

Shared Decision Making Training Improves Confidence in Clinicians to Facilitate Collaborative Decisions in Musculoskeletal Physiotherapy.

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Purpose

A person centred approach incorporating shared decision making (SDM) are key desires and principles of modern healthcare plans (A Healthier Wales 2018). Implementing SDM in healthcare is challenging, with knowledge and skills training seen as one suggested intervention to support change in clinical practice (Joseph-Williams et al 2017).

In collaboration with Making Choices Together (Improvement Cymru), ABUHB Musculoskeletal (MSK) Physiotherapy service aimed to deliver a training and support package to embed SDM knowledge and skills and evaluate its initial feedback from clinical staff and service users.



Figure 1: Three-talk model of shared decision making (Elwyn et al 2017)

“just saying you’ve got a choice here, you can be involved in it as much or as little as you like, I can make some recommendations if you want, I think helps that process and that conversation.”
Physiotherapist, ABUHB

Methods

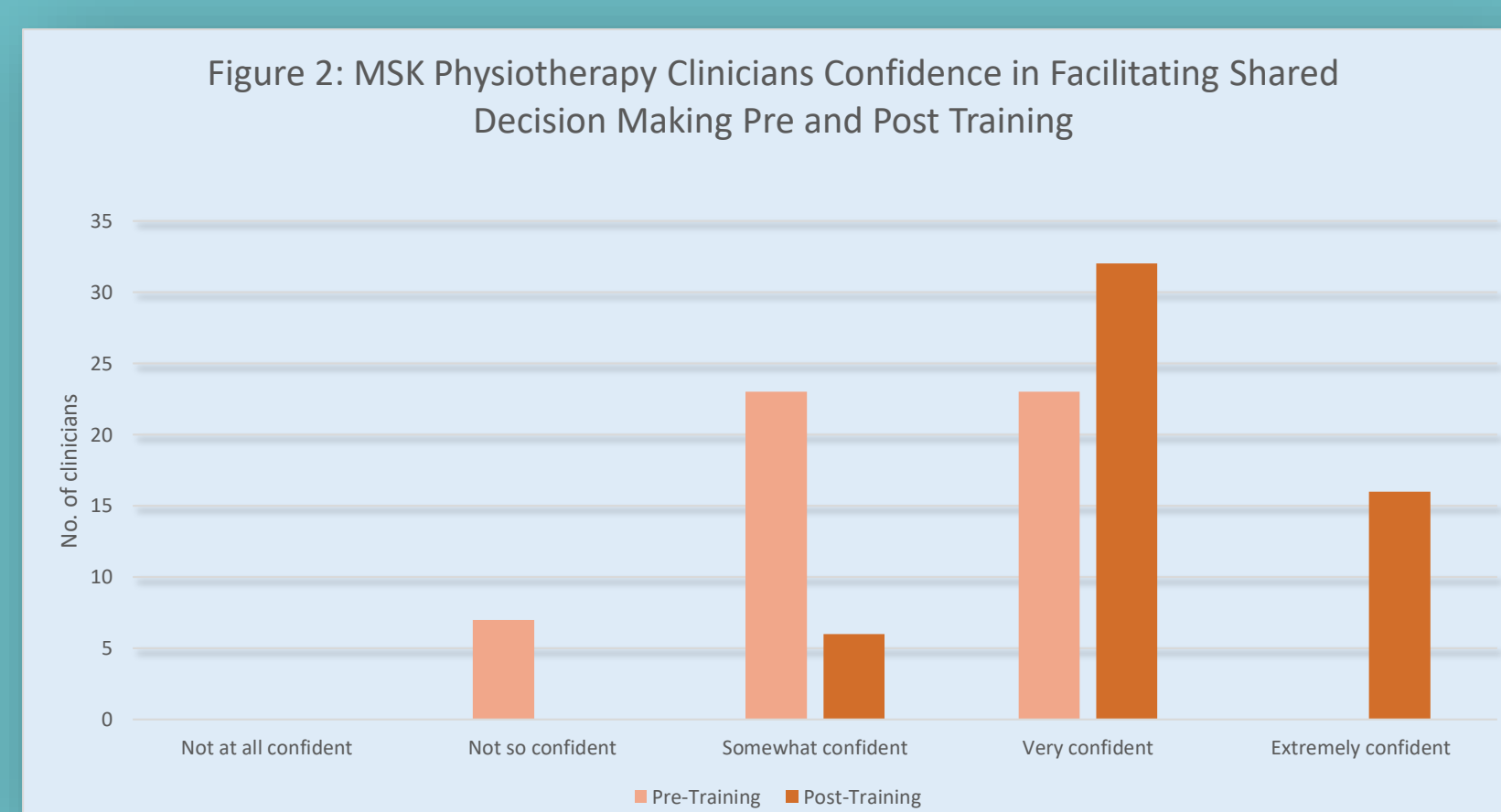
Two four-hour SDM knowledge and skills training sessions based on the three-talk model proposed by Elwyn et al (2017) (Figure 1) were developed and delivered by physiotherapists who attended the Making Choices Together ‘Train the Trainer’ events. Post-training strategies to embed learning included local ‘SDM champions’, peer-support, observed practice, posters, regular promotion in clinical conversations and self-reflection opportunities. The SDM-Q-Doc (Scholl et al 2012) was used to establish the attendee’s experience of SDM in practice alongside a likert confidence rating scale pre and one month post-training. The collaboRATE tool (Elwyn et al 2013) was used to provide a patient-reported measure of SDM in clinical encounters post-training.

Results

FIFTY-FOUR attendees

8 SDM sessions were delivered between March and June 2019.

76% (41/54) of attendees reported an increase in confidence of either 1 or 2 responses on a Likert scale pre to post training (Figure 2), with median response changing from ‘not so confident’ to ‘somewhat confident’.



The SDM-Q-Doc demonstrated an improvement in mean score of 39.9 (SD = 4.3) to 45.2 (SD = 3.7) out of 54 from pre to post training.

The collaboRATE tool was completed by 81 service users post-training with a mean score of 9.9 (SD = 0.3) out of 10.

Conclusion

ABUHB MSK physiotherapy service implemented an SDM knowledge and skills training programme alongside strategies to embed change in clinical practice. This was well received by clinicians and service users, supporting the desire for person-centred care. Future aspirations include ongoing support and development in MSK, further value-based evaluation and training to other staff groups within ABUHB and NHS Wales.

Implications

Embedding SDM knowledge and skills is an important aspect of person-centred care. Consistent engagement and partnership working between clinicians and service users that supports collaborative decisions, has the potential to improve the efficiency, effectiveness and experience of both MSK physiotherapy and the wider health care service.

References: A Healthier Wales: our Plan for Health and Social Care (2018) Welsh Government, Elwyn G., Barr P., Grande S. et al (2103) Developing CollaboRATE: a fast and frugal patient-reported measure of shared decision making in clinical encounters *Patient Education and Counselling* Oct;93(1):102-7, Elwyn G., Durand M. Song J. et al (2017) A three-talk model for shared decision making: multistage consultation process. *BMJ* 359:j4891, Joseph-Williams N., Lloyd A. Edwards A. et al (2017) Implementing shared decision making in the NHS: lessons from the MAGIC programme *BMJ*;357:j1744, Scholl I, Kriston L, Dirmaier J et al (2012) Development and psychometric properties of the Shared Decision Making Questionnaire—physician version (SDM-Q-Doc) *Patient Education and Counselling* 88(2):284-290.
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