	0	1	0	1
13	0	1	0	1	0	1	0	19	96	0	0	1	1
14	0	0	1	1	0	0	1	1	6	0	0	1	1
15	0	0	1	1	0	1	0	11	118	0	0	1	1
16	0	1	0	0	1	1	0	1	2	0	0	1	1
17	1	0	0	1	0	1	0	1	5	0	1	0	1
18	0	0	1	1	0	0	1	0	0	0	0	1	1
19	0	0	1	1	0	1	0	1	98	0	0	1	1
20	0	0	1	0	1	0	1	0	1	0	1	0	1
21	0	0	1	1	0	1	0	5	5	0	0	1	1
22	0	1	0	1	0	1	0	5	10	0	0	1	1
23	0	1	0	1	0	1	0	3	6	0	0	1	1
24	0	1	0	0	1	1	0	1	2	0	0	1	1
25	0	0	1	1	0	1	0	55	200	0	0	1	1
26	0	0	1	0	1	0	1	3	1	0	0	1	1
27	0	0	0	0	0	0	0	0	0	0	0	0	0
28	0	0	0	0	0	0	0	0	0	0	0	0	0
29	0	0	0	0	0	0	0	0	0	0	0	0	0
30	0	0	0	0	0	0	0	0	0	0	0	0	0
26	3	10	13	18	8	19	7	169	1521	0	4	22	26
	26			26		26		26		26			
	11,54%	38,46%	50,00%	69,23%	30,77%	73,08%	26,92%	6,50	58,50	0,00%	15,38%	84,62%	
			100,00%		100,00%		100,00%					100,00%	100,00%

First Delphi round:

From November to the end of January, the experts had to validate the forward translation. The question n° 8 in WAI-SR patient, and the question n°2 and n°10 in WAI-SR family physician were not consensual. (table 2 and 3). They generated many comments (annex 3).

Table 2:

WAI SR PATIENT ROUND 1

CODE	INSTRUCT	IMPORT	ANSWER	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
1	8	9	9	9	8	9	9	8	9	9	7	9	9	9	8
2	8	9	6	7	8	6	8	9	6	6	4	6	6	8	9
3	9	9	9	8	9	9	9	9	7	9	7	8	9	9	9
4	7	9	9	7	9	9	9	9	9	9	7	9	9	9	9
5	9	9	9	9	8	8	9	9	9	9	6	9	9	9	9
6	7	9	9	9	9	9	9	9	8	9	9	9	9	6	9
7	6	9	9	8	6	8	9	9	9	9	8	9	9	5	9
8	9	9	9	9	9	6	6	6	6	6	6	6	9	6	9
9	8	9	9	5	8	7	9	9	8	9	3	5	8	8	9
10	9	5	9	9	9	9	8	9	9	9	4	9	9	7	9
11	9	8	6	8	9	9	9	9	9	9	9	8	8	9	9
12	8	9	9	8	4	2	7	9	6	9	8	9	9	9	9
13	9	9	9	9	9	9	9	9	9	9	4	9	4	9	9
14	9	9	9	9	9	9	9	9	9	9	1	9	9	8	9
15	9	9	9	9	9	9	9	6	6	9	6	6	6	9	9
16	8	9	8	9	9	7	9	9	9	9	7	8	9	8	9
17	8	9	8	7	9	9	9	9	9	8	7	9	8	8	8
18	9	9	7	8	9	9	9	9	8	9	8	9	9	9	9
19	7	7	9	7	8	5	9	9	8	9	9	9	9	6	5
20	7	9	9	6	8	6	8	9	9	9	5	9	9	8	7
21	9	8	8	8	7	9	9	9	5	9	5	8	5	5	9
22	8	9	9	9	9	9	9	5	7	9	3	9	6	9	9
23	6	8	7	6	5	5	6	9	6	9	5	7	6	8	9
24	9	9	8	8	8	9	9	9	9	9	6	6	6	6	9
25	8	5	5	1	8	9	9	9	8	9	9	9	9	9	9
26	6	9	9	7	9	9	9	9	8	9	6	6	9	9	9
27															
28															
29															
30															

26

< 7		2	3	4	3	6	2	3	6	2	14	6	7	6	1
>=7	23	24	23	22	23	20	24	23	20	24	12	20	19	20	25
CHECK	26	26	26	26	26	26	26	26	26	26	26	26	26	26	26
TOTAL	88,46%	92,31%	88,46%	84,62%	88,46%	76,92%	92,31%	88,46%	76,92%	92,31%	46,15%	76,92%	73,08%	76,92%	96,15%

WAI-SR patient average and median Round 1:

	INSTRUCT	IMPORT	ANSWER	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Average	8,0	8,5	8,3	7,6	8,1	7,8	8,5	8,5	7,8	8,7	6,1	8,0	7,9	7,8	8,6
Median	8	9	9	8	9	9	9	9	8	9	6	9	9	8	9

Table 3 :

WAI-SR FAMILY PHYSICIAN ROUND 1

CODE	INSTR	IMPORT	ANSWER	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10
1	9	9	9	9	8	8	7	9	9	9	8	9	7
2	8	6	7	9	8	6	7	9	8	9	9	7	4
3	7	8	7	9	8	9	6	9	8	9	9	9	6
4	8	9	9	9	8	9	8	9	8	9	9	9	8
5	9	9	9	9	6	9	9	9	9	9	9	9	6
6	7	6	9	9	9	9	9	9	6	9	7	9	7
7	9	9	9	9	9	9	9	9	7	9	8	9	9
8	9	9	9	9	4	9	9	9	9	9	6	9	6
9	8	9	9	8	3	9	7	9	8	8	8	8	4
10	9	5	9	9	9	7	9	9	9	9	9	7	4
11	8	8	7	9	8	9	6	9	7	9	9	9	6
12	7	9	9	8	4	6	4	8	8	9	8	8	8
13	9	9	9	9	3	9	6	9	9	9	9	5	4
14	9	9	9	9	9	9	9	9	8	9	9	9	1
15	9	9	6	9	6	6	7	9	9	6	9	6	6
16	9	9	8	9	3	8	9	9	8	9	9	8	7
17	8	9	9	8	8	9	8	9	9	9	9	9	8
18	9	9	9	9	9	9	9	9	9	9	9	9	9
19	7	7	9	7	6	5	7	9	9	9	9	8	9
20	9	9	9	9	7	8	7	9	7	9	7	9	5
21	9	9	9	5	3	4	4	5	2	9	5	5	5
22	8	9	9	9	3	9	9	9	9	5	9	7	5
23	6	8	9	6	8	6	8	9	6	9	6	9	5
24	8	9	8	6	6	9	9	9	9	9	6	6	6
25	8	5	8	9	9	9	7	9	9	9	9	9	5
26	6	9	9	9	9	9	7	9	9	9	8	9	9
27													
28													
29													
30													

26

< 7	2	4	1	3	11	6	4	1	3	2	4	4	15
>= 7	24	22	25	23	15	20	22	25	23	24	22	22	11
CHECK	26	26	26	26	26	26	26	26	26	26	26	26	26
TOTAL	92,31%	84,62%	96,15%	88,46%	57,69%	76,92%	84,62%	96,15%	88,46%	92,31%	84,62%	84,62%	42,31%

WAI-SR family physician average and median Round 1

	INSTRUCT	IMPORT	ANSWER	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10
Average	8,1	8,2	8,5	8,4	6,6	8	7,5	8,8	8	8,7	8,1	8,1	6,1
Median	8	9	9	9	8	9	7,5	9	8,5	9	9	9	6

