

Training Clinicians to Use Option Grids to Share Decisions with Women Experiencing Heavy Periods

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Background

Heavy menstrual bleeding (HMB) has a significant impact on women's lives. The goal of treatment is to improve quality of life and reduce the burden of symptoms. A variety of treatments is available. Eliciting and integrating patients' preferences is a critical aspect of best practice. However, this is challenging in the real world, given clinic workflows and time pressures. To address this challenge, we are investigating the effect of using Option Grids, which are tools designed to facilitate shared decision making by patients and providers in the clinical encounter. We are undertaking a three-phase study the effect and implementation of Option Grids for HMB is evaluated. Usual care will be compared to care including Option Grids, either introduced by clinicians during the encounter or provided to patients ahead of the encounter. This study has included comprehensive training for clinicians in using Option Grids with patients. Here, we report our experiences implementing this training.

Methods

Twelve clinicians, the majority of whom were OB/GYN residents participated in group training session prior to introducing Option Grids into the clinical setting. The training took 45 minutes and was facilitated by a clinician-peer (AA) using two videos. The first video depicted a fictitious clinical encounter about HMB and illustrated exemplary practice using the Option Grid, based on the steps described in the 'collaborative deliberation' model. Three key steps were emphasized: namely 'Explain it' (set the stage and explain the layout of the Option Grid), 'Give it' (give the Option Grid to the patient with a pen) and 'Use it' (use the Option Grid together with the patient to elicit preferences and integrate them in decision making). The second video illustrated poor practice using the Option Grid. The videos were annotated, highlighting the key steps. Time was allowed for group discussion. The final stage included role-play by two participants using the HMB Option Grid, aided by a brief background vignette.

Results

By implementing and observing the training session, we identified both strengths of and potential improvements for its content and delivery. We felt that particular strengths of the delivery of the training session included the use of a clinician-peer facilitator, explicit endorsement of the training by clinical leadership, and the use of a group training format that facilitated valuable discussion and debate between trainees. Regarding content, we felt that the contrast of exemplary and poor video examples of Option Grid use was effective for clearly demonstrating the more nuanced aspects of intended Option Grid use, and that the ecological validity of the clinical encounter featured in the videos enhanced its relevance and resonance. Identified weaknesses of the delivery of the training included the timing of the training, which immediately followed another meeting attended by the group which may have affected the salience of key messages.

Conclusions

Overall, the brief clinical training delivered as part of our broader evaluation of the impact and implementation of Option Grids appeared effective and acceptable. These reflections will be taken up in the continued refinement of Option Grid training.