A Shared Decision-Making Didactic Series in an Interprofessional Residency Program

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Background

- Shared decision-making (SDM) refers to the process in which a healthcare provider and patient collaboratively share information and priorities in order to make a healthcare decision.
- ACGME identifies use of SDM as a milestone for IM resident education. Lack of training is cited as a reason for difficulty incorporating SDM into clinician practice.

Aim

- This study aimed to determine if an interprofessional SDM didactic series given to primary care residents (MD, NP, PharmD) would enhance provider’s patient-centeredness.

Methods

Assessment of Patient-Centeredness:

- Patient-Practitioner Orientation Scale (PPOS) assessed provider beliefs regarding patient-centered care.
- Self-report; 18 items, each rated on a 6-point Likert scale; total score calculated as a mean; higher total scores indicate self-perception of more patient-centeredness
- Consists of two factors:
  - Sharing - extent to which the provider believes patients are equal partners with the provider in making decisions
  - Caring - extent to which the provider believes the patient’s expectations and experience are critical elements in the treatment process

Analysis:

- Effect size was calculated using Cohen’s d. Statistical significance was analyzed using 95% confidence intervals.

Timeline

Didactic Development

- Health Psychologist: Literature on SDM and its application
- Internal Medicine Physician: Clinical didactic showcasing use of SDM
- Resident Learners: Discussion and role play of clinical and SDM material

Results

Pre- and Post-Didactic PPOS Scores of Total Participants

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<thead>
<tr>
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<th>Pre</th>
<th>Post</th>
<th>Effect Size</th>
<th>95% CI</th>
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<tbody>
<tr>
<td>Total Subjects</td>
<td></td>
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<tr>
<td>Sharing (N=12-16)</td>
<td>4.44</td>
<td>4.68</td>
<td>-48</td>
<td>-.66, -.29</td>
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<td>-.48, -.14</td>
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<tr>
<td>Sharing</td>
<td>4.79</td>
<td>4.99</td>
<td>-40</td>
<td>-.58, -.21</td>
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Conclusions

- An interdisciplinary SDM didactic series was designed to enhance patient-centeredness; results indicated that resident patient-centeredness increased by the end of the series.
- Discussion- and interaction-based didactic sessions may enhance primary care residents’ orientation toward patient-centeredness.
- Delivering such a didactic series in an interprofessional environment may capitalize on the backgrounds and perspectives of various healthcare professionals.
- Limitations of this study: small sample size, limited data on change within subjects, potential ceiling effect, lack of encounter observation, and lack of information on resident demographics.

References


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