WAI SCORING SHEET

CODE	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11
1	5	9	9	9	9	9	8	8	9	9	8
2	8	9	9	8	8	8	7	8	9	9	9
3	9	8	8	9	9	9	9	9	9	9	8
4	8	9	9	9	9	9	9	8	9	9	9
5	9	9	9	9	9	9	9	9	9	9	9
6	9	9	9	9	9	9	9	9	9	9	9
7	9	8	8	9	9	8	9	7	7	8	9
8	9	9	9	9	9	9	9	9	9	9	9
9	9	8	8	9	9	9	9	9	8	8	8
10	9	9	9	9	9	9	9	9	9	9	9
11	8	9	9	9	9	9	9	9	9	9	8
12	9	6	6	7	9	9	9	7	8	8	9
13	9	9	9	8	8	9	9	9	8	9	7
14	9	9	9	9	9	9	9	9	9	9	8
15	9	9	9	9	9	9	9	9	9	9	9
16	9	8	8	9	9	9	9	7	8	8	7
17	8	9	9	9	9	9	9	8	8	8	8
18	9	7	7	9	9	9	9	9	8	8	8
19	9	8	8	9	9	9	9	7	8	8	9
20	9	9	9	9	9	9	8	8	9	9	8
21	9	8	8	9	9	9	9	8	8	8	8
22	9	9	9	9	9	9	9	9	9	9	9
23	9	9	9	9	9	9	9	9	9	9	9
24	9	9	9	9	9	9	9	9	9	9	9
25	9	9	9	9	9	9	9	9	9	9	9
26	9	9	9	9	9	9	9	9	9	9	9
27											
28											
29											
30											

26

<7	1	1	1	0	0	0	0	0	0	0	0
>=7	25	25	25	26	26	26	26	26	26	26	26
CHECK	26	26	26	26	26	26	26	26	26	26	26
TOTAL	96,15%	96,15%	96,15%	100,00%	100,00%	100,00%	100,00%	100,00%	100,00%	100,00%	100,00%

Q1	SCORING KEY
Q2	PATIENT SCALE MEAN
Q3	FAMILY PHYSICIAN SCALE MEAN
Q4	SCALE TYPE
Q5	GOAL
Q6	TASK
Q7	BOND
Q8	WAI SR ITEM
Q9	SCORE PATIENT VERSION
Q10	SCORE FAMILY PHYSICIAN VERSION
Q11	INSTRUCTIONS

Second Delphi round:

From February, the initial translation was modified by considering the various remarks then submitted to the experts (table 4). In the absence of answer, they were boosted by two e-mails and a phone call, but all experts of the first Delphi round answered for the second round.

Table 4:

WAI SR PATIENT ROUND 2

Expert	Q8
1	7
2	6
3	8
4	9
5	9
6	9
7	5
8	9
9	8
10	9
11	9
12	9
13	9

14	9
15	6
16	9
17	8
18	8
19	7
20	9
21	8
22	9
23	8
24	8
25	9
26	9
<7	3
>= 7	23
CHECK	26
TOTAL	88,46%

WAI-SR patient average and median Round 2:

	Q8
Average	8,19
Median	9

WAI SR FAMILY PHYSICIAN ROUND 2:

Expert	Q2	Q10
1	9	7
2	9	6
3	9	8
4	9	9
5	9	9
6	9	9
7	9	8
8	9	9
9	8	8
10	9	9
11	9	5
12	8	9
13	9	9
14	9	9
15	9	6
16	9	9
17	8	8
18	9	8
19	9	7
20	3	8
21	9	8

22	9	9
23	9	8
24	9	9
25	9	9
26	9	9
<7	0	3
>= 7	26	23
CHECK	26	26
TOTAL	100,00%	88,46%

WAI-SR family physician average and median Round 2:

	Q2	Q10
Average	8,65	8,15
Median	9	8,5

The Slovenian version validated after the second Delphi round was presented in annex 4.

Backward Translation:

It was realized by two linguists. The back translators were two professional translators. They worked independently and they came to consensus in two or four rounds for the scoring sheet.

The backward translation was presented in annex 5.

Cultural Check:

The original English version was compared to the backward translation to look for mismatches creating a change of meaning. The cultural check did not show significant differences. It could not be the same as the original English version as Slovenian language was Slavic group of languages which used different structure and order of the words in the sentence. Nevertheless, the meaning was the same. The working final version will be the version validated after the second round.

WAI-SR patients:

WAI-SR patients	English version	Forward slovenian translation	Backward translation
Instructions:	<p>Below is a list of statements and questions about experiences people might have with their therapy or family physician.</p> <p>Some items refer directly to your Family Physician with an underlined space -- as you read the</p>	<p>Spodaj je seznam trditev in vprašanj o izkušnjah, ki jih lahko imajo ljudje s svojim zdravljenjem ali z zdravnikom družinske medicine.</p> <p>Nekatere trditve se nanašajo neposredno na vašega zdravnika družinske medicine in so v besedilu</p>	<p>Below is a list of statements and questions about experiences people can have with their treatment or family physician.</p> <p>Some of the statements refer directly to your family physician and are marked in the text as</p>

	<p>sentences, mentally insert the name of your Family Physician in place of _____ in the text.</p> <p>Think about your experience in therapy, and decide which category best describes your own experience.</p>	<p>označene s podčrtanim praznim prostorom – ko berete stavek, v mislih vstavite ime vašega zdravnika na mesto _____ v tekstu.</p> <p>Pomislite na svoje izkušnje v zvezi z zdravljenjem in se odločite, katera kategorija najbolje opiše vašo lastno izkušnjo.</p>	<p>an underlined space – as you read the sentences, mentally insert the name of your family physician in place of _____ in the text.</p> <p>Think about your experience in regards to your treatment and decide which category best describes your own experience.</p>
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WAI-SR patients	English version	Forward slovenian translation	Backward translation
Answers:	<p>IMPORTANT!!!</p> <p>Please take your time to consider each question carefully.</p> <p>1.Seldom</p> <p>2.Sometimes</p> <p>3.Fairly often</p> <p>4.Very often</p> <p>5.Always</p>	<p>POMEMBNO !!!</p> <p>Prosimo, vzemite si čas in o vsakem vprašanju dobro razmislite.</p> <p>1.Redko</p> <p>2.Včasih</p> <p>3.Kar pogosto</p> <p>4.Zelo pogosto</p> <p>5.Vedno</p>	<p>IMPORTANT!!!</p> <p>Please take your time to consider each question carefully.</p> <p>1.Rarely</p> <p>2.Sometimes</p> <p>3.Fairly often</p> <p>4.Very often</p> <p>5.Always</p>

WAI-SR patients	English version	Forward slovenian translation	Backward translation
QUESTION 1	As a result of these sessions I am clearer as to how I might be able to change.	Zaradi posvetov pri zdravniku mi je bolj jasno, kako bi se lahko spremenil(a).	As a result of the consultations with my physician, I understand more clearly how I might be able to change.

WAI-SR patients	English version	Forward slovenian translation	Backward translation
QUESTION 2	What I am doing in therapy gives me new ways of looking at my problem.	Obravnava pri mojem zdravniku(ci) mi omogoča nove poglede na težavo, s katero se spoprijemam.	Consultations with my physician enable me to see new ways of looking at my problem.

