DEVELOPMENT OF A PATIENT DECISION AID TEMPLATE FOR USE IN DIFFERENT CLINICAL SETTINGS

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INTRODUCTION

Shared decision making (SDM) is a key element on the agenda of today’s health care system. Despite considerable interest from policy-makers, health care professionals and patients, SDM is not yet routine practice in clinical encounters.

Health care professionals report barriers to SDM such as lack of skills and lack of decision support. Patient decision aids (PDAs) have been shown to be an effective and reliable support in the dialogue between patient and health care professional.

AIM

The aim of this study was to develop and test a patient decision aid template and test two different prototypes designed to support SDM in adjuvant therapy for breast cancer and diagnostic work-up for suspicion of lung cancer.

RESULTS

Preparation for Decision Making, score converted to 0-100 scale. Statistical test showed that there was no significant difference in the distributions of the scores by patients and relatives in the two demonstration projects. In both projects scores were generally good, and showed that the PtDA template were useful in both of the chosen clinical decision making situations.

CONCLUSION

Using a systematic process and high user involvement we developed a PtDA template and two prototypes that meet the IPDAS criteria. Testing of the PtDA prototypes, showed that the template can be adapted to other clinical settings without affecting the quality of the PtDA.

METHODS

A systematic development process guided by the International Patient Decision Aid Standards (IPDAS) model was adopted and collaboration with a design school was established. Scope and purpose of prototypes were defined, steering groups were established and a PtDA template was designed. Alpha testing was conducted by structured interviews with patients and health care professionals.

RESULTS

In the alpha test, 39 patients and 24 health care professionals participated. Patients and health care professionals rated the PtDA highly for usability and acceptability and the PDAs were found suitable for preparing patients to make preference-sensitive decisions. Qualitative findings were used to refine the PtDA.