



# 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

### Setting:

- Center of Excellence (COE) in Primary Care Education at VA Connecticut Healthcare System, in which residents of various health professions train alongside each other as part of an interprofessional residency program

### Target audience:

- Internal medicine, nurse practitioner, and pharmacy residents

### Facilitators:

- Developed and co-facilitated by clinical health psychology staff and a primary care physician (who had trained in the COE).

### Didactic Sessions:

- The series consisted of five 1.5-2 hour sessions, which focused on topics in SDM communication techniques and clinical topics in which SDM is an appropriate approach to patient care. Interactive classroom strategies such as role play and discussion were used.

## Methods

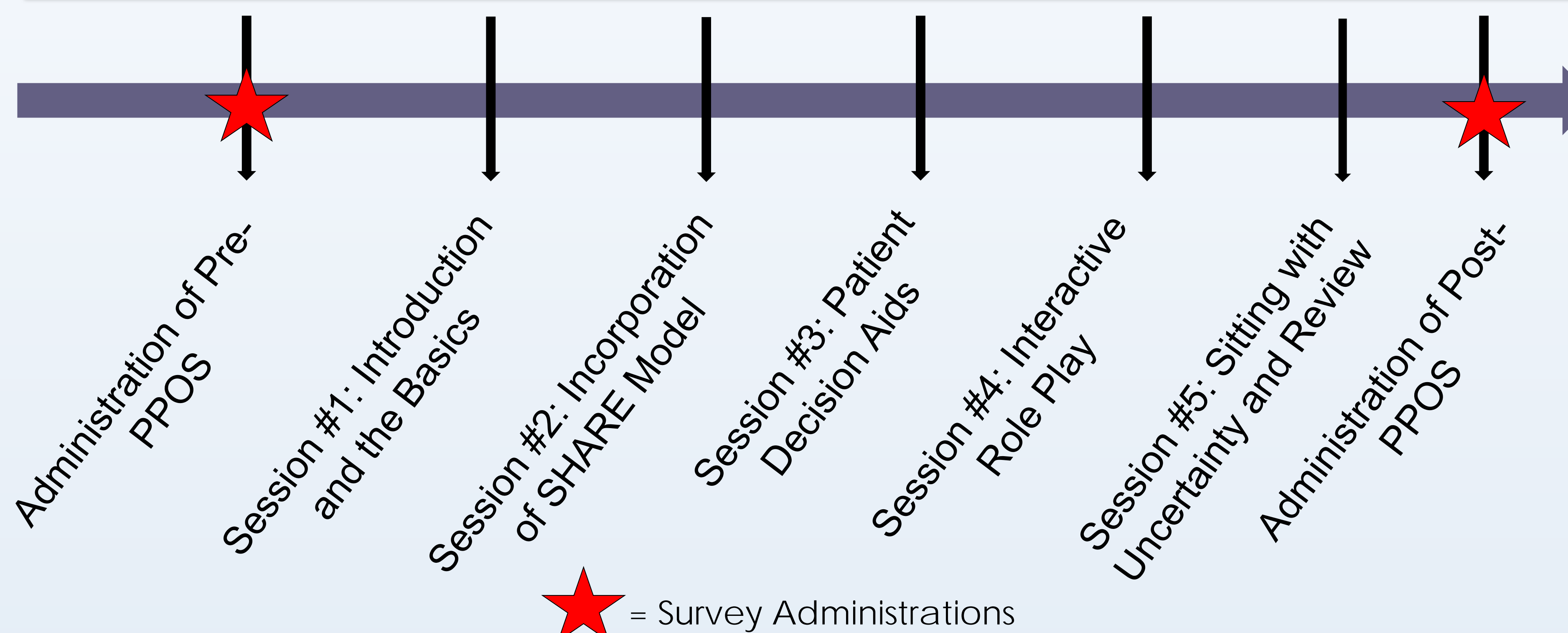
### Assessment of Patient-Centeredness:

- 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:

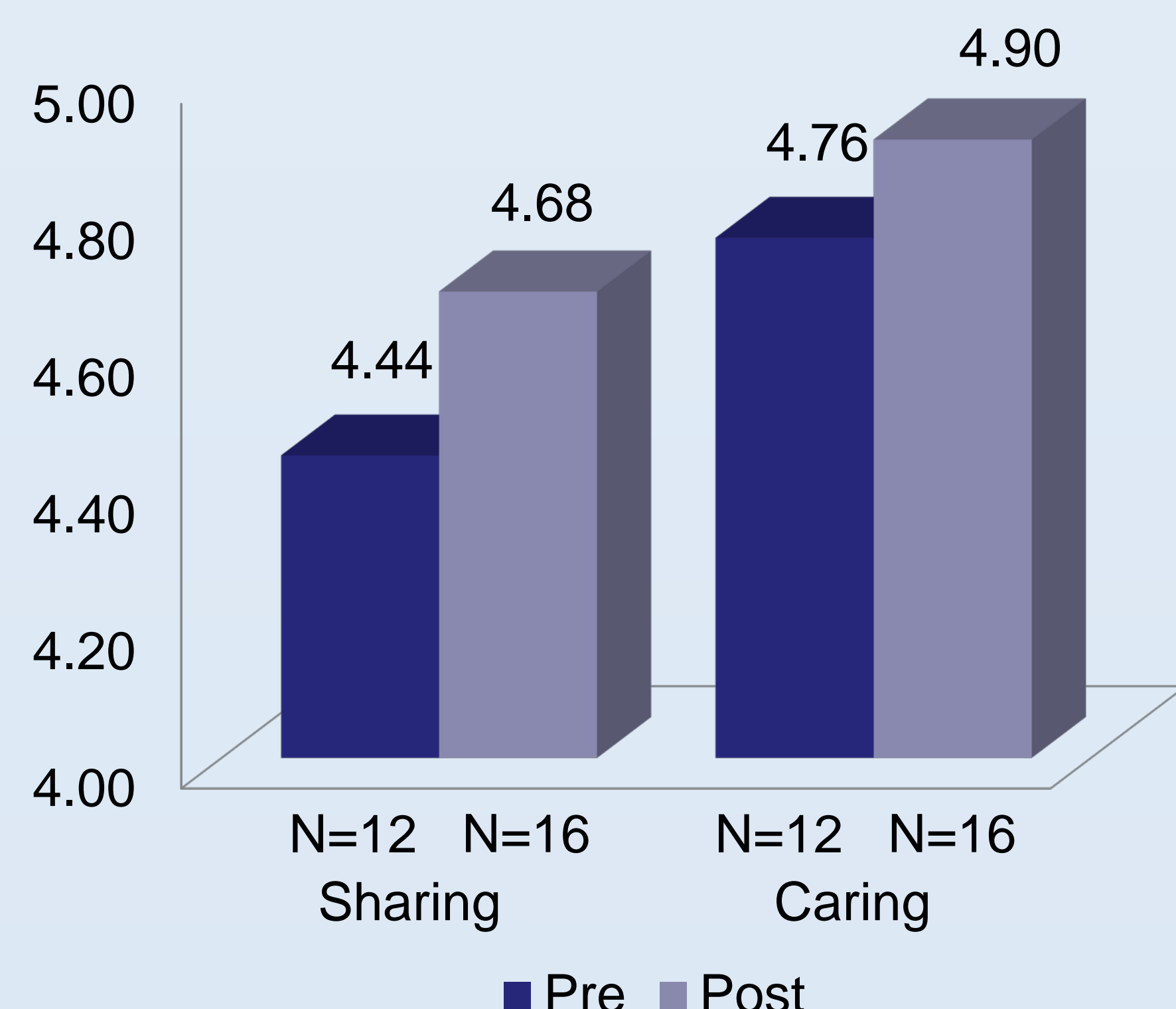
- Effect size was calculated using Cohen's d. Statistical significance was analyzed using 95% confidence intervals.