WAI-SR patients	English version	Forward slovenian translation	Backward translation
QUESTION 3	I believe _____ likes me.	Zdi se mi, da sem _____ všeč.	I believe _____ likes me.

WAI-SR patients	English version	Forward slovenian translation	Backward translation
QUESTION 4	_____ and I collaborate on setting goals for my therapy.	Z _____ skupaj postavljava cilje mojega zdravljenja	_____ and I mutually set the goals for my treatment.

WAI-SR patients	English version	Forward slovenian translation	Backward translation
QUESTION 5	_____ and I respect each other.	Z _____ spoštujeva drug drugega.	_____ and I respect each other.

WAI-SR patients	English version	Forward slovenian translation	Backward translation
QUESTION 6	_____ and I are working towards mutually agreed upon goals.	Z _____ si prizadevava za cilje, ki sva jih skupaj določila.	_____ and I are working towards our mutually set goals.

WAI-SR patients	English version	Forward slovenian translation	Backward translation
QUESTION 7	I feel that _____ appreciates me.	Občutek imam, da me _____ceni.	I feel that _____appreciates me.

WAI-SR patients	English version	Forward slovenian translation	Backward translation
QUESTION 8	_____and I agree on what is important for me to work on.	Z_____se strinjava, kaj je zame pomembno, da izboljšam.	_____and I agree on what is important for me to work on.

WAI-SR patients	English version	Forward slovenian translation	Backward translation
QUESTION 9	I feel_____cares about me even when I do things that he/she does not approve of.	Občutek imam, da je _____mar zame celo takrat, ko počnem stvari, ki jih ne odobrava.	I feel that _____cares about me even when I do things he/she does not approve of.

WAI-SR patients	English version	Forward slovenian translation	Backward translation
QUESTION 10	I feel that the things I do in therapy will help me to accomplish the changes that I want.	Občutek imam, da mi bo to, kar počnem v sklopu obravnave/zdravljenja, pomagalo doseči želene spremembe.	I feel that the things I do as part of my consultations/treatment will help me to accomplish the changes that I want

WAI-SR patients	English version	Forward slovenian translation	Backward translation
QUESTION 11	_____and I have established a good understanding of the kind of changes that would be good for me.	Z_____sva razjasnila, katere spremenbe bi mi koristile.	_____and I have clarified the changes which would benefit me.

WAI-SR patients	English version	Forward slovenian translation	Backward translation
QUESTION 12	I believe the way we are working with my problem is correct.	Verjamem, da je način obravnave moje težave pravilen.	I believe that the way my problem is being treated is correct.

WAI-SR family physician:

WAI-SR family physician	English version	Forward slovenian translation	Backward translation
Instructions:	Instructions: Below is a list of statements about experiences people might have with their client. Some items refer directly to your client with an underlined space as you read the sentences, mentally insert the name of your client in place of _____ in the text.	Navodila: spodaj je seznam trditev, povezanih z vašimi izkušnjami s pacienti. Nekaterne trditve se nanašajo neposredno na vašega pacienta in so v besedilu označene s podčrtanim praznim prostorom – ko berete stavek, v mislih vstavite ime vašega pacienta na mesto _____ v tekstu.	Instructions: Below is a list of statements related to your experiences with patients. Some of them refer directly to your patient and are marked in the text as an underlined space – as you read the sentences, mentally insert your patient's name in place of _____ in the text.

WAI-SR family physician	English version	Forward slovenian translation	Backward translation
Answers:	<p>Important!!! Please take your time to consider each question carefully.</p> <p>1. Seldom</p> <p>2. Sometimes</p> <p>3. Fairly often</p> <p>4. Very often</p> <p>5. Always</p> <p>Each of the 10 questions in the WAI SR QUESTIONNAIRE FOR FAMILY PHYSICIANS has 5 possible responses for the patient to choose from.</p>	<p>POMEMBNO !!!</p> <p>Prosimo, vzemite si čas in o vsakem vprašanju dobro razmislite</p> <p>1.Redko</p> <p>2.Včasih</p> <p>3.Kar pogosto</p> <p>4.Zelo pogosto</p> <p>5.Vedno</p> <p>Na vsako od 10 vprašanj WAI SR VPRAŠALNIKA ZA ZDRAVNIKE DRUŽINSKE MEDICINE je 5 možnih odgovorov, med katerimi lahko pacient izbira.</p>	<p>Important!!! Please take your time to consider each question carefully.</p> <p>1. Rarely</p> <p>2. Sometimes</p> <p>3. Fairly often</p> <p>4. Very often</p> <p>5. Always</p> <p>Each of the 10 questions in the WAI SR QUESTIONNAIRE FOR FAMILY PHYSICIANS has 5 possible responses for the patient to choose from.</p>

WAI-SR family physician	English version	Forward slovenian translation	Backward translation
QUESTION 1	_____and I agree about the steps to be taken to improve his/her situation.	Z_____ soglašava glede korakov, potrebnih za izboljšanje njegovega/njenega stanja.	_____and I agree on the steps required to improve his/her condition.

WAI-SR family physician	English version	Forward slovenian translation	Backward translation
QUESTION 2	I am genuinely concerned for _____’s welfare.	Dobrobit_____je moja osrednja skrb	_____’s welfare is my genuine concern.

WAI-SR family physician	English version	Forward slovenian translation	Backward translation
QUESTION 3	We are working towards mutually agreed upon goals.	Prizadevava si za dosego skupaj dogovorjenih ciljev.	_____ and I are working to achieve our mutually set goals.

WAI-SR family physician	English version	Forward slovenian translation	Backward translation
QUESTION 4	_____ and I both feel confident about the usefulness of our current activity in therapy.	Oba z _____ zaupava v koristnost najinih trenutnih dejavnosti v obravnavi	Both _____ and I believe that what we are currently doing in the consultations is useful.

WAI-SR family physician	English version	Forward slovenian translation	Backward translation
QUESTION 5	I appreciate _____ as a person.	_____ cenim kot osebo	I appreciate _____ as a person.

WAI-SR family physician	English version	Forward slovenian translation	Backward translation
QUESTION 6	We have established a good understanding of the kind of changes that would be good for _____.	Z _____ sva razjasnila, katere spremembe bi bile zanj(o) koristne.	_____ and I have clarified which changes would be beneficial for him/her.

WAI-SR family physician	English version	Forward slovenian translation	Backward translation
QUESTION 7	_____ and I respect each other.	Z _____ spoštujeva drug drugega.	_____ and I respect each other.

WAI-SR family physician	English version	Forward slovenian translation	Backward translation
QUESTION 8	_____and I have a common perception of his/her goals.	Z_____se strinjava glede njegovih/njenih ciljev.	_____and I agree on his/her goals.

WAI-SR family physician	English version	Forward slovenian translation	Backward translation
QUESTION 9	I respect_____even when he/she does things that I do not approve of.	_____spoštujem celo takrat, ko počne stvari, ki jih ne odobravam.	I respect _____ even when he/she does things I do not approve of.

WAI-SR family physician	English version	Forward slovenian translation	Backward translation
QUESTION 10	We agree on what is important for to work on.	Z_____se strinjava, kaj je zanj(o) pomembno, da izboljša.	_____and I agree on what is important for him/her to work on.

