
POSTER ABSTRACT**Development of Shared Decision-Making Training Module for Patients Facing Preference-Sensitive Decisions regarding Major Surgical Procedures**

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Introduction

Studies of surgical decision making demonstrate poor decisional quality, especially patient comprehension and expression of preferences. Shared decision making (SDM), a formalized approach wherein patients are educated about risks, benefits to treatment options, and supported to share personal preferences, has been shown to improve comprehension, reduce decisional conflict, and better align patient expectations with outcome, however multiple systematic reviews have demonstrated almost no sustained uptake of this approach in surgery. The goal of this study is to implement SDM with relevant training aimed at the surgical team with a pre-post design that measures effectiveness through Option-5 scoring of informed-consent interactions.

Aims Objectives Theory or Methods

Five focus groups with patients (n=2) and health care providers (HCPs) (n=3) were carried out to determine barriers and facilitators of SDM and learning preferences for HCPs. Common barriers and facilitators identified in focus groups using thematic analysis were used to develop communication and logistical strategies included in the training. HCP learning preferences identified informed format and presentation style of the training to improve participant engagement. Informed consent discussions were audio recorded and analyzed using Option-5 methodology which comprises a 5 item measure of SDM used to assess the extent to which clinicians involve patients in the decision making process.

Highlights or Results or Key Findings

Common barriers to SDM identified in thematic analysis included; lack of time during surgeon patient interaction; authoritative imbalance between patients and clinicians; and deficits in patient comprehension. HCPs expressed preferences regarding presentation style and format specifically; synchronous short events with relevant examples. Pre-intervention OPTION-5 scoring (n=40) demonstrated low decisional quality (average score 27/100) with almost no perceptible elicitation or incorporation of patient preferences during consent discussions. Following the training of cardiac surgeons and multidisciplinary team members, 62 more informed consent discussions will be audio-recorded and evaluated using the OPTION-5 scoring metric. OPTION-5 scores before and

after training will be compared by item and total score to determine change in informed consent discussion quality.

Conclusions

Informed consent in surgery is lacking in SDM approaches. Barriers have been identified and SDM training has been developed with a team based approach in mind. Effectiveness of the training intervention on the improvement of surgical consent discussion quality will be measured using OPTION-5 and if successful broader implementation will

Implications for applicability/transferability sustainability and limitations

Successful implementation of SDM training showing measurable improvement in cardiac surgery informed consent discussion quality will substantiate the implementation of SDM training modules specified for other surgical disciplines as well as subsequent evaluation of long term sustainability of the effects of SDM training.