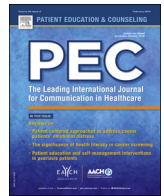




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## Review article

# Training health professionals in shared decision making: Update of an international environmental scan

Ndeye Thiab Diouf<sup>a</sup>, Matthew Menear<sup>a,b</sup>, Hubert Robitaille<sup>a</sup>,  
Geneviève Painchaud Guérard<sup>a</sup>, France Légaré<sup>a,b,\*</sup>

<sup>a</sup> Canada Research Chair in Shared Decision Making and Knowledge Translation, Research Axis of Population Health and Practice-Changing Research, CHU de Québec – Université Laval Research Centre, Saint-François-d'Assise Hospital, Quebec City, Quebec, G1L 3L5, Canada

<sup>b</sup> Department of Family Medicine and Emergency Medicine, Pavillon Ferdinand-Vandry, Quebec City, Quebec, G1V 0A6, Canada

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### ABSTRACT

**Objective:** To update an environmental scan of training programs in SDM for health professionals.  
**Methods:** We searched two systematic reviews for SDM training programs targeting health professionals produced from 2011 to 2015, and also in Google and social networks. With a standardized data extraction sheet, one reviewer extracted program characteristics. All completed extraction forms were validated by a second reviewer.

**Results:** We found 94 new eligible programs in four new countries and two new languages, for a total of 148 programs produced from 1996 to 2015—an increase of 174% in four years. The largest percentage appeared since 2012 (45.27%). Of the 94 new programs, 42.55% targeted licensed health professionals (n = 40), 8.51% targeted pre-licensure (n = 8), 28.72% targeted both (n = 27), 20.21% did not specify (n = 19), and 5.32% targeted also patients (n = 5). Only 23.40% of the new programs were reported as evaluated, and 21.28% had published evaluations.

**Conclusions:** Production of SDM training programs is growing fast worldwide. Like the original scan, this update indicates that SDM training programs still vary widely. Most still focus on the single provider/patient dyad and few are evaluated.

**Practice implications:** This update highlights the need to adapt training programs to interprofessional practice and to evaluate them.

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\* Corresponding author at: CHU de Québec – Université Laval Research Centre, Hôpital St-François d'Assise, 10, rue Espinay, Québec, Québec, Canada.  
E-mail address: [france.legare@mfa.ulaval.ca](mailto:france.legare@mfa.ulaval.ca) (F. Légaré).

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1. Introduction

With increased emphasis on engagement of patients as partners in their care [1], there is a rapidly growing body of knowledge regarding new decision-making models. One such model, shared decision making (SDM), defined as a decision-making process jointly shared by patients and their health care providers [2,3], is attracting particular interest.

Some national healthcare systems have explicitly integrated SDM into their policies, and even invested and legislated in its favor [4–6]. Yet there is broad agreement that few healthcare professionals are adopting it [6–9]. Several studies have shown that interventions targeting healthcare professionals can improve their adoption of SDM [10], and a Cochrane review suggests that any kind of intervention is more likely to improve their adoption of SDM than none [11]. Previous work by our team suggest that modifying health professionals' attitudes through SDM training may significantly affect patients' willingness to engage in sharing decisions [12]. But without a global inventory of SDM training programs in the field of health, published and unpublished, formal and informal, these lessons remain incomplete.

Environmental scanning is a method of external analysis used to collect and organize information on the contexts and trends in an organization's external environment that may impact its strategic planning and decision making. The method originated in the world of business but is increasingly used in healthcare organizations and in health research, and is recognized as a valuable tool in health decision making [13]. Between 2009 and 2011, our team conducted the first ever environmental scan to identify training programs around the world that aim to enhance health professionals' knowledge and skills in SDM, and to analyze the programs [14,15]. We concluded that while SDM training was garnering significant attention in many countries, there was no consensus on the best approaches to help healthcare professionals build their SDM knowledge and skills. Another key finding was the dramatic increase in the number of programs created in the last three years of our scan, i.e. from 2008 to 2011 (27 out of 54). It was clear from the continuing interest in implementing SDM among policy makers [16], the mixed evidence about what works [11], as well as a growing demand for the programs themselves, that the rapid production of new programs should be monitored and that an update of the scan would eventually be warranted. We thus began to regularly monitor program development in 2011 and made an inventory of SDM training programs available online as of June 2011. We therefore updated our environmental scan of SDM training programs for health professionals to maintain the online inventory and inform curriculum developers and policy makers about what is new or different in the field of SDM training programs.

2. Methods

Our initial environmental scan has been published and is available online [14,15]. The following is a summary of our methods for this update.

2.1. Data sources and searches

We identified SDM training programs in all fields of healthcare through three main sources: (i) systematic reviews in the field of

SDM, (ii) structured Google™ searches, and (iii) requests and periodic searches of social media networks (Facebook and Twitter). Briefly, we reviewed the reference lists of the two recently published systematic reviews on SDM and its implementation in clinical practice [11,17]. Our team is also currently updating the Cochrane review of SDM interventions in healthcare [11], which allowed us to identify training programs included in studies published since 2012. From November 2011 to November 2015, trained research assistants performed a weekly search in Google™ using the following keywords: (“shared decision making” OR “patient engagement” OR “patient involvement”) AND (embedding OR training OR education). These searches were monitored regularly for quality by one of the authors (HR). Finally, we posted on the Shared@EACH Decision Making Group on Facebook, asking members to (i) tell us about any training activities or SDM programs targeting health professionals, (ii) provide us with the names of organizations and individuals likely to know about such activities or programs, and (iii) inform us as to whether their organization offered an SDM training program or activity (and if so, to provide us with the material used for the activity or the name of the person in charge). We also searched Twitter for new programs. These search strategies were used in a sequential order and duplicates were then not considered. We did not limit our searches by language; only training programs containing at least a title or abstract in English have been retrieved.

2.2. Program selection and data extraction

All training activities whose objectives related to improving knowledge of SDM among health professionals were eligible for inclusion, and henceforth are referred to as ‘programs’. To be eligible, the program had to meet the following criteria: (a) contain a SDM component, i.e. have as an objective to involve patients in clinical decision-making, (b) consist of a training activity conducted live for a group, as an online course, or as a traditional course (i.e. a course integrated in an academic program), and (c) use a recognized instructional method (e.g. lectures, workshops, case studies, demonstrations, role play, small group discussions). We purposely established very broad inclusion criteria to identify as many SDM training activities as possible from around the world and to capture the full breadth of methods used. Trained reviewers screened data sources for eligible programs using a standardized form detailing eligibility criteria. PubMed and Google™ were also searched to retrieve published or unpublished evaluations of the identified programs. Any type of evaluation was considered (e.g. satisfaction with the training, knowledge test, self-reported competence, etc.). Programs cited by their developers as evaluated but not published were also included. One reviewer screened and assessed each program retrieved for its eligibility, and two different reviewers (NTD, HR) confirmed eligibility. In case of disagreement a senior team member (FL) reviewed the program. Reviewers then extracted the following characteristics from eligible programs: program name, author information, date of creation or publication, country of origin, language used, level of care (primary or specialty), clinical domain, health profession(s) targeted, interprofessional focus or not, educational format and duration of training sessions. For each program identified by the new scan, we searched for material used in the program and any descriptions or reports published about them in databases or elsewhere.

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