Scoring sheet:

Scoring sheet	English version	Forward slovenian translation	Backward translation
QUESTION 1	Scoring key	Ocenjevalni ključ	Scoring key
QUESTION 2	Patient scale mean	Povprečna vrednost lestvice za pacienta	Average Patient scale value
QUESTION 3	Family Physician scale mean	Povprečje lestvice za zdravnika družinske medicine	Average Family Physician Scale value
QUESTION 4	Scale type	Vrsta lestvice	Scale type

Scoring sheet	English version	Forward slovenian translation	Backward translation
QUESTION 5	Goal	Cilj	Goal
QUESTION 6	Task	Naloga	Task
QUESTION 7	Bond	Povezava	Bond
QUESTION 8	WAI SR Item	WAI SR postavka	WAI SR Item measure
QUESTION 9	Score patient version	Ocena lestvice za bolnika	Score for the patient scale
QUESTION 10	Score Family Physician version	Ocena lestvice za zdravnika družinske medicine	Score for the Family Physician scale
QUESTION 11	Instructions: To derive a scale or total score, simply sum and take the mean of the items.	Za izračun lestvice ali skupne vrednosti lestvice preprosto seštejte in izračunajte povprečje posameznih trditev.	Instructions: To calculate the result or the total scale value, simply add up the average values of individual statements.

Discussion

Study:

The WAI-SR was considered at first as the best evaluation tool of therapeutic alliance in many domains: chronic pain (22), psychotherapy, and oncology.

Although medicine evolves (development of the telemedicine in certain country), the human link is still the essential factor of the therapeutic membership. The patients consider that it is the first treatment of their chronic disease (23). The studies also suggest that humble, rather than paternalistic, physicians are most effective at working with their patients (24).

However, the lack of teaching on the techniques of communication during the medical studies (25) as well as discrepancy between the opinions of patients and physicians (26) slow down the implementation of a relationship of trust. In addition, each physician has its own psychological characteristics and good communication helps to alleviate the anxiety generated by the situations of uncertainty encountered frequently in medicine: cancer... (27).

Limits of the study:

Selection bias:

Experts characteristics showed that they were representatives of the desired population. Actually, there was more female than male. The physicians practiced mainly in urban zones. The experts were probably selected among the friendly

network of the local investigator. They were interested by research and the characteristics' board showed that most of them had publications. Despite this, the selection bias was limited because experts spoke fluent English for the most part. This was the important point of the qualitative analysis.

Confusion and information bias:

There was neither confusion bias nor information bias, with application of a RAND/UCLA Appropriateness Method (28). Every expert was individually contacted without use of mailing list. They received same information.

Validity of the results:

The Delphi process was respected. This method limited the "leader opinion effect". Each expert could express himself freely. Reproducibility was assured because each question of the WAI was validated more than seventy percent. Furthermore, twenty-six doctors on thirty answered questionnaires. There was little of lost sight (no answers for three of them, too busy for one). The sample was established by twenty-six doctors who had a fluid English level. Nevertheless, the first results will have to be verify by a new study with a quantitative sample.

Perspectives:

Therapeutic alliance is an important concept for health sciences. This study achieved throughout in Europe will increase three main elements:

- In research: the translation of this scale in different language will permit to do studies. These studies will be based on the same evaluation tool. It will ensure the comparability of data between countries. These tasks will contribute to homogenize the practices in Europe.
- In clinics: the definition of therapeutic alliance in WAI is based on the Bordin theory (1975). It brings together the points of view of Greenson, Orlinsky, Howard, Rogers and Freud (29). Their ideas concern psychotherapy. There are three main headlines in this definition:
 - o the link between patient and therapist (Bond)
 - o their mutual agreement on therapeutics objectives (Goal)
 - o the way that permits it to happen (Task).

Its use will establish a working support for the physician to increase its practice and its competences. The medicine is perpetual evolution. The physician must be able to questioning himself.

- In teaching: this tool will make students aware of quality of partnership between physician and patient. The training on communication will improve for the medicine students.

Conclusion

In this study, the Slovenian translation was carried out as close as possible to the English version by conciliating the subtleties of languages. The Slovenian translation of the WAI-SR will have a collective impact by improving knowledges on therapeutic alliance. It will facilitate the homogenization of practices between every country. Therapeutic alliance is a recent concept associated with a desire to reduce the divide between physician and patient. Technological developments facilitate and improve daily medical practice, but the human link remains inherent to a quality therapeutic alliance.

It will also have an individual impact for every physician by facilitating the learning of communication during the studies, and the clinical practice. New hypotheses of searches can also be developed.

Bibliography

1. Moujmid-Ferdjaoui N, Carrere MO. La relation médecin-patient, l'information et la participation des patients à la décision médicale: les enseignements de la littérature internationale. *Rev Française Aff Sociales*. 2000;54(2):73–88.
2. Rodgers R-F, Cailhol L, Bui E, Klein R, Schmitt L, Chabrol H. Therapeutic alliance in psychotherapy: the contribution of empirical research. *Encephale*. 2010 Oct;36(5):433–8.
3. Fuertes JN, Mislowack A, Bennett J, Paul L, Gilbert TC, Fontan G, et al. The physician-patient working alliance. *Patient Educ Couns*. 2007 Apr;66(1):29–36.
4. Sylvia LG, Hay A, Ostacher MJ, et al. Association between therapeutic alliance, care satisfaction, and pharmacological adherence in bipolar disorder. *J Clin Psychopharmacol* 2013; 33: 343–50.
5. Horvath AO, Luborsky L. The role of the therapeutic alliance in psychotherapy. *J Consult Clin Psychol*. 1993;61(4):561.
6. Weiss M, Gaston L, Propst A, Wisebord S, Zicherman V. The role of the alliance in the pharmacologic treatment of depression. *J Clin Psychiatry*. 1997;58(5):196-204
7. The importance of productive patient-professional interaction for the well-being of chronically ill patients. Cramm JM, Nieboer AP. *Qual Life Res*. 2015 Apr;24(4):897-903. doi: 10.1007/s11136-014-0813-6.
8. Therapeutic alliance and obesity management in primary care - a cross-sectional pilot using the Working Alliance Inventory. Sturgiss EA, Sargent GM, Haesler E, Rieger E, Douglas K. *Clin Obes*. 2016 Dec;6(6):376-379. doi: 10.1111/cob.12167.
9. Vučemilović M, Mahmić-Kaknjo M, Pavličević I. Transition from paternalism to shared decision making – a review of the educational environment in Bosnia and Herzegovina and Croatia. *Acta Medica Acad*. 23 mai 2016;45(1):61.
10. Elwyn G, Laitner S, Coulter A, Walker E, Watson P, Thomson R. Implementing shared decision making in the NHS. *BMJ*. 14 oct 2010;341:c5146.
11. Communication with patients suffering from serious physical illness. Grassi L, Caruso R, Costantini A. *Adv Psychosom Med*. 2015;34:10-23. doi: 10.1159/000369050. Review.
12. Bioy A, Bachelart M. L'alliance thérapeutique : historique, recherches et perspectives cliniques. *Perspect Psy*. 2010 Dec 1;49(4):317–26.