## Timeline



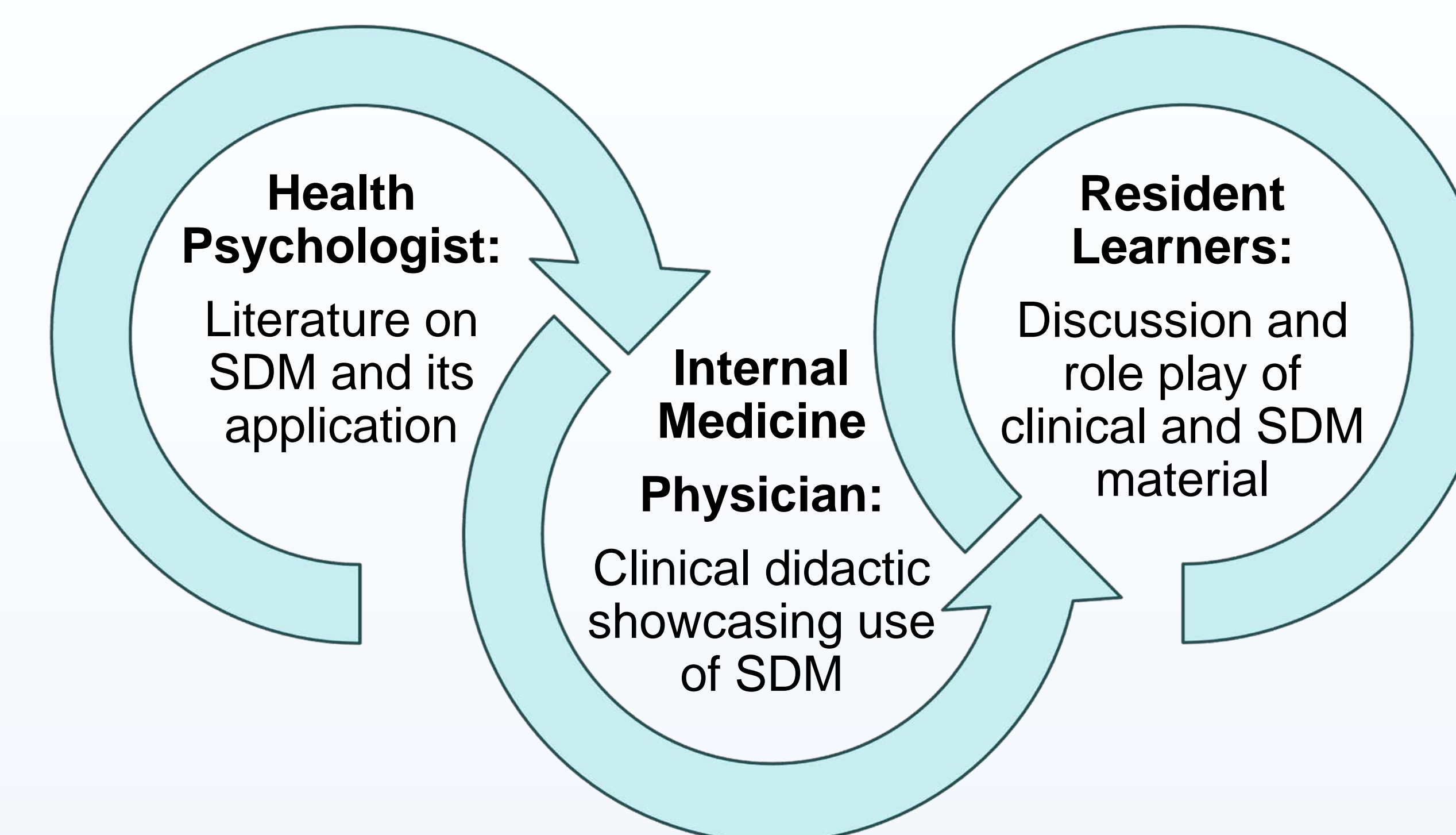
## Results

Pre- and Post-Didactic PPOS Scores of Total Participants



		Pre	Post	Effect Size	95% CI
Total Subjects (N=12-16)	Sharing	4.44	4.68	-.48	-.66, -.29
	Caring	4.76	4.90	-.31	-.48, -.14
Matched Subjects (N=9)	Sharing	4.42	4.75	-.67	-.85, -.48
	Caring	4.79	4.99	-.40	-.58, -.21

## Didactic Development



## 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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