Development of an Interprofessional Shared Decision-Making Teaching Tool (IP-SDM-T2)

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Background: Involving patients and families in the shared decision-making (SDM) process is essential for patient-centered care, including reaching informed decisions. Interprofessional (IP) care teams should understand and apply fundamental elements of the SDM process and recognize contributions and values from all participants, especially those of the patient/family, is central to the overall process. Limited data exists regarding real-time assessment of IP-SDM in the experiential, interprofessional education (IPE) setting. The objectives of this project were to: 1) adapt the previously validated Shared Decision Making Questionnaire (SDM-Q-9) for use as part of a radar visualization tool, the Interprofessional Shared Decision-Making Teaching Tool (IP-SDM-T2), designed for use as part of experiential IPE, 2) describe first impressions of the IP-SDM-T2 using focus groups consisting of interprofessional care team members and learners
Assess potential feasibility, acceptability, usability of the IP-SDM-T2, and 3) identify areas for improvement of IP-SDM-T2 and how the tool may be best utilized in practice and IPE.

Methods: This pilot project was deemed exempt by IRBMED (HUM00211261). An interprofessional team adapted the Shared Decision-Making Questionnaire (SDM-Q-9) for use as part of IP patient care versus a 1:1 care between a given physician and patient with two versions, one for care team members and one for patient/family members. The 9 adapted items were then mapped to constructs of SDM (establishing ongoing partnership, information exchange, deliberating on options, deciding and acting on decision). The adapted items were then integrated a radar feedback graphical tool using G Suite (Forms, Sheets, Colab, custom built Radar Chart Generator), where output is a visualization of individual, care team, and patient/family perspective on a given SDM situation. The IP held focus groups sessions, consisting of IP educators and learners from the UM community, where the project team defined IP SDM, oriented participants to the IP-SDM-T2 and radar graphic output, show a video on example clinical scenario with IP SDM, have participants "test drive" IP-SDM-T2, debrief and completed a semi-structured discussion about the tool, followed by an online survey to evaluate usability of the tool and collect demographic data. Quantitative data analysis was completed using descriptive statistics. Thematic analysis is underway for qualitative data from focus group transcriptions.

Results: Learner participants (N=15) in the focus groups were mostly from the medical school, while there was a variety of educator (N=6) disciplines represented (medicine, pharmacy, clinical psychology, social work, respiratory therapy). Educators reported a range of 1 to 30 years' experience as part of an IP care team. Most participants report having learned about SDM in didactic coursework (67%) as well as conferences or guest lecturers (33%). Most participants (57%) report that their IP teams practice SDM "most of the time" or "always". The median System Usability Scale score was 57.5, which represents need for improvements in usability of the tool from a technical standpoint. General feedback about the IP-SDM-T2 include its potential for use longitudinally in the experiential setting by IP care teams and learners and appreciation for the ability to visualize possible differences between individual, team, and patient/family perspective on SDM.

Conclusions: The IP-SDM-T2 may help visualize SDM constructs from a direct patient care scenarios and could be a potential tool that may help measure and foster SDM making among IP teams and learners in the experiential setting. This being a first prototype of the application there are limitation including relatively small sample size and areas for improved user experience. Future directions include mobile app development to improve ease of use and future studies (e.g., RCT study with and without the IP-SDM-T2, a pilot study in a clinical setting with patients (e.g., diabetes counseling).