13. Teaching communication at the medical school in Ljubljana. Petek Šter M. *Acta Med Acad.* 2012;41(1):38-46. doi: 10.5644/ama2006-124.34
14. Patients' recommendation of doctor as an indicator of patient satisfaction. Kersnik J. *Hong Kong Med J.* 2003 Aug;9(4):247-50
15. LOI n° 2009-879 du 21 juillet 2009 portant réforme de l'hôpital et relative aux patients, à la santé et aux territoires [Internet]. Code de la Santé Publique. Article 84, Art. L. 1161 juillet, 2009.
16. Noël P-M. Revue systématique de la littérature sur les moyens d'évaluation de l'alliance thérapeutique par des outils de mesure fiables et reproductibles. [Faculté de Médecine et des Sciences de la Santé]: Université de Brest - Bretagne Occidentale; 2013.
17. Melot E, Letissier A, Deriennic J, Le Floch B, Barraine P, Auffret JF, Le Reste JY. Quelle échelle de mesure fiable et reproductible chez l'adulte pour l'alliance thérapeutique ? Sélection d'un outil par méthode de consensus RAND/UCLA. Communication orale au 9ème congrès de la médecine générale, Paris, avril 2015.
- 18 Sumsion T. The Delphi technique: an adaptive research tool. *Br J Occup Ther* 1998; 61: 153–6.
- 19 Skulmoski GJ, Hartman FT, Krahn J. The Delphi Method for Graduate Research. *J Inf Technol Educ* 2007; 6: 2–21.
- 20 Lazić ĐK, Le Reste J-Y, Murgić L, et al. Say it in Croatian--Croatian translation of the EGPRN definition of multimorbidity using a Delphi consensus technique. *Coll Antropol* 2014; 38: 1027–32.
- 21 Building consensus about eHealth in Slovene primary health care: Delphi study. Ilijaž RJ, Meglič M, Svab I. *BMC Med Inform Decis Mak.* 2011 Apr 18;11:25. doi: 10.1186/1472-6947-11-25.
22. The therapeutic alliance between clinicians and patients predicts outcome in chronic low back pain. Ferreira PH, Ferreira ML, Maher CG, Refshauge KM, Latimer J, Adams RD. *Phys Ther.* 2013 Apr;93(4):470-8. doi: 10.2522/ptj.20120137.
23. Le médecin : le premier des médicaments essentiels. Plaidoyer pour la médecine clinique et la relation de soin. *La Revue de Médecine Interne*, Volume 37, Issue 9, September 2016, Pages 577-578
24. The relationship between physician humility, physician–patient communication, and patient health. Original Research Article. *Patient Education and Counseling*, Volume 99, Issue 7, July 2016, Pages 1138-1145. Peter M. Ruberton, Ho P. Huynh, Tricia A. Miller, Elliott Kruse, Joseph Chancellor, Sonja Lyubomirsky.
25. Barrier JH, Brazeau-Lamontagne L, Pottier P, Boutoille D. Comparaison des compétences médicales éthiques des étudiants de 3e et de 6e année en stage hospitalier en médecine interne. *Rev Médecine Interne.* 2005;26(2):128-36.

26. Agreement in patient-physician communication in primary care: a study from Central and Eastern Europe. Zebiene E, Svab I, Sapoka V, Kairys J, Dotsenko M, Radić S, Miholic M. *Patient Educ Couns*. 2008 Nov;73(2):246-50. doi: 10.1016/j.pec.2008.07.034. PMID: 18768286
27. Predictors of physicians' satisfaction with their management of uncertainty during a decision-making encounter with a simulated advanced stage cancer patient. Original Research Article *Patient Education and Counseling*, Volume 99, Issue 7, July 2016, Pages 1121-1129. Y. Libert, D. Canivet, C. Ménard, L. Van Achte, C. Farvacques, I. Merckaert, A. Liénard, J. Klastersky, C. Reynaert, J.-L. Slachmuylder, J.-F. Durieux, N. Delvaux, D. Razavi
28. Fitch K, Bernstein SJ, Aguilar MD, Burnand B, LaCalle JR, Lázaro P, et al. *The RAND/UCLA Appropriateness Method User's Manual*. 2001.
29. Elvins R, Green J the conceptualization and measurement of therapeutic alliance: an empirical review. *Clin Psychol Rev*. 2008 Oct; (28)7. 1167-87.

Annex

Annex 1: WAI-SR English version:

WAI- SR patients

Instructions: Below is a list of statements and questions about experiences people might have with their therapy or therapist. Some items refer directly to your therapist with an underlined space -- as you read the sentences, mentally insert the name of your therapist in place of _____ in the text. Think about your experience in therapy, and decide which category best describes your own experience.

IMPORTANT!!! Please take your time to consider each question carefully.

1. As a result of these sessions I am clearer as to how I might be able to change.

①	②	③	④	⑤
Seldom	Sometimes	Fairly Often	Very Often	Always

2. What I am doing in therapy gives me new ways of looking at my problem.

⑤	④	③	②	①
Always	Very Often	Fairly Often	Sometimes	Seldom

3. I believe ___ likes me.

①	②	③	④	⑤
Seldom	Sometimes	Fairly Often	Very Often	Always

4. ___and I collaborate on setting goals for my therapy.

①	②	③	④	⑤
Seldom	Sometimes	Fairly Often	Very Often	Always

5. ___and I respect each other.

⑤	④	③	②	①
Always	Very Often	Fairly Often	Sometimes	Seldom

6. ___and I are working towards mutually agreed upon goals.

⑤	④	③	②	①
Always	Very Often	Fairly Often	Sometimes	Seldom

7. I feel that___appreciates me.

①	②	③	④	⑤
Seldom	Sometimes	Fairly Often	Very Often	Always

8. _____and I agree on what is important for me to work on.

⑤	④	③	②	①
Always	Very Often	Fairly Often	Sometimes	Seldom

9. I feel_____cares about me even when I do things that he/she does not approve of.

①	②	③	④	⑤
Seldom	Sometimes	Fairly Often	Very Often	Always

10. I feel that the things I do in therapy will help me to accomplish the changes that I want.

⑤	④	③	②	①
Always	Very Often	Fairly Often	Sometimes	Seldom

11. _____ and I have established a good understanding of the kind of changes that would be good for me.

⑤	④	③	②	①
Always	Very Often	Fairly Often	Sometimes	Seldom

12. I believe the way we are working with my problem is correct.

①	②	③	④	⑤
Seldom	Sometimes	Fairly Often	Very Often	Always

WAI SR Family Physician (English version)

Instructions: Below is a list of statements about experiences people might have with their client. Some items refer directly to your client with an underlined space -- as you read the sentences, mentally insert the name of your client in place of ____ in the text.

IMPORTANT!!! Please take your time to consider each question carefully.

1. ____ and I agree about the steps to be taken to improve his/her situation.

①

②

③

④

⑤

Seldom

Sometimes

Fairly
Often

Very Often

Always

2. I am genuinely concerned for ____'s welfare.

①

②

③

④

⑤

Seldom

Sometimes

Fairly
Often

Very Often

Always

3. We are working towards mutually agreed upon goals.

①

②

③

④

⑤

Seldom

Sometimes

Fairly
Often

Very Often

Always

4. ____ and I both feel confident about the usefulness of our current activity in therapy.

①

②

③

④

⑤

Seldom

Sometimes

Fairly
Often

Very Often

Always

5. I appreciate____as a person.

①

②

③

④

⑤

Seldom

Sometimes

Fairly

Very Often

Always

Often

6. We have established a good understanding of the kind of changes that would be good for_____.

①

②

③

④

⑤

Seldom

Sometimes

Fairly

Very Often

Always

Often

7. _____and I respect each other.

①

②

③

④

⑤

Seldom

Sometimes

Fairly

Very Often

Always

Often

8. _____and I have a common perception of his/her goals.

①

②

③

④

⑤

Seldom

Sometimes

Fairly

Very Often

Always

Often

9. I respect_____even when he/she does things that I do not approve of.

①

②

③

④

⑤

Seldom

Sometimes

Fairly

Very Often

Always

Often

10. We agree on what is important for_____to work on.

①

②

③

④

⑤

Seldom

Sometimes

Fairly

Very Often

Always

Often

WAI SR scoring sheet

SCORING KEY FOR THE HATCHER GILLASPY SHORT FORM OF THE WAI patient and Family Physician version			
Patient scale mean: G = Goal = T = Task = B = Bond = Total Score =		Family Physician scale mean: G = Goal = T = Task = B = Bond = Total Score =	To derive a scale or total score, simply sum and take the mean of the items.
WAI SR Item	Score Patient version	Score Family Physician version	Scale type
1			T
2			T
3			B
4			G
5			B
6			G
7			B
8			G
9			B
10			T
11			G
12			T

Annex 2: WAI-SR Forward Slovenian Translation:

WAI SR PATIENT:

INSTRUCTIONS

Spodaj je seznam trditvev in vprašanj o izkušnjah, ki jih lahko imajo ljudje s svojim zdravljenjem ali z zdravnikom družinske medicine. Nekatere trditve se nanašajo neposredno na vašega zdravnika družinske medicine in so v besedilu označene s podčrtanim praznim prostorom – ko berete stavek, v mislih vstavite ime vašega zdravnika na mesto _____ v tekstu. Pomislite na svoje izkušnje v zvezi z zdravljenjem in se odločite, katera kategorija najbolje opiše vašo lastno izkušnjo.

POMEMBNO !!! Prosimo,, vzemite si čas in o vsakem vprašanju dobro razmislite.

TRANSLATION ① redko ② včasih ③ kar pogosto ④ zelo pogosto ⑤ vedno

1. Zaradi posvetov pri zdravniku mi je bolj jasno, kako bi se lahko spremenil(a).

① ② ③ ④ ⑤

2. Obravnava pri mojem zdravniku(ci) mi omogoča nove poglede na težavo, s katero se spoprijemam.

⑤ ④ ③ ② ①

3. Zdi se mi, da sem _____ vseč.

① ② ③ ④ ⑤

4. Z_____skupaj postavljava cilje mojega zdravljenja.

① ② ③ ④ ⑤

5. Z_____spoštujeva drug drugega.

⑤ ④ ③ ② ①

6. Z_____si prizadevava za cilje, ki sva jih skupaj določila.

⑤ ④ ③ ② ①

7. Občutek imam, da me_____ceni.

① ② ③ ④ ⑤

8. Z_____se skupaj dogovarjava o tem, kaj je zame pomembno, da počnem.

⑤ ④ ③ ② ①

9. Občutek imam, da je_____mar zame celo takrat, ko počnem stvari, ki jih ne odobrava.

① ② ③ ④ ⑤

10. Občutek imam, da mi bo to, kar počnem v sklopu obravnave/zdravljenja, pomagalo doseči želene spremembe.

⑤

④

③

②

①

11. Z _____ sva razjasnila, katere spremembe bi mi koristile.

⑤

④

③

②

①

12. Verjamem, da je način obravnave moje težave pravilen.

①

②

③

④

⑤

WAI SR FAMILY PHYSICIAN

INSTRUCTIONS:

Navodila: spodaj je seznam trditve, povezanih z vašimi izkušnjami s pacienti. Nekaterne trditve se nanašajo neposredno na vašega pacienta in so v besedilu označene s podčrtanim praznim prostorom – ko berete stavek, v mislih vstavite ime vašega pacienta na mesto _____ v tekstu.

POMEMBNO !!! Prosimo, vzemite si čas in o vsakem vprašanju dobro razmislite

Na vsako od 10 vprašanj WAI SR VPRAŠALNIKA ZA ZDRAVNIKE DRUŽINSKE MEDICINE je 5 možnih odgovorov, med katerimi lahko pacient izbira.

TRANSLATION ① redko ② včasih ③ kar pogosto ④ zelo pogosto ⑤ vedno

1. Z _____ soglašava glede korakov, potrebnih za izboljšanje njegovega/njenega stanja.

① ② ③ ④ ⑤

2. Blagostanje _____ je moja osrednja skrb.

① ② ③ ④ ⑤

3. Prizadevava si za doseg skupaj dogovorjenih ciljev.

① ② ③ ④ ⑤

4. Oba z_____zaupava v koristnost najinih trenutnih dejavnosti v obravnavi

① ② ③ ④ ⑤

5. _____cenim kot osebo.

① ② ③ ④ ⑤

6. Z_____sva razjasnila, katere spremembe bi bile zanj(o) koristne.

① ② ③ ④ ⑤

7. Z_____spoštujeva drug drugega.

① ② ③ ④ ⑤

8. Z_____se strinjava glede njegovih/njenih ciljev.

① ② ③ ④ ⑤

9. _____spoštujem celo takrat, ko počne stvari, ki jih ne odobravam.

① ② ③ ④ ⑤

10. Z_____se skupaj dogovarjava, kaj je zanj(o) pomembno, da počne.

① ② ③ ④ ⑤

Annex 3 :

Comments Q8 WAI SR patients :

- Z _____ se strinjava, na čem moram delati. / Z _____ se strinjava, kaj je zame pomembno predelati/izboljšati/početi. (Ne vem, katera trditev bi bila najboljša.)
- Z... se strinjava, glede pomembnih stvari, na katerih naj delam.
- Z ----- se strinjava
- Z _____ se strinjava o tem, kaj je zame pomembno, da počnem.
- Z zdravnikom _____ se skupaj dogovarjava o tem, kaj je zame pomembno in na čem bi moral/a (več) delati.
- Z _____ se strinjava o tem, kaj je zame pomembno, da počnem.
- Z----se strinjava o tem, kar je zame pomembno, da počnem
- Z _____ se strinjava/soglašava o tem, kaj je zame pomembno, da počnem.
- Z ___ se strinjava glede tega, naj čem naj delam.
- Mogoče: ...kaj bi bilo pomembno, da izboljšam.
- Z _____ se strinjava glede tega, kaj je pomembno zame, da počnem.
- Z ----- se strinjava o tem, kaj je zame pomembno, da počnem
- Z _____ se strinjava čemu se moram posvečati.
- Z _____ se skupaj dogovarjava o dejavnostih, ki so zame pomembne.
- Z _ se strinjava glede pomembnih stvari, ki zahtevajo mojo pozornost (in delo/ trud).

-Z _ se dogovarjava katere stvari so zame pomembne, da jim namenim več svoje aktivnosti (/pozornosti)

-Z _ se (skupaj) dogovarjava glede stvari, ki so zame pomembne in zahtevajo moj trud in delo.

Comments Q2 WAI-SR physician

- Skrbi me pacientovo dobro počutje.

- Morda Dobrobit namesto Blagostanje

- Za blagostanje_____mi je resnično/dejansko mar.

- Resnično skrbim za blagostanje_____.

- Moja pristna skrb je dobro počutje -----.

- Skrb za zdravje -----je moja osrednja skrb.

- Iskreno sem zaskerbljen(a) za_____dobrobit.

- Skrbi me za_____dobro počutje./Resnično me skrbi za_____dobro počutje.

- Blagostanje – PREDLOG Dobrobit

- Resnično sem zaskerbljen za zdravnikovo dobro počutje.

-: Iskreno mi je mar za_____blagostanje.

-(morda: dobro zdravstveno stanje)

Comments Q10 WAI-SR physician :

- Z_____ se strinjava, na čem mora delati. / Z_____ se strinjava, kaj je zanj/zanjo pomembno predelati/izboljšati/početi.

- Z... se strinjava o tem, kakšni ukrepi so pomembni.

- Z_____ se strinjava, kaj je zanj(o) pomembno, da počne.

- Z_____ se skupaj dogovarjava o tem, kaj je zanj/o pomembno in na čem bi moral/a (več) delati.

- Z_____ se strinjava, kaj je zanj(o) pomembno, da počne.

- Z... se strinjava o tem, kaj je zanj/zanjo pomembno, da počne.

- Z----se strinjava, kaj je zanj(o) pomembno, da počne.

- Z_____ se strinjava/soglašava, kaj je zanj(o) pomembno, da počne.

- Z__ se strinjava glede tega, na čemer naj dela.

- Z_____ se strinjava, kaj je zanj pomembno, da izboljša.

- Strinjava se o tem, kaj je zanj/o pomembno, da počne.

- Strinjava se o tem, kaj je pomembno za, da počne. Strinjava se, kaj je za --
----- pomembno, da počne.

- Z_____ se strinjava, kaj je zanj(o) pomembno, da počne.

- Z_____ se skupaj strinjava, kaj je zanj(o) pomembno, da počne.

-(Enako kot zgoraj)

WAI SR PATIENT:

INSTRUCTIONS

Spodaj je seznam trditvev in vprašanj o izkušnjah, ki jih lahko imajo ljudje s svojim zdravljenjem ali z zdravnikom družinske medicine. Nekatere trditve se nanašajo neposredno na vašega zdravnika družinske medicine in so v besedilu označene s podčrtanim praznim prostorom – ko berete stavek, v mislih vstavite ime vašega zdravnika na mesto _____ v tekstu. Pomislite na svoje izkušnje v zvezi z zdravljenjem in se odločite, katera kategorija najbolje opiše vašo lastno izkušnjo.

POMEMBNO !!! Prosimo,, vzemite si čas in o vsakem vprašanju dobro razmislite.

TRANSLATION ① redko ② včasih ③ kar pogosto ④ zelo pogosto ⑤ vedno

1. Zaradi posvetov pri zdravniku mi je bolj jasno, kako bi se lahko spremenil(a).

① ② ③ ④ ⑤

2. Obravnava pri mojem zdravniku(ci) mi omogoča nove poglede na težavo, s katero se spoprijemam.

⑤ ④ ③ ② ①

3. Zdi se mi, da sem _____ vseč.

① ② ③ ④ ⑤

4. Z_____skupaj postavljava cilje mojega zdravljenja.

① ② ③ ④ ⑤

5. Z_____spoštujeva drug drugega.

⑤ ④ ③ ② ①

6. Z_____si prizadevava za cilje, ki sva jih skupaj določila.

⑤ ④ ③ ② ①

7. Občutek imam, da me_____ceni.

① ② ③ ④ ⑤

8. Z_____se strinjava, kaj je zame pomembno, da izboljšam.

⑤ ④ ③ ② ①

9. Občutek imam, da je_____mar zame celo takrat, ko počnem stvari, ki jih ne odobrava.

① ② ③ ④ ⑤

10. Občutek imam, da mi bo to, kar počnem v sklopu obravnave/zdravljenja, pomagalo doseči želene spremembe.

⑤ ④ ③ ② ①

11. Z_____sva razjasnila, katere spremembe bi mi koristile.

⑤

④

③

②

①

12. Verjamem, da je način obravnave moje težave pravilen.

①

②

③

④

⑤

WAI SR FAMILY PHYSICIAN

INSTRUCTIONS:

Navodila: spodaj je seznam trditve, povezanih z vašimi izkušnjami s pacienti. Nekatero trditve se nanašajo neposredno na vašega pacienta in so v besedilu označene s podčrtanim praznim prostorom – ko berete stavek, v mislih vstavite ime vašega pacienta na mesto _____ v tekstu.

POMEMBNO !!! Prosimo, vzemite si čas in o vsakem vprašanju dobro razmislite

Na vsako od 10 vprašanj WAI SR VPRAŠALNIKA ZA ZDRAVNIKE DRUŽINSKE MEDICINE je 5 možnih odgovorov, med katerimi lahko pacient izbira.

TRANSLATION ① redko ② včasih ③ kar pogosto ④ zelo pogosto ⑤ vedno

1. Z _____ soglašava glede korakov, potrebnih za izboljšanje njegovega/njenega stanja.

① ② ③ ④ ⑤

2. Dobrobit _____ je moja osrednja skrb

① ② ③ ④ ⑤

3. Prizadevava si za dosego skupaj dogovorjenih ciljev.

① ② ③ ④ ⑤

4. Oba z _____ zaupava v koristnost najinih trenutnih dejavnosti v obravnavi

① ② ③ ④ ⑤

5. _____cenim kot osebo.

① ② ③ ④ ⑤

6. Z_____sva razjasnila, katere spremembe bi bile zanj(o) koristne.

① ② ③ ④ ⑤

7. Z_____spoštujeva drug drugega.

① ② ③ ④ ⑤

8. Z_____se strinjava glede njegovih/njenih ciljev.

① ② ③ ④ ⑤

9. _____spoštujem celo takrat, ko počne stvari, ki jih ne odobravam.

① ② ③ ④ ⑤

10. Z_____se strinjava, kaj je zanj(o) pomembno, da izboljša.

① ② ③ ④ ⑤

Scoring sheet:

Ocenjevalni ključ				
Povprečna vrednost lestvice za pacienta C = Cilj = N = Naloga = P = Povezava= Total Score =		Povprečje lestvice za zdravnika družinske medicine C = Cilj = N = Naloga = P = Povezava= Total Score =		Za izračun lestvice ali skupne vrednosti lestvice preprosto seštejte in izračunajte povprečje posameznih trditev.
WAI SR postavka	Ocena lestvice za bolnika	Ocena lestvice za zdravnika družinske medicine	Vrsta lestvice	
1			N	
2			N	
3			P	
4			C	
5			P	
6			C	
7			P	
8			C	
9			P	
10			N	
11			C	
12			N	

Annex 5: Backward Translation:

WAI-SR patients

Instructions: Below is a list of statements and questions about experiences people can have with their treatment or family physician. Some of the statements refer directly to your family physician and are marked in the text as an underlined space – as you read the sentences, mentally insert the name of your family physician in place of _____ in the text. Think about your experience in regards to your treatment and decide which category best describes your own experience.

IMPORTANT!!! Please take your time to consider each question carefully.

1. As a result of the consultations with my physician, I understand more clearly how I might be able to change.

- | | | | | |
|--------|-----------|-----------------|------------|--------|
| ① | ② | ③ | ④ | ⑤ |
| Rarely | Sometimes | Fairly
Often | Very Often | Always |

2. Consultations with my physician enable me to see new ways of looking at my problem.

- | | | | | |
|--------|------------|-----------------|-----------|--------|
| ⑤ | ④ | ③ | ② | ① |
| Always | Very Often | Fairly
Often | Sometimes | Rarely |

3. I believe _____ likes me.

- | | | | | |
|--------|-----------|-----------------|------------|--------|
| ① | ② | ③ | ④ | ⑤ |
| Rarely | Sometimes | Fairly
Often | Very Often | Always |

4. _____ and I mutually set the goals for my treatment.

①	②	③	④	⑤
Rarely	Sometimes	Fairly Often	Very Often	Always

5. _____ and I respect each other.

⑤	④	③	②	①
Always	Very Often	Fairly Often	Sometimes	Rarely

6. _____ and I are working towards our mutually set goals.

⑤	④	③	②	①
Always	Very Often	Fairly Often	Sometimes	Rarely

7. I feel that _____ appreciates me.

①	②	③	④	⑤
Rarely	Sometimes	Fairly Often	Very Often	Always

8. _____ and I agree on what is important for me to work on.

⑤	④	③	②	①
Always	Very Often	Fairly Often	Sometimes	Rarely

9. I feel _____ cares about me even when I do things that he/she does not approve of.

①	②	③	④	⑤
Rarely	Sometimes	Fairly Often	Very Often	Always

10. I feel that the things I do as part of my consultations/treatment will help me to accomplish the changes that I want

⑤	④	③	②	①
Always	Very Often	Fairly Often	Sometimes	Rarely

11. _____ and I have clarified the changes which would benefit me.

⑤	④	③	②	①
Always	Very Often	Fairly Often	Sometimes	Rarely

12. I believe that the way my problem is being treated is correct.

①	②	③	④	⑤
Rarely	Sometimes	Fairly Often	Very Often	Always

WAI SR Family Physician

Instructions: Instructions: below is a list of statements related to your experiences with patients. Some of them refer directly to your patient and are marked in the text as an underlined space – as you read the sentences, mentally insert your patient's name in place of _____ in the text.

IMPORTANT!!! Please take your time to consider each question carefully.

Each of the 10 questions in the WAI SR QUESTIONNAIRE FOR FAMILY PHYSICIANS has 5 possible responses for the patient to choose from.

1. _____ and I agree on the steps required to improve his/her condition.

①	②	③	④	⑤
Rarely	Sometimes	Fairly Often	Very Often	Always

2. _____'s welfare is my genuine concern.

①	②	③	④	⑤
Rarely	Sometimes	Fairly Often	Very Often	Always

3. _____ and I are working to achieve our mutually set goals.

①	②	③	④	⑤
Rarely	Sometimes	Fairly Often	Very Often	Always

4. Both _____ and I believe that what we are currently doing in the consultations is useful.

①	②	③	④	⑤
Rarely	Sometimes	Fairly Often	Very Often	Always

4. I appreciate _____ as a person.

①

②

③

④

⑤

Rarely

Sometimes

Fairly
Often

Very Often

Always

5. _____ and I have clarified which changes would be beneficial for him/her.

①

②

③

④

⑤

Rarely

Sometimes

Fairly
Often

Very Often

Always

6. _____ and I respect each other.

①

②

③

④

⑤

Rarely

Sometimes

Fairly
Often

Very Often

Always

7. _____ and I agree on his/her goals.

①

②

③

④

⑤

Rarely

Sometimes

Fairly
Often

Very Often

Always

8. I respect _____ even when he/she does things that I do not approve of.

①

②

③

④

⑤

Rarely

Sometimes

Fairly
Often

Very Often

Always

9. _____ and I agree on what is important for him/her to work on.

①

②

③

④

⑤

Rarely

Sometimes

Fairly
Often

Very Often

Always

Scoring sheet:

SCORING KEY FOR THE HATCHER GILLASPY SHORT FORM OF THE WAI patient and Family Physician version			
Average Patient scale value: G = Goal = T = Task = B = Bond = Total Score =		Average Family Physician scale value: G = Goal = T = Task = B = Bond = Total Score =	To calculate the result or the total scale value, simply add up the average values of individual statements.
WAI SR Item measure	Score for the Patient scale	Score for the Family Physician scale	Scale type
1			T
2			T
3			B
4			G
5			B
6			G
7			B
8			G
9			B
10			T
11			G
12			T

Annex 6: Consent Form



Département Universitaire de Médecine Générale

22, avenue Camille Desmoulins CS 93837 – 29238 – Brest CEDEX 3

Tél : 02 98 01 65 52 – fax : 02 98 01 64 74

**Consent Form
And Data for sampling**

Promoter : Département Universitaire de Médecine Générale – 22 avenue Camille Desmoulins - 29238 Brest
Cedex 3

Dr:.....

Address:

Local investigator name

Address:

University:

Asked me to participate in a forward backward translation study

I had time to reflect on my involvement in this study. I am aware that my participation is completely voluntary and that the study will entail no additional cost to my charge.

I can, at any time, decide to leave the study without giving reasons for my decision and that it does without consequences.

I understood that the data collected during the research would be protected in accordance to confidentiality. They can only be accessed by persons subject to professional secrecy belonging to the team-investigating physician, mandated by the promoter.

I accept the computerized processing of personal data in accordance with the data protection act. I have been informed of my right to access and rectify data concerning me.

My consent does not absolve the responsibilities of the organizers of this research. I retain all my rights guaranteed by Law.

Data for sampling:

Birth date:

Gender:

Number of year in practice

Practice type (solo, group, others)

Setting type (rural (less than 2000 inhabitants), semi rural (between 2000 and 5000, urban (more than 5000 inhabitants):

Teaching activities

Research activities

Number of publications in English

Number of publications in other languages

English level : basic intermediate fluent (all publishers in English are fluent...)

Done in two originals

at....., the dd/mm/yyyy

Name, first name of investigator:

Name, first name of the interviewee:

Signature:

RIOU (Marine) – Translation of the WAI-SR in Slovenian, according to a forward-backward translation and a Delphi consensus procedure.

Abstract:

Introduction: Therapeutic alliance (TA) is a fundamental concept based on communication skills. It is defined a quality as the relationship between physician and patient with the objective to enhance observance. It is of importance for the follow up of chronic diseases. The lack of European data on the subject promoted this study. A systematic literature review and a RAND/UCLA Appropriateness Method identified the Working Alliance Inventory Short Revised (WAI-SR) as the most appropriate scale to evaluate the TA (according to its reproducibility and reliability). The purpose of this study was to achieve the translation of the WAI-SR in Slovenian, according to a forward-backward translation and a Delphi consensus procedure.

Method: A research group composed of therapists and bilingual experts produced a forward translation. Slovenian general practitioners (GPs) validated it using a Delphi procedure. After obtaining a consensus, two independent translators worked together to carry out a backward translation. They had especially to take care of linguistic differences.

Result: Twenty-six GPs participated. The Slovenian version of the WAI was validated after two Delphi rounds. The backward translation was achieved by two professional linguists. The differences noted, linked to linguistic variations did not bring any change of semantics regarding the original version.

Conclusion: Translation of the WAI-SR into Slovenian using a reliable and reproducible method, will have a triple interest. It will permit homogenization of medical European practices. Its use will establish a working support for the physician to increase its practice and its competences. And finally, communication training for medical students could be improved.

MOTS CLES: WORKING ALLIANCE INVENTORY SHORT VERSION - THERAPEUTIC ALLIANCE-DELPHI PROCESS-SLOVENIA- FORWARD BACKWARD TRANSLATION

JURY :

Président : Monsieur le Professeur Jean Yves Le Reste
Membres : Monsieur le Professeur Christian Berthou
Monsieur le Professeur Patrice Nabbe
Madame le Docteur Campillo Elize

DATE DE SOUTENANCE : Jeudi 6 juillet 2017

